Skills for Health

Using the Skills for Health Core Functions in CAMHS

A Case Study Review of 3 Pilot Sites

National CAMHS Support Service

National Workforce Programme

Contents

Foreword

This Case study report presents a review of a national pilot project on the implementation of the published Core Functions in Child and Adolescent Mental Health Services (CAMHS) jointly developed by Skills for Health and the NCSS National Workforce Programme. The Core Functions were developed in response to service requests and are intended to assist CAMHS to articulate the key functional requirements of all workers in the service. In this way they represent the benchmark on which all practitioners can be measured.

This study was intended to be formative and as such describes both the process and findings using a largely qualitative methodology. We are particularly grateful to the organisations who acted as pilot sites for the Core Functions, all of whom agreed to engage in a post programme study to assess the effect of the project on their service. It is clear that all project leads have already identified positive outcomes from the Core Functions project, it is also anticipated that the process outcomes provide sufficient assurance that the further positive results will be evident over time.

In the spirit of continuous learning, we welcome comments and suggestions both on the value of this case study and the design of future reviews in this field.

Barry Nixon

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Ian McGonagle
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1. Introduction

Over recent years there has been considerable attention on identification of the fundamental requirements of the workforce to perform their roles in health and social care. Within the NHS the publication of the Knowledge and Skills Framework (KSF) was presented as an attempt to describe the key performance and behavioural outputs from all health care practitioners.

In addition, there have been concerted efforts on the part of Sector Skills Councils to articulate the competences required to perform across all sectors of the UK workforce. The development of the National Occupational Standards (NOS) has formed an important skeleton on which to develop qualifications in the health and social care sectors. An issue often associated with the NOS has been that their comprehensive description of practice means that they can be viewed as too large and unwieldy for time pressured practitioners and managers to use effectively. In response to this, the CAMHS National Workforce Programme and Skills for Health cooperated in development of a Core Functions Project for Tiers 3 and 4 of the CAMHS workforce (Skills for Health 2008). These Core Functions are not occupational standards but are descriptors of the key performance requirements of practitioners which use NOS statements to articulate the functions under review. It is suggested the identified Core Functions can aid services to:

- Define the role of CAMHS Workers at Tiers 3 and 4
- Review and redesign roles and responsibilities of the workforce
- Conduct caseload review
- Identify areas of responsibility and accountability
- Inform supervision and appraisal processes
- Inform training and development plans
- Inform care planning development and evaluation
- Inform service governance
- Develop information for people who use services and the people who support them.

(Skills for Health 2008)

2. Background to the report

To test the potential utility of the Core Functions a small set of national pilot sites were identified with the aim of utilising the Core Functions in their local service and to report on process and results achieved. These pilot sites worked from October 2008 – August/September 2009 on their projects. Each site produced an end of project report based on a pre-determined template.

This report is a synthesis of the collective learning and results gained from each of the pilot sites. Each site was asked to use the Core Functions to meet their local need and to support their organisations strategic aims. In order to capture shared experience and unique learning in each site, it was suggested that an overarching review be completed.

3. The Study Settings

Therefore the aims of this study are:

1. To provide a general overview of the process and outcomes achieved by the 3 pilot sites using the Core Functions
2. To identify opportunities and challenges in using the Core Functions in CAMHS tier 3 and 4 services
3. To identify important project processes in using the Core Functions to deliver project outcomes. To test the potential utility of the Core Functions a small set of national pilot sites were identified with the aim of utilising the Core Functions in their local service and to report on process and results achieved. These pilot sites worked from October 2008 – August/September 2009 on their projects. Each site produced an end of project report based on a pre-determined template.

Three project sites were selected by the CAMHS National Workforce Programme and Skills for Health to test the utility of the Core Functions in practice. The sites consisted of:

Site 1 –
A specialist CAMHS Service in an NHS Foundation Trust

Site 2 –
A specialist CAMHS Service in an NHS Foundation Trust

Site 3 –
A specialist CAMHS Service in a Primary Care Trust

Additional information regarding the project programme of each site can be found in Appendix 1.

3.1. Site 1

This specialist CAMHS service aims to understand and help children and young people with acute, severe and/or enduring acute, severe and/or enduring mental health problems up to the age of 18. The service provides support for children and adolescents with emotional, behavioural, interpersonal and development difficulties. The service consists of community teams, day services and an in-patient facility.

One of the main stated project aims of this service was the development of a training plan consistent with care pathways and strategic direction of the CAMHS service.

3.2. Site 2

This specialist CAMHS service provides assessment, diagnosis, management and intervention for children and young people up to 18 years of age where there are concerns about their mental health and/or psychological well being. The whole service consists of community teams, In-patient care, Primary Mental Health and a specialist service for 'Looked After Children' and their carers.

The stated aim of this project was the development of a Job Description and Person Specification for a new Assistant Practitioner Role in the CAMH Service.

3.3. Site 3

This specialist CAMH service provides help and support to young people experiencing difficulties. This could be anything from psychosis and depression to a serious eating disorder or self harm. It makes sure that the young person, their family and carers, find the most appropriate service to meet their needs. The service also provides education, training and advice to a variety of professionals working with young people.

The stated project aim of this service was to provide a workforce development plan and strategy for the organisation.

4. Methodology

In collaboration with the project sponsors, the time frame for this evaluation was identified (November 2009 - February 2010). Given this short period, it was considered important to develop a methodology and analysis framework which could be rapidly employed to achieve the project aims.

This project sought to understand both the process and results of the CF pilots, and the European Foundation for Quality Management (EFQM) Excellence Model was used as a conceptual framework.

The Excellence Model has been used extensively in the health service as a quality framework at organisational and service level (Stahr et al 2000). The model is used to help identify the key results and processes which drive services forward.

4.1. The results section of the model is sub-divided in to:

- Key performance results
- Results for the people
- Results for people who use services
- Broader societal results

To achieve these results or outcomes, the model assumes that a number of actions will be required (known as enablers).

4.2. These performance actions/enablers are again sub-divided into:

- **Leadership** – What actions of the leader are required to help deliver the results?
- **People** – What actions of the people in the service or project are required to achieve delivery of the results?
- **Policy and Strategy** – What is guiding action to achieve the stated results?
- **Partnership and Resources** – What is required, in terms of key partners and resources to deliver the results - who needs to help?
- **Processes** – What are the actions required by the project team or service which will support delivery of the results?

The conceptual framework used in this study is one which assumes a continual feedback loop, in that analysis of the results, supports continual improvement in the processes and other enablers which will drive improved results in the future. The analysis in this project is based on recently completed projects and it is assumed that over time the project sites will continue to understand their results and improve their understanding of the process which contributed to that achievement.

The Excellence Model is based on a number of fundamental concepts which support the project or

service. These are:

- Achieving balanced results
- Added value to people who use services
- Leading with vision, inspiration and integrity
- Managing by process
- Succeeding through people
- Nurturing creativity and innovation
- Building partnerships
- Taking responsibility for sustainability.

5. Methods

A case study approach to the collection of data

Case study research helps us to understand complex issues and can aid depth to what has already been understood. In this study, an initial report had been received by each site. The purpose was to subject each site to additional scrutiny in order to articulate the common learning and the results obtained from the pilot projects.

The case study approach is often the methodology of choice when a holistic, in-depth investigation is needed (Feagin, Orum, & Sjoberg, 1991; Yin 2003). Case studies are multi-perspective analyses which entails drawing data from a number of sources and informants. Where possible this particular study sought information from not just the project manager, but other key stakeholders in the projects.

This approach to triangulating research evidence from published reports to interviews across all three sites is informed by Denzin's analysis (1984) and his exploration of 'data source triangulation', when the researcher is seeking evidence of consistency of data in different contexts.

As in all research, consideration must be given to issues of validity and reliability. Yin (2003) proposed the use of multiple sources of evidence enhanced construct validity.

The short timescale available for this work focused attention on developing a structured approach to data collection. This approach was used following analysis of the initial project reports as the first action of the study. Based on this initial review a structured interview schedule was constructed.

The following synopsis offers an analysis of collected structured interview data from the three Core Functions pilot sites. Each interview (with the nominated project lead) lasted over an hour and was either voice recorded or detailed notes taken and then written up very soon after the interview completion.

The interview schedule (appendix 2) was constructed with reference to the previously mentioned 'Excellence Model'. The Skills for Health Core Functions project was about developing clear workforce outputs or results from the project. The case study aims at understand the processes (enablers) which helped project teams develop and deliver agreed project outcomes (results).

This project seeks to achieve a better understanding of the sustainability of how the Core Functions are utilised in specialist CAMHS teams – does undertaking the work provide long term effects? A systemic analysis, such as that provided by a framework such as the excellence model may provide tentative conclusions on whether project teams have undertaken a comprehensive whole systems approach to embedding the Core Functions in their programme of work.

Following construction of the interview schedule, email and phone contact was made with each identified project leader from the 3 sites. Face to face interviews were held with these leads and where possible these interviews were recorded and transcribed verbatim. The benefit of using a qualitative approach to this part of the process was to unearth the richness of the learning that participants had gone through during the pilot phase. Qualitative analysis provided an opportunity to gather this detailed exploration (Bowling 2002). Additionally the approach enabled the participants to describe the process of using the Core Functions as they saw it and as they experienced the process. It supported an understanding of the unique practice situation and context which surrounded the pilot work of the approach taken (Silverman 2001). Follow-up interviews (either face to face or telephone) were completed and where possible recorded and transcribed. These interviews were used to illuminate themes that emerged in the original round of data collection. The interviewees were able to confirm or reframe the themes as posted by the researcher.

6. Results

This section analyses the data collected from the pilot sites. The structured interview (appendix 2) was split into questions on 'enablers' and 'results' along the lines of the EFQM model. The interview data is more comprehensive relating to the 'enablers' questions (1- 5) than the 'results' questions (6a – 6g). This may reflect the relative recency of project completion and respondents being more certain about the process of the project and not yet being confident in articulating clear results.

6.1. Thematic analysis

6.1.1. Identifying the scope of the pilot projects

Respondents were asked to articulate what they considered the main organisational issues in using the Core Functions and their reasons for joining the pilot programme. A broad consensus emerged that senior management support and inclusion is required when exploring the Core Functions, particularly from managers with a human resource/personnel focus. An examination of workforce roles gave rise to a range of concerns and potential conspiracies. Engaging senior managers in the process, can play a helpful role in clarifying organisational goals for projects such as these.

The ability to state a clear organisational goal for the programme was also considered important, as this helped steer discussion to the task, but all respondents agreed that this was no easy challenge. The sites acknowledged spending a good deal of time in identifying their specific aims with a view to completion in the agreed project timescale. Despite this, all noted that there was insufficient time to complete the projects to their satisfaction as all had underestimated how challenging examination and agreement on workforce Core Functions would prove to be.

"We were given encouragement from our Regional Officer, she initially raised our awareness of the project and there was a great deal of initial interest from commissioners (of CAMHS services). I was aware that there was a... high level push and there was support from senior managers. So... we agreed to join in the pilot" (site 3).

"It took ages, they (the staff) wanted everything logged, they had a view that if it wasn't down, it wasn't important... they wanted to tell me about the complexity of their work and in minute detail" (site1).

"We had a long discussion with the Head of Service and the Head of Commissioning was there too. We agreed what was required... we agreed on the strategic group... We then set out a project group... important to have a named lead and to obtain clinical input... we needed them to buy into the process...we also had some HR advice as well which was really useful as the issue of the KSF came up time and time again" (site 3).

"We had a good link to the service objectives... I'd just received my objectives from the Chief Exec. and there seemed to be a good fit... the project would help achieve what our services was being asked to do" (site1).

6.1.2. Challenges in the examining the Core Functions

The project leads all had a view about the challenges the examination of the Core Functions presented to them. Considerable time had been spent reassuring personnel on project aims and seeking a degree of 'sign-up' to the process. All sites felt that the time spent in achieving this sign up was essential to achieve broad agreement. All project leads concluded that the process had ultimately proved beneficial in terms of shared work and understanding between service leads and clinicians on workforce issues.

"Agenda for Change was a big issue for some staff... we thought we'd solved all the issues about A4C a while ago, we thought it was done and dusted, but this project just brought it all back to the surface. The relationship between Core Functions and the KSF caused a lot of confusion and it took a lot of time and energy to sort it out" (site1).

"Time obviously was a big problem, you always need more time. We had to make sure people understood the project and there was real clarity for the lead in each area. We were developing a spreadsheet approach to understanding the Core Functions in each team and it was important that everyone completed in the same way" (site 3).

"There was quite a bit of 'paranoia' on the project... comments like "do they want to downgrade me" and concerns that we were looking to "renegotiate my contract". We had to give a lot of reassurance which added to the time. A lot of people were concerned that the project was a critical examination of their jobs and performance" (site 1).

"Other challenges surrounded the interpretation of what the core function statements actually meant. We did have to analyse them in some detail to be assure that we knew and agreed what they referred to" (site 1).

"We had some difficulties with the terminology in the Core Functions, it seemed more social care orientated and we had to work at them. There was also a challenge in understanding (and communicating) the relationship with the KSF and National Occupational Standards" (site 3).

"We knew that if we looked at core standards it would generate training needs and cost us more money, which it did... the training team had to be involved almost from the start. We have identified training needs but not all the training required is available or the money is not there" (site 1).

6.1.3. The opportunities presented when examining the Core Functions

All the project leads who were interviewed acknowledged that despite some of the operational challenges in examination of the Core Functions, the process and products were positive. Many felt the project was timely and could easily fit in with strategic aims, as workforce reviews appeared to be a common need in all organisations. For some respondents the positive opportunities stemmed from the children and young people focus of the Core Functions. These were specifically written for the Tier 3 and 4 as a target audience and this specificity appeared to be very beneficial for some respondents.

"It did provide us with the beginnings of a career progression for a band 4 workforce" (site 2)

"We have developed some generic job descriptions which has moved us on a lot. (The project) gave us time to sit back and think about what we are doing and that has been a good process because we wouldn't be able to do that... It helped us to be clear about skills we're looking for in the roles and has helped us in knowing what gaps there are in the service. I think we are just starting to uncover all this" (site 3).

"It has given us a benchmark for where we are now. We know what staff we have and what their skills are. We have identified staff with different skills and where they are in the service" (site 1).

"It was they were placed in the 9 domain areas, there was safeguarding in there, there was care co-ordination, there was everything that hits the right buttons when you're talking about children and families and the wider partnership... it was the common language that's not apparently there in the wider common and specific functions, it was transferable language" (site 2)

"Collaboration on a single project across the service has been really useful, it has promoted ownership. We had medical staff engaged (in the project) and this really helped" (site1).

6.1.4. The role of policy in the examination of the Core Functions

Respondents were asked whether the existence of clear policy or the emergence of policy had been a factor in their development of the project. A common response centred on the new ways of working agenda and the exploration of new roles. There was agreement that the workforce pool is changing and that services need to be cognisant of this.

(about policy development)"... Not at moment, but I think it will do. We have had a look at our appraisal process and made changes. There is interest in the (wider organisation) at what we are doing about Core Functions and appraisal, so there might be developments in that direction" (site 3).

"We may want to recruit different types of workers and some staff may not understand this... maybe this is about a change process" (site 3).

Money for additional training will be required. The pathways work is about change, requiring new roles..even a new workforce? We have identified that staff have skills we are not using (A nurse prescriber) and this is something we can use but it will change the way we do things and may need some resources, don't know yet. I'd say the project has been transformational and has raised the profile of team skills..has helped teams reflect on core skills" (site 1).

"Within the organisation there has been a focus on the National Occupational Standards in care teams... new (care) pathways is a major piece of work. It has raised our profile for adult services, as we looked at competencies for 'transition' and this has meant we need to up-skill people in adult service to make this pathway work. It has raised issues of safety and appropriateness" (site 1).

"It has helped underpin change... looking at NICE (guidance) core values and Core Functions, although we don't have the evidence for this. We are looking at the Induction for new workers (in CAMHS) and are developing a self assessment. This is linked to the PDR procedures so that will be different. From the project I think there is much more of a "can do" attitude in the service" (site 1).

6.1.5. Tangible performance outcomes

This issue proved the most difficult for the respondents to fully articulate. There appeared to be a general consensus across the three sites that tangible performance results across the service were not yet evident. Importantly there was also consensus that such results would be available in the near future.

Much of the response from participants was a change in attitude across the service and from all professions on what the service was trying to achieve. Given this degree of infancy in service agreement regarding workforce roles, it is unsurprising that formally agreed key performance indicators are not yet available.

The role of commissioners was seen as being crucial as partners in aiding services to respond to clear statements of performance results, particularly in reference to new roles.

For one of the sites (no.2), there was a focus on the development of an Assistant Practitioner role in the specialist CAMHS service. There was a view in the interviews that this role while previously discussed was now a definite action for the organisation. The Core Functions project had supported the development of a comprehensive job description and agreement among professional staff on role parameters and an emphasis on new ways of working.

"There is now a link to our appraisal process and we are trying to link KSF to Core Functions. Appraisal is always an issue for leaders and there are issues about professional discipline. I think we are getting to grips with the quality monitoring role of leaders and Core Functions is a part of this, but it is still early days" (site 1).

"We have used the project to link to workforce planning and thought about key skills we need. We have found that we need more CBT supervisors, this will cost time and money. We have an understanding of the changes we need to make and there is a positive outlook for the service" (site 1).

(The workforce) "haven't got to a stage of seeing (Core Functions) as part of their daily work, nobody's got a job descriptions out of this. It has been worthwhile, but it has taken up a lot of time, and we found it duplicating the KSF. We have nothing definite on paper around tangible rewards (for the workforce). I'm sure these will come, we will do it, but it may be a year or so" (site 3).

"We have a training plan, which still has to be signed off, but it is multi-professional and linked to PDR. We are looking to see how this can be linked to supervision so the Core Functions are not lost" (site1).

"Not a definitive "yes" just yet, maybe we'll know in a few more months yet. It has helped clarify roles and functions in teams and at 'leader' level. Some of the people have got what we are trying to do, but still work to do" (site 3).

6.1.6. Results for people who use services

Clearly a raison d'etre of the Core Functions is to support clarity of role and purpose in the workforce. Ultimately this is to benefit children, young people and their families who use services. Respondents were asked their views on this during the interviews.

"I think we are getting a safe effective service... there is greater emphasis on governance and maybe some change in commissioning... not just activity. I know what staff I've got and some of what I need. It has helped with new pathways using NICE and CF. We have increased confidence in what we're doing" (site 1).

"There is now more awareness of new ways of working (in the organisation), but actual hard results it is too early to tell. Long term achievements will come (for children and young people), we will have a wider recruitment pool and a broader approach to filling a job. We have become clear about what the (grade) bands do and staff understand what they do. They are now clearer about the difference between (grade) bands" (site 3).

7. Detailed case example

It was evident that all three sites had worked hard on their particular pilot projects and each had identified that using the Core Functions, whilst ultimately rewarding, was more time consuming and more difficult than they originally thought. All respondents considered the Core Functions for specialist CAMHS to have considerable utility. In order to understand this response one site was asked to describe their approach to project completion in sequence detail.

Site 2 had stated aims to develop clearer role definition and job description for a band 4 Assistant Practitioner role in the specialist CAMHS service.

"I started with scoping... a kind of needs analysis... and used the CHIMAT (Child and Maternal Health Observatory) website" (http://www.chimat.org.uk/).

This enabled the project lead to search and present

detailed needs assessment data, such as specific disorders, reflecting the population of children, young people and their families in their area. Significant work was done in cross checking the local Joint Strategic Needs Assessment and workforce analysis. The project lead reported that presentation of the data opened up discussion on whether the data reflected the clinical picture. This process began to open a spirit of enquiry where all participants were involved in a review of their resources, personnel and skills and whether they were currently targeted in the right place to meet the identified need.

"The thing is, this is the language of commissioning, this is the kind of information and discussion that commissioners want and we were using this..."

The issue of preparation and clear data presentation emerged as a key theme for this project lead. There was the strong message that without the preparation work, it would have been impossible to open and sustain a dialogue with other clinicians in a range of services across the county. In the interview we explored the notion that the process enabled a story of the service to emerge, based on a framework of core data, but fleshed out with clinical understanding and reflection. However, this approach was not without challenges, when utilising the Core Functions information to examine whether the service had the right people in the right place doing the right things.

"I wanted to be clear that we really understood what a band 4 Assistant Practitioner would do and you can't avoid difficult conversations..."

However, this is where the Core Functions began for this project lead to demonstrate initial utility.

"In my opinion, it was a difficult discussion for all sorts of reasons in terms of introducing new roles... but I think if we haven't have had the Core Functions that would have been very specific to child and family and the language that's used in them then I don't think we would have got very far at all... at the very end of the project, and I did this deliberately, I went on to the KSF site and looked at the more generic core and specific ones, If I'd have took the specific HWB 5 etc and all the rest of it I don't think I'd have understood it nor be able to articulate myself, nor do I think I would have got the feedback".

The project seemed to move onto a second stage, which consisted of a structured review of the Core Functions in relation to the workforce. This entailed going through all the 34 functions.

We noted that there was replication and I took out all the level 4 ones as they were not applicable, set too high for the task... this left us with 14... but I had to make sure they covered all the 9 domains (appendix 2).

At this point the project lead identified that the Core Functions statements lacked sufficient depth in articulating a role description for an Assistant Practitioner. Therefore there was a need to review the National Occupational Standards (NOS) and the KSF in more detail in order to begin the exercise.

"The (Core Functions) statements on their own don't say enough about the role, you have to take it and make it meaningful".

The project team was therefore required to take a Core Functions statement on 'assessment' or other Core Functions domains and find the performance criteria and knowledge from the NOS that supported the role. One could then question the functional utility of the Core Functions statements, as examining the NOS and linking this to the KSF is unavoidable. If the Core Functions are designed to provide an easy route to using NOS to developing workforce tools, roles and functions without delving into the world of NOS, then the Core Functions are merely an additional (and unnecessary?) step in the process.

However this project lead noted that the Core Function statements actually offered a shortcut to the process as the team knew exactly where to look in the NOS to flesh out the emerging role descriptors.

The project lead then developed case scenarios (Appendix 4 and 4a) to test out the emerging role and associated competences and these were tested against the Core Functions. This process helped identify gaps and test specific role identity for the Assistant Practitioner role in specialist CAMHS. This continual reference to the Core Functions and the associated KSF domains and NOS assured the project team and the leader that they had a very clear conception of the Assistant Practitioner role, the boundaries of the role and the linkage to other roles at Agenda for Change Band 3 below and Band 5 and others above. This process, while challenging has, according to the project manager helped other staff, (who initially can be uncertain about the merits of new roles) as they too see the unique function of their role and how it complements the work they do and does not impinge upon it.

This role and competency certainty has also facilitated productive discussions with education providers on the

details of the foundation degree which will be available to the Assistant Practitioner worker in specialist CAMHS.

The project team produced a completed job description, which is highly detailed and still the subject of debate in the organisation. Additionally the team developed a role matrix which approaches 40 pages in length (Appendix 5 provides an extract of this for review). The utility of this matrix is that it clearly identifies the Core Function domains, the link to KSF and performance criteria. This, it is suggested by the project lead can be used in service to support effective appraisal, supervision and continuous practice development.

8. Limitations

A major limitation on this study is the time available to unearth the richness of the learning that all pilot sites have been engaged upon. The available time may not have allowed an in-depth understanding of the critical issues. Due to these constraints, a number of decisions were made by the researcher regarding the areas of interest. This entailed confining the interviews to parameters set within the 'excellence model framework. It is entirely possible that key information was missed if it fell beyond the bounds of the questions framework.

In addition, the project leads and other project members were all busy, and finding mutually convenient times to meet proved a challenge. This reduced the ability to meet face to face. However all sites were visited once and a formal interview held in each one.

9. Conclusion

All the project leads and other members identified positive outcomes from the Core Functions project. For some, it would seem that tangible results remain unattained at the time of writing. However, it was clear the process outcomes provided sufficient assurance that the results would come in the near future. The analysis of the collected interview data would seem to suggest that:

- The Core Functions appear initially easy to understand and use
- The Core Functions are a great benefit due to their specific specialist CAMHS focus
- The Core Functions projects all took longer than anticipated and raised issues of complexity unaccounted for at the outset of the projects.
- The link to the KSF and Agenda for Change was a major issue and challenge for all pilot sites
- The sites identified a need to examine the wider National Occupational Standards in order to 'flesh out' the Core Functions.
- The sites identified that they were at early stages of project completion and were not all in a position to assure tangible results. However the process outcomes of using the Core Functions were uniformly praised.

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Appendix 1 – Project site summary information

Skills for Health/NCSS National Workforce Programme Core Functions Projects (Site no.1)

Pilot site Project description

Title: A workforce project to conduct a skills analysis in relation to capacity and demand and to develop a comprehensive training plan.

This project was part of a number of other work-streams in a newly redesigned CAMHS service.

Among the specific objectives the project was designed to meet were:

- An examination of skills analysis work
- Mapping skills analysis to current capacity and demand
- Map skills to current Induction programme and other training
- Identification of core competencies which will transfer across specialist CAMHS services
- Provide information to education commissioners and providers on core functions and competencies across the service
- Development of a training plan.

To complete this task the project team were assembled and a framework for education and practice was utilised (based on Patricia Benners' five stages of clinical competence – 'Novice to Expert'). Skills were identified and matched against KSF and the National Occupational Standards. The skills framework was consulted upon and revised. A newly established skills escalator incorporating the Core functions will now form part of induction, supervision and the appraisal processes in the specialist service.

Skills for Health/NCSS National Workforce Programme Core Functions Projects (Site no.2)

Pilot site Project description

Title: Developing a workforce plan for child & family services identifying Core Functions and competencies for an Assistant Practitioner (AP) role

This project was part of a larger workforce planning initiative for child and family services. This project focused on development of the band 4 Assistant Practitioner role within the service. The outcome of the project was to develop a job description and KSF outline.

Among the specific objectives the project was designed to meet were:

- Use of the Joint Strategic Needs Assessment to identify mental health needs of children and young people
- Identify the functions and contribution of an Assistant Practitioner (AP) through a gap analysis of current provision
- Identify a suite of core competences relevant to the AP role
- Transfer AP function and competencies to a job description
- Test out the job description with teams where an AP may have a contribution to make.

To complete this task the project team were assembled and visits were made to seven specialist CAMHS teams.

These meetings facilitated a discussion on:

- Trust workforce strategy;
- dialogue on working in different ways and
- development of new roles in services.

This communication process supported a higher degree of 'buy in' to the development of the workforce plan.

Skills for Health/NCSS National Workforce Programme Core Functions Projects (Site no.3)

Pilot site Project description

Title: Development of role profiles based on Core Functions to support recruitment and retention initiatives in the organisation.

The organisation noted that there was uncertainty on required professional qualifications and competencies required for a range of posts in specialist CAMHS services. The project sought to develop profiles which would facilitate recruitment from the widest possible skills base.

The main objectives of the project included:

- Provision of clear information and process to support recruitment of staff to specialist services
- Development of job plans and KSF outlines for staff in specialist CAMHS services, based on an analysis of current activity; gap analysis; resource identification and analysis of future need.

The project was delivered via recruitment to a project team and clarity on process of delivery of objectives. All identified roles and tasks were matched against the Core Functions to ensure delivery of Core Functions was achieved in the service.

Appendix 2 – The Structured Interview Schedule

1. Introduction (Provide background and context to study)

1a. Obtain information about service under review

2. Can you describe how your organisation decided to nominate itself for this pilot on Core Functions?

3. Can you tell me about how you:
   a) brought the project team together and
   b) agreed the aims and objectives (refer to submitted final reports which state A's and O's if necessary)

4. What challenges did this project on Core Functions present to you? (seek specific information about the Core Functions rather than the project management challenges)

5. What are the practical benefits you have achieved from using the Core Functions in this pilot?

6. Your final reports indicate positive learning from the examination of Core Functions. Can you tell me what positive learning you have obtained about core functions in the following areas;

8. Leadership at a clinical / team manager level

9. Policy development

10. Resources required or altered to make use of Core Functions in CAMHS Teams

11. Partnerships across and beyond the organisation

12. Workforce results

13. How you do things in the organisation and/or CAMHS team

14. Your achievements/improvements/results

15. Are there any final points or comments you would like to make?

Appendix 3 – CAMHS Core Functions

The following Core Functions of a CAMHS worker working at Tiers 3 and 4 have been identified as:

CAMHS CORE FUNCTIONS – Tiers 3 & 4

(1) Effective communication & engagement with children, young people, their families and carers.

(2) Assessment

(3) Safeguarding & promoting the welfare of children

(4) Care co-ordination

(5) Promoting health & wellbeing

(6) Supporting transitions

(7) Multi-agency working

(8) Sharing information

(9) Professional development and learning

Appendix 4

Scenario 1

The GP has referred Verne aged 5 years to the team Tina (mum), Tom (dad) and Verne were seen in Choice and Tina has attended on her own for 2 further follow up appointments with a Band 6 clinician to gain a better picture of the history, strengths and difficulties. The risk assessment and MANCAS have been completed.

Tina highlighted her biggest worries were:

1. Verne always looking sad

2. Tina has found Verne in his bedroom with a dressing gown cord round his neck

3. Verne doesn't eat anything unless it is on a blue plate and has one item of green on it

4. School reception class teacher has told her they are worried Verne. Verne had been going to the nursery attached to the school for 3 years. Tina doesn't know what the worries are because they talk 'over my head' and 'I can't read very well when they send me letters'

5. Tina and Tom have £2,000 of debt and neither are in employment. Tina has no qualifications and has not worked since leaving school when she was 14 years old.

Tina has been to CAMHS when she was 12 years old and felt it was really helpful. Tina had been in the Care of the local Authority herself aged 8- 14 years, she enjoyed being in foster care but was returned home to

live with her Mum. Tina then ran off, staying on friends floors until she became pregnant at 15 years. Since then Tina has been living in rented accommodation with Tom, she likes the area and has several friends.

Tina bought a letter with her to the last appointment which mentioned that the reception class had filled in the forms to request a Common Assessment Framework meeting. The letter also said that school were worried about Verne because he had not progressed at all in his learning over the past 2 years despite having an Individual Education plan in place.

Appendix 4a

Scenario 2

Lucy is 16 years old. Lucy has been seen by the Consultant Child Psychiatrist and a Band 6 nurse for the past 2 years. Lucy often misses her appointments because she has 'slept in' or 'forgotten' them. Lucy and her family have been having family work over the past 6 months by 2 clinicians attached to the in-patient unit. Lucy has had 3 admissions to CAMHS in-patient in the past year and is currently on a month's period of leave as she wanted to take her own discharge. Lucy is due to return next week to plan her discharge.

Lucy has harmed herself over the past 3 years by taking large overdoses causing damage to her kidneys. Lucy has tried to hang herself and cuts herself regularly. When Lucy does attend her appointments with the nurse she does use the time to problem solve and has had periods of 2-3 months when she hasn't harmed herself.

Lucy has recently 'fallen out with the crisis team'.

The crisis team will now only give telephone support due to the frequency of the calls they get and Lucy's behaviour when they did visit. Lucy has been 'told off' by the local A&E Consultant for attending A&E 4-5 times a week over the past month with minor injuries e.g. twisted ankle, stomach aches, scalds and cuts.

Lucy has walked out of her parents house and is staying with her 18 year old boyfriend in his flat. Lucy wants to 'get my own place when I get out of the (in-patient service)'.

The Police were called to the boyfriends flat last week as she had assaulted him.

Lucy did not sit her GCSE exams, despite predicted B grades. Lucy has no plans to go to college or work. Lucy visits the GP and keeps asking for a sick note so she can get some benefits paid.

Lucy's GP has contacted the CAMHS/CPT Community team on several occasions by phone and letter to ask what he should do as A&E think she should be in (adult in-patient unit) if she is not going back to (CAMHS in-patient unit).

Appendix 5: NHS KSF Matrix Outline

Post: Assistant Practitioner Child and Family Services

Core Functions Child and Adolescent Mental Health Services Tiers 3 and 4

34 Competencies were identified by Skills for Health and the National CAMHS Workforce Programme, which can be viewed on www.skillsforhealth.org.uk/competences. The functional map and associated National Occupational Standards have been used to develop a competency based job description and KSF profile for an Assistant Practitioner Band 4 A4C.

From the 34 Competencies a sub-set of 14 Competencies were selected that best matched the themes in the pilot, the local Needs assessment and the KSF level of competency for a Band 4. The 9 functions with their associated competences describe the performance criteria, knowledge and understanding required to undertake work activity of an Assistant Practitioner. The competences describe what the post holder needs to do and know, to carry out the activity.

This matrix explains the link between the KSF outline designed to meet the needs of a specific provider and the KSF outline from the core functions from the NOS suite given. The matrix gives a visual map to assist in reading across the 34 competencies or in this case a sub-set of these which can be used to create any chosen/preferred local KSF outline. In order to reflect

the different context and roles in which the Assistant Practitioner may be working, not all of the competences in the matrix may be required or relevant to underpin a local Job description.

The selected 14 Competencies were considered by stakeholders including community CAMHS/CPT teams, including YOS.LD and CIPC teams, existing Band 4 workforce, the Tier 4 in-patient services and young people who have and have not used CAMH services. The process involved using scenarios to test out 14 Competencies and apply them to an Assistant Practitioner role. The 14 selected competencies and the performance criteria were then mapped against the 9 areas of practice:

- Effective communication & engagement
- Assessment
- Safeguarding & promoting welfare of children
- Care co-ordination
- Promoting health & wellbeing
- Supporting transitions
- Multi-agency working
- Sharing information
- Professional development and learning.

Pilot focus group themes:

- Child development assessments, play assessments
- Infant mental health – supporting parents in parenting and networking with other agencies e.g. children's centre's etc
- Slower pace, more frequent visits
- Safeguarding
- Multi-agency working, CPA
- Engaging children and families
- Delivering group work ADHD NICE guidance
- BME communities e.g. traveler site visit
- Meeting the needs of 16-18 year olds, transitions
- Housing for over 16's under 18's
- CAF process e.g., following a child through the system who has complex needs and the complexities and multi-agency working particularly with schools/ nurseries
- ADHD, ASD, hard to engage youngsters
- Transition into and from in-patient
- Meeting the needs of children and families with complex needs disabilities – inter agency working, communication, promotion and prevention
- Transitions – Tier 4 (in and out of), intensive home treatment, Children in Care, Paediatrics, Out of County
- Intensive assertive outreach/engagement.

Common Themes from stakeholders:

- Parenting
- Children involved in the criminal justice system-16-18 year olds
- Training and education
- Complex cases
- Eating disorders
- School refusal
- Links to Adult mental health
- Hard to reach and hard to engage young people
- Communication skills verbal and non-verbal
- Ensure safety, confidentiality and sensitivity
- Know their boundaries and limits and if they don't know the answer to be able to tell someone higher up if needed
- Diet plans
- Chaotic families
- Challenging behaviour
- Group work
- Observation work
- Prevention of readmission
- Discharge support
- Home treatment package
- Budgeting plans
- Listening and understanding concerns of young people
- Family and sibling support
- Notice changes and respond quickly
- Keep in contact and honour commitments/ promises
- OT support technician
- Education liaison
- Children's activity liaison
- Links to schools
- Play schemes
- Delivery of basic functions and tasks

- Communication
- Training and education
- A care coordinator
- An advocate
- Focus care of young person and see them frequently
- Time to listen and normalize things
- Reduce delays in discharge
- User of services themselves
- Someone to trust.

Opportunities / Potential Benefits:

- New ways of working and skill mix within teams for both registered and non registered workforce
- Development of career framework for the unregistered workforce
- Ability to "grow your own"
- Underpins concept of "right people, right place, right time and right outcome"
- Positive impact on outcomes for service users in terms of service delivery and continuity
- Development of an infrastructure that supports the competency framework for bands 1-4
- Ability to cross professional boundaries with support and supervision
- Increased job satisfaction and morale for the workforce which may impact on recruitment and retention
- Integrated and structured working across boundaries
- Working with multi agency services on behalf of the registered practitioner or independently – increased autonomy and use of initiative
- Increased efficiency and productivity while working within teams.

Training and Education Requirements for the Workforce:

- A full training programme to be developed to implement this initiative
- Access to a formal training framework and programmes for the registered workforce
- Robust supervision process
- Risk assessment issues to be addressed
- Work within trust policy and guidelines
- Process mapping and scoping work to be undertaken to identify gaps within the workforce and understand who needs to do what when and how
- Understanding and implementing competences to underpin JD.

Dimension and Level	Indicators	Dimension and level (CAMHS core functions)	Performance criteria
Core 1 Communication Level 3 A - F	Identifies the range of people likely to be involved in the communication, any potential communication differences and relevant contextual factors Communicates with people in a form and manner that is consistent with their level of understanding, culture, background and preferred ways of communicating and is appropriate to the purpose of the communication and the context in which it is taking place Encourages effective participation of all involved Recognizes and reflects on barriers to effective communication and modifies communication in response Provides feedback to other workers on their communication at appropriate times Keeps accurate and complete records of activities and communications consistent with legislation, policies and procedures Communicates in a manner that is consistent with relevant legislation, policies and procedures	**Effective Communication and Engagement with children, young people, their families and carers** HSC31 – Promote effective communication for and about individuals Level 3 MH8 – Establish, sustain and disengage form relationships with the families of children and young people Core 1 Level 3 **Sharing information** HSC 31 – Promote effective communication for and about individuals Level 3	Communicate with the child or young person and those involved in their care in a way that is appropriate to their age, developmental stage, communication skills, understanding, preferences and health status Ensure actions when interacting, treating and valuing families/ carers and individuals throughout the process are in a manner which is appropriate to the family's/carers and individuals' background, culture, diversity, values, circumstances, needs and encourages an open exchange of views, preferences and experiences Work with individuals to understand their preferred methods of communication and language and ensure that any specific aids they require are available Observe actions and behaviour and take account of pre-speech and non-verbal behavioural cues when working with children who are unable to express their needs, views, wishes, aspirations and preferences because of their age and/or level of development and understanding Support the child or young person and those involved in their care to communicate with each other through a partnership based approach by giving accurate and relevant information to the families/carers of children and young people in ways that they are likely to understand to maximise their participation and independence emphasizing their responsibility for their own actions and behaviour Show that families/carers are the most knowledgeable people about their own children and young people Explain clearly to the child or young person and those involved in their care the options that are realistically available to them

Dimension and Level	Indicators	Dimension and level (CAMHS core functions)	Performance criteria
			Identify clear goals and processes for improving the mental health of individuals and communicate these effectively to others Provide families/carers with information about the support required by individuals and ensure the information you provide is consistent with the individual's wishes as to who should be involved in their care and what information they should be given Provide information and advice at the time others need it recognizing that there are times when people want support rather than further information Seek information on the issues to be communicated with the individuals and key people and how to deal with any potential reactions to the communication Encourage families/carers to seek further information and advice on the issues and difficulties they face Give information to individuals and families/carers in a manner, and at a level and pace, appropriate to them and that covers any practical difficulties which may occur, including how to get help Take appropriate action and provide prompt and accurate explanations in instances where failure to meet agreements or the effects of the intervention are not as beneficial as expected Maintain contact with families/carers at a frequency and using methods that are consistent with the role, agency and statutory requirements Produce records and reports that are clear, comprehensive, and accurate ensuring the security and access to records and reports are according to confidentiality agreements and legal and organizational procedures Record and report any difficulties in accessing and updating records and reports

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