NHS
Health Education England

Strategic Framework: Children and Young People's Mental Health (CYPMH) Inpatient Workforce Development

Ensuring children and young people receive access to high-quality care in mental health inpatient settings.

Forewords

Mark Radford – Chief Nurse at Health Education England and Deputy Chief Nursing Officer for England

In 2019, the NHS Long Term Plan set out the context of a significant ambition to transform and improve mental health services in England. To deliver on these ambitions, there needed, from that time and now, to be a significant workforce change in all services, especially for those caring for children and young people.

Although we have all strived already to improve access to support children and young people including extensive workforce expansion, COVID-19 has also fuelled an increasing need and exacerbated existing challenges, including mental health inequalities.

We have been developing and growing the workforce to ensure prevention and early intervention services are available. But there are more children and young people than ever before that need support for their mental health – and some of the most vulnerable children and young people need time in an inpatient environment for assessment, treatment, and time to build the packages of care that will facilitate their continued recovery.

Ensuring these most vulnerable children and young people, and also their families and carers, receive timely access to this type of care of the highest quality must therefore be our priority. This is why we are presenting you with a framework which supports the development of local children and young people's mental health inpatient services. The framework is included in the Resource Pack, developed by NHS England.

This framework outlines the vision for the children and young people's mental health inpatient services workforce as a clear 'road map' to achieve this vision by developing a sustainable and consistent approach to support the workforce.

To ensure this framework is person-centred, we have listened to and heard the voices of children and young people, their families and carers. These messages, alongside those from a broad range of expert stakeholders, including health and social care professionals, academics, the voluntary and community sector, and professional bodies, have shaped this framework with us from the outset.

This is only the first step of an important and challenging journey. We all have experience of what we need to feel safe and cared for, and we have heard this from patients, carers and professionals brave enough to share their experiences of what felt right, as well as what was not helpful or supportive. This is what will drive us to achieve true service transformation across mental health inpatient services for children and young people.

We now urge you to understand and advocate for the essential system-wide recommendations outlined. They focus on improving and integrating including how we recruit, train, develop, retain and support our valuable inpatient workforce to collaborate to ensure the children and young people receive the mental health care they deserve.

Young person with lived experience perspective

Helping to decide the questions to ask other young people with lived experience of being in inpatient children and young people's mental health service (CYPMH) settings, design the workshops and co-facilitate the workshops was a bittersweet experience.

Reflecting on my past experiences, both the high and low moments, was sometimes difficult but it felt good to be able to use my experiences to help shape a national report and lead to improvements for other young people currently accessing inpatient CYPMH or those who will access inpatient CYPMH in the future.

It made me feel like some good would come out of my experiences.

Although most of us had negative experiences during our stay in inpatient CYPMH, the workshops helped us focus on some of the positive small things like a young person who had been supported to spend time with a therapy dog during their time on the ward, or an interaction with a staff member who was always 'the life of the ward' with their smile and experiences we had in common like our coping mechanisms.

The young people were from across the country, but we had some shared experiences, which made conversations that are sometimes uncomfortable with friends or family feel a bit normal. This made this experience better than completing a survey whilst on the ward or when I was getting discharged.

Co-facilitating was a rewarding experience. It was good to be able to make other young people feel comfortable with sharing their experiences. For myself and most members of the Young People's Advisory Group, it was our first time getting involved in this (type of project). It was amazing to hear the experiences from fellow young people, and I really enjoyed co-facilitating the session I did!

I learnt a lot about myself and felt I really gave back to the CYPMH service, staff who had made an impact in my stay, and other young people who were patients on the ward when I was, and the facilitators were great at answering questions, with this being my first time.

I thought the Healthy Teen Minds 'Young People's Vision for the Inpatient CYPMH Workforce' report was really well written and accurately reflected the concerns that were put forward in meetings. I hope the voices of the young people which are captured in the report reach the right health and care professionals.

Parent perspective, expert by (considerable) experience

Over the four years that my daughter was an inpatient I learnt far more about adolescent mental health than I ever wanted to know.

During that time, I experienced tremendous kindness from many people involved in her care: the social worker who always went the extra mile to ensure the pre-booked Zoom calls actually happened; the healthcare assistant who, after a day sitting with me and my daughter in her hospital bed, leant over as she was leaving to say, "You two have such a lovely relationship." I have seen staff at all levels transform my daughter's day with a kind word or a well-timed cup of tea.

But I also experienced the casual and often inadvertent hurts that seem to be part of the inpatient mental health journey for both parent and young person. The humiliations and lack of humanity that erode self-worth and sanity. Being told to "have a nice day" at the end of a phone call that has conveyed some latest act of hideousness, or being asked if I had "had a good weekend" by a member of the team that had just sectioned my daughter.

What I would wish for – for the benefit of young people, parents and staff – is a world where compassion, connection and creativity are at the core of decisions, combined with a healthy dose of down-to-earth practicality. For example, where a unit's reception is staffed at the times when parents actually visit, as opposed to closing at the end of the "working day" just before visiting time starts. Where staff are encouraged to be open and honest with us, and where they are allowed to think creatively and bring all their life skills to improve the care of the children and young people they look after.

Remembering that an inpatient unit is, after all, there for the benefit of the young person. That doesn’t mean indulging them or their family, but rather ensuring that the young person's wellbeing is at the heart of decision making. And acknowledging that an inpatient stay is, hopefully, not a final destination, but a sometimes-necessary stopping point on the journey to becoming an adult, so keeping connections with the outside world is not only productive, it’s vital.

My daughter is now out of CYPMH and living in a placement. My admiration for those many staff who reach out across the CYP-parent-staff divide remains huge. If we could only all work together rather than separating into silos, think how much more could be achieved.

Contents

..... 1
Forewords 2
Mark Radford – Chief Nurse at Health Education England and Deputy Chief Nursing Officer for England 2
Young person 3
Parent – Expert by (Considerable) Experience 4
Background 6
Scope of the Strategic Framework 7
How did we create this Strategic Framework? 9
Where are we now? 11
Workforce mix 11
Patient outcomes 13
Staff experiences 13
Strengths to build upon 14
Where do we want to be? 15
How do we get there? 16
Recommendation 1 – Recruitment and retention 16
Recommendation 2 – Workforce development 18
Recommendation 3 – Culture and values 20
Recommendation 4 – Leadership 21
Recommendation 5 - Equality, diversity and inclusion (EDI) 22
Recommendation 6 – Wellbeing 23
What do we need going forward? 25
References 26
Acknowledgements 27
Appendix 1: Accessing the Resource Pack 28
Appendix 2: Healthy Teen Mind's 'Young People's Vision for the Inpatient CAMHS Workforce' report 28
Appendix 3: Steering group members 28

Background

The prevalence of mental health problems among children and young people appears to have increased dramatically in recent years: in 2021, approximately 17.4% of 6–19-year-olds were presenting with probable mental health diagnoses, compared to around 10.8% in 2017.[1] As a result, NHS mental health services are providing more care and treatment to children and young people than ever before. Over 420,000 children and young people received treatment in 2020/21, a marked increase from three years prior.[2]

According to the 2021 NHS CYPMH Benchmarking Network data, the CYPMH workforce grew by 39%.[2] This rapid expansion reflects the commitment set out by the NHS Five Year Forward View, which sought to significantly improve access to mental health treatment for children and young people.

The vast majority (82%) of the NHS CYPMH workforce is found in community services,[2] which appears to be the area of biggest growth. This is perhaps in part due to the large increase in specific new services such as Mental Health Support Teams in schools, and the transformative community-centred approach to CYPMH care, which aims to minimise the use of inpatient services.

While community CYPMH services are essential in providing support to children and young people, for some the need for specialist inpatient services will always be there. These services offer intensive, comprehensive assessment, as well as a safe and therapeutic environment. They provide vital care and treatment to some of the most vulnerable children and young people in society, and therefore require a specialist, diverse and vibrant workforce.

Despite this, inpatient services are reporting problems with recruiting and retaining staff, and many among the CYPMH workforce describe community settings as more desirable places to work. They are perceived to have better career development opportunities, a healthier work-life balance and less intensive job requirements than inpatient services.

72% of the CYPMH inpatient workforce is comprised of unregistered support staff and Registered Nursing Staff at AfC (Agenda for Change) Band 5[2]; in fact, one of the few job roles that have seen a growth in inpatient settings in the last three years is that of unregistered support work staff.[2]

In comparison, CYPMH community services see a much broader discipline mix, with significantly fewer unregistered support staff and Registered Nursing Staff at AfC Band 6 and above comprising the majority.[2] This perhaps indicates a greater need for enhanced development, support and supervision in inpatient services compared to community settings, as well as an opportunity to explore and utilise the untapped formal and "informal" skills that support staff so often have.

Moreover, our findings indicate that several innovations and practices relating to workforce retention, development and wellbeing vary nationally in CYPMH inpatient settings. This underlines the need for a Strategic Framework for CYPMH Inpatient Workforce Development.

Scope of the Strategic Framework

The NHS Long Term Plan set out a clear commitment to increase funding for CYPMH services, allowing faster growth than ever before. With the vast expansion of the overall CYPMH workforce and the impending Mental Health Act reform, workforce development in CYPMH inpatient settings is a priority.

The CYPMH Workforce Strategic Framework outlines the vision for mental health inpatient providers to maintain a sustainable and consistent approach to supporting their workforce and therefore the children, young people and families they serve. It is imperative, during significant system transformation, that key frameworks supporting flexible/local approaches to quality transformation are considered in conjunction with one another.

The NHS England Inpatient Quality Improvement Taskforce has undertaken a piece of work to understand the current care and treatment offer for children and young people with mental health needs, people with a learning disability and autistic people, with a specific focus on pathways of care into and out of hospital beds, as well as the experience of inpatient care. The aim is to support professionals to develop their local case for change around pathways of care, with the ultimate aims of increasing and improving community provision and reducing unnecessary inpatient admissions.

This work has led to the development of a Resource Pack available on the Future NHS platform (Appendix 1), which brings together information from a wide range of sources, along with practice examples and the experience of young people and families. It includes information about initiatives and ways of working that will help to maximise implementation of the recommendations in this Strategic Framework, so it would be beneficial to consider the two in conjunction with one another.

This Strategic Framework supports the Resource Pack by offering guidance for services and others, such as arm's length bodies, to effectively value and utilise the existing skills of their workforce, develop and retain their staff, and promote and sustain positive and safe therapeutic environments. It sits alongside the HEE Children and Young People's Mental Health Inpatient Competence Framework, which offers further guidance on the specific skills and knowledge required of the CYPMH inpatient workforce.

In line with commissioning structures, the framework enables flexible and creative solutions, based on local needs. Due to necessary regional and local variations allowing inpatient services to meet the needs of their own communities, it does not offer a one-size-fits-all model, nor does it prescribe specific staffing numbers.

There is no single ratio or formula that can calculate the precise number of staff in each profession required in each CYPMH inpatient setting. The right answer will differ across and within organisations, based on local needs and service design, and may evolve over time, in line with workforce transformation and the introduction of new roles.

Each area will have its distinct service configuration, its own population needs and its own range of staffing skills and challenges. Specifying staffing levels will require the use of evidence-based tools, local data analysis, the exercise of professional judgement and a truly multidisciplinary approach. The framework is, therefore, designed to provide overarching recommendations, which may, in turn, be used to inform local workforce planning.

The framework may be used as guidance for professionals across the CYPMH inpatient workforce, including but not limited to:

- Human resource professionals
- Clinical and Operational Leads
- Service managers
- Commissioners
- Frontline staff
- Strategic policy makers
- Arm's length bodies

It may be used by those with direct responsibility to inform workforce planning, and as a reference for professionals who wish to understand best practice.

The numbers of doctors, nurses, allied health and psychological professionals being trained continue to improve year on year, and we continue to recruit internationally. While we recognise the national shortage of certain staffing groups, particularly mental health nurses, we also acknowledge the importance of a multifaceted approach to workforce development, and as such this framework considers factors such as the development, support and retention of existing employees. It is vital that we most efficiently develop, deploy, and retain our highly trained professionals, both currently and in the future, in a way that maximises the positive impact they have on the service user experience.

Mental health nurses and support workers are featured in this framework perhaps more than any other profession; this is because they make up the vast majority of the CYPMH inpatient workforce. We do, however, recognise the importance of the whole multidisciplinary team, and have made several recommendations pertaining to various professions within this setting.

Finally, this is a strategic framework, and as such does not offer specific recommendations for individual service design or care delivery. However, it is important to recognise the interplay between workforce development and service and care delivery. We would therefore recommend using this framework alongside relevant best practice guidance, such as the Quality Network for Inpatient CYPMH Standards for Services[3] and NHS England' National Quality Improvement Taskforce Resource Pack. In addition, service leads are encouraged to define the purpose of their service in collaboration with employees and service users and to communicate this effectively.

How did we create this Strategic Framework?

At the heart of this work, ensuring we had perspectives from all those involved with and affected by CYPMH inpatient services was key.

We knew it was vital to involve young people and parents with lived experience of CYPMH inpatient care, and to ensure that their views and recommendations were held in parity with those of professional stakeholders. We therefore engaged young people in this work by inviting them to larger meetings, as well as holding separate focus groups to ensure that they felt safe and supported in sharing their experiences and views. We also worked with several parents of young people with experience of CYPMH inpatient care.

In addition, it was important the framework reflected professional experience on the ground. This would ensure the framework was relevant, realistic and impactful. We therefore engaged frontline staff, including nursing and support staff, throughout the process, as well as a wide range of other clinicians and professionals.

There were several key stakeholders involved:

Focus groups with service users that were led by Healthy Teen Minds, who developed an advisory group of young people. This group attended several sessions to share their experiences, views and recommendations. They were supported by experienced professionals during the process, in order to maintain psychological safety. They produced a report from their focus groups called 'Young People's Vision for the Inpatient CYPMH Workforce', which you can see in Appendix 2.

A steering group whose purpose was to maintain oversight, give guidance on approach and provide advice, feedback and connectivity with other work in this area. We had a small group with representatives from the National Workforce Skills Development Unit (who were leading the work), Health Education England (who had commissioned the work), NHS England and NHS Improvement and the National Specialised Commissioning Mental Health Team, and Cme in the Community. For a full list of members, see Appendix 3.

An Expert Advisory Group (EAG) that discussed data analysis, shared experiences and knowledge of current practice and made recommendations for the development of the framework. Members included a mix of staff groups, including nurses, psychiatrists, psychologists, occupational therapists, support workers and social workers, as well as parents.

Thematic working groups formed by members of the EAG. There were five separate groups each discussing an individual theme: recruitment and retention, workforce development, values and culture, the purpose of CYPMH inpatient services, and deployment. The themes were identified by background research and the findings of the EAG.

A data group that analysed quantitative workforce data from the 2021 NHS CYPMH Benchmarking Network and aimed to leverage influence to gather additional data where available. The National Workforce Skills Development Unit project team met with HEE informatics. While we were aware of the limitations of the 2021 NHS CYPMH Benchmarking data pertaining to inpatient services, the data sets available[1] provided a helpful overview of the CYPMH workforce.

An additional **qualitative analysis group** was also set up to explore qualitative and anecdotal data from in-depth one-to-one conversations with service managers, independent sector HR managers and support workers.

The intelligence gathered from all these sources was used to inform the structure and content of the framework, and we are very grateful for the time and knowledge of those involved.

Where are we now?

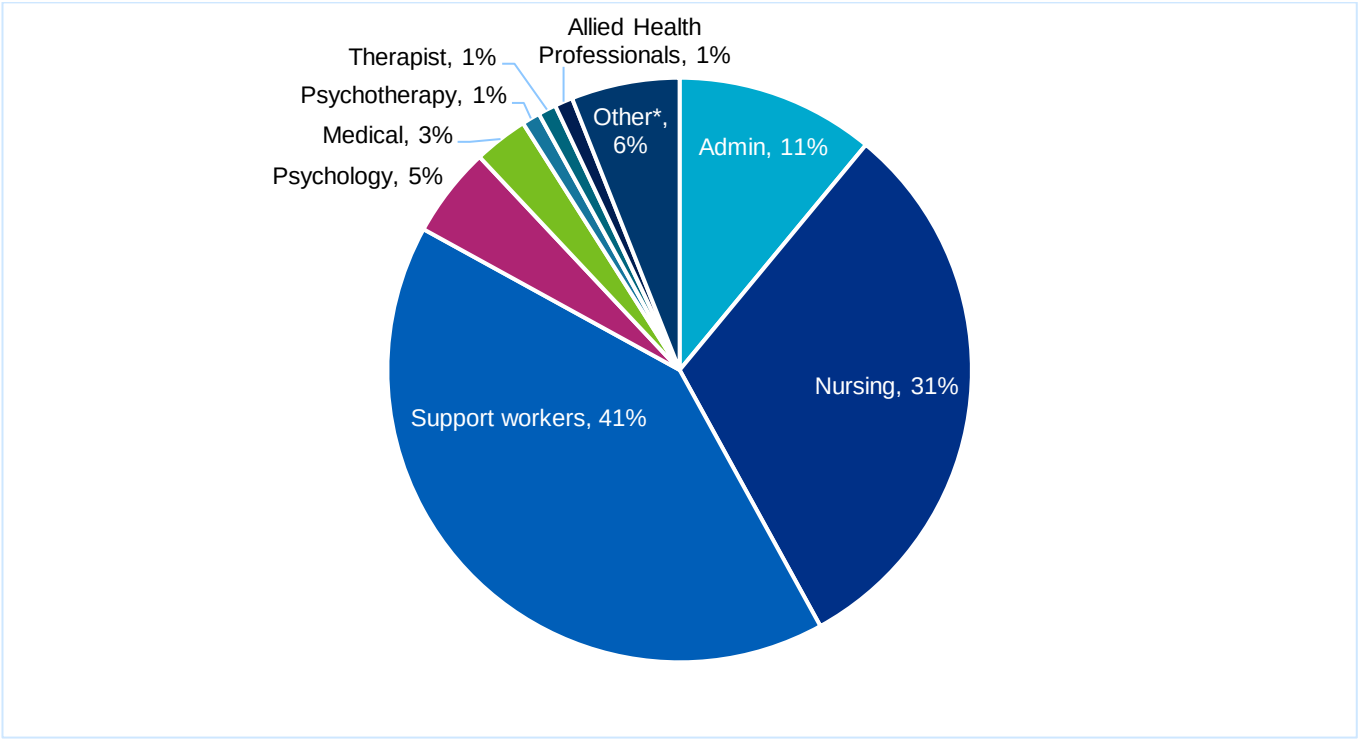
There are numerous reports that highlight the ongoing challenges faced by children and young people and their families, and clinicians who receive and deliver inpatient provision. An overview of a number of these reports is included in the NHS England's National Quality Improvement Taskforce Resource Pack (see Inpatient mental health services section).

Workforce mix

According to the 2021 NHS CYPMH Benchmarking data, there are approximately 3,354 staff working in NHS inpatient CYPMH services. In addition, the private sector employs 11% of the CYPMH workforce, though the breakdown of settings is unavailable.[2]

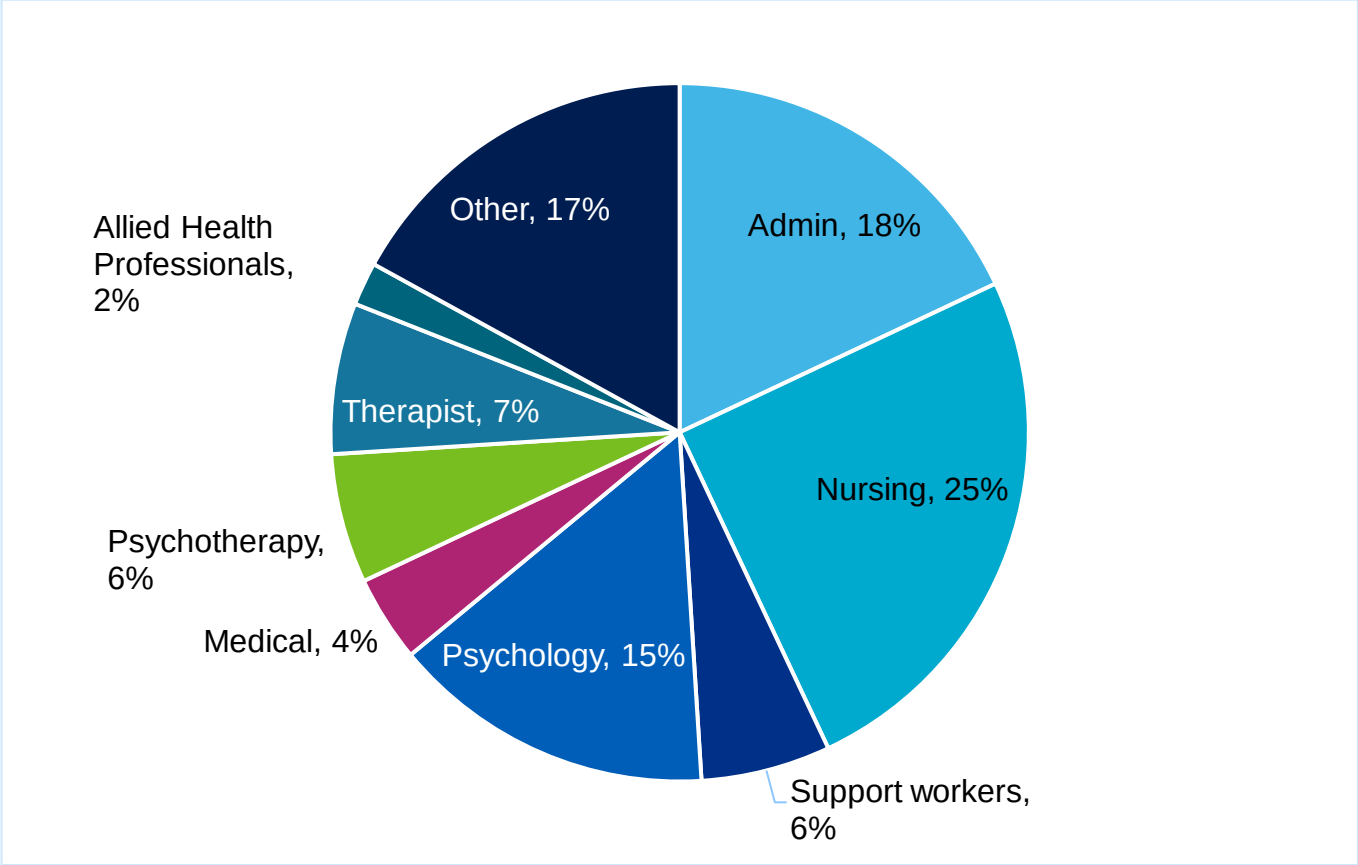
Despite the complexity of service user needs within these settings, the discipline mix is much more homogeneous than that of community services. The largest staff group in CYPMH inpatient settings is formed of support workers, who make up 41% of this workforce; this is compared to 6% in the community. Nursing is the second largest group, at 31%, and there is a significant difference in the proportion of psychology posts, which make up 5% of the inpatient workforce, compared to 15% in the community.[2]

Figure 1: Overview of CYPMH inpatient staff discipline mix (NHS)



*Other includes – Counsellors, Social Workers, Education Mental Health Practitioners, Children's Wellbeing Practitioners and students. CYPMH Services Workforce Report for HEE

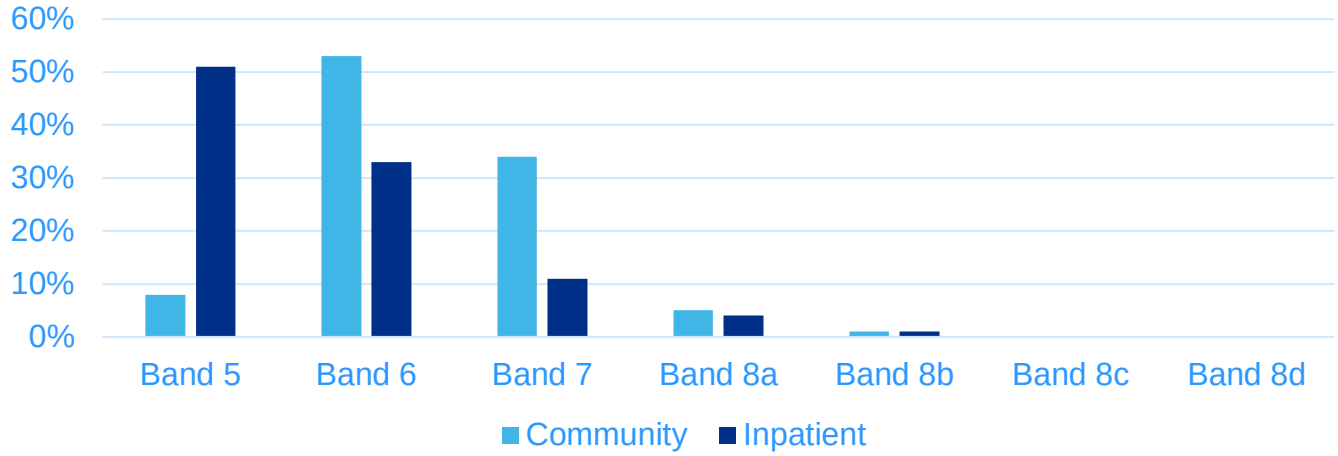
Figure 2: Overview of CYPMH community staff discipline mix



*Other includes – Counsellors, Social Workers, Education Mental Health Practitioners, Children's Wellbeing Practitioners and students. CYPMH Services Workforce Report for HEE

The nursing mix also differs greatly in community settings, where 93% of nurses are Band 6 or above, with the largest group being Band 6. In inpatient settings, only 49% of nurses are at Band 6 or above, with the largest group being Band 5[2]. This means that the CYPMH inpatient workforce has fewer senior nurses compared to the community, yet arguably a much larger proportion of its workforce requires enhanced supervision and support compared to community settings.

Figure 3: Overview of CYPMH nursing skill mix



It is also of note that the mental health support workforce is one of the most diverse staff groups in the NHS.[4] At the same time, there is a distinct lack of diversity among senior leaders across the NHS.[5] underlining the importance of enhancing development opportunities for this staff group.

Patient outcomes

In the past two years, NHS Benchmarking data for CYPMH patient outcomes has indicated an increase in restrictive practice in CYPMH inpatient settings, as well as higher lengths of stay compared to adult settings.[6] Undoubtedly, there is a complex set of reasons for this, including both intrinsic and extrinsic factors. However, workforce development remains a necessary aspect of promoting positive and safe care and reducing the use of restrictive practices commonly used in inpatient settings, such as restraint, seclusion and rapid tranquillisation.

Furthermore, staff report a lack of training and development pertaining to the diverse needs of children and young people within CYPMH inpatient settings, such as cultural competency or knowledge around working with children and young people with neurodiverse needs or learning disabilities.

Staff experiences

Most professional stakeholders we engaged with reported a trend in inpatient nurses leaving for community services after short periods in post, resulting in a fast turnover of nursing staff. Many feel that a lack of career development opportunities for nurses and support workers is a key contributor, as well as high levels of stress and a lack of support and supervision. The quantitative data supports the suggestion of limited career development opportunities for nurses, showing a lack of nursing posts beyond Band 6 within inpatient settings.[2] Greater autonomy in nursing practice in the community is perhaps a big reason for this; however, the specialist nature of inpatient CYPMH nursing indicates the potential for an array of development opportunities.

Issues with recruiting clinical psychologists were also reported, with many feeling there is greater opportunity to engage young people in longer-term therapeutic work in the community, compared to inpatient settings. Furthermore, professional stakeholders reported issues with the

provision of speech and language therapists in particular, whose role is especially important in the care of children and young people with learning disabilities and/or autism.

Isolation from external CYPMH services also appears to be a common problem, with professionals, service users and parents describing how services are "siloed" off, resulting in various poor outcomes, including disruptions to the co-ordination of care, a lack of professional development and a feeling of professional isolation. The issue of disjointed care was widely discussed in the CQC's 2019 review of CYPMH services,[7] echoing the concerns reported here.

In addition, professionals identify a need for leaders in CYPMH inpatient services to promote the confidence of staff, particularly nurses, to practise autonomously and flexibly. Service users, parents and professionals report the use of "blanket rules" in inpatient services where they may not be necessary for some, impacting on individualised care. Effective leadership has been identified as a primary driver for flexible, creative and safe practice, as staff need to feel supported by leaders to make autonomous decisions.

Strengths to build upon

We uncovered a wealth of good practice and positive stories from CYPMH inpatient settings, providing a useful foundation on which to build. Service user stakeholders shared numerous examples of kind, compassionate care, and many services describe innovative and effective practices which have been used to inform the guidance found in this framework.

"Members of staff that make the effort for that human connection are absolutely amazing. I once asked if I could see the therapy dogs, and they let me. And gestures like that, however small, are brilliant."
Service User

It is also important for services to recognise and utilise the untapped potential of their existing workforce, including support workers. This staff group provides the vast majority of frontline care, spending more time with service users than any other discipline and therefore gaining unique insights into service user needs, yet support workers report often not being integrated into the multidisciplinary team (MDT). Although little is known about the length of the careers of support workers, it has been anecdotally reported that many have been in post for substantial periods, indicating a wealth of experience and knowledge.

Additionally, the mental health support workforce is a diverse staff group, with more than twice the level of Black/Black British representation compared with the whole NHS workforce.[4] The benefits of a diverse workforce are long established; for example, a diverse staff group is more effective in serving a diverse service user group, since it brings a unique cultural sensitivity.[4] Yet support workers are rarely involved in care planning, policy and training development.

The professional stakeholders we engaged reported a large proportion of newly qualified nursing staff working within CYPMH inpatient settings. This is underlined by the data, which shows a lack of AfC Band 5 nursing posts in the community, the usual band at which newly qualified nurses begin their career. Although this creates an enhanced need for support and supervision, it also presents a unique opportunity, as newly qualified nurses often bring with them novel and innovative practice.

Where do we want to be?

We want:

1. To recognise the unique skills of the CYPMH inpatient workforce in delivering evidence-based care and treatment to children and young people in acute distress, yet often these skills are undervalued and underutilised. We therefore want to emphasise the position of CYPMH inpatient staff as a specialist workforce, empowering them to deliver safe and therapeutic care.

2. The setting to provide staff, particularly nurses and support workers, with ample career development opportunities, which may, in turn, improve retention and care.

3. To ensure that the wellbeing needs of this workforce are met, particularly given the high levels of distress and trauma they are exposed to, helping to promote a positive and safe environment for staff, service users and families.

4. To build upon good practice by empowering staff to work creatively and flexibly, and collaborate with the wider CYPMH system, enabling person-centred care to flourish in inpatient settings.

5. To enhance the collaboration between CYPMH inpatient, community and other relevant services so that children and young people receive joined-up, consistent, person-centred care. This will ensure that, where needed, inpatient staff and services are part of the recovery journey, not a separate service.

6. To recognise and utilise the values of CYPMH inpatient staff, whose passionate and caring nature is vital to the health and wellbeing of vulnerable children and young people.

7. To ensure that the CYPMH workforce is deployed effectively so that staff are able to carry out rewarding and enjoyable work, and their therapeutic contact is not overly limited due to administrative activities.

8. To promote a wider skill mix in CYPMH inpatient settings by bolstering multidisciplinary working and encouraging the development of a diverse range of skills within professional groups.

How do we get there?

These recommendations, drawn from the expertise of professional, service user and family stakeholders, as well as relevant research, provide a guide for services to address common challenges in CYPMH inpatient settings.

Due to the nature of these challenges, there is some crossover within these recommendations, with certain aspects providing benefits in other areas. For example, improved career development opportunities are associated with improved retention.

Recommendation 1 – Recruitment and retention

We recognise the importance of not only recruiting the right people to CYPMH inpatient services, but also retaining them. There are challenges in both recruitment and retention across the mental health sector, and in inpatient services in particular. Attracting the right people and encouraging them to stay helps to create and maintain a stable and consistent therapeutic environment for children and young people and is therefore vital in delivering safe and effective care.

We include below key considerations for improving the recruitment and retention of our staff:

1. There is currently an emphasis on staff, including support workers, requiring more formal qualifications than ever before, yet despite recommendations from a report in 2013,[8] professional stakeholders reported that not all trusts emphasise the core personal values required for the job. We would encourage services to place emphasis on the importance of personal values at the recruitment stage for all staff, including support workers.

"The NHS often tends to value degrees more than lived experience, and values, which can feed into diversity and inclusion issues, and misses out on hiring very skilled people."
Clinical Psychologist

2. The expanding adoption of the peer support worker role in CYPMH services is an important aspect of recognising the value of lived experience of mental health problems in care delivery. It is recommended, however, that services also remain conscious of the value of lived experience when recruiting for other roles. See HEE's Peer Support Worker resources for more guidance.

3. "Child or adult caring responsibilities" are among the most common reasons cited for the resignations of mental health support workers.[4] Additionally, the nursing workforce is largely made up of women (89.3%),[9] who are more likely than men to provide the majority of child or adult care.[10] Services should be aware of the needs of their staff and ensure that they are adhering to organisation-wide flexible working policies, which should include carer's leave, parental leave and job sharing. Wellbeing strategies are also integral to supporting those with high levels of personal responsibility outside of work.

4. We recognise that there may be circumstances where the use of agency staff is unavoidable. It is vital, however, that services remain aware of the regularity of this and make efforts to bolster their recruitment and retention initiatives where needed. Where

agency staff are required, services should make efforts to maintain consistency by booking the same staff.

5. Staff understanding their roles and responsibilities is associated with lower levels of workplace stress, and higher rates of retention. Staff cannot understand their roles and responsibilities without managers also having a clear understanding of their staff's roles. Service users also report confusion about who does what, and the stress this can cause. Services are encouraged to promote role clarity among the MDT and service users. This may be achieved through formal job descriptions, supervision and appraisals, MDT meetings, "getting to know the team" sessions and welcome packs and displaying brief summaries of each role on the ward.

6. Many services hold exit interviews in order to understand the reasons for staff resignation and what needs improving. Though this remains an important aspect of retention efforts, services may also wish to hold "stay" interviews, either as standalone interventions or as part of appraisals, in order to understand positive aspects of the role that may be maintained and built upon.

7. Rotation schemes, usually involving placements in different areas and/or services within an organisation, are known to yield several benefits for staff, services and organisations: they increase retention, offer career development opportunities and enable new skills and ways of working. Services may wish to look into organising a scheme locally, or within their wider trust. There is no "one-size-fits-all" approach to rotation schemes, and they should be designed to meet the unique needs of the organisation. They can be challenging to embed, requiring time and resource, but research indicates that after around 2 to 3 years of implementation, significant benefits are achieved.[11]

"Staff would benefit from community placements to break down the division between community and inpatient settings. Perhaps more flexibility around placement opportunities would enhance retention in the long run."
Service Lead

8. Welcoming students at all levels, from across the multidisciplinary sphere, is an important long-term strategy in improving recruitment: services should not limit placements to students nearing the end of their training.

9. Psychological professionals should be seen as integral members of the MDT, and their skills utilised effectively in the care and treatment of children and young people. Provision of psychological interventions should be regularly assessed and may be enhanced in some settings. In addition, services should recognise the skills that psychological professionals offer in terms of facilitating reflective practice and internal training sessions on psychologically informed approaches. Effectively utilising these skills may improve job satisfaction for psychological professionals, and indeed the rest of the MDT.

10. Services should be aware of the importance of Allied Health Professionals (AHPs) within CYPMH inpatient settings, and their vital contribution to the recovery process. Resources on AHPs in mental health and learning disability services can be accessed from the HEE website. Services must offer a range of expertise and creativity to meet the needs of children and young people and should be aware of the immense value of AHPs (such as

Occupational, Art, Music, and Drama Therapists, Speech and Language Therapists, Dieticians, and Physiotherapists) in supporting the development of the wider MDT.

11. Services should regularly assess the need for speech and language therapist provision within their settings, being aware of the unique and varying needs of children and young people, particularly where care is provided for children and young people with learning disabilities and/or autism.

12. Services should regularly monitor relevant metrics pertaining to recruitment and retention, such as vacancy and turnover rates. They should be aware of the relationship between service user outcomes, staffing levels and skill mix, as well as the changing nature of the healthcare needs of local populations.

Recommendation 2 – Workforce development

The development of the CYPMH workforce is vital in promoting safe, effective and evidence-based care. Service users and professionals report skills gaps that impact their care and their practice, respectively, and often leave them feeling unsupported. Providing staff with career development opportunities also contributes to improved retention, not only by incentivising people to stay, but by enhancing job satisfaction.

We include below key considerations for improving workforce development:

1. CYPMH inpatient nursing requires specialist skills and knowledge, including the ability to with children and young people in acute distress, providing a range of therapeutic interventions and enhanced risk assessment and management. Despite this, nursing roles appear to remain fairly homogenous in these settings. Services may wish to design new roles and career pathways for nursing staff in these settings, to utilise and advance their skills. This may require flexible, creative approaches based on service needs. Several existing development models may be particularly relevant to CYPMH inpatient nursing, such as professional nurse advocate training, non-medical prescribing and approved clinician training.

   "There is a need to be more ambitious and flexible when thinking about developing roles. It would be beneficial to offer some roles that are not focused on shift work…many staff move into the community, as they have personal commitments which mean they cannot work shifts."
   Ward Manager

2. Local skills audits may be useful in identifying both the existing skill mix and the skill gaps among the workforce. This may help ensure that skills are effectively valued and utilised, and that recruitment and development strategies are appropriately informed. The HEE Children and Young People's Mental Health Inpatient Competence Framework will be particularly useful in informing this assessment. In addition, "soft skills", such as empathy, listening skills and problem solving, are often overlooked, although it is still useful to measure them, particularly when a large proportion of the workforce may not possess formal qualifications yet are so integral to service user care.

3. Support workers spend by far the most time with service users. Despite this, they often feel undervalued and report a lack of career development opportunities. Not only should they be actively involved as core members of the MDT, but they should have sufficient access to career development opportunities. Therefore, services may wish to enhance supervision and appraisal processes for support workers, promote training opportunities or facilitate internal learning opportunities where budget is limited. Options such as nursing apprenticeships, nursing associate training, youth intensive psychological practitioner training and the care certificate may be explored, as well as other professional development goals. HEE's central resource hub to build on the mental health support workforce provides further guidance in this area.

   "I was thinking of leaving because I was getting burnout, but I was offered a paid opportunity to get a qualification. Not only have I stayed but I have had a real confidence boost and am really motivated by my new role and no longer want to leave."
   Support Worker

4. A frequently reported challenge for CYPMH inpatient services is releasing staff, particularly nursing and support staff, for training and development activities. This may require significant investment, but it is essential to improving outcomes for children and young people and developing career pathways. Beyond considering continuous professional development (CPD) hours when budget setting, services may also wish to enhance efforts for lower-cost internal learning activities, such as reflective practice sessions, journal clubs or sessions facilitated by different members of the MDT. Practical solutions, such as using handover times to optimise attendance for learning activities, may be helpful.

5. Education staff within inpatient settings should be supported in developing the skills and knowledge required to work with young people in distress, such as an understanding of trauma-informed approaches.

6. Research indicates that staff from ethnic minority backgrounds are less likely than their white counterparts to be supported in accessing CPD opportunities.[4] All services should ensure that they are contributing to closing this gap by promoting equity of access. This may involve monitoring uptake of learning activities, enhancing supervision and appraisal processes, identifying barriers to CPD access and working with ethnic minority networks to create local solutions. In addition, service managers should remain cognisant of the higher rates of diversity among the support and nursing workforce, and that promoting career development opportunities for these staff groups is integral to equality, diversity and inclusion efforts.

7. Cross-learning from the wider CYPMH system is an important aspect of delivering person-centred care. There is a widely reported lack of development opportunities around meeting the needs of children and young people with learning disabilities or autism in CYPMH inpatient settings, though many stakeholders reported providing care to children and young people with these diagnoses. Services may wish to engage relevant services and/or professionals to provide best practice guidance or offer training sessions.

8. Services should encourage regular reflective practice, both individually in supervision and as a group. Group reflective practice should not be limited to specific professions and, where possible, should involve the wider MDT. In addition, when required, staff should be encouraged to initiate and engage in reflective practice in the absence of senior leaders, such as on night shifts or weekends.

9. Despite spending the vast majority of time with service users, support workers report limited training in key aspects of CYPMH inpatient care. Services should consider the importance of equipping the support workforce with the skills and confidence to provide effective care to service users.

   "We might not administer medication, but we have an important part to play in the observation of side effects – some recent training given to us on medication means we can do this well…it makes you feel part of a team and shows how everyone has a role to play."
   Support Worker

10. Agency staff should be included in relevant aspects of workforce development, such as reflective practice and internal learning opportunities. This is particularly important where they are employed regularly, and therefore contribute to service user care and the wider organisational culture.

11. Services are encouraged to incorporate service user and family/carer feedback into appraisal processes in order to enhance reflective practice, and to assist staff in identifying strengths and areas for development.

12. Services should provide psychology, medical, nursing and other staff from across the MDT, as well as AHPs, with opportunities to develop skills in data analysis and quality improvement. This would provide those interested with a unique skill set, while contributing to effective service development. This could also shape new role opportunities for a range of professionals.

Recommendation 3 – Culture and values

Professionals, service users and families agree that CYPMH inpatient services should promote a culture of flexible, person-centred practice that balances safety with freedom of choice. Staff should be encouraged and supported to dismiss blanket rules where possible and utilise positive risk taking in order to promote the wellbeing and recovery of children and young people. For example, although they recognise its use can be detrimental for some, young people report widespread bans on access to social media on wards, despite some finding it beneficial for their mental health.

We include below key considerations for improving culture and values:

1. MDT working should be continuously promoted by services. All clinicians could be encouraged to spend as much time as possible in ward settings, making their presence felt by colleagues and service users, and contributing to the therapeutic milieu.

2. Services should promote a shared understanding that strict, sweeping rules may have a detrimental impact on the wellbeing of children and young people, and can have a

counterproductive effect on individual risk factors. Though there may be a need for certain blanket rules, staff should be encouraged to use nuanced, clinical judgement on an individual basis where possible, balancing safety with compassion. Services are encouraged to co-produce policies on "ward rules" with service users and family/carers.

"Social media (use) should be allowed but managed case by case, as it can be beneficial but can also cause more issues. Blanket policies and emails are messy."
Service User

3. Services should foster collaboration with external services and promote the idea of a "team around the child or young person", rather than a young person moving from service to service. Services may wish to adopt relevant models such as the "THRIVE framework for system change".[12]

4. Supporting parents and carers should be treated as standard practice for inpatient services. Where there are no clear clinical or legal reasons to avoid this, they should be actively involved in the care of their child, and this involvement should be seen as an important aspect of recovery. Where possible, services should support staff in working with parents and carers and may wish to provide skills development opportunities in this area.

"Trying to control all risk can end up creating more risk. Creating a rigid routine, environment and structure can have a negative impact on children, which in turn worsens their risk."
Parent

5. Balancing clearly defined roles with reducing the rigidity around performing certain tasks may help to enhance effective MDT working. There may be certain activities, such as assistance with meal times, which are seen as belonging to one discipline; however, this may be rooted in tradition rather than any particular clinical rationale.

6. Services should ensure that sufficient staff are available 7 days a week to provide meaningful activities and structure for children and young people. This is vital in maintaining the therapeutic milieu.

Recommendation 4 – Leadership

Compassionate, inclusive and empowering leadership at all levels plays a key role in shaping organisational culture and allowing the delivery of high-quality care.[13] Valuing and listening to staff is essential in minimising workplace stress and improving job satisfaction. Leaders in CYPMH inpatient services should strive to listen to staff at all levels, understand the challenges they face and support them, rather than imposing decisions upon them.

We include below key considerations for improving leadership:

1. Clinical supervision is vital in helping staff to reflect on and improve their practice. Services should ensure that leaders utilise a compassionate supervision structure that supports staff in dealing with complex care issues, explores their personal reactions to situations and

allows them to adapt their practice accordingly. Supervision, whether held individually or as a group, should be a safe, confidential and non-judgemental space for staff.

2. Regular engagement with all staff is recommended to enable understanding, communication and participation. Leaders at all levels should make an effort to regularly engage with point-of-care staff, not just in times of significant change.

3. Services and leaders should routinely celebrate positive outcomes to reinforce good practice, actively value staff and underline the importance of the work carried out by all staff in CYPMH inpatient settings.

   "Good news stories can really help promote good practice. We should think creatively about what's measured, like feedback from service users…not just things like length of stay."
   Charge Nurse

4. Leaders should promote a culture of openness and creativity by acting as effective role models and empowering staff to make autonomous clinical decisions, moving away from the traditional "command and control" structure seen historically in hospital settings.

5. Services must ensure that all staff are familiar with their whistleblowing policy, and are supported in its use.

6. Services should ensure that leaders have access to development opportunities, particularly around leadership skills and reflective practice, as well as sufficient support.

7. Services should be aware of the underrepresentation of ethnic minority staff in senior roles across the NHS and within CYPMH inpatient settings, and seek to address this locally.

Recommendation 5 - Equality, diversity and inclusion (EDI)

Principles of EDI have been embedded throughout this guidance, and should be viewed as an integral part of the overall strategic framework for workforce development. There are, however, aspects that are specific to service user outcomes and, as such, recommendations are outlined in this section.

1. Care inequalities among ethnic minority service users are well established.[14] It is vital that the workforce is equipped to meet the needs of ethnic minority service users, and that services actively consider the impact of lived experiences more common in ethnic minority communities, such as discrimination, on individual mental health. Services should consider introducing cultural competency training to promote person-centred assessment and care, and encourage the use of recovery models that consider different cultural needs and expressions.

2. Services should value and utilise the skills and knowledge of their staff, which are drawn from personal experiences, and encourage open conversations, learning opportunities and even involvement in policy design. This could pertain to protected characteristics, or any other relevant lived experience, and will enable services to promote the delivery of person-centred, compassionate care to a diverse range of children and young people.

3. The traumatic impact of restrictive practice must be considered for all service users, particularly for groups disproportionately affected by sexual violence and abuse, such as girls and women and lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ+) service users. Trauma-informed practice is integral in managing distress in CYPMH inpatient settings; services may wish to offer relevant development opportunities to staff, particularly those who play an integral role in dealing with acute distress, such as support workers and nurses. There are more resources and guidance on restrictive interventions in the NHS England's National Quality Improvement Taskforce Resource Pack (see Inpatient mental health services section).

"Trauma-informed care is essential. Staff shouldn't follow policies in a regimented manner but should work in a truly person-centred way."
Staff Nurse

4. Staff in CYPMH settings report a lack of training and guidance around working with children and young people with learning disabilities, as well as autism and other neurodiverse conditions. Services should be upskilling and supporting staff in this area in order to ensure effective person-centred care and contribute to the reduction of health inequalities based on disability status.

Recommendation 6 – Wellbeing

Employee wellbeing is fundamental in providing quality care to children and young people. A happy, healthy workforce is associated with increased service user satisfaction and safety.[15] CYPMH inpatient staff describe high-stress, intensive environments, with exposure to traumatic incidents. This can, understandably, impact employee wellbeing and is a key reason for staff leaving these settings. CYPMH inpatient services should proactively minimise the risk of staff wellbeing issues, and offer support to those who may be struggling.

The recommendations below are specific to CYPMH inpatient settings; however, we advise that they are used alongside other relevant guidance, such as the NHS England "Looking After Our People" programme.

1. Services should ensure that they are reflecting the commitments set out in the NHS Long Term Plan to promote staff wellbeing and address workplace bullying and discrimination, by treating staff with compassion, empathy and respect and ensuring everyone is familiar with, and can access, relevant policies.

2. Adequate notice of rostered shifts, where relevant, should be provided to promote work-life balance.

3. A culture that encourages staff to take adequate breaks, promotes openness about time constraints and supports those who need time off sick or for personal reasons is integral to employee wellbeing and should be promoted by services.

4. Employee satisfaction should be routinely measured and acted upon at local levels.

5. Individual and peer support should be regularly offered to all staff on both a planned basis and "as needed". The latter may be because a member of staff is showing signs that they

are struggling with their wellbeing, or because factors that are extrinsic to the service, such as change processes or increased work pressures, present a risk to staff wellbeing.

6. Following incidents, meaningful debriefing should take place. This should include checking the physical wellbeing of all involved, and staff should also take the time to reflect on their personal and emotional reactions before, during and after the incident.

   "Inpatient units are intense environments to work in, so the burnout rate is very high. It is important to identify when staff are struggling and how they can be supported."
   Consultant Psychiatrist

7. Services should ensure that staff are aware of the wider support available to them, such as NHS staff mental health and wellbeing hubs, and should regularly promote and advertise these, particularly during times of heightened stress.

8. Services should ensure that they meet the needs of their staff in terms of working conditions, such as access to healthy food, parking and efficient IT support. Services should be aware of the negative impact that not meeting these needs can have on staff wellbeing.

What do we need going forward?

Introducing any form of change or development in healthcare settings can present a challenge; however, this is also an exciting opportunity for the workforce involved.

In order to successfully embed and sustain these recommendations, services should actively engage and involve all those who are likely to be affected. This will undoubtedly require inclusive and inspirational leadership that seeks and values the views of the workforce, the parents and the children and young people they care for. Clear, consistent and ongoing communication will also be vital in this process, using a range of methods such as team meetings, drop-in sessions, digital communications and even launch events.

Services are also encouraged to commit to improving their data collection, in order to measure the impact of local strategies. This data may include aspects such as retention, development opportunities and staff demographics.

Finally, this framework has outlined numerous recommendations for local services to adapt to their needs, yet we recognise that good practice cannot exist in a vacuum. In order to succeed, joined-up thinking across services is required. The sharing of best practice around workforce development is vital in reducing care and staffing inequalities and encouraging novel and exciting ways of working. Co-ordination at local, regional and national levels will enable this to happen. In addition, continued support at a national level is integral to developing and continuing to implement these recommendations.

References

1. NHS Digital, 2021. Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey

2. HEE, 2021. Children and Young People's Mental Health Services Workforce Report for Health Education England

3. Royal College of Psychiatrists, 2021. Quality Network for Inpatient CAMHS Standards for Services

4. Nuffield Trust, 2021. Untapped? Understanding the mental health clinical support workforce

5. The King's Fund, 2020. Workforce race inequalities and inclusion in NHS providers

6. NHS Benchmarking, 2021. Children and Young People's Mental Health Benchmarking project 2021, utilising 2020/21 data

7. CQC, 2019. Review of children and young people's mental health services: Phase one report

8. Cavendish, 2013. An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings

9. Royal College of Nursing, 2018. The UK Nursing Labour Market Review 2018. RCN, London.

10. Office for National Statistics, 2016. Women shoulder the responsibility of "unpaid work".

11. CapitalNurse, 2020. Rotations Project Report

12. Wolpert, 2019. THRIVE Framework for System Change

13. West, M., Lyubovnikova, J., Eckert, R., Denis, J.-L. Collective leadership for cultures of high quality health care. *Journal of Organizational Effectiveness: People and Performance*. Vol. 1(3): pp. 240–260.

14. Koodun, S., Dudhia, R., Abifarin, B., Greenhaigh, N., 2021. Racial and ethnic disparities in mental health care. T*he Pharmaceutical Journal.* Vol. 307 (7954).

15. The King's Fund, 2020. The Courage of Compassion. Supporting nursing and midwives to deliver high-quality care.

Acknowledgements

This report has been compiled with the support and input of the following project stakeholders:

- National Workforce Skills Development Unit
- Tavistock Business Development
- Expert Advisory Group
- Steering committee
- Children and young people provider collaboratives
- NHS England's National Quality Improvement Taskforce, Specialised Commissioning and NHS England's nursing team and CYPMH policy team
- HEE (national mental health programme, national workforce data team and regional offices)
- Regional Commissioners and provider collaboratives
- Inpatient service providers and healthcare workforce, including nursing staff from CYPMH inpatient units
- Community CYPMH providers (including clinical leads from CYPMH Crisis & Intensive Home Treatment teams and Community Eating Disorder teams) and children's social care units
- Education providers/higher education institutions
- Experts by experience (children, young people, parents/carers and families)

Appendix 1: Accessing the Resource Pack

The Resource Pack is available on the FutureNHS platform and it can be accessed through the link above, either by logging in or by creating an account. Users may be required to wait a short period of time for access to be granted.

Email england.cypmhsip-qitaskforce@nhs.net if you have any issues.

Appendix 2: Healthy Teen Mind's 'Young People's Vision for the Inpatient CAMHS Workforce' report

Young people's vision for the inpatient CAMHS workforce report.

Appendix 3: Steering group members

- Barry Nixon, NW CYP IAPT Collaborative
- Andrew Simpson, National Specialised Commissioning Team (Mental Health)
- Steve Jones, NHS England and NHS Improvement
- Alex Goforth, NHS England and NHS Improvement
- Julie Taylor, Health Education England
- Dominique Henson, Health Education England
- Alex Riley, Health Education England
- Rob Hardy, National Workforce Skills Development Unit
- Amber O'Brien, National Workforce Skills Development Unit
- Raleen Fernandes, National Workforce Skills Development Unit
- Hannah Poupart, National Workforce Skills Development Unit
- Jenny Durling, National Workforce Skills Development Unit