Evidence Brief: Children's Services

Contents

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

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There may have been an update to this Evidence Brief - to check you are reading the most current version please see the links below:
- Complete Evidence Brief list – link for Workforce, Training and Education staff
- Complete Evidence Brief list – link for External staff

Key publications – the big picture

[A maturing approach to children's services improvement: updating the key enablers of progress](#)
Source: Isos Partnership and Local Government Association
Publication date: October 2023
The purpose of this research has been to work with local authorities and their partners to understand the key enablers and barriers to sustained improvement in Children's Services. This is an opportunity to refresh and build upon the research undertaken by Isos Partnership for the LGA on this topic in 2016.1 This research is based on interviews with national stakeholders; local fieldwork engagements in nine participating local areas that had improved children's services or sustained strong performance over several years; and two online action-learning workshops with representatives from the nine participating local authorities to test and refine the findings of the research.

[A Better Start through workforce innovation: supporting the early years workforce of the future](#)
Source: A Better Start programme
Publication date: September 2023
A Better Start (ABS) Program Insights aim to collate and share learning emerging from a range of key outcomes in order to inform others' work to improve babies and young children's outcomes. This issue is number eight in the series. It provides a summary of emerging evidence highlighting the learning from workforce innovation across the ABS partnerships, and shares the learning on how ABS partnerships have and continue to contribute to a skilled and knowledgeable early years workforce of the future. This insight report will focus on the wider early years workforce, including midwives, health visitors, early years professionals in early years settings, parent and/or infant mental health workers, speech, language and communication therapists,

peer support workers and family support workers/early help practitioners.

[Community Network survey on waiting times in children and young people's services](#)
Source: NHS Confederation
Publication date: May 2023
Results of a survey by the Community Network, which show that despite the best efforts of community providers there are still concerning waits for children and young people's services with significant impacts for children and families, and for staff morale.

[NHS Long Term Workforce Plan](#)
Source: NHS
Publication date: June 2023
The first comprehensive workforce plan for the NHS, putting staffing on a sustainable footing and improving patient care. It focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.

[Workforce Census 2022 - Full report](#)
Source: Royal College of Paediatrics and Child Health
Publication date: October 2022
The Workforce Census provides insight into the current working life of consultants and SAS doctors in the UK. Here, we present findings from the Census and a set of key recommendations.

[Children's Workforce Strategy A strategy to build a world-class workforce for children and young people](#)
Source: NHS Confederation
Publication date: April 2022
This strategy is consultative and draws on discussions with a wide range of stakeholders. It is addressed to those responsible nationally and locally for designing, delivering and

commissioning either services for children and young people or learning and development opportunities for people delivering those services.

Children and Young People's Mental Health Services GIRFT Programme National Specialty Report
Source: FutureNHS (login required)
Publication date: April 2022
The Getting It Right First Time (GIRFT) report looks to support and enhance these national programmes, while allowing a clearer focus in identifying unwarranted variation or improvement requirements in unexpected or unexplained areas. I am honoured to be in a position where, through careful analysis of data and many clinically-led conversations, we can influence how resources can be used to provide best outcomes not only for Children and Young People (CYP), but also reduce their future needs for adult mental health services.

Leading and delivering early childhood services: 10 insights from 20 places across England and Wales
Source: Early Intervention Foundation
Publication date: February 2022
This report gives 10 insights for leading maternity and early years services, based on the learning from the 20 local areas in England and Wales that engaged with EIF in using the maternity and early years maturity matrix planning tool in 2021.

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).

Building a workforce that works for all children
https://www.adcs.org.uk/wp-content/uploads/2024/04/ADCS_Building_a_workforce_that_works_for_all_children_FINAL_11_March_2019.pdf

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

[Case Study - Paediatric Friday at Calderdale and Huddersfield NHSFT](#)
Source: FutureNHS (login required)
Publication date: August 2023
Every Friday, Calderdale Hospital's day surgery unit and three theatres are dedicated to children's surgery. This has become part of the regular scheduled routine and runs as BAU on the Calderdale site since covid. The model is built on enthusiasm, positive leadership & culture led by surgeons and anaesthetists. Calderdale is a DGH with a background in paediatrics training. This approach leads to an improved experience for children, families and staff, while operating more efficiently.

[Case study - Paediatric Super Days at Milton Keynes University Hospital](#)
Source: FutureNHS (login required)
Publication date: August 2023
Milton Keynes theatres are used exclusively for children's surgery on allocated Paediatric Super Days, which run on a

week day. The concept of high flow lists used in High Volume Low Complexity surgery was applied to children's lists. In addition, theatres, recovery and day ward are all ringfenced for the day for children which greatly improves efficiency as well as patient experience. Children are admitted to and discharged from the day surgery unit ensuring good patient flow.

Mental health and Children and Young People case studies
Source: NHS England
Collection of case studies relating to the mental health of children and young people.

Case Study Supporting Paediatric SDEC Patient Flow through a direct consult Hotline - Nov 2021
Source: FutureNHS (login required)
Challenge: Principles underpinning SDEC include supporting care of patients "in the right place, at the right time". This means that ensuring appropriate patients are referred in is key to running a successful SDEC service.
Solution: Frimley Health's paediatric SDEC units are both commissioned to run a direct Consultant hotline as a point of referral and advice for GPs, supporting the patient selection process.
Benefits: Direct clinician-to-clinician discussion involving a senior decision maker in the unit helps to support and re-assure GPs, and enables appropriate gatekeeping of the service and ED. After the first hotline was introduced, data shows that there was a reduction in ED triage referrals to the PAU. This may support that the hotline helped to reduce the number of inappropriate ED attendances.

Case Study Cambridgeshire Paediatric NHS 111direct booking - March 2021
Source: FutureNHS (login required)

This is a case study highlighting the direct referral/booking process from NHS 111 into The children's rapid response service in Luton and Bedfordshire.

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.

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.

[The case for investing in integrated child health services for the acutely unwell child and long term conditions](#)
Source: Royal College of Paediatrics and Child Health
This information bundle presents a model for how an integrated children's service (ICS) within a primary care network could improve child health outcomes. This information was presented to NHS England to inform the development of their long term plan.

[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

The Star for workforce redesign

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

[Children's social work workforce](#)
Source: GOV.UK

Publication date: February 2024
This annual release contains statistics on children and family social workers, including agency social workers, employed in local authorities in England. Each reporting year covers the period 1 October to 30 September.

[Paediatric workforce information and evidence library](#)
Source: Royal College of Paediatrics and Child Health
We have collated paediatric workforce information in the UK - both from RCPCH and publicly available sources - and displayed as interactive maps as well as an 'evidence library'. These aim to support College, members, workforce planners and other stakeholders, and are regularly updated.

National Data Programme

Workforce, Training and Education staff can look at the [WT&E Data and Analytics Service](#) resources including the National Data Warehouse SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Health and Wellbeing

[COVID-19 Impact on Children's Social Work Practice and Social Worker Well-being: A Mixed Methods Study from Northern Ireland and Great Britain during 2020-2022](#)
Authors: McFadden, P.;Ross, J.;MacLochlainn, J.;Mallett, J.;McGrory, S.;Currie, D.;Schroder, H.;Nicholl, P.;Ravalier, J. and Manthorpe, J.
Publication Date: 2024
Journal: British Journal of Social Work 54(3), pp. 1170–1190

Abstract: Social workers were heavily impacted by the COVID-19 pandemic. In this study, we examined the well-being, burnout and work conditions of UK children's social workers at five time points of the COVID-19 pandemic. This was a cross-sectional mixed methods study analysing data from 1,621 social workers who worked in children's services in the UK in 2020-2022. Data were collected using anonymous online surveys which included both quantitative and qualitative questions. The mental well-being of participants decreased as the pandemic progressed and work-related burnout increased. In the later stages of the pandemic, children's social workers in Northern Ireland fared better than their Great Britain counterparts in relation to their well-being and levels of burnout. Thematic analysis of qualitative data revealed four major themes: Changes in service demand and referrals, Adapted ways of working, Staff shortages and Emotional impact. The findings highlight the challenges that the children's social workers encountered during the COVID-19 pandemic and have implications for policy, practice and research.

[Exploring the workplace well-being of staff at a new integrated community mental health service for children and young people](#)
Authors: Parry, S.;Eve, Z.;Brockway, A.;Basilio, D. D. and Stamou, V.
Publication Date: 2023
Journal: Mental Health Practice 26(3) (pagination), pp. Date of Publication: 20 Jun 2023

Abstract: Background There is a lack of research into the workplace well-being of community mental health professionals. Given children and young people's increasing needs for mental health support in the wake of the coronavirus disease 2019 pandemic, it is timely to explore the workplace well-being of community mental health teams. Aim To explore the workplace well-being of staff working in a new integrated community mental health service for children and young people. Method Eleven mental health professionals from a range of disciplines took part in the study. The 11 participants completed an online questionnaire and the Professional Quality of Life (ProQOL) scale, which measures levels of compassion satisfaction, burnout and secondary traumatic stress. Three of them also took part in an individual semi-structured interview. Findings Participants felt hopeful and optimistic about the future of the service, felt supported by managers and peers, and wanted to enhance their skills to meet children and young people's increasingly complex needs within the constraints of a service offering brief interventions. Participants displayed high levels of compassion satisfaction, low levels of burnout and particularly low levels of secondary traumatic stress. Conclusion Emotionally supportive leadership, a culture of continuous learning and peer support may reduce the uncertainty felt by community mental health staff about a new service and create optimism about the future, which may in turn contribute to workplace well-being.

[Helping us heal; how creative life story work supports individuals and organisations to recover from trauma](#) Abstract only*
Authors: Booth, R.
Publication Date: 2022
Journal: Journal of Social Work Practice (pagination), pp. Date of Publication: 2022

Abstract: This article discusses the implementation of a new creative life story work project within a statutory children's services department of a UK Local Authority. The project looks to strengthen the use of life story work within statutory children's social work teams, involving the introduction of a model developed by Professor Richard Rose. Staff training is provided, and creative life story groups with care experienced young people are led jointly by professional artists and children's care staff. As a social worker, I support the implementation of the project and offer any additional therapeutic support children attending the groups might need, including more in-depth

individual therapeutic life story work. I explore here the dynamic nature of life story work in children's social work, including a critical analysis of the use of self, and consider theoretical application and wider critiques of the model. I discuss some of the (often contested) literature in relation to trauma, before employing a psychosocial approach that draws on systemic and psychoanalytic theory in order to understand how creative life story work supports individuals and organisations in recovery from trauma and provides the potential to invite bigger questions in relation to how to reignite creativity and social pedagogy in social work practice.

New Roles

Nurse practitioner affecting systems change in the context of a LEADS leadership framework: Experience from the field Abstract only*
Authors: Diaczun, T. and Miller, M. K.
Publication Date: 2024
Journal: International Nursing Review 71(3), pp. 413–418
This paper highlights a new role of Advanced Practice Nurse/Nurse Practitioner as the clinical planning lead in the development of a unique model of care and service delivery for children living with health complexity, in the context of a LEADS leadership framework and related capabilities.

Service evaluation of an independent domestic violence advocate post in a children's hospital Abstract only*
Authors: Donagh, B.;Taylor, J. and BradburyJones, C.
Publication Date: 2024
Journal: Nursing Children and Young People 36(4), pp. 30–35
Abstract: Domestic violence and abuse (DVA) has detrimental effects on the health and well-being of children and young people exposed to it, whether they witness or experience it. The introduction of independent domestic violence advocates in UK

hospitals has enhanced the safety of victims of DVA. In 2020-2021 an independent domestic violence advocate post was piloted at a children's hospital for one year, the advocate's role being to train hospital staff and support women who had experienced DVA. A service evaluation showed that the training and support provided by the independent domestic violence advocate had benefits for women, children and staff. It also confirmed that the commissioning of services for children exposed to DVA is often underfunded and overshadowed by the provision of support to adults.

Development of a nurse-led transport service for non-critical neonates and children in Northern Ireland
Authors: Harte, V.
Publication Date: 2023
Journal: Nursing Children and Young People 35(1), pp. 14–19
Abstract: While the transport and retrieval of critically ill children has been extensively researched and audited, nurse-led repatriation and retrieval of non-critical children and neonates has only recently become a full-time nursing position in Northern Ireland. In January 2020, the Northern Ireland Specialist Transport and Retrieval (NISTAR) service developed a nurse-led transport team for this patient population and created a new role - the non-critical paediatric transport nurse - which incorporates the skills of a children's nurse. The aim of the service is to transport children and neonates safely between the regional paediatric unit and local district general hospital paediatric wards in Northern Ireland. The nurse-led service also transfers children with non-critical complex cardiac conditions between paediatric wards in Northern Ireland and the national centre for paediatric cardiology and cardiothoracic surgery in Dublin, Ireland. This article describes the role of the nurse-led transport team and discusses clinical governance, training requirements and the safe transfer of children with complex cardiac conditions. The

NISTAR team won the child health category at the 2021 RCN Nursing Awards.

Engaging and Supporting Young Children and their Families in Early Childhood Mental Health Services: The Role of the Family Partner.
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
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.

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*
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.

New Ways of Working

[Meeting speech, language and communication needs: a whole-systems, population-based approach](#) Abstract only*
Authors: Gascoigne, M.
Publication Date: 2024
Journal: Paediatrics and Child Health (United Kingdom) 34(7), pp. 201–210

Abstract: Speech, language and communication needs (SLCN) remain one of the main areas of concern impacting children and young people's life outcomes. This article sets out the case for taking a population-health based approach to anticipating need and building whole systems around children in their functional contexts, whether home, early years setting, school or further education. The demand on services providing speech and language therapy continues to increase year on year. Using a population-health approach to predicting areas of higher anticipated SLCN and establishing robust collaborative approaches to improving the context for children and young people vulnerable to SLCN, there is the potential to address a significant number needs within everyday contexts. This approach continues to require a highly skilled speech and language therapy workforce. For maximum impact, those skills should be deployed in the places children and young people live, learn and have leisure, working directly with children but also ensuring the wider workforce are supported to enable early identification, prevention, and intervention. This approach requires a move away from a traditional referral model to one of easy access to expertise. Finally, the implications for paediatric services and the opportunities presented by a different way of using the multi-disciplinary team are proposed.

[A collaboratively produced model of service design for children and young people with common mental health problems](#)
Authors: Pryjmachuk, S.;Kirk, S.;Fraser, C.;Evans, N.;Lane, R.;Crooks, J.;McGowan, R.;Naughton, G.;Neill, L.;Camacho, E.;Bower, P.;Bee, P. and McDougall, T.
Publication Date: 2024
Journal: BMC Health Services Research 24(1) (pagination), pp.
Article Number: 133. Date of Publication: December 2024
Abstract: Background: Little is known about the effectiveness of, and implementation complexities associated with, service delivery models for children and young people (CYP) experiencing 'common' mental health problems such as anxiety, depression, behavioural difficulties and self-harm. This paper outlines how a model for high-quality service design for this population group was developed by identifying available services, their effectiveness, cost-effectiveness and acceptability, and the barriers and enablers to access.

[Improving Children's Services Engagement of Fathers in Child Protection: Logic Model for an Organisational Development and Staff Training Intervention](#)
Authors: Scourfield, J.;Davies, J.;Jones, K. and Maxwell, N.
Publication Date: 2024
Journal: International Journal on Child Maltreatment: Research, Policy and Practice (pagination), pp. Date of Publication: 2024
Abstract: There is a long-standing and ongoing problem of practice with at-risk families in child welfare work focusing primarily on mothers and failing to properly engage fathers. The article describes a child welfare innovation from the UK designed to tackle this issue-the ISAFE (Improving Safeguarding through Audited Father-Engagement) intervention, developed by The Fatherhood Institute and The Children's Social Care Research and Development Centre (CASCADE) at Cardiff University and based on two previous separate interventions which had positive initial evaluations. ISAFE combines in-service social work practitioner training with other elements of organisational development to improve the engagement of fathers. Activities targeting organisational culture are case file audits, identification

and training of team champions, and a webinar for service leaders. The practitioner training involves both awareness raising about the importance of engaging men and skills development via an introduction to motivational interviewing. ISAFE's theory of change is summarised in the form of a logic model. Limitations of the intervention and its evaluation are discussed.

[Supporting post-pandemic recovery: a qualitative study of the capabilities, opportunities and motivations to deliver oral health behaviour change messages to parents of young children in community settings](#)
Authors: Goldthorpe, J.;Kilbee, L.;Pretty, I.;Cotterill, S.;Hart, J. and Peters, S.
Publication Date: 2024
Journal: BMC Oral Health 24(1) (pagination), pp. Article Number: 580. Date of Publication: December 2024
Abstract: Background: The COVID-19 pandemic exacerbated vulnerabilities and inequalities in children's oral health, and treatment activity virtually ceased during periods of lockdown. Primary care dentistry is still in the post-pandemic recovery phase, and it may be some years before normal service is resumed in NHS dentistry. However, opportunities to support the dental workforce through offering some preventative care in outreach settings may exist. This has the additional benefit of potentially reaching children who do not routinely see a dentist. The aim of this research was therefore to explore views around upskilling practitioners working in early years educational and care settings to support families of pre-school aged children to adopt and maintain preventative oral health behaviours.

[Essential Conditions for Partnership Collaboration within a School-Community Model of Wraparound Support](#)
Authors: Haight, J.;Daniels, J.;Gokiert, R.;Quintanilha, M.;Edwards, K.;Mellon, P.;Skoye, M. and Malin, A.
Publication Date: 2024

Journal: Journal of Child and Family Studies (pagination), pp.
Date of Publication: 2024
Abstract: Children and youth often face barriers that hinder their ability to engage in school, such as poverty, family challenges, and maltreatment. For this reason, children require additional supports if they are to be set up for success in school and life. Collaborative school-community models of wraparound support have been demonstrated as effective approaches for supporting vulnerable children and families to foster positive outcomes. Such models rely on collaborative partnerships between schools and community agencies to coordinate services for children and families. Accordingly, there is a need to understand factors that influence this collaboration in school settings. This study explores partnership collaboration between school and community partners through the case of All in for Youth, a school-based wraparound model of support in western Canada. Focus groups of n = 79 partners across eight schools were analysed, guided by qualitative description methodology. Five essential conditions were identified for partnership collaboration, including value-based training, mutual recognition of expertise, school leadership, established and flexible communication channels, and appropriate staff resources. These conditions can be used to help inform the implementation of similar school-community models of support to foster collaborative partner processes and promote positive outcomes among children, youth, and families.

[A Pilot Study Exploring the Feasibility and Acceptability of Digitally Mediated Team Communication in Primary Schools](#)
Authors: Jones, L. S.;Russell, A. and Brosnan, M.
Publication Date: 2024
Journal: School Mental Health 16(1), pp. 81–94
Abstract: With high demand on specialist child mental health services internationally, there is significant interest in prevention and early intervention, as well as innovative and efficient

approaches for increasing access to high-quality care. Digital communication technologies can improve communication between different professionals and agencies involved in young people's lives, which is especially important in rural locations and became more necessary during the COVID-19 pandemic. This study examined the perceived value, feasibility, and acceptability of digitally mediated team communication for responding to emerging social, emotional, and mental health support needs in primary school settings in a rural county in the UK. A pre-/post-study design was used as a process evaluation of digitally mediated team communication and pilot test of feasibility and perceived value. Fifteen individual children (aged 4-9 years) were referred to a digitally mediated multidisciplinary team (with representation from relevant children's services) where formulation was used to develop specialised action plans implemented by education staff and parents/carers. Findings suggest that digitally mediated team communication was highly valued for enhancing practice in supporting individual children by education staff and for making progress towards personalised goals by both education staff and parents/carers. Analysis further suggests that digitally mediated team communication was feasible and acceptable to education staff and parents/carers. A digitally mediated model for an early and multidisciplinary team response holds promise for empowering education staff as an extended mental health workforce, with a need for future research with larger samples to investigate service efficiency and outcomes of this health service delivery model.

The role of habilitation services in the lives of children and adolescents with visual impairments
Authors: Manitsa, I. and BarlowBrown, F.
Publication Date: 2024
Journal: British Journal of Visual Impairment 42(2), pp. 445–455
Abstract: Previous research suggests that children and adolescents with visual impairment may face several challenges

in their academic learning and socio-emotional development due to restricted mobility, feelings of loneliness, and dependency on others. Habilitation services attempt to provide support with respect to many of these challenges that may positively impact on well-being and mental health, such as enabling independence in daily tasks, participation in social activities, and developing self-confidence. The literature also shows that individuals who have received educational and vocational rehabilitation support report higher quality of life and more positive self-esteem. Therefore, the primary focus of this study was on the rehabilitation, recreational opportunities, and educational resources provided by vision habilitation services for children and adolescents with visual impairments. The role that these services may play in school and daily life, as well as in the socio-emotional development of children and adolescents with visual impairments was also examined. This research covers the perspectives of professional staff, parents, children, and adolescents and considers both the immediate and potential long-term benefits of these services. The findings of the study highlighted the positive impact that this support has on children and adolescents' independence, personal-safety, and self-confidence. The findings also indicated the positive impact of this support on the mental health of their families and benefits of providing continued support and expanding these habilitation and recreation services.

Early intervention for children and young people with neurodevelopmental conditions and intellectual disability: "The Getting Help" offer for Northwest England Abstract only*
Authors: Wee, C.;Jaydeokar, S.;Ugwuonah, C.;Armstrong, L. and Odiyoor, M.
Publication Date: 2024
Journal: Advances in Autism (pagination), pp. Date of Publication: 2024

Abstract: Purpose: The purpose of this paper is to outline what early support should be offered to children and young people with neurodevelopmental conditions including those who are autistic or have intellectual disability. A review of all child and adolescent mental health services (CAMHS) services in the Northwest completed by NHS England and Improvement (Doyle and Ryan, 2021) found that there was no clear Tier 2 offer (for mild to moderate mental health issues) for autistic children and young people or for those with intellectual disability. Following this review, a project group that had developed a model for mental health services for autistic children and young people and for those with intellectual disability (Wee et al., 2021) was tasked with articulating the "Getting Help" offer for children and young people with neurodevelopmental conditions, including intellectual disability. Design/methodology/approach: A working group was created consisting of professionals from mental health, education and local authority and lived experience representatives of coproduction partners. A brief review of the background literature was also conducted. Six meetings were held to create a framework for the "Getting Help" offer and to discuss what the offer should be based on professional expertise and lived experience.

Child and adolescent mental health services in a devolved healthcare system: a qualitative exploration of sustainable practices
Authors: Banwell, E.;Humphrey, N. and Qualter, P.
Publication Date: 2023
Journal: Health Research Policy and Systems 21(1) (pagination), pp. Article Number: 27. Date of Publication: December 2023
Abstract: Background: The transference of research evidence into routine healthcare practice remains poorly understood. This includes understanding the prerequisites of longer-term viability. The present study investigated the sustainable practices of GM i-THRIVE, a programme which reconceptualizes mental health

services for children and young people (CYP) in Greater Manchester, United Kingdom. We aimed to establish whether a sustainable future was likely, and to identify areas of focus to improve that likelihood.

Impact of a dietitian in general practice: paediatric food allergy
Authors: Collinson, A.;Waddell, L.;FreemanHughes, A. and Hickson, M.
Publication Date: 2023
Journal: Journal of Human Nutrition and Dietetics 36(3), pp. 707–715
Abstract: Background: Food allergy in infants and young children places a significant burden on primary care. This study evaluated a dietetic-led paediatric food allergy service, which attempts to provide more rapid access to the dietitian and reduce the need for general practitioner (GP) and secondary care appointments.

The organisation of paediatric hospital-at-home care: a multi-country comparative study
Authors: Lefevre, M.;Detollenaere, J.;Zeevaert, R. and Van de Voorde, C.
Publication Date: 2023
Journal: Journal of Integrated Care 31(3), pp. 224–236
Abstract: Purpose: Many countries have developed hospital-at-home (HAH) models to bring hospital services closer to home. Although some countries already have a long tradition of HAH for adults, paediatric HAH has been developed more recently. Specificities of paediatric care make it difficult to directly extend an adult HAH model to the paediatric population. The objective of this study is to compare the organisation of paediatric HAH in four countries: France, Australia (states of Victoria and New South Wales), the Netherlands and Belgium. Ultimately, lessons can be drawn for further development in the countries analysed and/or for implementation in other countries. Design/methodology/approach: Legal documents and other grey

literature were analysed to describe the legal context for the provision of paediatric HAH in the selected countries. In addition, semi-structured in-depth interviews were conducted with key informants from paediatric HAH organisations in these countries, addressing the following topics: historical background, legal framework, functioning of HAH models, workforce, number of services, profile of children, type of care activities, funding, coordination with other providers and quality of care. Results were reviewed by a content expert from the respective country.

Supporting school nurses to deliver emotional and mental health interventions: a service evaluation Abstract only*
Authors: Ratter, K.
Publication Date: 2023
Journal: Primary Health Care 33(1) (pagination), pp. Date of Publication: 31 Jan 2023
Abstract: School nurses often encounter children and young people with emotional and mental health needs and therefore need to be able to manage potentially distressing situations. A service evaluation explored the experiences and perceptions of a small school nursing team of the support they receive to deliver emotional and mental health interventions. Three school nurses and one child and adolescent mental health services (CAMHS) practitioner, all working in a remote and rural area of Scotland, took part in individual semi-structured interviews. Peer support emerged as the most important facilitator but participants lacked time to access it. Training was identified as another crucial source of support, but again time for it was lacking. Moreover, limited access to further support services for children and young people, and a lack of recognition and understanding of participants' role by others, made it more challenging for participants to deliver emotional and mental health interventions. School nurses could be better supported in that aspect of their role by ensuring they have time for reflection and learning; by enhancing the training, tools and resources available to them;

and by improving their professional recognition within and outside the NHS.

Mapping and identifying service models for community-based services for children with intellectual disabilities and behaviours that challenge in England
Authors: Taylor, E. L.;Thompson, P. A.;Manktelow, N.;Flynn, S.;Gillespie, D.;Bradshaw, J.;Gore, N.;Liew, A.;Lovell, M.;Sutton, K.;Richards, C.;Petrou, S.;Langdon, P. E.;Grant, G.;Cooper, V.;Seers, K. and Hastings, R. P.
Publication Date: 2023
Journal: BMC Health Services Research 23(1) (pagination), pp. Article Number: 1354. Date of Publication: December 2023
Abstract: Background: One in five children with an intellectual disability in the UK display behaviours that challenge. Despite associated impacts on the children themselves, their families, and services, little research has been published about how best to design, organise, and deliver health and care services to these children. The purpose of this study was to describe how services are structured and organised ("service models") in England for community-based health and care services for children with intellectual disability who display behaviours that challenge.

Barriers and facilitators in the delivery of a proportionate universal parenting program model (E-SEE Steps) in community family services
Authors: Berry, V.;Mitchell, S. B.;Blower, S.;Whittaker, K.;Wilkinson, K.;McGilloway, S.;MasonJones, A.;Carr, R. M. and Bywater, T.
Publication Date: 2022
Journal: PLoS ONE 17(6 June) (pagination), pp. Article Number: e0265946. Date of Publication: June 2022
Abstract: Background A proportionate universal (PU) approach to early years' service provision has been advocated to improve

children's health and development and to reduce health inequality, by ensuring that services provide timely and high-quality parenting support commensurate with need. Process-oriented research is critical to examine the factors that contribute to, or hinder, the effective delivery/implementation of such a model in community-based family services. This study aimed to assess the delivery, acceptability and feasibility of a new PU parenting intervention model (called E-SEE Steps), using the Incredible Years (IY) parent program, when delivered by trained health/family service staff in three "steps"-one universal step (the IY Babies Book), and two targeted steps (group-based IY Infant and Toddler programs). Methods An embedded mixed-methods process evaluation within a pragmatic parallel two-arm, assessor blinded, randomized controlled trial was conducted in community services in four local authorities in England. The process evaluation used qualitative data gathered via interviews and focus groups with intervention arm parents who were offered the targeted steps (n = 29), practitioners (n = 50), service managers (n = 7) and IY program mentors (n = 3). This was supplemented by quantitative data collected using group leader pre-training (n = 50) and post-delivery (n = 39) questionnaires, and research notes of service design decisions. Results The E-SEE Steps model was acceptable to most parents, particularly when it was accompanied by engagement strategies that supported attendance, such as providing childcare. Practitioners also highlighted the positive development opportunities provided by the IY training and supervision. However, participant views did not support the provision of the IY Babies book as a standalone universal component, and there were barriers to eligible parents-particularly those with low mood-taking up the targeted programs. Service providers struggled to align the PU model with their commissioned service contracts and with their staff capacity to engage appropriate parents, including tackling common barriers to attendance. Conclusions Despite general enthusiasm and support for delivering high-quality parenting programs in

community services in the England, several barriers exist to successfully delivering IY in a proportionate universal model within current services/systems.

[Carer perceptions of a specialist mental health service for children and young people in care](#) Abstract only*
Authors: Eadie, K.;Moss, K. and Burton, J.
Publication Date: 2022
Journal: Developmental Child Welfare 4(3), pp. 204–216
Abstract: Introduction: Children and young people in care are a key client group for child and youth mental health services. A collaborative approach to addressing the complex and long-term needs of children or young people in care is essential and carers who support these children or young people are vital team members of this collaboration.

[Cross-sectional survey of child weight management service provision by acute NHS trusts across England in 2020/2021](#)
Authors: Mears, R.;Leadbetter, S.;Candler, T.;Sutton, H.;Sharp, D. and Shield, J. P. H.
Publication Date: 2022
Journal: BMJ Open 12(11) (pagination), pp. Article Number: e061971. Date of Publication: 10 Nov 2022
Abstract: Objective With one in five children in England living with obesity, we mapped the geographical distribution and format of child weight management services provided by acute National Health Service (NHS) trusts across England, to identify breadth of service provision. Design A cross-sectional survey. Setting The survey was sent to acute NHS trusts (n=148) in England in 2020, via a freedom of information request. Participants Responses were received from 139 of 148 (94%) acute NHS trusts, between March 2020 to March 2021. Outcome measures The survey asked each acute NHS trust whether they provide a weight management service for children living with obesity. For those trusts providing a service, data were collected on eligibility

criteria, funding source, personnel involved, number of new patients seen per year, intervention duration, follow-up length and outcome measures. Service characteristics were reported using descriptive statistics. Service provision was analysed in the context of ethnicity and Index of Multiple Deprivation score of the trust catchment area. Results From the 139 survey respondents, 23% stated that they provided a weight management service for children living with obesity. There were inequalities in the proportion of acute NHS trusts providing a service across the different regions of England, ranging from 4% (Midlands) to 36% (London). For trusts providing a service, there was variability in the number of new cases seen per year, eligibility criteria, funding source, intervention format and outcome measures collected. A multidisciplinary approach was not routinely provided, with only 41% of services reporting >=3 different staff disciplines. Conclusion In 2020/2021, there were geographical inequalities in weight management service provision by acute NHS trusts for children living with obesity. Services provided lacked standardisation, did not routinely offer children multidisciplinary care and were insufficient in size to meet need.

Letting go of 'the way things are done here': from reflection to disruption in local authority social work
Authors: Watts, R.
Publication Date: 2022
Journal: Journal of Social Work Practice 36(2), pp. 241–256
Abstract: In 2015, Brighton and Hove Children's Services embarked on a reorganisation and a new Model of Practice to promote relationship-based social work. New Lead Practitioner roles were created to work at the interface between front-line social workers and managers to promote reflection and service development in a range of contexts. A reflective practice group led by an external consultant was established to support the development of the role. This paper will explore the experience of one Lead Practitioner of being part of the reflective practice group and how it enabled her to take up the new role and support change in the wider organisation. It will explore how the role of the facilitator, the techniques utilised and the members of the group created a disorientating, destabilising effect that created a context to dismantle preconceived assumptions of 'the way things are done here' and supported change in the wider organisational culture. The author provides examples of how she attempted to create this experience on the 'outside' to support a shift from bureaucratic, procedural-dominated practice, to new ways of doing things in front-line social work.

Linking Leeds: A Social Prescribing Service for Children and Young People.
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](#) Abstract only*
Publication date: April 2021
Journal: Journal of Integrated Care
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.
Publication date: 2021
Journal: BMJ Paediatrics Open 5(1)
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.
Authors: Hoskins, K.;Bradbury, A. and Fogarty, L.
Publication Date: 2021
Journal: Journal of Early Childhood Research
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
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.

Developing a model for mental health services for children and young people with intellectual disability and/or autism in North West England Abstract only*
Authors: Wee, C.;Mottershead, T.;Wright, S.;Jaydeokar, S. and Odiyoor, M.
Publication Date: 2021
Journal: Advances in Autism
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.

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.
Publication date: October 2019
Journal: British Journal of Occupational Therapy
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

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.

Rethinking place and the social work office in the delivery of children's social work services.

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*
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.

Supervision

The power of relationship-based supervision in supporting social work retention: A case study from long-term ethnographic research in child protection
Authors: Warwick, L.;Beddoe, L.;Leigh, J.;Disney, T.;Ferguson, H. and Cooner, T. S.
Publication Date: 2023
Journal: Qualitative Social Work 22(5), pp. 879–898
Abstract: Supervision is a core component of professional support and development in social work. In many settings, and perhaps particularly in children's services, it is valued as crucial in safe decision-making, practice reflection, professional development and staff support. Research has demonstrated that supervision and staff support also contribute to social worker retention in child welfare services. Drawing on data gathered in a 15-month ethnographic, longitudinal study of child protection work that included observations of supervision, we were able to observe the impact of supportive supervisory relationships on social workers' decision-making about staying in their current workplace. This article presents a single case that demonstrates the potential impact of effective relationship-based supervision on retention and calls for a more humane approach to social work supervision against dominant managerial themes that have increasingly burdened the profession.

Why does systemic supervision support practitioners' practice more effectively with children and families?
Authors: Bostock, L.;Patrizio, L.;Godfrey, T. and Forrester, D.
Publication Date: 2022
Journal: Children and Youth Services Review 142(pagination), pp. Article Number: 106652. Date of Publication: November 2022
Abstract: The importance of supervision for social work practice is widely accepted. This paper focuses on one type of supervision: systemic group supervision or "systemic

supervision". Systemic social work practice is generally a group-based, multi-disciplinary model of service delivery that aims to work therapeutically with the whole family. Central to this model is the use of systemically-informed group supervision. This has been shown to impact positively on the quality of direct practice with families, but what is it about this type of supervision that supports frontline practitioners to practice more skillfully? This paper is based on interviews with 49 frontline staff across five children's services departments in the UK. It identifies the key features of systemic supervision and explores why workers think that developing shared understandings of risk to children supports them to intervene more effectively with families in contact with children's services. These findings contribute to a growing body of knowledge about the practice shaping function of supervision within child and family social work.

Training and Education

[Evaluating the impact of attachment and trauma training for children's social care teams](#) Abstract only*
Authors: Fflur, S.;Pepper, R.;Donnelly, K.;Halstead, S.;Campbell, K. and McDonnell, L.
Publication Date: 2024
Journal: Developmental Child Welfare 6(2), pp. 91–105
Abstract: Embedding attachment- and trauma-informed knowledge and skills throughout the services that support children and families who have experienced developmental trauma is vital to meeting the needs of this population. The current pilot study provides provisional data regarding the impact of training delivered by the Gwent Attachment Service to increase awareness and use of attachment- and trauma-informed working across social care teams within Gwent. The training package comprised two-days' training plus six skill development sessions (SDS) delivered to 274 staff within 21 social care teams within Gwent. Staff self-rated their knowledge of, confidence in, and worries about working in an attachment- and trauma-informed way at three time points; pre-training, post-training and post-skill sessions. Statistical analyses revealed significant increases in staff knowledge and confidence pre-post training, plus a significant decrease in worries pre-post training. Whilst a significant decrease in knowledge and confidence, and significant increase in worries was seen between post-training to post-SDS, the final post-SDS ratings remained significantly improved compared to pre-training. Whilst preliminary given the current study limitations, such findings suggest that the current training and SDS programme successfully improved and maintained knowledge, confidence and level of worry regarding attachment- and trauma-informed working. They also demonstrate the feasibility of National Health Service-based teams delivering such training to improve the service offered to children and families affected by developmental trauma, in keeping with the values of prudent healthcare and taking a whole-systems approach to addressing the needs of this population.

[Training, Recruitment, and Supervision of Personnel in Residential Care centres: An Exploratory Study](#)
Authors: Carvalhais, L. and Formosinho, M.
Publication Date: 2023
Journal: Residential Treatment for Children and Youth (pagination), pp. Date of Publication: 2023
Abstract: Social care systems, residential care centers and directors are under pressure to provide the best service to children and youngsters. At the same time, there is also a concern for personnel well-being, and personal and professional development. This qualitative and exploratory study aimed to identify, with semi-structured interviews with directors of residential care centers, what are the most recent practices in terms of personnel recruitment, in-service training, supervision,

and the promotion of caregivers' well-being. The results revealed that workers were perceived as the most important resource in an organization. Promoting personnel training and the concept of care for caregivers were, therefore, identified as strategies to preserve adequate workers' commitment to this demanding career, to avoid worker turnover. As workers are asked to apply their soft skills daily, training offered to these workers should focus more on knowledge about mental health and psychological and physical well-being, to assist them in providing adequate care. The results indicated that these subjects, and those specifically connected with at-risk children/youth, were identified as essential to the directors interviewed but were not yet broadly available as training offers. Implications drawn from the findings are presented for practice and for research.

A Model of Transformational Learning for Early Childhood Community-based Workers: Sajag Training for Responsive Caregiving
Authors: Pearson, E. C.;Rawdin, C. and Ahuja, R.
Publication Date: 2023
Journal: Journal of Child and Family Studies 32(2), pp. 598–612
Abstract: A global goal for early childhood education and care is to ensure universal, "quality" provision that reaches all children. Achieving this goal requires a well-prepared workforce that is equipped to adapt to and deliver early childhood programs across the vastly diverse contexts and communities where children are growing up around the world. Yet currently there is a severe shortage of early childhood workers, particularly in "low resource" and complex communities. Evidence to support appropriate training for such workers is also lacking. In response, this paper presents findings from a case study of a large-scale training program for community-based early childhood workers in central-east India. A total of 650 community-based Village Communicators were trained to deliver a responsive caregiving package to parents of young children. Data collected over 3

months highlight how the unique contextually grounded, caring and reflexive approach to training resulted in profound personal and professional change among training participants. The findings are of significance in informing policy and practice associated with global goals for early childhood. First, they challenge the technical, programmatic approaches to training that are commonly adopted for preparing this workforce. Second, they evidence the potentially transformative, long-term impact of person-centered approaches to training that facilitate knowledge-sharing to understand local needs and attitudes. Third, they provide insight into ways in which training programs can support enhanced local relevance and effectiveness of early childhood services implemented for children and families across diverse contexts.

Leveraging Leadership in Child Welfare Systems: Large-scale Trauma- and Resilience-informed Training Initiative
Authors: Rodriguez, A.;Fei, Z.;Barrera, W. A.;Tsao, E. H.;Waterman, J.;Franke, T. M.;Mogil, C. E.;Bonilla, B.;Cugley, G. M.;Gillams, T. and Langley, A.
Publication Date: 2023
Journal: Journal of Behavioral Health Services and Research 50(1), pp. 18–35
Abstract: Strengthening the infrastructure of public health systems around trauma-informed principles is crucial to addressing the needs of traumatized children in the child welfare system. In fact, many local and state initiatives have focused on large-scale evaluation studies to determine the value of training direct service staff on trauma foundations. Less yet is known about the benefits of training leaders on trauma foundations, which is crucial given their unique influence on implementation decisions. The current study evaluates a trauma training delivered to leadership-level stakeholders through a large-scale training initiative for the Los Angeles County Department of Children and Family Services. Findings indicated that leaders

improved in trauma knowledge from baseline to post-training and reported changes in their professional wellbeing and leadership approach after the reflective training component. The leadership trauma program may have positive downstream implications for direct service staff, organizational culture, and child and family outcomes.

Approaches of 112 ambulance service staffers to children with burns: A survey assessment
Authors: Demir, S.;Bostanci, S. A.;Erturk, A.;Oztorun, C. I.;Guney, D.;Azili, M. N. and Senel, E.
Publication Date: 2022
Journal: Ulusal Travma Ve Acil Cerrahi Dergisi 28(4), pp. 447–455
BACKGROUND: We aimed to evaluate the knowledge of 112 ambulance service staffers (doctors, nurses, emergency medical technicians [EMTs], and paramedics [PMs]) who were the first intervention to pediatric patients with burn injuries regarding first intervention and patient transfer. METHODS: The study included 373 personnel working in 112 ambulance services in Ankara province. Participants were asked 17 questions to measure their knowledge of burns in children. Statistical analysis was performed with the Statistical Package for Social Sciences 21.0. RESULTS: Of the participants, 26 (7%) were doctors, 25 (6.7%) nurses, 180 (48.3%) EMTs, and 142 (35.3%) PMs. Of the participants, 118 stated that they always calculate the burn surface area, while only five (1.3%) marked the correct choice of the Lund Browder scheme to the question by which method they calculated. One hundred twenty one personnel (32.4%) use the Parkland formula to calculate the amount of fluid to be given during transfer while only 7 (1.9%) use the Galveston formula, which is more suitable for children. Of the participants, 56 (15%) answered as lactated Ringer's solution which is the correct fluid to the question of which fluid do you give at the scene and during the transfer. One hundred fifty-three participants (41%)

responded correctly to the scenario question expected to recognize inhalation damage while only 138 (37%) responded correctly as "I do immediately intubate" to the inhalation injury described scenario question. One out of 373 (0.3%) participants marked the appropriate procedure for a patient who had a 50% scald burn during the first intervention and transfer. The rate of topical lidocaine use of participants was high (70.8%). Of the 373 participants, only 33 (8.8%) thought themselves competent for first aid and transfer of children with burns. If training on the subject was held, 333 personnel (89.3%) wanted to participate. CONCLUSION: It is expected that the knowledge of 112 ambulance services who see pediatric burn patients first, perform the first intervention, and provide transfer would be suitable. However, our questionnaire shows that these personnel have insufficient knowledge and need to be trained.

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

Upskilling

The Impact of Oral Health Training on the Early Year's Workforce Knowledge, Skills and Behaviours in Delivering Oral Health Advice: A Systematic Review Abstract only*
Authors: Ashtiani, G. H.;Gamboa, A. and Yusuf, H.
Publication Date: 2022
Journal: Community Dental Health 39(4), pp. 260–266
Abstract: Objectives: To determine the effectiveness of training the early year's workforce on their knowledge, skills and/or behaviours in delivering oral health advice.

What are the experiences of speech and language therapists implementing a staff development approach in early years settings to enhance good communication practices?
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).

Workforce Attitudes

The attitudes and beliefs of the child protection workforce and why they matter to children who live with violence
Authors: Alexander, K.;Humphreys, C.;Wise, S. and Zhou, A.
Publication Date: 2023
Journal: Child and Family Social Work 28(1), pp. 210–221

Abstract: In Australia, like other developed countries, there has been an increase in reports to child protection services about children experiencing domestic violence. While there is research on the importance of the skills and knowledge of the child protection workforce for this growing problem, little is available about practitioner attitudes and beliefs. This paper presents findings on research undertaken in New South Wales, which is the most populated state in Australia. The research considered the attitudes and beliefs of the statutory child protection workforce about domestic violence. It relied on a large-scale survey of 1041 child protection practitioners. In order to compare the attitudes and beliefs of child protection workforce with those of the general community, the survey replicated questions from the Australian National Community Attitudes towards Violence against Women Surveys. Overall, the attitudes and beliefs of the workforce more closely reflected contemporary theory and evidence about domestic violence than those of the community. The research also examined variations in the attitudes and beliefs of the child protection workforce according to practitioner characteristics, finding variations by gender. The implications for the fields of child protection and social work are discussed.

Workforce Planning

Men changing nappies: Dismantling a key barrier to gender-diversifying the early years workforce
Authors: Wilkinson, J.;Davies, J. and Warin, J.
Publication Date: 2024
Journal: Journal of Early Childhood Research 22(2), pp. 224–237
Abstract: Currently the number of men working in early years education in England is very low at 2%. This stubbornly resistant workforce pattern matters because it perpetuates the entrenched gender stereotype of young children's education and care as women's work. It is extraordinary to find this corner of gender statis in a world that is supposedly in the grip of a gender revolution. This gender revolution does not appear to have impacted on, or even dented, the gendered nature of the early years workforce. This is all the more remarkable because early years staffing shortages have now reached crisis point in England (the country where the authors reside and where they have carried out the research referred to in this paper). The small minority of men that do take up work in this sector often work interchangeably with their female counterparts, adopting a range of roles and responsibilities including reading, rough and tumble, comforting and food preparation. The task of intimate care however, or more specifically 'nappy changing', remains an area of tension within men's presence in early years settings, with parents or carers sometimes requesting that male practitioners do not change their child's nappy or nursery managers removing men from this role. Although the Sex Discrimination and Equalities Act 2010 stipulates that no employee should be discriminated against because of their sex, a 2-year study into the recruitment and support of men in early years education in England (GenderEYE) shows that discriminatory practices around intimate care are very much alive.

A roadmap for starting, growing and sustaining a comprehensive pediatric surgery service in a low resource area
Authors: Naidoo, G.;Philipo, G. S.;Bokhary, Z. and Lakhoo, K.
Publication Date: 2023
Journal: Seminars in Pediatric Surgery 32(6) (pagination), pp.
Article Number: 151350. Date of Publication: December 2023
Abstract: The Tanzania-Oxford Children's Surgery Partnership is a longstanding capacity building and research collaboration. Over a 21-year period, this non-hierarchical partnership has worked to develop from service delivery to children surgical

system strengthening in Tanzania. This has directly impacted the children's surgery and workforce by increasing the number of pediatric surgeons in the country and upskilling nurses, anesthetists, and pediatricians. Clinical skills acquisition has been complemented by the development of leadership, mentorship, and research acumen. The partnership has also delivered critical upgrading of infrastructure which has significantly increased operative volume and allowed for the provision of minimally invasive children's surgery. A children's research network has been established, with a focus on research equity and local data ownership adhering to local ethics, leading to prolific academic output. At the core of this partnership has been the recognition that achieving sustainable change requires local leadership, long-term commitment, and 'bottom-up' change. We described the historical events and steps taken by our partners to achieve the universal provision of children's surgery in Tanzania.

[Comm2Work: Developing a nursing workforce plan for a child and youth community health service.](#) Abstract only*
Authors: Penny, R. A. and Fennah, W.
Publication Date: 2020
Journal: Collegian
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.

[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.](#)
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.

Competency Frameworks

Children and young people (CYP) competences and curricula
Raising training and practice standards in counselling and psychotherapy
Source: British Association for Counselling and Psychotherapy
Publication date: November 2022

The competence framework identifies the competences required for delivering effective humanistic counselling with children and young people.

Gillick competency and Fraser guidelines
Source: NSPCC
Publication date: August 2022
Gillick competency and Fraser guidelines help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe.
When practitioners are trying to decide whether a child is mature enough to make decisions about things that affect them, they often talk about whether the child is 'Gillick competent' or whether they meet the 'Fraser guidelines'.

Delivering Inpatient Children and Young People's Mental Health Care: A multidisciplinary competence framework
Source: Royal College of Psychiatrists
Publication date:
The NCCMH developed the multidisciplinary competence framework for delivering inpatient children and young people's mental health care in partnership with UCL. A specially convened expert reference group that included people working in children and young people's mental health inpatient care and people with lived experience guided the content.
The competence framework and supporting document are to be used by health workers, trainers and supervisors, clinical managers and commissioners of services. They are also useful for people using the services and their carers, because they lay out what can be expected from a good mental health inpatient service.

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.

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.

*Help accessing articles or papers

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