

Working in the NHS: the state of children's services

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Contents

Contents.....	2
Context	3
Headline Findings	4
Method	5
Findings	6
Demographics and workplace characteristics	6
Professional membership	6
Geographical location	7
Hours of paid and unpaid work	7
Workplace setting	8
Banding of role	8
Downgrading of roles	8
Adequacy of services.....	9
Changes in services.....	9
Levels of work-related stress	13
Summary	14
Appendix 1 (joint press release).....	15
Third of children’s mental health services may be facing downsizing or closure	15

Context

In March 2017, a joint survey was launched by the Association of Child Psychotherapists (ACP), the British Association for Counselling and Psychotherapy (BACP), the British Psychoanalytic Council (BPC) and the UK Council for Psychotherapy (UKCP). The aim of this survey was to capture information from members of each organisation who were currently, or who had in the last five years, provided therapeutic services within the UK health services.

Whilst the survey generated a plethora of data from members working across a range of services and with diverse client groups, this report focuses specifically on those who identified their main workplace setting as a children's service. This included - but was not limited to - those working in child and adolescent mental health services (CAMHS), child or adolescent community mental health teams and child and adolescent inpatient units. This report is intended to support the joint press release which was published on 22 May 2017 (see Appendix 1).

Throughout this report, we use the term 'NHS' (National Health Service) to mean all UK statutory-funded healthcare services, although we understand that in Northern Ireland the term for similar services is Health and Social Care (HSC). Furthermore, our definition of 'providing therapeutic services within the NHS' includes paid and unpaid therapeutic work which has either been provided directly within an NHS setting or in a non-NHS setting on an NHS-funded contract (e.g. an 'Any Qualified Provider' contract).

Headline Findings

The key report findings are:

Almost 500 of the over 3,000 respondents to the main survey reported working in children's services in the NHS.

- Almost a third of participants currently working in NHS children's services reported that their service would be downsizing and some participants also reported that their service was facing closure.
- Almost two-thirds of respondents stated that in their service the NHS banding (which dictates pay as well as complexity/seniority of job role) for counselling and psychotherapy roles had already or was planned to be downgraded.
- Participants saw worrying signs of declining services for children:
 - 84 per cent of respondents reported that children have needed to have increasingly severe levels of illness in order to get help over the past five years.
 - 76 per cent reported that the number of posts is currently inadequate to meet clients' needs.
 - 67 per cent reported that waiting times have got longer over the last 5 years
 - 70 per cent reported that waiting times are currently inadequate to meet clients' needs.

Considered together these findings suggest that NHS services for children have been increasingly starved of resources, and are now facing a staffing and resourcing crisis which is having a serious and detrimental impact on the services available to vulnerable children and young people.

Method

During 2016, the collaborating organisations designed an online survey to be distributed to all members (circa 50,000 individuals).

The survey covered four broad themes:

1. The job roles of members working in the NHS
2. The NHS settings in which our members work
3. The views and opinions of our members working in the NHS in terms of the adequacy of services and changes to services in the last five years
4. The level of workplace stress experienced by our members working in the NHS

The majority of questions were 'closed' whereby lists of pre-defined responses were available for selection. All questions included an 'other' category to allow respondents to type in a unique response if they did not feel that an existing category best described their circumstances. A selection of questions used Likert-style responses (e.g. 'completely inadequate', 'mostly inadequate', 'mostly adequate' and 'completely adequate') to determine the extent to which respondents agreed or disagreed with a statement. The remaining questions allowed free-text responses to enable all respondents the opportunity to describe their experiences in their own words.

The Health and Safety Executive (HSE) Management Standards Indicator Tool was used to elicit respondents' views on the characteristics, or culture, of their organisations. The tool consists of 35 statements, such as 'I am clear what is expected of me at work' and 'I have unachievable deadlines', and respondents are presented with Likert-scale responses (e.g. 'never', 'seldom', 'sometimes', 'often' and 'always'). Scores range from 1 (poor) to 5 (desirable) and provide an indication of the performance of an organisation across six domains:

1. Demands - this includes the workload, work patterns and the work environment
2. Control - how much say the person has in the way they do their work
3. Support - this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues
4. Relationships - this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour
5. Role - whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles
6. Change - how organisational change (large or small) is managed and communicated in the organisation.

The mean response across all participants is then calculated to place domains into a percentile of performance. Below the 20th percentile indicates that urgent action is required, between the 20th and 50th percentile indicates that improvement is needed, between the 50th and 80th percentile indicates good performance but potential improvement and above the 80th percentile indicates that an organisation is doing very well and needs to maintain their performance.

As described previously, this report focuses on those respondents who specified that they currently work, or have recently worked, in an NHS children's service.

Figure 1 outlines the flow of respondents through the survey to demonstrate how the sample were selected.

Descriptive analyses (counts and percentages) were undertaken on the demographics and workplace characteristics of all respondents who indicated that their main area of work in the NHS was either currently, or previously, in a children's service (n=494).

Cross tabulation and inferential analyses were then undertaken on data collected from members who indicated that they currently work in a children's NHS service (n=365), to determine their perceptions of the adequacy of services, changes to services in the last five years and levels of work-related stress.

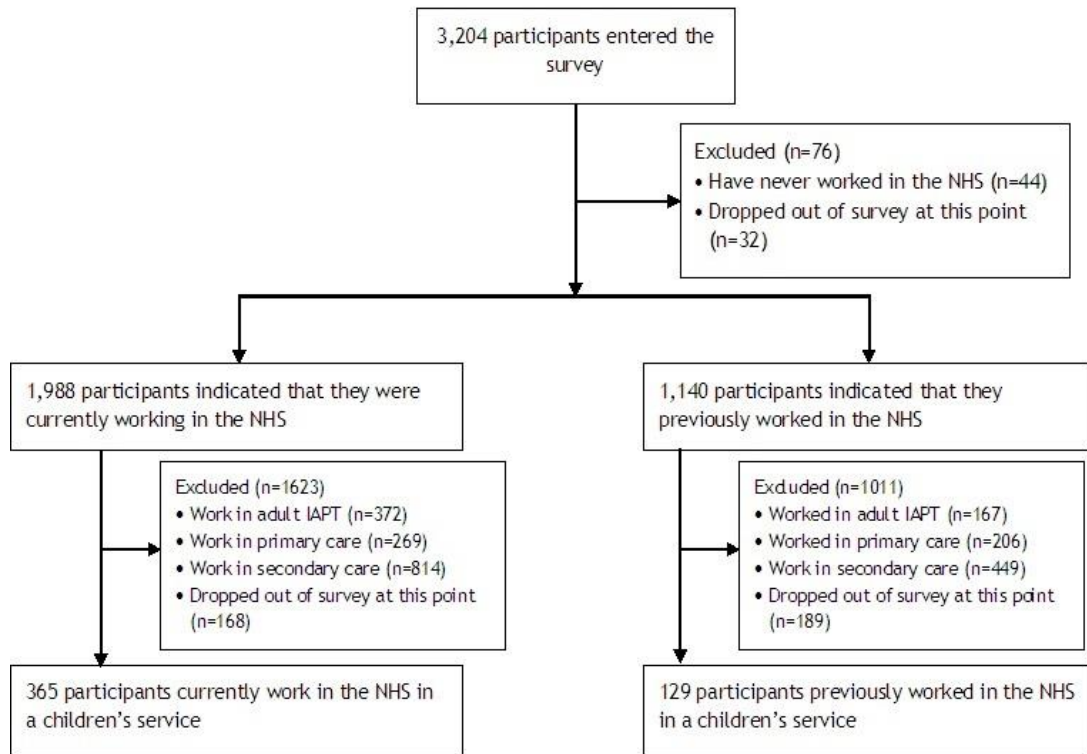


Figure 1 Flow diagram of sample selection - shows participant flow through the survey from entry to completion

Findings

Demographics and workplace characteristics

The following analyses have been undertaken on the total number of survey respondents who indicated that their main area of work in the NHS was either currently, or previously, in a children's service (n=494).

Professional membership

Just under two-fifths of respondents (n=197, 39.9%) were members of UKCP, a similar proportion (n=194, 39.3%) were members of ACP, just under a quarter (n=122, 24.7%) were BACP members and 43 respondents (8.7%) were BPC members. Percentages total more than 100 as respondents could be members of more than one organisation.

Geographical location

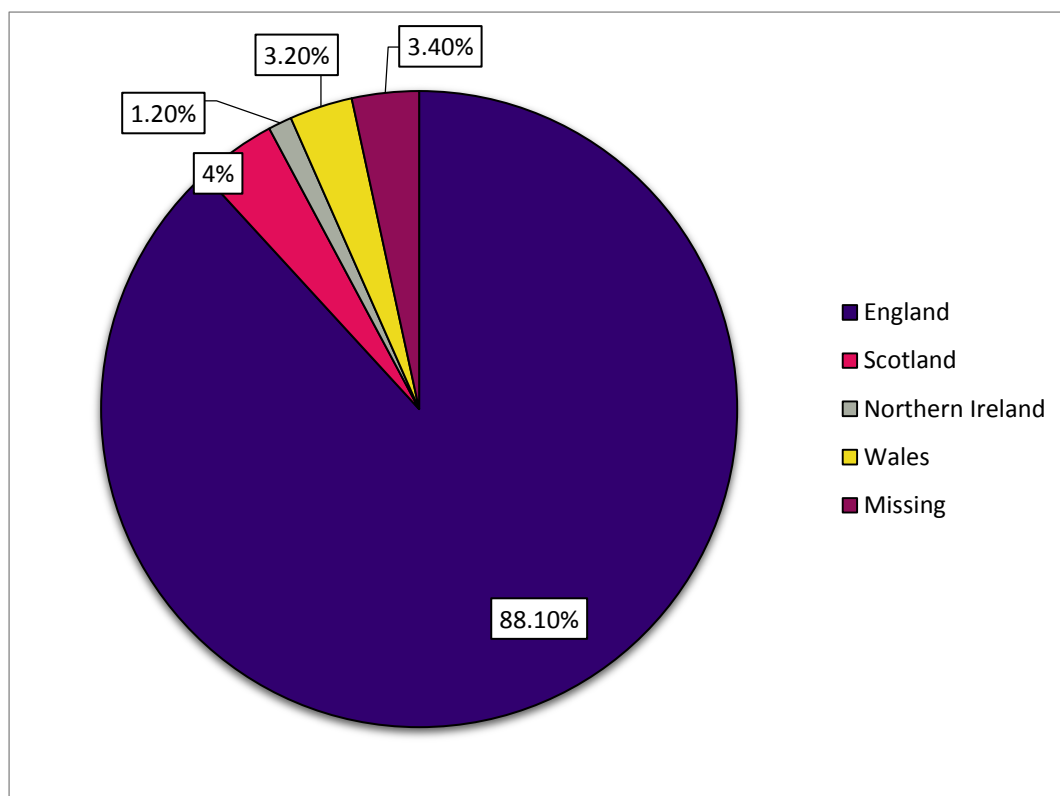


Figure 2 Geographical location of respondents from across the four nations (England, Scotland, Northern Ireland and Wales)

Figure 2 outlines the proportion of respondents who currently work, or have previously worked, in each of the four nations. Of those who identified that they work, or worked, in England (n=435), just under a third (n=142, 32.6%) worked in the London region, 125 (28.7%) worked in the South of England, just under a fifth (n=80, 18.4%) in the Midlands/East of England and a similar number (n=78, 17.9%) worked in the North England NHS region. This information was missing for the remaining respondents.

Hours of paid and unpaid work

Therapeutic practitioners working in NHS children's services worked an average of 29.3 hours per week paid and 6.4 hours a week unpaid. Table 1 provides a breakdown of the number of hours worked.

Number of hours	Paid (n, %)	Unpaid (n, %)
1-5	10 (2.1%)	119 (57.8%)
6-10	7 (1.5%)	66 (32.0%)
11-15	21 (4.4%)	16 (7.8%)
16-20	46 (9.7%)	2 (1.0%)
21-25	75 (15.8%)	1 (0.5%)
26-30	83 (17.5%)	1 (0.5%)
31-35	32 (6.8%)	0 (0.0%)
36+	200 (42.2%)	1 (0.5%)
Total	474	206

Table 1 Number of paid and unpaid hours worked per week in a therapeutic capacity in an NHS children's service

NOTE: Percentages may not total 100 as they have been rounded to one decimal place. Percentages have been calculated as a proportion of the total number of responses to each question (e.g. of the 474 respondents who indicated the number of paid hours worked per week, 200 (42.4%) were paid for 36 or more hours per week.

Workplace setting

Respondents indicated that they worked across a variety of NHS children's services, with the majority specifying their main employment as being part of a Child and Adolescent Mental Health (CAMH) team (n=381, 77.1%). The second most common place of work was in a child or adolescent community mental health team (n=49, 9.9%), followed by a child or adolescent inpatient unit (n=19, 3.8%), an 'other' children's service (n=17, 3.4%) or a looked after children's service (n=10, 2.0%). A smaller number of participants also indicated that they currently or previously worked in a child and family consultation service, a child development service, a child or adolescent day care service, child or adolescent residential care, a children's centre, or a team embedded in children's social or youth offending services.

Banding of role

Respondents were also asked to indicate the banding of their current or previous role in an NHS children's service. Table 2 provides an overview of the responses to this question. Most commonly, roles were banded at Band 7.

Band	n	%
Band 4 or less	4	0.8
Band 5	14	2.8
Band 6	92	18.6
Band 7	152	30.8
Band 8a	99	20.0
Band 8b	40	8.1
Band 8c	48	9.7
Band 8d	5	1.0
Band 9	6	1.2
Don't know/prefer not to say	29	5.9
Missing	5	1.0
Total	494	99.9

Table 2 Banding of therapeutic practitioner roles in NHS children's services

Downgrading of roles

The final analysis undertaken on data collected from all respondents who have currently or previously worked in an NHS children's service was around the downgrading of roles. Respondents were asked whether 'to their knowledge, have/were any counselling and psychotherapy roles in their service been downgraded, (e.g. a Band 8 role being re-categorised as a Band 7 role) in the last five years, or are/were any such changes planned?'

A total of 456 participants (92.3% of the sample) provided a response to this

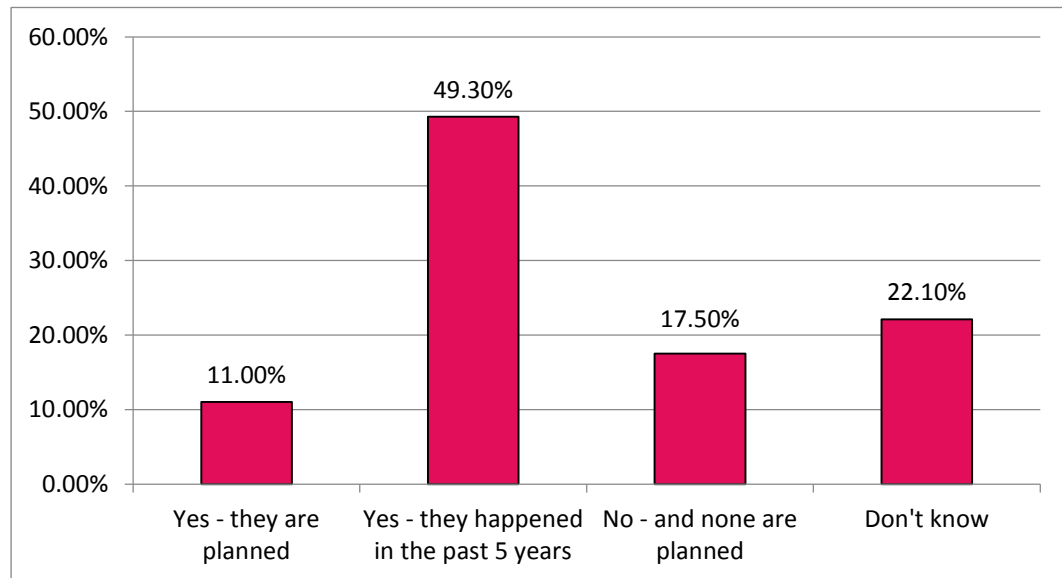


Figure 3 Downgrading of therapeutic practitioner roles in service in the past five years

question. Figure 3 outlines the proportion of responses to each pre-determined response category. Almost two-thirds of respondents (n=275, 60.3%) stated that roles either had previously been downgraded or that such changes were planned.

The following analyses have been undertaken on data from respondents who reported that they currently work in a children's service in the NHS (n=365). Respondents who previously worked in an NHS children's service were not asked questions about the adequacy of their service or changes to their service in the last five years.

Tables 3 and 4 outline the responses to each question. Percentages have been calculated as a proportion of those who provided a response to each question. The total number of respondents to each question may vary due to some respondents providing partial responses (i.e. not completing some/all of the adequacy or service changes questions). The number of respondents per item is indicated in the left-hand column. The two most common response categories for each item have been highlighted to allow quick identification of the 'direction' of responses.

Adequacy of services

In general, perceptions were least favourable (i.e. identified most commonly as 'completely' or 'mostly' inadequate) about the number of therapeutic practitioner posts, waiting times for treatment and staff morale. Perceptions were most favourable (i.e. identified most commonly as 'mostly' or 'completely' adequate) about the length of each treatment session, the level of qualifications of those providing psychological therapies and the quality of supervision.

Changes in services

In general, respondents were most likely to perceive negative or no changes to services in the last five years across all items. Staff morale was indicated as having shown a large or moderately negative change by just over three-quarters of respondents (77.4%), with a similar proportion (73.6%) indicating large or moderately negative changes in the number of therapeutic practitioner posts. The length of a treatment session was the least likely factor to have shown any

change over the last five years, with 70.3% indicating that no changes had been made in their service regarding this.

Respondents were also asked about changes in thresholds for entry to their services in the last five years. A total of 314 of the 365 participants (86.0%) who indicated that they currently work in an NHS children's service provided a response to this question. A significant proportion (n=263, 83.8%) indicated that thresholds had increased (i.e. greater severity is need to access services) and just 4.8% (n=15) indicated that thresholds had decreased, with the remaining 36 (11.5%) respondents indicating no change.

Finally, participants were asked whether their service was facing downsizing or closure. Just under a third (n=110, 30.3%) of respondents indicated that their service would be downsizing and only 9 (2.5%) respondents stated that their service was facing closure. Just under half (n=172, 47.4%) indicated that their service was neither facing closure or downsizing and just under two-fifths (n=72, 19.8%) either were not sure or preferred not to say.

	Completely inadequate	Mostly inadequate	Mostly adequate	Completely adequate
Number of therapeutic practitioner posts (n=330)	94 (28.5%)	155 (47.0%)	77 (23.3%)	4 (1.2%)
Number of sessions offered per client (n=329)	32 (9.7%)	143 (43.5%)	143 (43.5%)	11 (3.3%)
Frequency of sessions offered to clients (n=328)	23 (7.0%)	112 (34.1%)	174 (53.0%)	19 (5.8%)
Range/choice of treatments available to clients (n=326)	29 (8.9%)	120 (36.8%)	166 (50.9%)	11 (3.4%)
Length of each treatment session (n=328)	5 (1.5%)	31 (9.5%)	206 (62.8%)	86 (26.2%)
Clinical experience of those providing psychological therapy (n=329)	10 (3.0%)	62 (18.8%)	199 (60.5%)	58 (17.6%)
Level of qualifications of those providing psychological therapy (n=328)	8 (2.4%)	52 (15.9%)	188 (57.3%)	80 (24.4%)
Waiting times for treatment (n=327)	111 (33.9%)	118 (36.1%)	86 (26.3%)	12 (3.7%)
Use of group work for clients (n=317)	55 (17.4%)	157 (49.5%)	94 (29.7%)	11 (3.5%)
Time for supervision and reflective practice (n=327)	52 (15.9%)	131 (40.1%)	120 (36.7%)	24 (7.3%)
Quality of management of the service (n=327)	64 (19.6%)	125 (38.2%)	113 (34.6%)	25 (7.6%)
Quality of supervision (n=328)	22 (6.7%)	59 (18.0%)	176 (53.7%)	71 (21.6%)
Staff morale (n=328)	96 (29.3%)	132 (40.2%)	87 (26.5%)	13 (4.0%)
Overall adequacy of services (n=326)	25 (7.7%)	143 (43.9%)	152 (46.6%)	6 (1.8%)

Table 3 Perceptions of the adequacy of NHS children's services. Responses could be either: completely inadequate, mostly inadequate, mostly adequate or completely adequate response

	Large negative change	Moderate negative change	No changes in the last 5 years	Moderate positive change	Large positive change	Don't know
Number of therapeutic practitioner posts (n=318)	118 (37.1%)	116 (36.5%)	16 (5.0%)	44 (13.8%)	6 (1.9%)	18 (5.7%)
Number of sessions offered per client (n=318)	72 (22.6%)	132 (41.5%)	64 (20.1%)	17 (5.3%)	1 (0.3%)	32 (10.1%)
Frequency of sessions offered to clients (n=319)	51 (16.0%)	125 (39.2%)	104 (32.6%)	11 (3.4%)	2 (0.6%)	26 (8.2%)
Range/choice of treatments available to clients (n=319)	43 (13.5%)	115 (36.1%)	81 (25.4%)	48 (15.0%)	8 (2.5%)	24 (7.5%)
Length of each treatment session (n=316)	17 (5.4%)	37 (11.7%)	222 (70.3%)	11 (3.5%)	2 (0.6%)	27 (8.5%)
Number of clients being referred for treatment (n=314)	112 (35.7%)	73 (23.2%)	27 (8.6%)	25 (8.0%)	40 (12.7%)	37 (11.8%)
Number of clients entering treatment (n=318)	83 (26.1%)	89 (28.0%)	38 (11.9%)	41 (12.9%)	24 (7.5%)	43 (13.5%)
Clinical experience of those providing psychological therapy (n=318)	23 (7.2%)	119 (37.4%)	95 (29.9%)	41 (12.9%)	9 (2.8%)	31 (9.7%)
Level of qualifications of those providing psychological therapy (n=318)	17 (5.3%)	100 (31.4%)	112 (35.2%)	44 (13.8%)	12 (3.8%)	33 (10.4%)
Waiting times for treatment (n=316)	136 (43.0%)	75 (23.7%)	33 (10.4%)	39 (12.3%)	7 (2.2%)	26 (8.2%)
Use of group work for clients (n=317)	43 (13.6%)	77 (24.3%)	107 (33.8%)	39 (12.3%)	10 (3.2%)	41 (12.9%)
Time for	62	112	87	25 (8.0%)	4 (1.3%)	24

supervision and reflective practice (n=314)	(19.7%)	(35.7%)	(27.7%)			(7.6%)
Quality of management of the service (n=318)	86 (27.0%)	99 (31.1%)	68 (21.4%)	31 (9.7%)	9 (2.8%)	25 (7.9%)
Quality of supervision (n=318)	25 (7.9%)	62 (19.5%)	153 (48.1%)	38 (11.9%)	14 (4.4%)	26 (8.2%)
Staff morale (n=318)	143 (45.0%)	103 (32.4%)	30 (9.4%)	19 (6.0%)	2 (0.6%)	21 (6.6%)

Table 4 Perceptions of changes in NHS children's services over the last five years. Responses could reflect either: large negative change, moderate negative change, no change, moderate positive change, large positive change or don't know.

Levels of work-related stress

Table 5 provides an overview of the average responses to domains on the HSE Management Standards Indicator tool.

Factor	Mean	Percentile	Action required
Demands (n=311)	2.7	< 20 th	Urgent action required
Control (n=311)	3.4	>= 20 th & < 50 th percentile	Improvement needed
Manager's support (n=311)	3.3	>= 20 th & < 50 th percentile	Improvement needed
Peer support (n=311)	3.7	>= 20 th & < 50 th percentile	Improvement needed
Relationships (n=311)	3.8	>= 20 th & < 50 th percentile	Improvement needed
Role (n=311)	3.7	< 20 th	Urgent action required
Change (n=310)	2.6	< 20 th	Urgent action required

Table 5 Mean scores for factors on the HSE Management Standards Indicator Tool

Results indicate that improvements are required across all factors and that urgent action is needed to lessen demands, clarify roles and ensure they aren't conflicting and improve the management and communication of organisational change.

Summary

Overall, it appears that therapeutic practitioners working in NHS children's services face a number of changes and challenges that are affecting the adequacy of the services provided. Many therapeutic roles within these services have either been downgraded or are facing downgrading in the future, which may result in employees feeling as though they have unrealistic demands placed on them and a lack of clarity about their role. In addition, it appears that changes within organisations have not been managed or communicated in the most appropriate manner.

The significant negative changes in services over the last 5 years, particularly with regards to staff morale, the number of therapeutic practitioner posts and an increase in the thresholds for entry into services, has resulted in many practitioners feeling that they are not providing services which are completely adequate to meet client need.

There were a number of positive outcomes, with many practitioners feeling that the length of treatment sessions, the level of qualifications of those providing psychological therapies and the quality of supervision were mostly or completely adequate.

Appendix 1 (joint press release)

Third of children's mental health services may be facing downsizing or closure

22nd May, 2017

- 84 per cent of NHS counsellors, psychotherapists and psychoanalysts say children now need to have more severe levels of illness in order to get help
- 67 per cent say waiting times have got longer over the last 5 years
- 76 per cent say the number of posts is inadequate to meet clients' needs
- 33 per cent say their service is facing downsizing or closure

Association of Child Psychotherapists (ACP), British Association for Counselling & Psychotherapy (BACP), British Psychoanalytic Council (BPC) and UK Council for Psychotherapy (UKCP) have released the initial findings of a joint survey of over 3,000 NHS counsellors, psychotherapists and psychoanalysts. These show that a third (33 per cent) of those working with children and young people say their service is facing downsizing or closure.

This comes on top of shocking findings showing that 84 per cent of NHS therapists say that children have needed to have increasingly severe levels of illness in order to get help over the past five years. 76 per cent say the number of posts is currently inadequate to meet clients' needs. 67 per cent say waiting times have got longer over the last 5 years, and 70 per cent say waiting times are currently inadequate to meet clients' needs.

Filling the knowledge gap left by the lack of official data on NHS children's mental health services, these new figures reveal that over the last five years services have been increasingly starved of resources, and are now facing a staffing and resourcing crisis.

With the General Election looming, ACP, BACP, BPC, UKCP repeat their plea for politicians to properly resource NHS mental health services; to provide greater access, shorter waiting times, and the wider range of interventions that children, young people and their families need and deserve.

Chair of UKCP, Martin Pollecoff, commented: 'Children's mental health services on the NHS are in crisis. Left untreated, childhood mental health issues can last a life time. Without a cash injection now, the impact on the nation's mental health could be felt for decades to come.'

Heather Stewart, Chair of ACP, comments: 'These results are extremely concerning. It is important not to lose sight of the really good work that most CAMHS clinicians are doing to help children and young people with a number of complex mental health needs at a time when resources are being cut. We need to ensure that these services are well supported in order to provide the best treatment in a timely manner.'

Chair of BACP, Andrew Reeves said: 'These results - part of a much wider NHS survey - only serve to highlight the need for school-based counselling, something BACP has long campaigned for. School-based counselling can provide an early intervention to stop conditions accelerating into something more serious and complex, and is quicker and easier for children to access, usually in just two to three weeks. Plus it can also work as a parallel support alongside CAMHS.'

Chair of BPC, Helen Morgan, said: 'There is a real urgency to properly fund Child and Adolescent Mental Health Services now. The evidence is loud and clear that if there is not early intervention with children and young people experiencing ill mental health, the ensuing emotional and psychological cost to the lives of them and their loved ones can be enormous. Our findings demonstrate that this crisis must not be allowed to endure any longer.'