

Child and Adolescent Mental Health

**TRAINING & DEVELOPMENT  
PROJECT**

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**DEVELOPING A COLLABORATIVE  
STRATEGY FOR THE PROVISION OF  
HIGHER EDUCATION RELATING TO  
CHILD AND ADOLESCENT MENTAL  
HEALTH AND EMOTIONAL WELL-  
BEING ACROSS KENT AND MEDWAY**

**A Stream of the Child and Adolescent Mental Health  
Training and Development Project.**



**Salomons**

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## **EXECUTIVE SUMMARY**

### **THE CHILD AND ADOLESCENT MENTAL HEALTH TRAINING AND DEVELOPMENT PROJECT**

This Higher Education Strategy stream is part of a larger Kent and Medway based multi-agency training and development project focusing on service providers working with children and young people in both the statutory and voluntary sectors. The project is focused on addressing the education, training and development needs of these workers to enable them to work more effectively with issues relating to the mental health and emotional well-being of the young people they come into contact with.

### **THE PURPOSE OF THE DOCUMENT**

This stream of the project is seeking to encourage and facilitate strategic thinking and planning in relation to education and training at various levels, including both pre-registration and post-qualification education and training across the health and social care sectors in the Kent and Medway region. Through a process of workshops and consultations with the three Higher Education Institutions that service Kent (Canterbury Christ Church University College, Greenwich University and the University of Kent at Canterbury), workforce planners and service and training commissioners, the following proposals for a strategy for joint provision of education and training relating to child and adolescent mental health and well-being were developed.

### **SUMMARY OF PROPOSALS:**

#### **Proposal 1: Joint working between higher education institutions (HEIs), commissioners and workforce planners (WDC):**

- A memorandum of understanding and agreement at senior levels of the HEIs, the Trusts, WDC is needed in order to continue this process.
- A cross county education group that has a joint board of studies.
- A joint meeting, on a twice-yearly basis, between WDC, commissioners and HEIs, through the cross county education group.

#### **Proposal 2: A Kent and Medway agency or group should be established to ensure the bench-marking of and co-ordinating of post-qualifying multi-disciplinary training in child and adolescent mental health:**

- A jointly funded centre, based in Medway, which could co-ordinate education and training, research and development throughout Kent and Medway needs to be established.

#### **Proposal 3: Develop a set of core capabilities/competencies for those working with children and adolescents across sectors and specialisms:**

- Development of an agreed upon (across all three statutory bodies) set of core capabilities for those working with children and adolescents.
- Pilot research, based on these core capabilities, should be undertaken to establish the range of skills, knowledge and attitudes required.

- Develop guidance for purchasers regarding minimum standards for competence and desirable service standards.

**Proposal 4: Development of a locally built skills escalator:**

- These core competencies should be developed through programmes of shared learning, common pathways and inter-professional education.
- Develop common pathways within individual training programmes, underpinned by jointly agreed standards.
- Core competency training should be reflected in both intra-professional curricula and in shared learning initiatives.
- Expand multi-professional training programmes.
- Consider the development of combined or integrated professional education and training programmes.

**Proposal 5: The rolling out of pilot training projects:**

- Pilot cross-agency frontline staff training in child and adolescent mental health with funding from the WDC. This needs to be linked to research and evaluation linked to the core competencies and effectiveness of the training.

**Proposal 6: A system of kite or bench-marking child and adolescent mental health training needs to be developed:**

- The central agency above could develop standards based on the capabilities needed and occupational standards in order to accredit training and development of new programmes.
- The development of minimum standards for trainers.

**Proposal 7: Ensure the education and training offered reflects the service needs:**

- There needs to be a collaborative understanding of what the workforce education and training needs are.

**Proposal 8: Adjust training models to increase access to training and arrangements for career transfer:**

- Systems for accrediting prior learning and experience need to be developed.
- New methods of course delivery need to be developed, implemented and evaluated to assess their viability in terms of making training more accessible e.g. using modular systems, work place learning, e-learning etc.

**Proposal 9: Integrate training with the service environment:**

- We need to explore ways in which CAMHS training can be integrated with the service environment through proved quantity and quality of

placements, input from service provider to HEIs, academic staff maintaining links with practice.

**Proposal 10: Develop a joint accreditation and of prior experience and learning process (APEL) and of prior learning (APL):**

- The Education Institutions need to look at a joint system of APEL and APL.

## **DEVELOPING A COLLABORATIVE STRATEGY**

### **THE CHILD AND ADOLESCENT MENTAL HEALTH TRAINING AND DEVELOPMENT PROJECT**

This Higher Education Strategy stream is part of a larger multi-agency training and development project focusing on service providers working with children and young people in both the statutory and voluntary sectors. The project's aim is that these service providers at all levels, are taking responsibility for caring for children and adolescents' emotional well-being and are able to do so in an optimal and relevant way, appropriate to their level and role. In order to do this the project plans to look at various education, training and development strategies to enable people to get to their optimum level of capability in this area.

The project is focused on Kent and Medway, addressing the education, training and development needs in both the statutory and voluntary sectors. The project is also working in partnership with existing training providers at all levels including higher education institutions. This stream of the project will seek to encourage and facilitate strategic thinking and planning in relation to education and training at various levels, including both pre-registration and post-qualification education and training across the health and social care sectors. The project acknowledges the importance of developing a similar stream for teacher education and training. However, this document reflects issues related to the health and social care fields. In many Institutions of Higher Education these two departments have been combined to form a single entity, either a school or a department of 'health and social care'. This reflects a similar joining of Health and Social Service departments into Health and Social Care Trusts.

#### **The Project's Perspective:**

The project's stance is that a key element of ensuring quality services for children and young people is the education and training of a workforce so that they possess the core capabilities/competencies required to meet the demands of the new developments in children's services. The needs of children and adolescents are often different to those of adults in health and social care services. This means that staff will need particular skills and knowledge to meet these needs. Numerous studies have shown that people working with children and adolescents, including individuals graduating from core mental health professional training programmes (e.g. psychiatry, psychology, social work) often do not have the skills, knowledge or attitudes to meet the needs of the young people they will be working with (Everybody's Business, 2001).

Reviews of current higher education curriculum related to health and social care reveal a real deficiency in content, time and relevance to work with young people (Everybody's Business, 2001). The same is true of many of the in-service training programmes on offer to professionals and practitioners

working with young people. In order to continue to improve services and develop confidence in the delivery of high quality care, service providers need to monitor the care they provide and audit their experience and practice against standards and examples of good practice. Quality care can only be achieved by a system of service development and delivery, which is supported and informed by the systems of education and training and research and development i.e. three-systems approach (The Sainsbury Centre, 1997).

A strong theme throughout the broader project is that all staff working with children and adolescents should have a basic level of competence in working with these age groups and should have some understanding of development and mental/emotional development and health/well-being. One of the objectives of this project is to identify the range of capabilities required to work effectively with children or young people. This discussion can lead people to the belief that we are attempting to de-skill professionals and create a new generic child worker. The recognition that there is a common set of core of skills, knowledge and attitudes which all professional workers, including those with specialist roles should attain, should not obscure the profile of distinctive, professionally specific contributions to work with children and adolescents around their mental health and emotional well-being. Greater clarity about both areas is vital (The Sainsbury Centre, 1997).

It is not the purpose of this project to specify these specialist areas. This must remain the responsibility of the various professional and statutory bodies. However, in terms of the core skills, knowledge and attitudes it is important that we get agreement across the disciplines and that these are incorporated into some standard for each discipline. Professional training must aim to achieve both awareness and competence in the core areas and deliver and maintain specific occupational competence. A set of core capabilities that could be used in this process for Kent and Medway is in the process of being finalised by the project (a copy of the draft documents can be obtained by contacting the project manager, Alex Hassett at [a.hassett@salomons.org.uk](mailto:a.hassett@salomons.org.uk) or 01892 507687).

The findings from the project's ongoing needs assessments and other literature (Bowles, 2003; Ryan, 2000) gives a sense of a disconnectedness that has emerged between higher education institutions (HEIs) and the services they provide education and training for. It would appear that there are power differentials between academics and clinicians in terms of status and control over what is learned. Many service providers do not feel involved in course design or delivery. Workforce planners and commissioners of service and training have also not been involved in decisions about higher education and training. There is also a need for HEIs to make their courses more accessible and relevant to the working lives of those they are providing training to. The project feels that HEIs (and several of them are already doing this as will be demonstrated later) need to provide alternatives to traditional, HE campus based education and training. For example, workplace learning may be seen as a means to empower clinical staff, value and validate their

practice and to reduce the distance between those working in Higher Education and service settings (Bowles, 2003).

Linked to providing alternative education and training is the need for more integrated or multi-professional education and training (again something some of the HEIs are now responding to). The traditional professional and clinical autonomy of staff groups is no longer compatible with the requirements of the new systems of care. Professional training for people working in the field of mental health and/or with children and adolescents is overwhelmingly carried out on a single discipline basis in the UK. As the Sainsbury's (1997) report illustrates there are elements of similarity in the requirements of the various programmes. Individual providers of higher education translate these guidelines into actual curricula. Implementing substantive change within individual syllabi to reflect the needs of those working the field of child and adolescent mental health requires that academic staff have updated their own knowledge and skills in line with the competencies expected of the workforce. From the information gathered from the three HEIs there is evidence to suggest that a range of revisions are and have been proposed and implemented.

It is vital that a more comprehensive education and training strategy that takes into account issues of service needs is required. It is acknowledged by the project that HEIs are facing many new challenges themselves. The sheer volume of the various new legislative and professional requirements poses problems for those providing training. Linked to this is the complexity of the arrangements for the education and training of the mental health workforce, which is governed by a number of independent professional bodies. Linked to this are new demands for collaborative working with other HEIs and cut-backs in funding.

Paul O'Halloran (2002) provides the following summary of the challenges being faced in developing the future workforce. This has some clear implications for the work being done in the area of child and adolescent mental health and emotional well-being. The major findings of the Pulling Together Report (1997) was that current training did not:

- Create a workforce that was 'fit for purpose'
- Equip practitioners to provide evidence based practice
- Enable practitioners to work effectively in community based non-institutional settings
- Facilitate multidisciplinary team working

He goes on to say that the National Survey of HEIs (Brooker, Gournay, O'Halloran & Bailey, 2000) found a wide regional variation in training provision relevant to the National Service Framework (NSF) (DoH, 2003); lack of capacity in higher education to deliver and that new ways of training need to be examined to optimise implementation.

He reports that the challenges for Higher Education are as follows:

- Develop relevant curricula appropriate to implementing the NSF
- Multidisciplinary training opportunities

- Invest in mental health leadership training
- Based on user and carer need
- Incorporating evidence based practice
- Taught by clinical trainers
- Learning methods optimising implementation

He proposes a partnership approach to practice development that has a focus on:

- User and carer need
- Evidence based practice
- Organisational context of effective practice
- Outreach education and training
- Real work based change
- Whole teams to create and sustain this change
- Implementation of skills into practice

The hopes and aspirations expressed over the past few years for a comprehensive child and adolescent mental health service that includes mental health promotion and the development of young people's emotional well-being has yet to be realised. Perspectives, aspirations and hopes can differ greatly. The perspectives of the NHS and social care purchasers and providers might be very different from that of users and carers; those of the statutory validating bodies may not coincide with those of the statutory body training consortia, education providers may have yet another view and central Government and the general public may have different views again. If the aim of achieving a better service for children and young people is to become a reality then there is a need for all the stakeholders to share a vision and work towards a common agenda. This must address the skills and training of the workforce (The Sainsbury Centre for Mental Health, 1997). It is important that we see education and training as a whole system, linked with research and supporting and informing service delivery. We must remember that education and training is a means to an end, that of providing good health care, not an end in itself (Percy & Easmon, 2002).

#### **THE PURPOSE OF THIS DOCUMENT:**

The purpose of this document is to begin the process of:

1. Developing a shared sense of the need for a joint education and training strategy for Kent and Medway.
2. Developing a shared vision of the possibilities for offering new and innovative education and training in child and adolescent mental health in terms of:
  - programmes focused on child and adolescent mental health
  - modules in relevant pre-existing programmes
  - the way in which education and training can be provided

3. Offering proposals for the way forward in terms of an integrated joint education and training strategy dealing with the issue of child and adolescent mental health and emotional well-being.

In order to further explore and develop these ideas it was decided to bring the three Higher Education Institutions that service Kent (Canterbury Christ Church University College, Greenwich University and the University of Kent at Canterbury) together, with workforce planners and service and training commissioners to look at a strategy for joint provision of education and training relating to child and adolescent mental health and well-being. A variety of proposals for a joint strategy were developed during this workshop. These were then followed up and consulted on with the participants and other relevant stakeholders who gave further clarity on their ideas. Out of these emerged proposals and possibilities for a collaborative education and training strategy relating to child and adolescent mental health for the Kent and Medway region.

(A copy of the report from the days workshop can be obtained by contacting the project manager, Alex Hassett at [a.hassett@salomons.org.uk](mailto:a.hassett@salomons.org.uk) or on 01892 507687).

#### **THE PRESENT CONTEXT:**

##### **Emerging Findings from Service Provider Needs Assessment:**

As part of the initial phase of the project a needs assessment is being undertaken. At this point 53 interviews and 6 focus groups have been conducted. From this data the following themes in terms of what kind of training service providers want have begun to emerge:

##### Philosophy

An approach that:

- Is contextual
- Is developmental
- Integrate social care and health perspective
- Multi-agency, multi-disciplinary perspective

##### Delivery of Training

- Inter-agency where possible
- Relevant and appropriate to level
- Cross-level
- Flexibility
  - Modular
  - Accommodate breaks
  - Accredited across streams
  - Accredited across institutions
- Delivered locally

##### Methodology:

- Experiential
- Practice based
- Adult learning principles

- Using local expertise

Concerns:

- Standards and quality control
- Specialism should not take person out of their profession
- Not make everyone into a generic worker

### **Education and Training Relating to Child and Adolescent Mental Health that is Currently Available:**

The following sets out a review of current provision of CAHMS relevant training in the county of Kent. It is not intended to be comprehensive, but rather provides a guide to where we are at, and what needs to be developed. The range of training from National Vocational Qualification (NVQ) to Doctoral is included.

#### National Vocational Qualification (NVQ) / Higher National Certificate (HNC) / Higher National Diploma (HND):

Each of the three HEIs has partnership relationships with Further Education (FE) colleges in Kent. These partner colleges deliver a range of programmes and courses that are likely to benefit from teaching on CAMH-related subjects. A range of NVQ and HNC/HND courses are already being delivered. These are likely to be complemented by the new Foundation Degrees, which will be delivered within the FE sector. Kent is in the process of developing a Foundation Degree in Care. It is likely that practitioners who work with children and families but may not possess a first professional qualification would access these courses. These might include, for instance, some Sure Start employees.

#### Modular courses:

Each of the three HEIs delivers a range of stand-alone/modular CAMH-related courses at both undergraduate and post graduate levels that are likely to be of potential relevance to practitioners. These are currently in areas such as counselling or addictions which practitioners may apply their specific CAMH-related experience to.

#### Pre-registration nursing training:

Both Canterbury Christ Church University College (CCCUC) and Greenwich University deliver nursing training. Developments have already taken place at both institutions to ensure that teaching of CAMH-related subjects is embedded within the curriculum at various levels. Additionally, at both institutions, initiatives have taken place to ensure that a wider range of nursing students undertakes CAMH-related placements. Feedback has indicated that this has raised the awareness of students into the range of employment opportunities available to them following qualification. It is hoped that this will lead to an increase in newly qualified nurses wishing to work in the area of CAMH. Anecdotal evidence suggests that this may already be occurring. It would be helpful to gather further data on this.

### Social Work qualifying training:

From September 2004 all students commencing training for social work qualification will study to degree level. The curriculum of the qualifying training has been designed to ensure that it adheres to Requirements for Social Work training (DoH, 2002). University of Kent (UK), CCCUC and Greenwich, with partner colleges, deliver qualifying social work training. There is scope for ensuring that there is teaching input on CAMH-related subjects. It may be that an approach from the CAMHS Training and Development Project to both HEIs requesting this would be beneficial.

### Canterbury Christ Church University College Dip HE/BSc (Hons) Pre-registration Inter Professional Learning:

The Interprofessional Learning Programme offers students the opportunity to complement their profession specific knowledge and skills, learning together in interprofessional groups with the intention of communication, understanding and collaborative working. (There are seven pathways ~ Adult Nursing, Child Nursing, Medical Imaging, Mental Health Nursing, Midwifery, Occupational Therapy, Operating Department Practice, and Social Work).

The aims of the mental health-nursing pathway are that students should gain:

- The values and attitudes necessary for modern mental health practice.
- Knowledge of mental health and mental health services (including CAHMS and CAMHS related services) related policy and legislation.
- An understanding of a range of physical, psychological, social and practical interventions.
- The ability to work in partnership to deliver effective care in collaboration and partnership with agencies, teams and users groups.
- Experience the application of skills and ways of thinking that inform practice across a range of service settings.
- Have an emphasis on professional development and 'life long learning'.

Each year the programme has an overarching theme that is reflected in the common (shared learning) and profession specific modules. Students are assessed by means of academic assignments, an Assessment of Practice Tool (APT) contained within the Portfolio of Personal and Professional Development (PPPD).

CCCUC also offers a post registration BSc (Hons) in Community Nursing, the assessment of which is tailored by the students to fit with their specific clinical area of interest ~ for example CAMH. CCCU and the University of Brighton validate this programme jointly.

### Undergraduate programmes in Counselling:

UK offers professional training in counselling to Certificate and Diploma level. The Programme includes a module on counselling with children.

Greenwich offers an Introduction to counselling theory and skills course, which is a gateway to the MSc in Therapeutic Counselling programme. (see below)

Post qualifying CAMH-related training:

i. Modular courses at level three

Each of the three HEIs delivers a range of stand-alone/modular CAMH-related courses that are likely to be of potential relevance to qualified practitioners. Some of these are in broad areas such as counselling, addictions or domestic violence to which practitioners may apply their specific CAMH-related experience. Others have been developed with a specific CAMH focus. An advantage of modular courses for employers is that it is possible to plan the release of staff from the workplace for a limited period of time. This allows for professional development to take place with minimum disruption to service delivery. An advantage for the student is that it is possible to accrue academic credits, which may then be utilised towards a formal academic award (see below). Finally the modular nature of study allows for the development and accreditation of further courses in response to demand from employers or local and national developments.

The specialist CAMH courses are currently delivered at the Avery Hill campus of the University of Greenwich. Due to its location there is a tradition of practitioners from Kent travelling to study there. These CAMH courses will continue to be delivered at the Avery Hill campus.

However, agreement in principle has been gained for Greenwich CAMH courses to be delivered at the Medway campus from January 2005. These could be delivered by a teaching team drawn from the three HEIs and identified CAMH practitioners. A number of joint initiatives are already being undertaken between the HEIs in the Medway area. Due to this collaboration between the HEIs, formulae already exist for the accreditation, delivery and funding of teaching where the institutions are working together. This opens up the possibility for the establishment of a dedicated CAMH academic and teaching base at Medway (see below for details on collaborative agreements).

ii. The Graduate Diploma in Child and Adolescent Mental Health (GD in CAMH)

Greenwich delivers a specialist part-time qualification called the GD in CAMH. Practitioners who have a relevant first professional qualification to diploma or degree level access this programme. The courses within this programme currently attract a range of practitioners including nurses, health visitors, social workers and youth workers.

Practitioners undertake 120 credits at level three. Teaching currently takes place at the Avery Hill Campus, however as suggested above it is possible that some courses may be delivered at the Medway Campus. Of these 120 credits up to 60 credits may be undertaken via distance/web-based/work-based learning, thus minimising the time spent out of the workplace by the practitioner.

iii. 'Top-up' degrees with CAMH-specific components

Some practitioners who are qualified to diploma level may choose to study CAMH-related courses towards a relevant degree qualification rather than the specialist CAMH award. Students may undertake to study a number of

courses that are shared with the GD in CAMH and in addition may choose to focus their dissertation on a CAMH-related area.

Again due to the flexibility of credit transfer between the institutions, a nurse qualified to diploma level at CCCUC, for instance, may undertake the third year of study towards their degree at Greenwich, specialising in CAMH-related subjects and vice versa.

#### iv. Masters level study and beyond

There are three layers of M level study:

PGCert – 60 credits of which up to 15 credits may be at level three

PGDip - 120 credits of which up to 30 credits may be at level three

MA/MSc – 180 credits of which up to 30 credits may be at level three

Kent is currently developing an MSc in Mental Health Studies. This programme will be delivered on a multi-practice basis to psychiatrists, nurses, social workers, and occupational therapists. The course is modular, enabling credits to be built up over time. The programme will have a dedicated CAMHS pathway. Those completing MSc will be eligible to continue on to a taught Doctor of Clinical Science. University of Kent also offers an MSc in Analysis and Intervention in Learning Disabilities, which can be taken on a modular basis. This programme includes academic study and practical placements.

Greenwich delivers an MA Professional Practice in Health and Social Care and a MSc Research in Health and Social Care. Each of these is of potential relevance to CAMH specialists as they allow the opportunity to focus upon areas of specialist interest and expertise. Greenwich also delivers an MSc in Therapeutic Counselling. Canterbury Christ Church University College also offers an MSc in Advanced Social Work (Children and Families) and a Post Graduate Diploma in Advanced Social Work (Children and Families).

There are also opportunities for PhD study at all three HEIs.

#### APL/APEL arrangements:

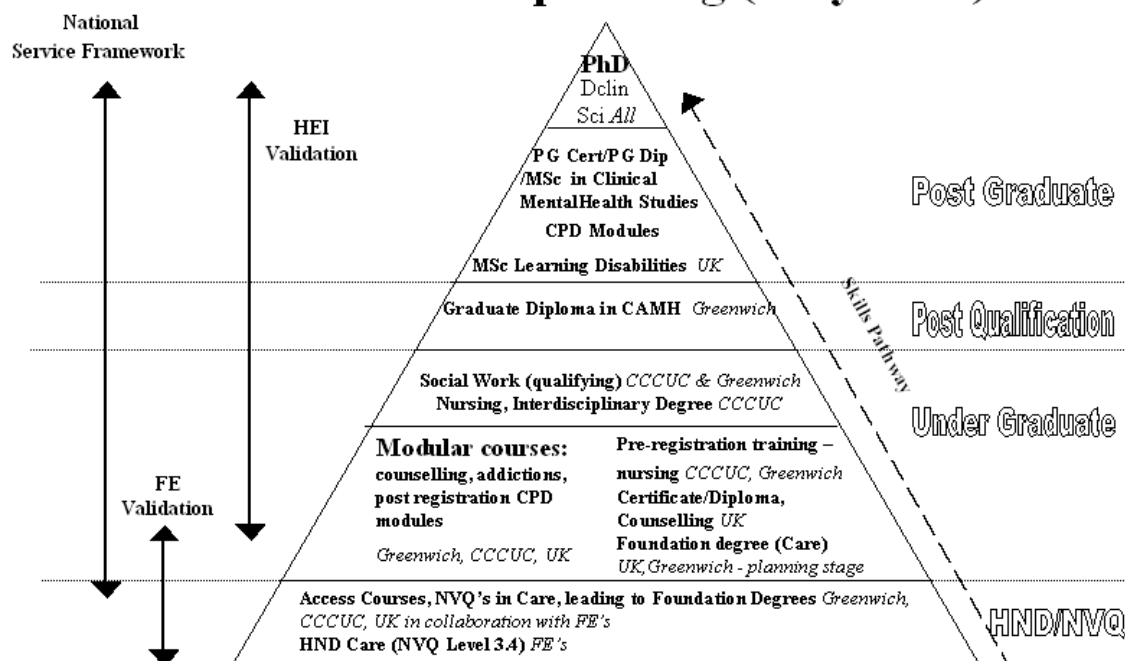
There is already scope for practitioners to have prior experience and learning formally academically accredited. Each of the three HEIs has well-established APL/APEL committees, which on the presentation of evidence by the student are able to award academic credits.

In order to further maximise recognition of prior experience and learning, Greenwich has also developed a course entitled Developing a Portfolio for Practice. In this course a portfolio of prior experience and learning is submitted which may then be awarded 15 or 30 credits at academic levels two or three. Academic credits awarded in such a way may also be utilised towards the awards described below.

The importance of this level of flexibility is that it allows a practitioner to study CAMH-related courses at one institution and to have this recognised by one or other of the three HEIs.

The following diagram gives a summary of what is being offered by the three HEIs:

## CAMHS relevant training in Kent HEI's: Current and in planning (May 2004)



### Collaboration at this Point:

- There is a longstanding agreement that the University of Kent may occupy some of the buildings on the University of Greenwich Medway Campus, and additional funding has been obtained from HEFCE for development. The two Universities have also jointly developed the MPharm, which is due to start in September 2004.
- Canterbury Christ Church University College is likely to occupy a building immediately adjacent to the campus, and this will be used to house both education and health related programmes developed jointly with University of Greenwich, and some Canterbury Christ Church University College programmes. The first joint programme is pre-registration adult nursing, which will start in September 2004.
- University of Kent and Canterbury Christ Church University College have a framework for collaboration in terms of mental health but not doing anything yet at a practical level.

### SUMMARY:

From the workshop and the consultation process with the HEIs, commissioners and workforce planners it did seem that there was an emerging consensus on some broad themes and an overall recognition of the value of thinking and working together. Organisational and institutional

impediments to changing some of these issues must be acknowledged but in order to truly develop a work force that can deliver the National Service Framework for Children (2003) and provide services outline in papers such as Every Child Matters (2003) we need to create innovative new arrangements between HEIs, work force planners, commissioners and the statutory training bodies. This process provides an opportunity to align training with local workforce needs and service provision needs; increase the development opportunities for all staff; and develop innovative learning processes that maximise skill development and transfer to practice. What follows are the proposals from this process.

## **PROPOSALS:**

The following reflect the proposals for a joint up education and training strategy relating to child and adolescent mental health for the Kent and Medway region.

### **Proposal 1. Joint working between HEIs, commissioners and workforce planners:**

There is great opportunity for cross pollination and for influencing undergraduate and pre-registration curriculum if these three groups work in a more collaborative manner in Kent and Medway. The demands on the workforce and those being made by purchasers of services and training consortia can result in a reconsideration of the skills mix required for those working with the mental health and emotional well-being of children and young people.

If we go for this shared approach then communication, liaising and working with partner institutions will be vital. In order to deal with this it was felt that there needed to be:

- A memorandum of understanding and agreement at senior levels of the HEIs, the Trusts, and the WDC, in order to continue this process.
  - In a year there will be a collaboration agreement so that commissioners, workforce planners and education providers will have agreement on joint training. This was felt to be vital as a way forward, as without this commitment it was felt the process could not move forward.
- A cross county education group that has a joint board of studies.
- A joint meeting, on a twice-yearly basis, between WDC, commissioners and HEIs, through the cross county education group.

Some issues were raised:

- Can commissioners commission new training from the HEIs?
- What is the relationship between the HEIs and statutory training bodies?
- Concern is that single agencies will commission training – question is how do we get social services, health and education to commission training jointly?

### **Proposal 2: A Kent and Medway agency or group should be established to ensure the bench-marking of and co-ordinating of post-qualifying multi-disciplinary training in child and adolescent mental health.**

- A jointly funded centre, based in Medway, which could co-ordinate education and training, research and development throughout Kent and Medway needs to be established.
- This centre could have staff located there using HEI's resources and could be managed by the 3 HEIs. Funding could be sourced from DoH, skills council and voluntary sector.

- This jointly funded agency in Medway could form the hub from which all of the education and training offered by the HEIs, FEIs, statutory training bodies, etc in the region could be co-ordinated.
- These HEIs, FEIs and statutory training bodies can be seen as the spokes from the hub at Medway and they can then provide local delivery, commissioning and research sites (teams, units, centres, community settings).
- The agency could house a virtual network of programmes, modules, resources that recognises existing strengths and develops services and expertise.
- The guide to what training is available and how it is linked to career path development could be developed at this centre.

**Proposal 3: Develop a set of core capabilities/competencies for those working with children and adolescents across sectors and specialisms.**

An agreed upon (across all three statutory bodies) set of core capabilities needs to be developed through a process of consultation.

- Pilot research, based on these core capabilities, should be undertaken to establish the range of skills, knowledge and attitudes required.
- Develop guidance for purchasers regarding minimum standards for competence and desirable service standards.

**Proposal 4: Development of a locally built skills escalator:**

A locally developed skills escalator built on national frameworks and examples should inform how available training resources are made use of and should inform the assessment of gaps in training. It would appear that in terms of current training not all disciplines currently attain an appropriate level of competence in child and adolescent mental health within their pre-qualifying training. It is acknowledged that not all of these core skills need necessarily be achieved by all professionals to the same level, particularly during pre-qualifying training. Once again the professional and regulatory bodies, in consultation with employers and purchasers, must determine the level at which these should be taught and agree the route through which full competency can be achieved.

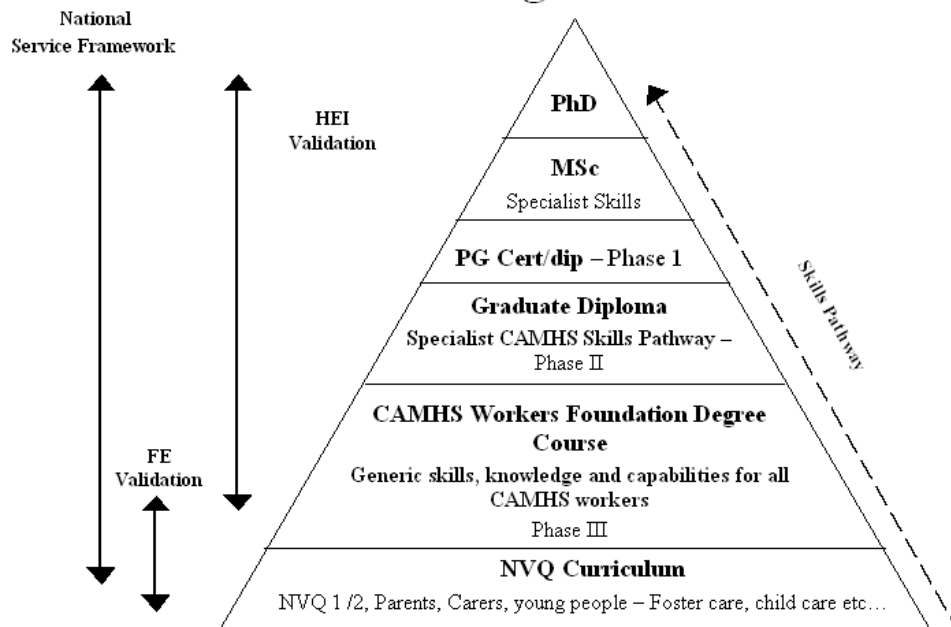
This implies a need for the establishment of a progressive training continuum, underpinned by occupational standards, that can assure the competence of all disciplines within a multidisciplinary context. These competencies can be reflected in single discipline curricular but they imply the development of shared learning and common pathways between the disciplines and greater exposure of the disciplines to each other at all levels of training. These core skills will hopefully establish a framework and reference point for training which will ensure the relevance of staff skills to service needs.

- This is not about creating something new but making use of frameworks that are already developed in a joint way that has local relevance.
- Need to be clear about level of competence so that each level on the escalator (linked to occupational standards) will be comparable and people will be able to get credit for that level even from another

- escalator. Each level will be accessible across professions. Each profession will have own basic level training that can then be augmented with training from own or other areas as one travels the skills escalator. Each basic level would define what a person can do at that level. The training level needs to be linked to the service level.
- The National Vocational Qualification framework can be used to define practice based competence in terms of training initiatives. For example a skills escalator in relation to anger management. This could be mapped onto NVQ statements of competence from care workers to specialist therapist.
  - Such a framework would provide a guide or menu for people to choose from.
  - Education and Training is linked to the occupational standards and linked to the core competencies.
  - Occupational standards for professions and for mental health need to be linked to core competencies and therefore shared skills.
  - It is important to specify which standards have to be achieved at pre-qualifying level and which should more realistically be acquired at post-qualifying level.

Ideally the Education and Training Skills Escalator would look like the following:

## Child and Adolescent Education and Training Escalator



(Adapted from models presented by Nixon, 2003 and Griffiths, 2004)

Part of this would be the development of a skills escalator in child and adolescent mental health based on the core capabilities/competencies:

- These core competencies should be developed through programmes of shared learning, common pathways and inter-professional education

- Develop common pathways within individual training programmes, underpinned by jointly agreed standards.
- Core competency training should be reflected in both intra-professional curricula and in shared learning initiatives.
- Expand multi-professional training programmes.
- Consider the development of combined or integrated professional education and training programmes.

It will be important once the HEIs have a clear sense of how their education and training fits together into this skills escalator that a process begins in which other CAMH related training offered by FE colleges and other training bodies in Kent and Medway is incorporated into the escalator.

#### **Proposal 5: The Rolling Out of Pilot Training Projects:**

There is a real need for investment in Tier 1 and 2 training – look at a training package that would add to first qualification and possibly we could look at a pilot project in this area linking research and evaluation.

- Need to get training into the community.
- As part of this initial year we could pilot cross agency training in child and adolescent mental health with funding from the WDC.

#### **Proposal 6: A system of kite or bench marking child and adolescent mental health training needs to be developed.**

- Standards based on the capabilities needed and occupational standards would be useful in accrediting training and developing new programmes.
- The central agency described above could drive this process.
- Linked to this there needs to be minimum standards for trainers i.e. practitioner background, still practicing, research active, evidence of personal work etc.

#### **Proposal 7: Ensure the education and training offered reflects the service needs**

- There needs to be a collaborative understanding of what the workforce education and training needs are. Need to acknowledge that there are a variety of needs at play here. Although the service user and thus the service provided is core for the practitioner, the practitioner is core for the HEI.
- The training needs to acknowledge the impact of the demands placed on the practitioner from the organisation and by the needs of the children and families they work with.
- Need to acknowledge the constraints of the qualifications, regulatory and professional bodies on this process (however these can be changed even if it is a slow process).

#### **Proposal 8: Adjust training models to increase access to training and arrangements for career transfer**

- Systems for accrediting prior learning and experience need to be developed.

- New methods of course delivery need to be developed, implemented and evaluated to assess their viability in terms of making training more accessible e.g. using modular systems, work place learning, e-learning etc.
- The training needs to happen at both a community and regional level.
- The content must flow from practice, be based on the core principles and should link assessment and intervention.
- Delivery needs to happen at as local a level as possible, needs to make use of local expertise and training resources and should attempt to bring together those who work together.
- Need to make use of existing training. A database of training that is happening at a local level needs to be developed. This training needs to be accredited so that it can be delivered at the local level.

#### **Proposal 9: Integrate training with the service environment**

We need to explore ways in which CAMHS training can be integrated with the service environment

- Consider ways of improving the number and quality of placements.
- Consider ways of increasing the input of service providers to higher education institutions.
- Consider opportunities for academic staff to maintain links to practice.
- Look at ways of accrediting training courses developed in the field and how these can be integrated with HEI training programmes.

#### **Proposal 10: Develop a Joint Accreditation of Prior Experience and Learning:**

It is important that people are able to get credit for their prior learning and experience. It is also important that people will be able to use credits from one institution in Kent and Medway at another institution.

- The HEIs need to look at a joint system of APL and APEL.

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