Evidence Brief: Children's Services

Contents

Produced by the HEE Knowledge Management team Evidence Briefs offer a quick overview of the published reports, research, and evidence on a workforce-related topic.

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- Complete Evidence Brief list – link for HEE staff
- Complete Evidence Brief list – link for External staff

Key publications – the big picture

Hidden waits: the lasting impact of the pandemic on children's services in the community
Source: NHS Confederation
Publication date: April 2022
Community Network spotlights new evidence about backlogs and increasing demand for children and young people's services.

Children's social care market study
Source: Competition and Markets Authority
Publication date: March 2022
The Competition and Markets Authority (CMA) has published its final report into its market study into children's social care provision.

Multi-agency reform: key behavioural drivers and barriers
Source: Department for Education
Publication date: December 2021
Following recent reforms, this report summarises key findings and themes from research into both behavioural drivers, and barriers, to successful multi-agency partnerships working for children's safeguarding.

A randomised controlled trial of schwartz rounds
Source: What Works for Children's Social Care
Publication date: September 2021
An evaluation of the impact of Schwartz Rounds - a collaborative discussion group for staff, focusing on the social and emotional aspects of work - in reducing psychological distress in staff in ten children's social care departments, conducted by CASCADE, Cardiff University.

Planning early childhood services in 2020: Learning from practice and research on children's centres and family hubs
Source: Early Invention Foundation
Publication date: November 2020
This report sets out to understand contemporary local practice relating to children's centres and family hubs, and to explore how far this current practice, alongside existing research and evidence, can guide the future development of these important aspects of early childhood services.

The stability of the early years workforce in England: an examination of national, regional and organisational barriers
Source: Social Mobility Commission
Publication date: August 2020
By the time children are five, those from disadvantaged families are already significantly behind their wealthier peers in a variety of development measures. Key to reducing this gap is high-quality early years (EY) provision, delivered by a qualified and skilled workforce. However, in recent years, there have been signs that the early years workforce is increasingly unstable, with too few new entrants to replace those who are leaving the sector. In this report, we examine key factors that appear to be associated with instability in the early years workforce and provide recommendations on how to address the most pressing issues. We conducted a review of the relevant literature; an analysis of quantitative data covering a large representative sample of workers in England; and 40 interviews with early years practitioners, setting managers and local policy-makers. The most common barriers identified in all three strands of research were pay, work demands, certain demographic characteristics, training and the organisational climate of the early years provider.

Early Years Workforce Review
Source: Sutton Trust
Publication date: August 2020

It is now well established that skilled and well-qualified practitioners are a key element of high quality early education and care and make a proven difference to child learning and development, particularly for children from low income and at risk families (Mathers et al 2012, Sylva et al 2014). In 2012 the Nutbrown Report set out the findings from an independent review for government on how best to strengthen qualifications and career pathways in the early years and childcare sector . In the report Nutbrown also emphasised that high quality early education is key to children's learning and development. It also emphasised the importance of hav ing staff with necessary skills, knowledge and understanding for early education and care to have a positive impact , especially on less advantaged children. The review stated that the qualification system and professional development was, at that time, ineffective in producing early years practitioners with the skills and knowledge to deliver the quality on early education and childcare required to ensure all children's development and capabilities were fulfilled. Nutbrown made 19 recommendations to change this and create, over time, a qualification and CPD system for all early years professionals that could deliver quality services, especially for babies and young children. The government response to the review was seen as disappointing by the sector, with only 5 of the 19 recommendations being accepted fully and actioned by the government.

Impact of COVID-19 on child health services between April and July 2020 - report
Royal College of Paediatrics and Child Health
Publication date: May 2020
This report shows findings from child health services across the UK about the impact of the COVID-19 pandemic, from April to July 2020.

Workforce census: Focus on vulnerable children and families paediatric workforce
Source: Royal College of Paediatrics and Child Health
Publication date: January 2020
This report, published in January 2020, focuses on lead roles concerning safeguarding, the child death service, looked after children (LAC) and special educational needs and disability (SEND).

Children's Community Services Free network membership required*
Source: Beneficial Changes Network
Publication date: 2020
An evidence summary to looking at recent guidance, publications, research and practice examples related to children's speech and language therapy services, children's occupation therapy and community paediatric services.

Developing a workforce to improve outcomes in children and young people's health – workshop highlights
Source: Healthy Partnership London
Publication date: December 2019
Healthy London Partnership Children and Young People's team held a workshop on Thursday 12 December on 'Developing a workforce to improve outcomes in children and young people's health'. At the end of the workshop there was a round table discussion looking at possible actions that could be taken at pan London, STP and local level.

Building a workforce that works for all children
Source: ADCS (Leading Children's Services)
Publication date: March 2019
The children's workforce is varied and comprises multiple professions, employers and services, from teachers, sports coaches, social workers, family support workers and school

nurses to police officers. Some of these roles are part of the 'wider' children's workforce, which often provides nonstatutory support and intervenes at a much earlier stage, yet there is little appreciation of the important role that members of the wider workforce play in improving outcomes of children and families. The government continues to invest in new routes into social work and to progress a programme of social work reform. While efforts to elevate the status and celebrate the successes of social work are welcome, this has largely been at the expense of the wider workforce, which has borne the brunt of a decade of austerity. This is not an effective model for supporting children and families who we know benefit most from receiving help at the earliest possible opportunity. However, the children's workforce currently operates in a siloed context at the national level as a multitude of government departments hold responsibility for different aspects of children's services policy.

The NHS Long Term Plan
Source: NHS
Publication date: January 2019
See Chapter 3 p. 45 "a strong start in life for children and young people"
As medicine advances, health needs change and society develops, the NHS has to continually move forward so that in 10 years time we have a service fit for the future. The NHS Long Term Plan is drawn up by frontline staff, patients groups, and national experts to be ambitious but realistic.

Supporting families under pressure with multidisciplinary teams
Source: Department for Levelling Up, Housing and Communities
Publication date: 28th November 2018
The Troubled Families Programme, which is seeking to transform the lives of up to 400,000 families, has a similar objective: to provide families with coordinated, holistic services

and support which can help them overcome complex and persistent problems. In the areas featured below, Multidisciplinary teams (MDTs) are a key part of their local Troubled Families programmes and are enhancing the local offer provided to families in these locations.

Covering all bases: Community child health workforce
Source: Royal College of Paediatrics and Child Health
Publication date: 2017
Community Child Health (CCH) is the largest paediatric sub-specialty, focusing on the care of vulnerable children and families, children with long-term conditions and child public health. Our resources support workforce planning.

Getting it right for families
Source: Early Intervention Foundation
Publication date: 2014
This report, published by the Early Intervention Foundation, provides practical advice for local areas on how they can improve services for families with young children and makes recommendations for national and local policy and practice. Currently, the way services are organised for families with young children can be too fragmented, resulting in missed opportunities to identify early signs of need and then coordinate support. Better integration can mean better public services for families who do not have to repeat their story to different professionals and get the help they need more swiftly. Unnecessary and wasteful duplication can also be avoided. Other models are being developed to test how support for families who need additional help and/or are less likely to take up services can be provided by other parts of the workforce. Some areas are considering or developing new roles such as 'early years key workers' or 'health and wellbeing workers'. These roles provide support for families often as part of wider 'team around the family' arrangements supervised by more

skilled practitioners such as health visitors. Practitioners in these roles are often being trained in child development and how to support attachment and positive parent child interactions and need to have the skills to work with complex family problems. They may also need to have the generic skills needed to provide practical help across wider areas of family life such as housing or benefit issues. It may be most effective for workers in these roles to be recruited from the local community rather than be established practitioners so that they can build trusting relationships and act as a 'bridge' between families and traditional services (see case study 10).

Early Years Practitioner
Source: Institute for Apprenticeships
This occupation is found in a range of private and public settings including; full day care, children's centres, pre-schools, reception classes, playgroups, nursery schools, home based provision, hospitals, social care settings, out of school environments and local authority provision to deliver the Early Years Foundation Stage (EYFS) requirements set by government for the learning, development and care of children from birth to 5 in both indoor and outdoor environments.The broad purpose of the occupation is to work and interact directly with children on a day to day basis supporting the planning of and delivery of activities, purposeful play opportunities and educational programmes within the ethos of the setting. An EYP works as part of a professional team ensuring the welfare and care for children under the guidance and supervision of an Early Years Educator, teacher or other suitably qualified professional the Early Years Workforce.

Occupational therapy: unlocking the potential of children and young people
Source: Royal College of Occupational Therapists
Capitalising on the occupational therapy workforce

Occupation is important for children's development, health and wellbeing. Occupational therapists enable children and young people with physical, learning and mental health needs to participate in and successfully manage the activities that they want or need to do at home, at school or work and during their free time. They have the skills and expertise to identify the personal, task and environmental factors that support or inhibit children's development, participation and achievement.

Case Studies

Young People's Social Prescribing Service
Source: NHS England and Improvement/ Stort Valley and Villages PCN
Stort Valley and Villages PCN has created a Young People's Social Prescribing Service to support young people aged 11 to 25 with their physical and mental health. The PCN developed this model because they recognised that services for young people can be confusing and difficult to navigate. The service aims to signpost young people and their families to appropriate community-based and statutory services after they have been assessed by a GP; support general wellbeing among young people and their families in the local community; highlight how effective community interventions can be within PCNs; offer preventative interventions such as the Family Wellbeing Health Coaching Service provided by Mental Wellbeing in Schools; and work alongside other services with a view to creating activities and groups for those who have been referred. The service has had over 500 referrals since its creation in September 2019 and received positive feedback from young people and their families.

Supporting children in care Free network membership required*
Source: Future NHS Beneficial Changes Network NHSE/I and South East Region
Historically Children in Care who are placed Out of Area have had inconsistent experiences of accessing support for their physical and mental health in their placement. With the Covid-19 pandemic beginning in 2020, and the lockdowns that followed for the UK, these difficulties have been further intensified for some children. With this need for support becoming acute during the pandemic, work between NHS England & Improvement and the South East Region team began in May 2020 to scope how many Children in Care were affected by these difficulties. The South East Children and Young People's Mental Health Assistant Director (CYP MH) in partnership with Directors of Childrens Services, CAMHs Managers, CCG CYP Commissioners, IROs and Designated Nurses then set out to find a new approach to care arrangements to improve the welfare of Children in Care. This case study looks at the work that went into negotiating for change, the training that enabled real progress for the South East Team, and how this will help create a better support system for Children in Care.

Virtual clinics for children and young people Free network membership required*
Source: Future NHS Beneficial Changes Network and Blackpool Teaching Hospitals
As part of the response to COVID-19, Blackpool Teaching Hospital NHS FT prioritised caseloads and used virtual patient contact methods to maintain children's community health services. Two innovative examples of this developed within the Child Development Centre and Speech and Language Therapy services in the community.
This was supported with increased personalisation both in mode of delivery and use of educational

resources. Accelerated move to virtual interventions and detailed assessments with children and families resulted in significant reduction in waiting lists and increased access to services.. These benefits in service efficiency and patient experience were obtained using existing resources and are maintained as part of business as usual offer.

Twenty-four hours community children's nursing service – South Staffordshire
Source: Royal College of Paediatrics and Child Health
This page provides a best practice example for standard 6 of Facing the Future: Together for child health standards, which outlines the service provided by the South Staffordshire Community Children's Nursing team. The service prevents hospital admissions, facilitates early discharge and provides care at home for children with acute illness.

Early childhood services local case examples
Source: Early Intervention Foundation
Publication date: May 2021
A series of case studies based on EIF's work with local areas looking at contemporary practice in delivering maternity and early years services through local centres or hubs.
- Family Hubs, Stockton-on-Tees
- The 'Start Well' mode, Stockport

The Hive: a coordinated approach to support young people's mental health
Source: NHS Long Term Plan
Publication date: January 2019
The Hive is a free health and wellbeing service which also offers employment, training and personal development support as well as social activities. The hub is part of the Minding the Gap service developed by the local council, NHS, partner organisations and young people in North London to improve the

mental health and wellbeing of young people aged from 16-25, particularly those who are making the transition from children and young people's mental health services to adult services.

Integrated care for children's health in London
Source: NHS Long Term Plan
Publication date: January 2019
Our health and care system needs to adapt to the changing care needs of children and young people. One in ten of our children suffer mental health problems, which can affect them for life if they don't get the right support early. In North West London they have set up GP child health hubs which brings together primary care, mental health acute and community services to look at all aspects of a child's health and wellbeing. The result is better care for children and their families.

Child Health Hubs, North West London
Source: NHS Long Term Plan
Publication date: January 2019
Children's doctors and GPs in North West London have reduced the number of unnecessary hospital appointments needed for children by up to 80 per cent through a new model of 'child health hubs' which see families closer to home or answer their problems through the GP.

Early Intervention in Psychosis Service provides support to children and young people
Source: NHS Long Term Plan
Publication date: January 2019
Children and young people's mental health is a top priority of the NHS Long Term Plan. 75% of mental health problems in adult life (excluding dementia) start by the age of 18. Failure to support our youth with mental health needs costs lives and money. Since 2016, NHS England has committed to increase access to high quality mental health care for children and young

people. We are on track to deliver community-based treatment to at least 70,000 additional children and young people each year by 2020/21. And with the Long Term Plan, we aim to give even more of them the mental health support they need, in their community and at school, so that they can achieve their goal in life.

Getting it right for families
Source: Early Intervention Foundation
Publication date: 2014
This report includes several case studies. See section 7 p. 11

- Brighton and Hove: Integrated Services
- Islington: strong GP engagement
- Swindon: integrated commissioning
- Queen's Park: Community Engagement
- Greater Manchester: Integrated 8 step universal assessment
- Swinson: integrated locality teams
- Islington: Information sharing
- Leeds: Early Start Service
- Nottinghamshire Healthcare NHS Trust: new leadership role for health visitors
- Luton: Flying Start key workers
- Swindon: Five to Thrive

HEE Star

More resources and tools are available by searching for "children" in the HEE Star

Statistics

You can find relevant statistics on the Health and Care Statistics Landscape under **"Health and Care"** and use the **"Child and Maternal Health"** filter

HEE National Data Programme

HEE staff can look at the National Data Warehouse (NDL) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Linking Leeds: A Social Prescribing Service for Children and Young People.
Item Type: Journal Article
Authors: Brettell, Melissa;Fenton, Clare and Foster, Ethan
Publication Date: 2022
Journal: International Journal of Environmental Research & Public Health [Electronic Resource] 19(3), pp. 01 27
The use of social prescribing interventions for common mental health issues is expanding as clinicians seek to diverge from the traditional medical model of treatment. This intervention allows for the referral of patients to a nonclinical social activity via a link worker. Evidence for the benefits of social prescribing is growing. Most evidence is based on adults; however, a smaller number of studies involving children and young people have produced encouraging results. This evaluation reports on data routinely collected by the Linking Leeds service between 9 January 2019–11 January 2020. Linking Leeds provides Social Prescribing for people aged 16 years and above; however, the current paper focuses on service users aged between 16 and 25. Their aim is to connect people to services and activities in their community in order to benefit overall health and mental wellbeing. This evaluation of the Linking Leeds program supports the growing body of evidence to support the benefits social prescribing can have on young people's mental health. Two main mechanisms were identified which underpin social prescribing in young people: social connectedness and behavioural activation.

Multiagency working between children's social care and schools during COVID-19: case study experiences from English local authorities and international reflections Full text available via Emerald collection for HEE staff – contact KM team*
Source: Journal of Integrated Care
Publication date: April 2021
Purpose: A multiagency approach to supporting and enhancing child welfare lies at the heart of policies and practice in England and many other countries. The assumption is that if professionals together from different disciplines share their knowledge and skills this will lead to better outcomes for children and their families. The COVID-19 pandemic interrupted the "normal practice" of such arrangements. This research explored how the pandemic's disruption led to new ways of communicating and professional behaviour, while exploring the potential for longer-term impact in England and other jurisdictions. Design/methodology/approach: Case studies were conducted in 2020 in five English local authorities to explore how schools worked with Children's Social Care and other professionals during the COVID-19 period. It was supplemented by a survey of schools and discussions with and reflections from those with relevant experience in five other countries. Findings: Many schools played an extended role in supporting vulnerable and "in need" families during this period. Children's Social Care recognised their contributions and the improved

communication achieved, although schools were divided over whether relationships had improved. Most communication and meetings were online; while benefits were noted there were concerns for families who were digitally disadvantaged. Originality/value: The work provides a contemporary picture of multiagency work during the 2020 pandemic and identifies factors which may shape this work in the future in England and internationally.

Involvement of community paediatricians in the care of children and young people with mental health difficulties in the UK: implications for case ascertainment by child and adolescent psychiatric, and paediatric surveillance systems
Author(s): Ayyash et al.
Source: BMJ Paediatrics Open 5(1)
Publication date: 2021
Objective: To ascertain the extent to which community paediatricians are involved in the care of children with mental health conditions in order to determine which difficulties are appropriate for single or joint surveillance by the British Paediatric Surveillance Unit (BPSU) and Child and Adolescent Psychiatry Surveillance System (CAPSS). Design: An online survey of the 1120 members of the British Association of Community Child Health (BACCH) working in 169 Community Child Health (CCH) services in the UK. Results: A total of 245 community paediatricians responded to the survey. This represents 22% of members of BACCH but likely to have covered many of the 169 CCH units because participants could respond on behalf of other members in their unit. The survey showed that children and young people (CYP) with neurodevelopmental conditions presented more frequently to paediatrics than to Child and Adolescent Mental Health Services (CAMHS). In addition, a sizeable proportion of CYP with emotional difficulties presented to paediatricians (eg, 29.5% for anxiety/obsessive compulsive disorder (OCD), and 12.8% for depression)—mainly due to difficulty with accessing CAMHS. More than half of the community paediatricians are involved in the care of CYP with anxiety and OCD, while 32.3% are involved in the care of those with depression. Conclusion: There is significant involvement of community paediatricians in the care of CYP with mental health conditions. Involvement is highest for neurodevelopmental conditions, but also significant for CYP with emotional difficulties. The implication of the findings for surveillance case ascertainment is that joint BPSU and CAPSS is recommended for surveillance studies of neurodevelopmental conditions. However, for emotional disorders, single or joint surveillance should be made based on the specific research question and the relative trade-offs between case ascertainment, and the additional cost and reporting burden of joint surveillance. Single CAPSS studies remain appropriate for psychosis and bipolar disorder.

A frontline service? Nursery Schools as local community hubs in an era of austerity.
Item Type: Journal Article
Authors: Hoskins, K.;Bradbury, A. and Fogarty, L.
Publication Date: 2021
Journal: Journal of Early Childhood Research (pagination), pp.
ate of Pubaton: 2021
Nursery Schools in the UK have been described as the 'jewel in the crown' of early years provision because of the quality of education and a wide range of other support services that they provide, particularly for children from socio-economically disadvantaged families and those with complex special educational needs (SEN). In this paper, we explore the role of Nursery Schools in the local community, arguing that they have been re/constructed as a frontline service in the context of austerity policies enacted in England over the past decade. The data presented in support of this argument arise from detailed interviews with 17 staff based in four Nursery Schools. Our data

lead us to argue that, in the current context of austerity and cuts to a range of local services, Nursery Schools are filling welfare gaps for families by providing clothing, trips and food voucher advice to families. They are also supporting increasing numbers of SEN children and are described as a first point of contact with state-run services by many, especially minority ethnic and working-class families. We conclude by arguing that Nursery Schools' funding must be protected so that they can continue to provide support to some of the most vulnerable children and their families in England.

Collaborative working in health and social care: Lessons learned from post-hoc preliminary findings of a young families' pregnancy to age 2 project in South Wales, United Kingdom
Item Type: Journal Article
Authors: Jones, Sara W.;Darra, Susanne;Davies, Mike;Jones, Catherine;Sunderland-Evans, Wendy and Ward, Mike R. M.
Publication Date: 2021
Journal: Health & Social Care in the Community 29(4), pp. 1115-1125
Abstract: Children of young and socially disadvantaged parents are more likely to experience adverse outcomes. In response to this, a unique young families' project in Swansea, UK, was created, which drew together a team of multi-agency professionals, to support people aged 16–24 from 17 weeks of pregnancy throughout 1,001 days of the child's life. The aim of the JIGSO (the Welsh word for Jigsaw) project is for young people to reach their potential as parents and to break the cycle of health and social inequality. This evaluation analysed routinely collected data held by the project from January 2017 to December 2018 exploring health and social outcomes, including smoking and alcohol use in pregnancy, breastfeeding, maternal diet and social services outcomes. Outcomes were compared to local and national averages, where available. Data relating to parenting knowledge and skills were available via records of 10-point Likert scales, one collected at the start of the JIGSO involvement and one around 4–6 months later. Findings showed higher than average levels of breastfeeding initiation and lower smoking and alcohol use in pregnancy. Parents also reported enhanced knowledge and confidence in their child care skills, as well as improved family relationships. Parents with high levels of engagement with JIGSO also appeared to have positive outcomes with Social Services (their child's name was removed from child protection register or their case was closed to social services). This was a post-hoc evaluation, not an intervention study or trial, and thus findings must be interpreted with caution. Despite this, the findings are promising and more prospective research exploring similar services is required.

What are the experiences of speech and language therapists implementing a staff development approach in early years settings to enhance good communication practices?
Item Type: Journal Article
Authors: Kent, Julie and McDonald, Sarah
Publication Date: 2021
Journal: Child Language Teaching & Therapy 37(1), pp. 85-97
Abstract: Interventions designed to improve communication environments and the quality of adult–child interactions in early years (EY) settings are an important part of facilitating children's communication skills both for children with identified Speech, Language and Communication Needs (SLCN) and children without SLCN. One such intervention devised and delivered by speech and language therapists (SLTs) in Nottinghamshire is the Language Lead Approach (LLA), where SLTs deliver a formalized but flexible package of support and training to EY practitioners who go on to become Language Leads (LLs) for their setting. Nine SLTs delivering the LLA were interviewed to explore their perspectives on the implementation and impacts of the LLA. Interviews were analysed thematically.

Three key themes were identified, the first of which related to factors internal to the setting and included aspects relating to the nature of initial and sustained engagement with an LL and the setting manager, time pressures and the impact of different setting organizational cultures. The second theme which emerged related to the individual qualities and characteristics of the LL, as SLTs noted that the response of LLs to the role varied considerably and was influenced by their confidence, experience and leadership capacity, as well as the degree of autonomy in the role. The final theme, external influences on implementation, reflected the SLTs own working practices and workload. Overall, SLTs felt the LLA was effective and could be implemented alongside their daily workload. SLTs reflected on their lack of training to implement such interventions, the challenges to sustaining the LLA at the setting and County level, and the challenges of evidencing effectiveness. This research has implications for those designing and evaluating training and mentoring approaches as well as for those SLTs who are seeking to develop the effectiveness of their consultative working with Early Years Educators (EYEs).

Engaging and Supporting Young Children and their Families in Early Childhood Mental Health Services: The Role of the Family Partner.
Item Type: Journal Article
Authors: Nayak, S. S.;Tobias, C.;Wolfe, J.;Roper, K.;MendezPenate, L.;Moulin, C.;Arty, M.;Scoglio, A. A. J.;Kelleher, A.;Rue, J.;Brigham, M.;Bradshaw, T.;Byars, N.;Camacho, A.;Douglas, S. and Molnar, B. E.
Publication Date: 2021
Journal: Community Mental Health Journal (pagination), pp. ate of Pubaton: 2021
This study explores the role of family partners, peer professionals with lived experiences of raising a child with behavioral health needs, and their value in primary and community-care based mental health services for young children aged 0–8 years. Interviews and focus groups were conducted with staff, leadership, and caregiver participants (n = 38) from two early childhood mental health programs and analyzed using thematic analysis. Five interdependent themes emerged: (1) the centrality of lived experience to the family partner role; (2) the importance of the family partner in family engagement and relationship building; (3) the value added by the family partner in navigating systems; (4) the ability of the family partner to build skills and empower caregivers; (5) the role of the family partner in alleviating caregiver stress and other mental health concerns. Adapting and expanding the role of family partners will improve effective mental health care for children and their caregivers.

Developing a model for mental health services for children and young people with intellectual disability and/or autism in North West England Full text available to HEE staff via Emerald collection – contact KM team for info*
Item Type: Journal Article
Authors: Wee, C.;Mottershead, T.;Wright, S.;Jaydeokar, S. and Odiyoor, M.
Publication Date: 2021
Journal: Advances in Autism (pagination), pp. ate of Pubaton: 2021
Purpose: This paper aims to improve community care for people with intellectual disabilities (ID) and/or autism. Lack of coordination between agencies leads to children and young people with the most complex needs falling between services. The North West Operational Delivery Network (ODN) for learning disability and autism set out to develop a model of care for mental health services for children and young people with ID and/or autism in North West England that would improve coordination between services and lead to better community care. Design/methodology/approach: The ODN held a series of

good practice events and consultations with stakeholders in North West England to look at gaps in service provision, national guidelines and agree on a pathway for services. Findings: The ODN decided to use the THRIVE framework as the basis for a specific model of care. Interventions were mapped against the THRIVE groupings, including pathways and team specifications for assessment and support for children with autism, and models for child and adolescent mental health service support for ID and/or autism, for keeping children and young people with behaviour that challenges in the community and transition. Originality/value: This model aims to provide the North West England region with a clear multi-agency approach for supporting the needs of this population and supports multi-agency commissioning, gap analysis, earlier intervention and improving health outcomes for this population.

[Comm2Work: Developing a nursing workforce plan for a child and youth community health service.](#) Abstract only*
Item Type: Journal Article
Authors: Penny, R. A. and Fennah, W.
Publication Date: 2020
Journal: Collegian (pagination), pp. ate of Pubaton: 2020
Problem: There is a dearth of evidence on applied methodologies to workforce planning in nursing. Research and commentary to date reflects ad hoc, operational planning rather than strategic approaches. Strategic planning is particularly important in primary health care settings because investment in the early years lays the foundation for lifelong health representing a long-term return on investment. Aim: The aim of this project was to ascertain the applicability of a comprehensive four-step workforce planning methodology to develop a three-to-five-year nursing workforce plan in a child and youth community health service. A secondary aim was to identify what elements of the methodology were important to engage nurses in the process. Methods: Over a six-month

period, a comprehensive methodology was applied. A survey was conducted with participants to elicit perspectives of the planning process. Free text responses were subject to thematic analysis. Findings: Gaps in current processes and available data posed obstacles during workforce analysis. Three key themes generated from the survey data were: Engaging with the planning process, Creating change and Making a difference. This reflected an optimism toward the plan and an urgency to move ahead. Discussion: A systematic approach that uses a variety of information sources is important to develop a comprehensive nursing workforce plan. Key processes that engaged nurses were scenario building and future forecasting. Conclusion: This work demonstrates that a systematic workforce planning methodology is acceptable and effective. Engagement of nursing staff is a key factor in planning and important to create readiness for change.

[Making connections between school and home: Exploring therapists' perceptions of their relationships with families in partnering for change](#) Abstract only*
Author(s): Kennedy et al.
Source: British Journal of Occupational Therapy
Publication date: October 2019
Introduction: A recently developed service delivery model, called Partnering for Change, encourages collaboration between occupational therapists, educators and families, and aims to improve children's participation across school, home and community settings. Partnering for Change has been successful in facilitating equitable access to services and eliminating wait lists; however, it could have a more significant impact through improved capacity-building with families. The purpose of this study is to describe the factors that therapists view as influencing the development of family–therapist relationships in Partnering for Change, and to explore their ideas to improve relationship-building. Methods: Focus groups

were completed with 15 occupational therapists who provided Partnering for Change school-based services. Qualitative description methodology and directed content analysis were utilized. Results: Several factors were identified that influenced the development of family–therapist relationships including competing demands; consistency and availability; awareness, readiness and commitment; relationships with schools and educators; and sociodemographic characteristics. Increasing in-person interactions and awareness of occupational therapy services were suggested to improve relationship-building. Conclusions: Therapists should consider innovative ways of overcoming competing demands, utilizing relationships with schools and educators, and participating in mentorship and communities of practice to address the current barriers of family–therapist relationships, and create better opportunities for collaboration.

Diffusion theory and multi-disciplinary working in children's services
Item Type: Journal Article
Authors: Bostock, Lisa;Lynch, Amy;Newlands, Fiona and Forrester, Donald
Publication Date: 2018
Journal: Journal of Integrated Care 26(2), pp. 120-129
Abstract: Purpose The purpose of this paper is to explore how innovation in children's services is adopted and developed by staff within new multi-disciplinary children's safeguarding teams. It draws on diffusion of innovations (DOI) theory to help us better understand the mechanisms by which the successful implementation of multi-disciplinary working can be best achieved.Design/methodology/approach It is based on interviews with 61 frontline safeguarding staff, including social workers, substance misuse workers, mental health workers and domestic abuse workers. Thematic analysis identified the enablers and barriers to implementation.Findings DOI defines

five innovation attributes as essential for rapid diffusion: relative advantage over current practice; compatibility with existing values and practices; complexity or simplicity of implementation; trialability or piloting of new ideas; and observability or seeing results swiftly. Staff identified multi-disciplinary team working and group supervision as advantageous, in line with social work values and improved their service to children and families. Motivational interviewing and new ways of case recordings were less readily accepted because of the complexity of practicing confidently and concerns about the risks of moving away from exhaustive case recording which workers felt provided professional accountability.Practical implications DOI is a useful reflective tool for senior managers to plan and review change programmes, and to identify any emerging barriers to successful implementation.Originality/value The paper provides insights into what children's services staff value about multi-disciplinary working and why some aspects of innovation are adopted more readily than others, depending on the perception of diffusion attributes.

A needs-based workforce model to deliver tertiary-level community mental health care for distressed infants, children, and adolescents in South Australia: a mixed-methods study.
Item Type: Journal Article
Authors: Segal, L.;Guy, S.;Leach, M.;Groves, A.;Turnbull, C. and Furber, G.
Publication Date: 2018
Journal: The Lancet Public Health 3(6), pp. e296-e303
Background: High-quality mental health services for infants, children, adolescents, and their families can improve outcomes for children exposed to early trauma. We sought to estimate the workforce needed to deliver tertiary-level community mental health care to all infants, children, adolescents, and their families in need using a generalisable model, applied to South

Australia (SA). Methods: Workforce estimates were determined using a workforce planning model. Clinical need was established using data from the Longitudinal Study of Australian Children and the Young Minds Matter survey. Care requirements were derived by workshopping clinical pathways with multiprofessional panels, testing derived estimates through an online survey of clinicians. Findings: Prevalence of tertiary-level need, defined by severity and exposure to childhood adversities, was estimated at 5–8% across infancy and childhood, and 16% in mid-adolescence. The derived care pathway entailed reception, triage, and follow-up (mean 3 h per patient), core clinical management (mean 27 h per patient per year), psychiatric oversight (mean 4 h per patient per year), specialised clinical role (mean 12 h per patient per year), and socioeconomic support (mean 12 h per patient per year). The modelled clinical full-time equivalent was 947 people and budget was AU$126 million, more than five times the current service level. Interpretation: Our novel needs-based workforce model produced actionable estimates of the community workforce needed to address tertiary-level mental health needs in infants, children, adolescents, and their families in SA. A considerable expansion in the skilled workforce is needed to support young people facing current distress and associated family-based adversities. Because mental illness is implicated in so many burgeoning social ills, addressing this shortfall could have wide-ranging benefits. Funding: National Health and Medical Research Council (Australia), Department of Health SA.

Rethinking place and the social work office in the delivery of children's social work services.
Item Type: Journal Article
Authors: Stanley, Nicky;Larkins, Cath;Austerberry, Helen;Farrelly, Nicola;Manthorpe, Jill and Ridley, Julie
Publication Date: Jan ,2016

Journal: Health & Social Care in the Community 24(1), pp. 86-94
Limited attention has been given to the concept of place in social work research and practice. This paper draws on the national evaluation of social work practices (SWPs) in England undertaken between 2009 and 2012. SWPs were pilot organisations providing independent social work services for children in out-of-home care in five sites. One factor distinguishing some of these pilots was their attention to place. The evaluation employed a mixed methods approach and we use data from interviews with 121 children and young people in out-of-home care, 19 birth parents and 31 interviews with SWP staff which explored their views and experiences of the SWP offices. Children and young people were alert to the stigma which could attach to social work premises and appreciated offices which were planned and furnished to appear less institutional and more 'normal'. Daily interactions with staff which conveyed a sense of recognition and value to service users also contributed to a view of some SWP offices as accessible and welcoming places. Both children and parents appreciated offices that provided fun activities that positioned them as active rather than passive. Staff valued opportunities for influencing planning decisions about offices and place was seen to confer a value on them as well as on service users. However, not all the SWPs were able to achieve these aspects of place, and engaging children and families in place was less likely when the service user population was widely dispersed. Recognising the importance of place and how place is constructed through relationships between people as well as through the physical environment appeared to be key to creating offices that combated the stigma attached to out-of-home care. Those leading and managing children's services should explore ways of involving local communities in planning social work offices and turn attention to making these offices accessible, welcoming, places.

The Integrated Care Team: A Practice Model in Child and Family Services Abstract only*
Item Type: Journal Article
Authors: Kelly, Leanne M. and Knowles, Julie M.
Publication Date: Oct ,2015
Journal: Journal of Family Social Work 18(5), pp. 382-395
Abstract: The Integrated Care Team brings together representatives from each of Windermere's service areas to create a group of highly experienced and knowledgeable professionals. This transdisciplinary team aims to provide a cohesive and effective support to service delivery staff working with individuals and families who are experiencing issues across multiple service areas. This support involves sharing of knowledge, contacts, resources and brokerage. Initial evaluation of the Integrated Care Team demonstrates strong positive outcomes for individuals and families with results that could not be so efficiently achieved through standard practice. Positive outcomes occur more quickly, more effectively, with less disruption to individuals and families and with more ease for workers than in standard practice. Workers who utilize the Integrated Care Team and representatives who sit on the Team comment on the efficacy of the approach reinforcing the value of key worker models, transdisciplinary teams, seamless service and breaking down silos between service areas; even within the same agency.

The Halls Creek Community Families Program: Elements of the role of the child health nurse in development of a remote Aboriginal home visiting peer support program for families in the early years Abstract only*
Item Type: Journal Article
Authors: Munns, Ailsa and Walker, Roz
Publication Date: Dec ,2015

Journal: Australian Journal of Rural Health 23(6), pp. 322-326

Objective: To undertake an evaluation of elements of the role of the child health nurse in the development of peer support for Aboriginal families with young children in a remote setting. Design: The Halls Creek Community Families Program uses expertise of peer support workers to support parents of young families. In stage one, participatory action research was used. The program facilitator, who was a child health nurse, undertook action learning sets where issues were explored relating to home visiting strategies to families. Additionally, the facilitator maintained a reflective practice diary. Outcomes contributed to stage two, where an independent researcher evaluated program changes.This report relates to stage one, which used descriptive qualitative data from interviews with peer support workers and community support agencies, and the facilitator's reflective diary. Data were analysed by thematic analysis, focusing on elements of the role of the facilitator in program development. Setting: A remote Aboriginal community in the Kimberley region of Western Australia. Participants: Eight peer support workers and five health and welfare professionals from community support agencies. Main outcome measures: This study measures changes in participants' understanding of the role and scope of practice of the child health nurse facilitator, thereby supporting improved support for Aboriginal families with young children. Results: Thematic analysis identified three major changes in understanding the child health nurse facilitator role: working in partnership, communication strategies and education and organisational strategies. Conclusion: Findings suggest empowering benefits for Aboriginal peer support workers from the facilitating role of the child health nurse.

Building a workforce competency-based training program in infant/early childhood mental health.

Item Type: Journal Article
Authors: Priddis, Lynn E.;Matacz, Rochelle and Weatherston, Deborah
Publication Date: 2015
Journal: Infant Mental Health Journal 36(6), pp. 623-631
This article describes findings from a project conducted in Western Australia (Mental Health Commission WA, 2015) that investigated the education and training needs of the Infant/Early Childhood Mental Health (I/ECMH) workforce. We examined international training programs and models of delivery in infant mental health, including a review of the current training available in Australia. Data collected from over 60 interviews were analyzed, and a staged delivery model for I/ECMH training and supervision that aligned with the Michigan Association for Infant Mental Health (2014) Competency Guidelines was recommended. These findings led to the purchase of the Michigan Association for Infant Mental Health (2014) for use in Western Australia. In a very short time, use of the Michigan Competency Framework by the Australian Association for Infant Mental Health West Australian Branch Incorporated has begun to change the training and education opportunities for upskilling the infant and early childhood workforce in Western Australia. It has resulted in a map to guide and develop training in the I/ECMH field for individual practitioners and professionals as well as for workplaces that will ultimately benefit Western Australian infants, young children, and their families during the perinatal period and in the early years.

Competency Frameworks

The Career and Competency Framework: for those working within the Children and Young People Complex Needs Pathway
Source: Skills for Health and Health Education England
Publication date: June 2021
To help address these issues Skills for Health were commissioned4 to develop the Career and Competence Framework for those working within the Children and Young People's (CYP)
complex needs pathway. An Expert Panel compromising of service managers, commissioners,
clinical and non-clinical practitioners from across the children's complex needs pathway in
England developed the Framework via an iterative process identifying the functions and
competences required for the identified roles working across the complex needs pathway.
These were agreed and confirmed via national consultation feedback.

Looked after children: roles and competencies of healthcare staff
Source: Royal College of Nursing and Royal College of Paediatrics and Child Health
Publication date: December 2020
A child who has been in the care of their local authority for more than 24 hours is known as a looked after child. Each nation within the UK has a slightly different definition of a
looked after child and will follow its own legislation and guidance. Looked after children are also often referred to as children in care and this is a term that many children prefer.12

Early Years Competency Framework
Source: Autism Education Trust

The Early Years Competency Framework can be used by childminders and practitioners across a range of Early Years settings. This includes preschools, nurseries, children's centres, and schools.

In it together: a social emotional mental health competency framework for staff working in education
Source: Yorkshire and Humber Clinical Networks
Publication date: December 2019
Mental health should be everybody's business; therefore In It Together; A Social Emotional Mental Health Competency Framework for Staff Working in Education is aimed at all staff, from gardeners to governors, business managers to teachers by outlining role appropriate levels of skill, knowledge and training. It aims to encourage all staff within the setting to work together to support their pupils and each other, knowing their limitations and how to escalate concerns.

Safeguarding children and young people: roles and competencies for healthcare staff 4th edition
Source: Royal College of Nursing
Publication date: January 2019
To protect children and young people from harm, and help improve their wellbeing, all healthcare staff must have the competencies to recognise child maltreatment, opportunities to improve childhood wellbeing, and to take effective action as appropriate to their role. The importance of prevention must not be overlooked as this is integral to safeguarding. The competencies therefore relate to an individual's role not their job title and apply to all staff delivering, or working in settings which provide healthcare. It is the duty of employers to ensure that those working for them clearly understand their contractual obligations within the employing organisation, and it is the responsibility of employers to facilitate access to training and

education which enable the organisation to fulfil its aims, objectives and statutory duties effectively and safely.

Competency Framework for Working with Children and young people
Source: The National Counselling Society
The National Counselling Society (NCS) acknowledges that counselling children and young people (CYP) is different in many ways from counselling adults. We believe that those who undertake counselling work with children and young people need specialist knowledge, skills, and abilities.
We have developed this framework to support our members who work with children and young people and for those who aspire to do so in the future. In keeping with the NCS ethos, our framework is intended to be straightforward, accessible, and user-friendly.

Safeguarding children and young people – roles and competencies
Source: Royal College of Paediatrics and Child Health
To protect children and young people from harm, and help improve their wellbeing, all healthcare staff must have the competencies to recognise child maltreatment, opportunities to improve childhood wellbeing and to take effective action as appropriate to their role.

Delivering inpatient children and young people's mental health care
Source: UCL
Welcome to the multidisciplinary competence framework for staff working in children and young people's inpatient mental health services.

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