

The Anna Freud National Centre for Children and Families – Written evidence (FFF0052)

Designing a public services workforce fit for the future

The Anna Freud Centre, the UK's leading evidence-based children and families' mental health charity. Our mission is to transform the experience of babies, children, young people and their families with mental health.

Conventional approaches to training have not enabled enough professionals to enter the public services workforce to meet demand. How might training change to maximise the number of public services professionals and improve their skills?

1. The continual rise in children and young people's emotional and mental health is of particular national concern and would warrant dedicated consideration by the Committee. At the Anna Freud Centre we have specialised in training the mental health workforce over forty years and in the last decade have extended our workforce development, training and supervision support to enable further support for social care, early help, early years, criminal justice and the wider voluntary and community sector.
2. As the emotional health needs of children continue to increase, with a further 1.5 million children being identified as being in need (NHS Confederation analysis in 2021) as a result of Covid; and one in six children developing a mental health need between the ages of 5 and 15, which they will need lifelong support with, the Anna Freud Centre encourages the committee to give urgent attention to the growth of emotional literacy and training in the wider workforce.
3. The NHS Long Term Plan sets out an ambitious vision to expand the children's mental health workforce into the community to reach an additional 345,000 children and young people (CYP) aged 0-25 with support by 2023/24 and ultimately to ensure that all CYP who need support, receive it¹. In parallel, the Long Term Plan and the development of Integrated Care Systems recognises that partnership with statutory and voluntary partner agencies who are responding to the needs of CYP, from universal to complex needs, is essential in order to achieve this vision.
4. The Psychological Professions Workforce Plan for England² has been recently released by NHSE/I and HEE and shows the planned expansion of the psychological professions workforce at an unprecedented rate, by approximately 10,500 posts by 2024 (60% growth) to meet the psychological needs of service users, carers and families. Despite increased investment in post graduate workforce trainings as part of the CYP IAPT, there is a recognition reinforced by recent reports of the

¹ <https://www.longtermplan.nhs.uk/areas-of-work/mental-health/children-and-young-peoples-mental-health/>

² <https://www.hee.nhs.uk/our-work/mental-health/psychological-professions>

Health Select Committee³, that the largest challenge in reaching these ambitions is training and mobilising a workforce to deliver this offer at scale within these timescales. Even with increased investment the core CYP MH workforce (or CAMHS workforce) will remain too small to meet CYP MH need and demand for the foreseeable future.

5. The THRIVE framework⁴, recognising a national strategic gap in the number of workers trained to provide emotional health support in the 'getting help' domain, placing undue pressure on the CAMHS and more specialist workforces in the 'getting more help' domains:



6. In the last review of the children's workforce in 2010, the Children's Workforce Development Council reported that there were 7.6 million staff and volunteers working with children, young people and families⁵. Whilst the size of the workforce will have likely fluctuated in this time, the scale of the untapped potential capacity is evident. To maximise the skills and assets of the existing children's multi-professional workforce already working with children, young people and families, this workforce could be trained further to help meet the early mental health needs of these children and families and, particularly to enhance early help, mitigating the likelihood of later escalation, in line with the vision of the Long Term Plan - 'prompt access to appropriate support enables children and young people experiencing difficulties to maximise their prospects for a healthy and happy life'⁶.

7. This could include Family Support Workers, Youth Support Workers and Targeted Youth Support workers, Teaching Assistants, Parenting

³ <https://publications.parliament.uk/pa/cm5802/cmselect/cmhealth/17/report.html> and <https://publications.parliament.uk/pa/cm5802/cmselect/cmhealth/612/report.html>

⁴ <https://www.annafreud.org/media/9254/thrive-framework-for-system-change-2019.pdf>

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/247659/03_06.pdf

⁶ <https://www.longtermplan.nhs.uk/online-version/chapter-3-further-progress-on-care-quality-and-outcomes/a-strong-start-in-life-for-children-and-young-people/children-and-young-peoples-mental-health-services/> pp. 3.22

Workers, Education Welfare Officer, Learning Assistants, Personal Advisors, Health Visitors, Midwives, etc. These staff have an established safeguarding curriculum of professional training and supervision in working with children and young people, and their families, often managing multiple and at times complex circumstances. We propose to develop a parallel emotional health training curriculum, mirroring the embedded and familiar approach to the safeguarding framework. This training utilises their experience and skill-set, whilst growing the multi-professional capacity for early intervention.

How can providers of public services recruit a more diverse workforce? How should they improve their recruitment of BAME people, people with disabilities, older people and people who use public services and live in the communities that providers serve?

8. The Anna Freud Centre is skilled at enabling multi-professional staff to access training and professional development support together. The hurdles between agencies and professions often relate to a different development of language and theoretical perspective of professional framework. Focussing on the recipient of the service and support e.g., a child, a vulnerable adult, enables a common approach to be developed. The success of the AMBIT⁷ training, which has reached thousands of members of the children and adults workforce in the UK and overseas, demonstrates this.
9. Low pay, poor rewards, high stress and perpetual uncertainty about the future funding for roles makes the public sector a more difficult workforce to recruit to. Most of these barriers could be resolved at national level with longer term investment for public sector bodies, a recognition of the complexity and stress of the services provided for both children and adults, and a change in national narrative that celebrates the essential contribution these services made to the health, welfare and economic potential of the community. Maximising the impact that services have on outcomes for people in need, and in some cases facing complex and risky environments, is essential and is a motivator for the current and potential workforce, many of whom are driven by altruistic and care-giving motivations.
10. The national workforce development unit at the Tavistock have highlighted the need for greater diversity within the wider workforce and improving pathways into mental health professional training, to increase diversity⁸.
11. With regard to inequalities, great efforts have been made to diversify the children's and adults workforce, but leadership positions are still

⁷ <https://www.annafreud.org/clinical-support-and-services/adaptive-mentalization-based-integrative-treatment-ambit/>

⁸ <https://tavistockandportman.nhs.uk/training/workforce-development/national-workforce-skills-development-unit/publications/>

often retained by individuals of significant socio-economic and societal privilege. Changing and diversifying leadership is essential. The mental health workforce in particular has historically been a predominately privileged workforce, with access to psychological professional training and professional pathways for development, limiting opportunities for individuals living in socio-economic deprivation or with experience of social exclusion. These excluded individuals could bring invaluable skills and experience to the mental health workforce.

12. Upskilling this existing children's multi-professional workforce already working with children, young people and families, will open up opportunities for this wider, more diverse and more representative, workforce to be further developed to enter into the mental health workforce.

Preventative and early intervention services can improve the ability of the public services workforce to respond to users' needs. How might such services be embedded within any public services workforce strategy?

13. Covid has given us the opportunity to become more confident in the use of digital tools to support quick and effective online access to training, that can reach vast numbers of the workforce efficiently and effectively. The Anna Freud Centre has been using digital technology to reach thousands of members of the workforce nationally and internationally with training over the last two years, and we have a dedicated training team that have become highly adept at managing large trainings, professional development conferences and events. Experience like this provides the Committee with huge potential for workforce growth and expansion.
14. Digital access to training is best supported with dedicated reflective supervision, which can be dovetailed locally in line management or provided remotely in smaller groups or individually; and with Continued Professional Development (CPD) that embeds the application of the training in local work plans, audit and practice review. The Anna Freud Centre has designed a training programme that is enabled to reach the breadth of the children's workforce via digital enablement to raise the understanding of emotional health and mental health literacy and equipping of the workforce to enable early intervention.
15. Digital delivery of training would enable opportunities for early intervention and preventative action in relation to mental health that are often missed, due to a lack of training for the wider workforce interacting with families including nurseries and childcare providers; hospitals, pharmacies and general practice; early help, parenting, early years and family support staff in Local Authorities; voluntary, community, sports and faith sector partners.
16. However, these staff have an established safeguarding curriculum of professional training and supervision in working with children and young

people, and their families, often managing multiple and at times complex circumstances. A parallel emotional health training curriculum could be developed, mirroring the embedded and familiar approach to the safeguarding framework. This training could utilise the experience and skill-set of this wider non-psychologically trained workforce, whilst growing the multi-professional capacity for early intervention.

What have been the effects of the COVID-19 pandemic and Brexit on the public services workforce? Have these events created opportunities for workforce reform?

17. The complexities of the COVID-19 pandemic and the emotional and mental health impact for CYP and families has further increased the level of need and complexity of need⁹:

'We are hearing from frontline mental health services that there is a large increase in children and young people experiencing mental distress and needing support, but they are not all reaching the referral criteria for specialist children and young people's mental health services. The demand modelling suggests that 1.5 million children and young people may need new or additional mental health support as a result of the pandemic.'¹⁰

18. There has been a disproportionate impact on children and young people with protected characteristics, for those living in socio-economic deprivation and for those with SEN/D¹¹. Significant additional funding has been directed to supporting the workforce with the rise in Eating Disorders, Crisis presentations and outreach to schools, which are all very valuable and welcome, but do not yet mobilise the core children's workforce to assist children and young people with emerging needs. In particular, in the 'getting help' THRIVE domain¹², Covid-19 has led to a loss of confidence in social environments, loss of self-esteem and a significant rise in anxiety for children and young people, which if equipped to respond to, a wider workforce could identify and support.

19. Both our workforce and the workforce's leadership are now immediately aware of the need for emotional and mental health literacy training at a large national scale to support early identification and prevention. Covid has galvanised systems leaders to respond together. There could not be a better time to launch a training, which is digitally enabled, to the national workforce.

Users' expectations of public services are changing rapidly. How, in your experience, have their expectations changed? What are the best ways to involve users in the design of public services, and

⁹ <https://www.nhsconfed.org/publications/reaching-tipping-point>

¹⁰ <https://www.nhsconfed.org/sites/default/files/2021-08/Reaching%20the%20tipping%20point%20Final.pdf>
pp.8

¹¹ <https://www.nhsconfed.org/sites/default/files/2021-08/Reaching%20the%20tipping%20point%20Final.pdf>
pp.10-11

¹² <https://www.annafreud.org/media/9254/thrive-framework-for-system-change-2019.pdf>

what skills will public services workforces need in order to respond? For example, what skills will employees need to support users who expect more choice in the public services that they use?

20. Stronger integration would enable a more consistent and efficient use of multi-professional time, experience and expertise. Providing a framework in which these skills can be used in a complementary fashion is essential. Conflict between professionals with different perspectives and needs, who do not understand each other, or have a common language with which to communicate, would be significantly reduced. These conflicts place considerable demands on management and leadership time and multi-professional escalation procedures.
21. The voluntary sector provides a crucial neutral role in this professional development potential, it can relate to and understand professional differences, without getting drawn into competing narratives. The voluntary sector is agile and adaptable, enabling innovation to be mobilised and piloted easily, adapted and grown. The values embedded in voluntary sector partners are often appealing to the statutory workforce and support cultural change for the sector in training.
22. Engagement with the private sector would be an interesting proposition and would enable infrastructure support. Barriers relating to finance, legality, confidentiality and cultural ways of operating would need careful preparatory consideration.
23. A comprehensive and consistent national framework to the workforce development would be of benefit, but leadership at regional; and local level would be essential to the success of the programme. AFC's experience is that whilst we lead large scale national and international training programmes, we invest significant dialogue in discussion with regional leaders, agreeing common purpose, objectives, vision, the logistics of delivery and problem solving. The Committee is invited to look at AFC's evidence of managing large national change and workforce development programmes for examples of this¹³.
24. At Anna Freud we have paid young people and parent/carer participation workers who support us to write all of our material, guidance and training, including dedicated resources for families. These paid participation workers also deliver a number of our trainings and content. We highly recommend this respectful, co-design relationship. We recommend that focussing on the child, young person and adult experience of services, demonstrated in their words, supports the workforce to understand impact and to make change.

18 March 2022

¹³ [Clinical support and services | Anna Freud Centre](#)