

CAMHS Workforce Audit 2016

Final summary report



Benchmarking Network

Raising standards
through sharing
excellence



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Executive summary (Phases 1 & 2)

NHS provider organisations

Executive summary

Phase 1 of the HEE CAMHS stocktake was launched to capture any provision of CAMHS by NHS organisations. These organisations included mental health trusts, children's trusts, acute trusts and community trusts. In total, 65 NHS organisations responded to the Children's and Young People's Mental Health Services workforce stocktake. Many of these organisations have multiple services, and in total 116 individual team submissions were received.

A great level of detail was received from NHS participants, and the key findings were as follows.

Skill mix - Nursing

- Participants reported the majority of their workforce was nursing, in both inpatient and community settings. Within this, the most common qualification was registered mental health nurse. Low levels of children's nurses, LD nurses and general nurses were also detected.
- There was variation between the grades of nurses found in community and inpatient settings. Community teams typically reported nurses in more senior roles (AfC band 6 and 7) compared to inpatient services where most nurses were band 5. This is consistent with findings from the NHS Benchmarking Network's CAMHS collection, which runs on an annual basis.

Skill mix - Therapy

- Dedicated therapist provision was more evident in community services (39% of the workforce) than in inpatient settings (20%).
- The most common therapist role was Clinical Psychologist. Some teams reported lower levels of niche therapy provision including drama therapy, music therapy and play therapy.

NHS provider organisations

Executive summary

Time allocation

- Patient facing time averaged 43% in community settings and 60% in inpatient CAMHS.
- Part of the difference between the two is due to travel time for community based posts.

Workforce demographics

- The NHS CAMHS workforce is predominantly female and white British. Low levels of disability within the workforce were reported.
- Age profiling showed staff in Tiers 2-3 are typically older than those in Tier 4. This may suggest a career pathway whereby staff start work in an inpatient setting and then progress to community services after gaining experience.
- In community CAMHS, only 58% of staff on average worked 0.8 – 1 WTE. The lowest levels of full time staff were seen in clinical psychology where more than half of staff worked less than 0.8 WTE.
- Inpatient CAMHS typically has more full time staff, though clinical psychology remained an area with more part time posts.
- Most staff in all disciplines and across all areas of CAMHS were on permanent contracts, with relatively low levels of locum and temporary contracts reported.

NHS provider organisations

Executive summary

Vacancies

- 1068 WTE vacancies in NHS CAMHS were reported, though many of these positions were part time. Thus, the overall number of vacant posts was greater.
- Most vacancies were for therapists, followed by nursing staff.
- 122 WTE administrator posts were vacant. This may impact on the time allocation of staff if more clinical staff time is spent performing administration duties to fill the gap.
- Some vacancies were reported as being frozen, i.e. although vacant posts were reported, recruitment to these posts was not permitted at the time.
- Additionally, a number of vacant posts were either not true vacancies (the result of an existing clinician reducing their hours from 1 WTE to 0.8 WTE for example) or were for niche posts and very few hours (for example 0.1 WTE play therapist and 0.1 WTE art therapist).

Non-NHS provider organisations

Executive summary

Phase 2 of the HEE CAMHS stocktake was launched to capture any provision of CAMHS or equivalent services provided by non-NHS organisations. During project scoping it was agreed that the organisations to be included within Phase 2 of the project should be Local Authorities, Voluntary Sector organisations, Independent Sector organisations and Youth Offending Teams. Education was also considered, however, due to similar work carried out by the Department of Education with the same timescales, the decision was made to exclude these services from the project.

In total, 161 non-NHS organisations responded to the Children's and Young People's Mental Health Services workforce stocktake. Despite the high number of responding organisations, a proportion of organisations confirmed they do not provide any Mental Health Services for Children and Young People. Among those who do, the number of staff identified within each team / organisation providing these services is relatively low. This suggests that in those areas where CAMHS is provided by other agencies, it is fragmented and makes a small contribution to wider local services, typically NHS led. Data collected from Phase 1 of the stocktake provides confirmation that the NHS is the main provider of CAMHS within England. Almost 75% of the total CAMHS workforce identified is NHS provided with the second largest category the independent sector provision of inpatient beds (approx. 14%).

Section 5 presents the findings from Phase 2 of the project, and each category of non-NHS organisation identified is reviewed in turn. There was limited engagement in the project from the Independent Sector and therefore, data from the NHS Benchmarking Network's CAMHS 2015 project and other sources have been used to supplement the data and validate the findings from the Independent Sector data collection.

Non-NHS provider organisations

Executive summary

Key findings from Phase 2 of the project were as follows:

Organisation baseline

- The most common service provided by non-NHS organisations providers is Mental Health promotion. Other common provision included joint working / family therapy / group work, training and education to Tier 1 staff and CAMHS workers delivering practice based care.
- There was no record of any of the more specialist service models available, for example, forensic or early intervention in psychosis services. These service types were covered by NHS CAMHS.

Number and capacity of teams

- There are a low number of teams provided by each non-NHS organisation with few WTEs within each of these teams. Local Authority organisations who have a CAMHS function average 3 teams per organisation with an average of 10 WTEs within each team. For the Voluntary Sector, the average number of teams is 4 with an average of 3 WTEs per team.

Workforce metrics

- There is wide variation between the discipline mix profile for each of the non-NHS organisations. The most common discipline for the Local Authority teams is Social Workers and Social Care Support Workers (19%). The majority of the Voluntary Sector workforce is made up of Counsellors (61%) and the Independent Sector organisations have a similar profile to the NHS with Mental Health nurses (registered and unregistered) accounting for the majority of the workforce (82%).
- Workforce metrics for the Youth Offending Teams were collected in a different format to the other non-NHS organisations. For the YOTs, the estimated CAMHS input was collected for each discipline; Youth Justice Effective Practice Certificate holders and Qualified Social Workers provide the highest levels of CAMHS input, both at 38%.

Non-NHS provider organisations

Executive summary

- In addition to a headcount, the data specification includes details on workforce WTEs. The NHS has a higher proportion of full time staff (58%) in comparison to non-NHS organisations. The Voluntary Sector, in particular had a high proportion of staff working between 0-0.2 of a WTE, or a few hours per week.
- There is a large contrast between the time in post profile of NHS and non-NHS teams. Within NHS teams the proportion of staff remaining in their current role for over 10 years is 16% in comparison to 5% for non-NHS teams.

Workforce demographics

- The non-NHS organisations followed the same trend of the NHS in terms of workforce demographics. The majority of the workforce within non-NHS teams are White British and female, although there is slight variation shown between the organisation types identified.
- On average 5% of the non-NHS workforce reported a disability. This is the same average value reported for NHS teams.

Training

- Training information was only provided for a proportion of the workforce identified within the stocktake. Feedback from the helpline indicated that this missing information was due to training that had not been recorded, as opposed to a lack of trained staff.
- For Local Authorities, training information was provided for 50% of the total workforce and for Voluntary Sector organisations 77% of the total sample provided training information. This information was not available for the Independent Sector organisations.
- The training of the Youth Offending Teams' workforce was not requested. Instead there was the opportunity to provide any useful additional training requirements. This section was well populated with numerous perceived training requirements for these teams. These are summarised on slide 71.



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Background

Background

Children and Young Peoples Mental Health Services

Children and Young People's mental health services are subject to much debate in the NHS and wider public services for many reasons. Central to this debate are perceptions of ongoing increases in demand for services as the population grows and awareness of children's mental conditions increases. Many aspects of children's services are characterised by multi-agency working and this is true of children and young people's mental health services which involve the NHS, independent sector healthcare providers, Local Authorities, Education, and a number of other Agencies including Youth Justice Boards.

A number of national strategy documents have been produced that quantify the challenges facing children and young people's mental health services. Chief amongst these is "Future in Mind" which emphasises the importance of emotional well being and mental health in childhood in building strong, resilient adults. It states that key to this is *"A workforce which is equipped with the skills, training and experience to best support children and young people's emotional and mental wellbeing."*

The NHS Benchmarking Network have been commissioned by Health Education England to undertake a comprehensive stocktake of the CAMHS workforce across England. This includes quantifying workforce provision across a range of sectors including the NHS, independent sector, social care, justice system and voluntary sector. This work aims to scope the CAMHS workforce across England, in order to enable Health Education England to identify skills and capacity gaps that need to be addressed at both local and national levels. Future in Mind references a previous smaller audit that showed *"not only deficits in terms of competencies but also gender and age issues that need to be addressed. 48% of staff in the survey were found to be due to retire in the next 10 years, and 90% were female."* Thus this work profiles gender and age issues across the wider workforce.

This work was designed to build a comprehensive profile of the CAMHS workforce that could be used to develop evidence based plans on future workforce needs for CAMHS. The project took place in the context of the planned new investment into CAMHS proposed by NHS England, which will amount to circa £1.25b over 5 years.

Background

Children and Young Peoples Mental Health Services

The stocktake was split into separate collections for NHS (Phase 1) and non-NHS (Phase 2) providers of CAMHS.

Phase 1 launched in February 2016 and completed in May 2016. The findings from this Phase of work are comprehensive with almost all NHS providers in England submitting detailed data. Phase 1 findings have been compiled from data profiles that cover almost 11,000 staff.

Phase 2 targeted non-NHS providers across a wide number of agencies. Data collection was launched in May 2016 and ran until August 2016. Although the non-NHS provider market is more fragmented, a large number of data submissions were made which tell the story of multi-agency CAMHS provision in England.



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Project process

Project process

Phase 1

During initial project scoping it was agreed to have a two phased approach to target both NHS and non-NHS providers individually.

Phase 1 of the CAMHS workforce stocktake involved NHS providers. A questionnaire was designed with input from colleagues at HEE and members of the NHS Benchmarking Network's Mental Health Reference Group. This was then distributed to all mental health trusts in England, along with other providers of CAMHS support such as acute trusts and children's hospitals. This was sent directly to Chief Executives and Directors of HR in these trusts, accompanied by a letter signed by Julian Emms, Chief Executive of Berkshire Healthcare NHS Foundation Trust and Chair of the Mental Health Reference Group, and Professor Lisa Bayliss-Pratt, Director of Nursing & Deputy Director of Education and Quality at Health Education England.

Data collection ran from February until May 2016. During this time a helpline was provided to ensure consistency of the interpretation of questions. This helpline was well utilised by project participants and almost 100 queries were logged during data collection.

Interim results were discussed with HEE colleagues and presented at a number of groups including the Children and Young People's Mental Health Oversight Board in July 2016.

Project process

Phase 2

Phase 2 of CAMHS workforce stocktake involved non-NHS providers including the following organisation types:

- Local Authorities
- Voluntary Sector
- Independent Sector
- Youth Offending Teams

During Phase 2 project scoping, the data specification used for Phase 1 of the project (NHS organisations) was adapted for each organisation type to account for the main differences in service provision between these organisations.

Phase 2 data collection opened in May 2016 and ran until the beginning of August 2016, including two weeks extension to maximise the number of submissions returned. During this time, a helpline was provided to ensure consistency of the interpretation of questions. This helpline was well utilised by project participants and 50 queries were logged during data collection. To ensure data quality, in addition to the helpline, any outlying data was queried with participants and updated if necessary.

Participant organisations

All organisations

The below table provides the total number of responses for the NHS and each non-NHS organisation type within this stocktake, including the number of organisations who confirmed they do not provide a Children and Young People's Mental Health Service. The table below shows the number of submissions returned and the number of submissions containing workforce data. In a number of cases, organisations have provided submissions but not included the relevant workforce information within their submission.

	NHS	Local Authorities	Voluntary Sector	Independent Sector	YOTs	Totals
Number of organisations in sector	67	137	43	12	143	402
Number of organisations who confirmed they do not provide CAMHS	n/a	23	1	1	0	25
Number of organisations who returned a submission	65	37	13	2	84	201
<i>Including 'staff in post' data</i>	<i>65</i>	<i>29</i>	<i>13</i>	<i>1</i>	<i>84</i>	192
Total number of responses	116	60	14	3	84	277
Total number of teams reported	116	87	53	11	84	351



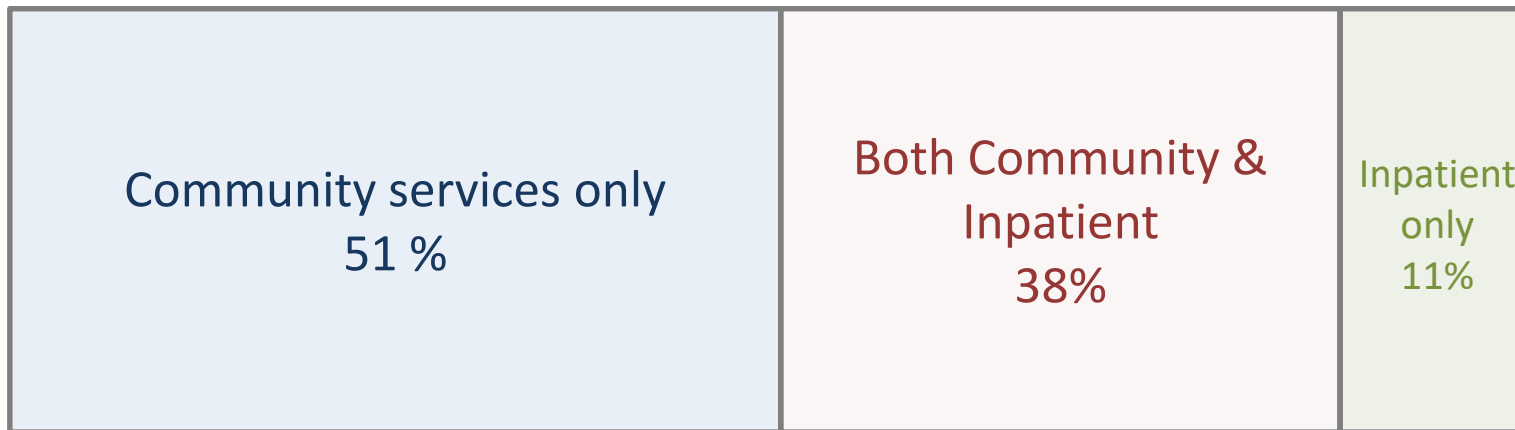
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Phase 1 results NHS providers

Participant profile

65 NHS organisations provided data to Phase 1 of this work, and 116 individual team submissions were received. This represents a **97% response rate** from known NHS providers of CAMHS. In total over 10,500 individual staff records were received, representing 8,976 WTE.

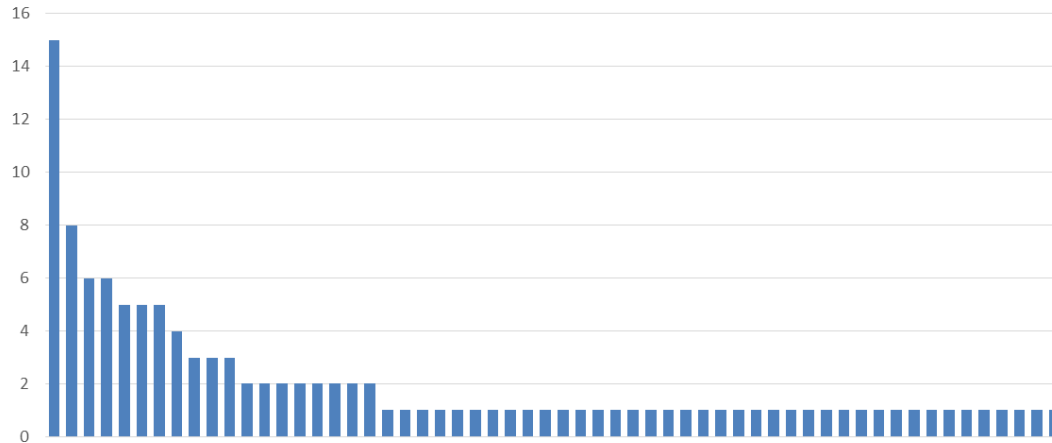
Just over half of respondents reported having community (Tier 2-3) services only. A further 38% provided both inpatient and community services, while 11% were specialist providers who have inpatient beds but no community teams. These included children's trusts and acute trusts who include CAMHS beds within a wider bed portfolio. In these areas, community care is typically provided by a neighbouring mental health trust.



A great deal of information was received from Phase 1 participants which allowed for wide profiling of the workforce. The following section summarises national positions from NHS providers of CAMHS. Where possible, comparisons between Tier 2-3 and Tier 4 services are highlighted.

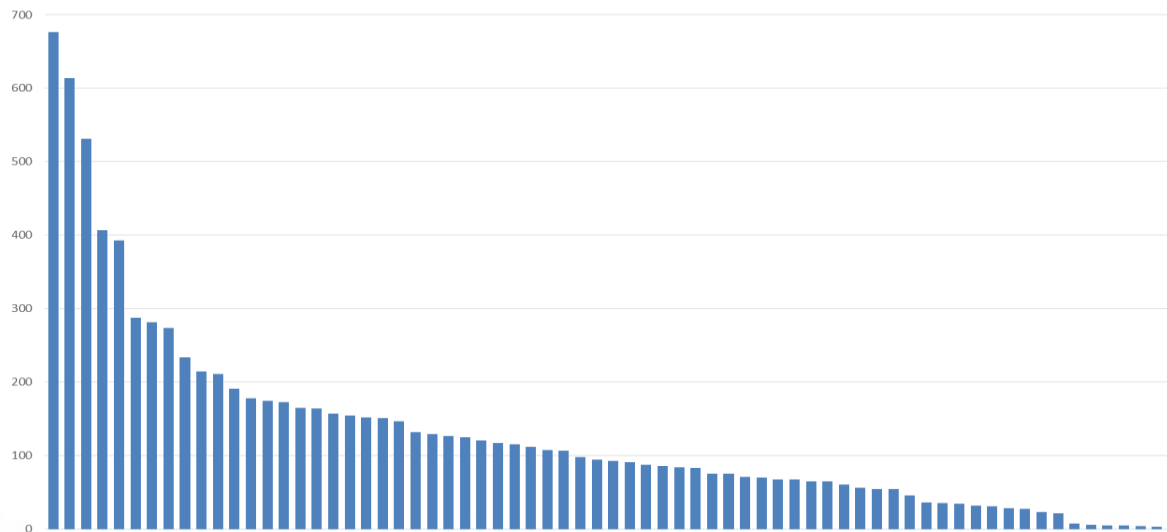
Teams and WTE per NHS provider

Total number of teams per NHS organisation



Different service models are evident between NHS providers. The majority operate one CAMHS team, though this may have several functions within it. A smaller number of providers reported multiple teams, typically covering different geographical areas. Where commissioning arrangements are different for different areas, these have generally been reported as different teams.

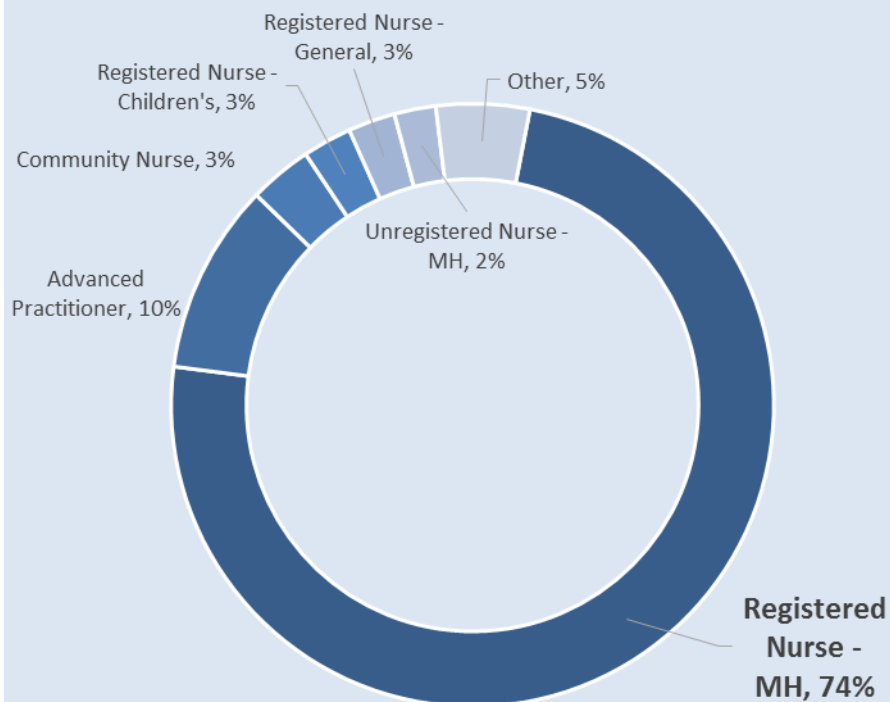
Total WTE per NHS Organisation



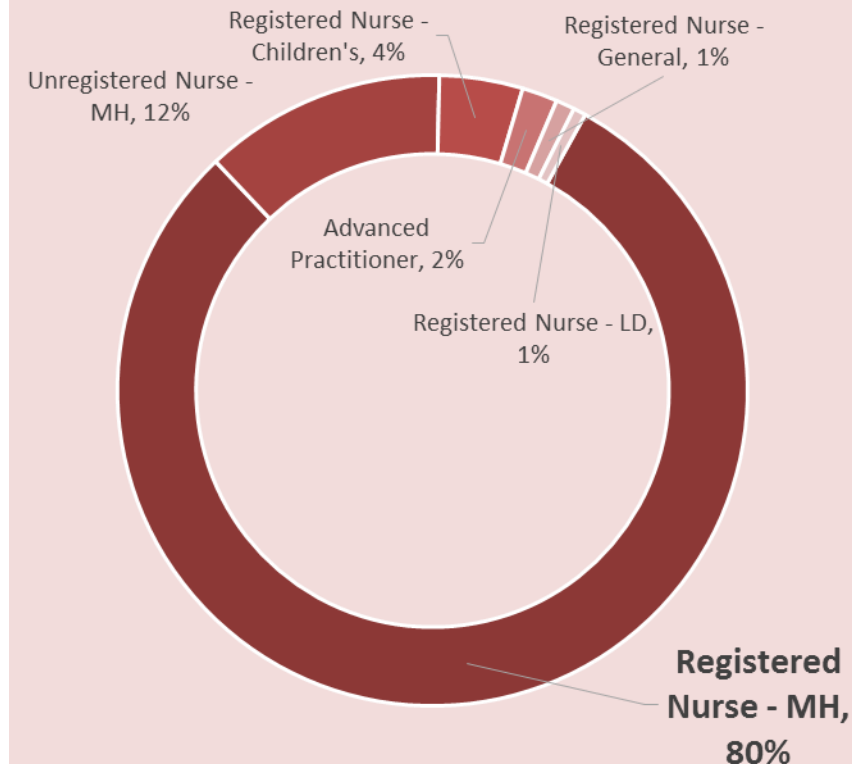
The WTE per NHS organisation is shown here. There is notable variation between the largest and smallest providers, which reflects local arrangements for provision based on geography and service model. Only a small number of respondents reported operating inpatient services, but where these do exist, staffing levels are higher to reflect the nature of a 24/7 residential service.

Nursing distribution

Tier 2-3



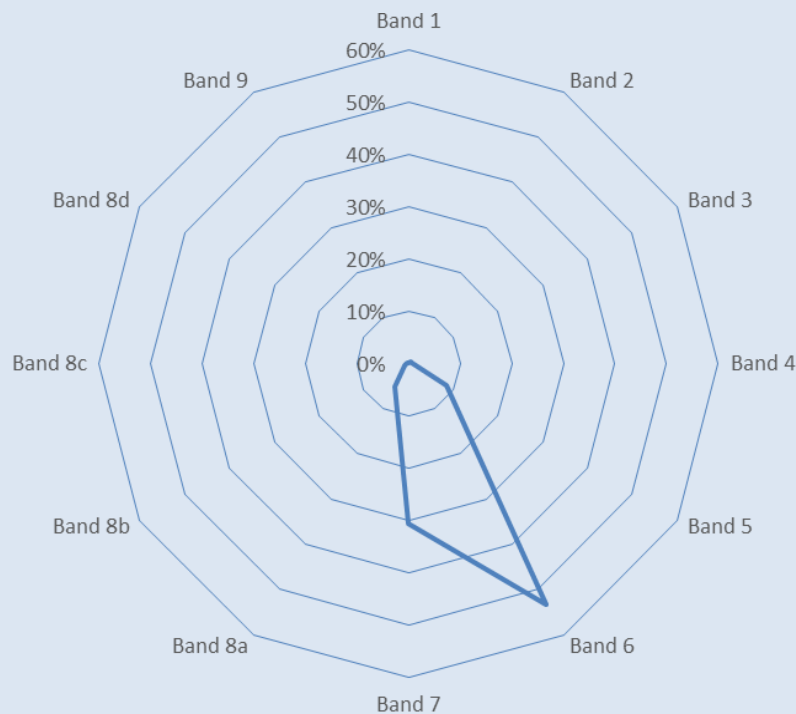
Tier 4



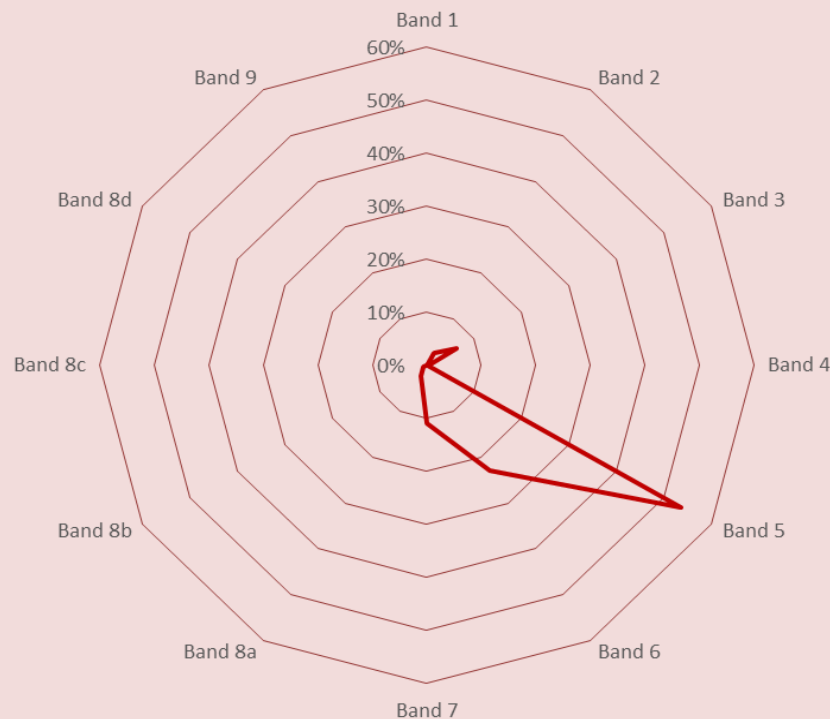
Participants were asked to identify the types of nurses working in their services. While a large number of options were provided, the most prominent type for both Tier 2-3 and Tier 4 services was registered mental health nurses. Additionally, a small number of children's nurses, learning disability nurses and general nurses were reported. For the purposes of this work, a registered nurse was defined as one holding registration and employed at Agenda for Change band 5 or above. Unregistered nurses were those working in a supporting nursing capacity in AfC bands 1 – 4.

Nursing skill mix

Tier 2-3



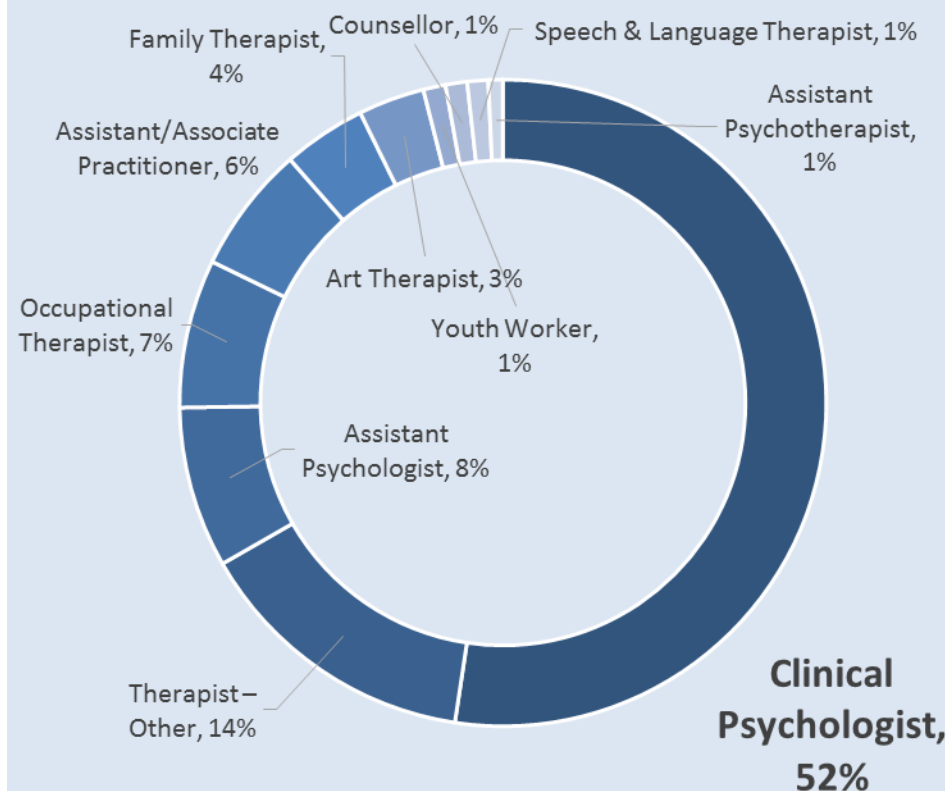
Tier 4



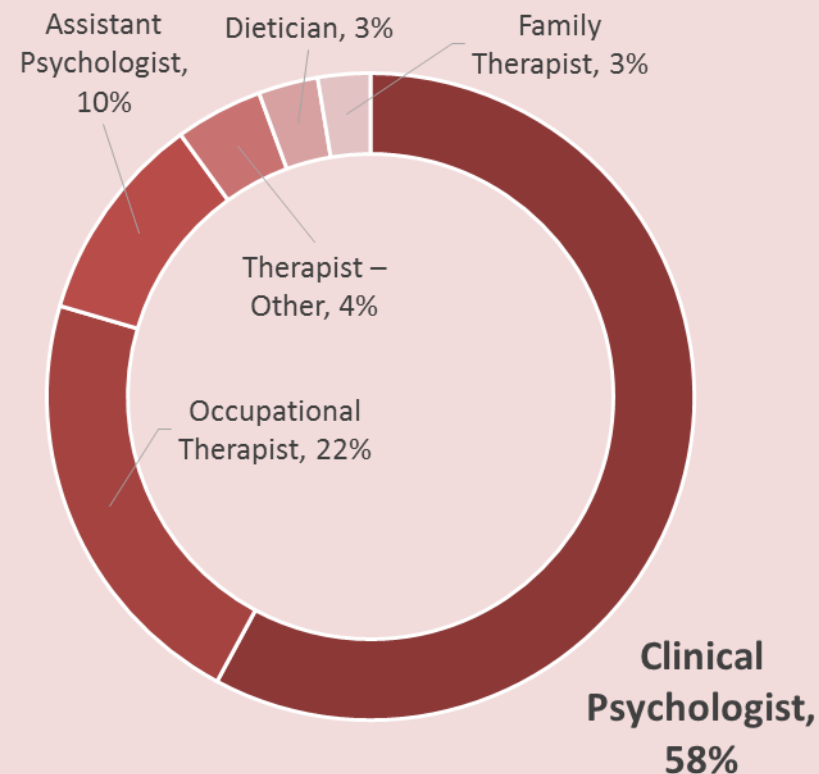
These charts illustrate the difference in seniority of nurses working in the community compared to inpatient settings. In Tiers 2-3, more than half of nurses are employed at band 6 with a further 30% at band 7. In contrast, Tier 4 services reported band 5 nurses as their largest category, at over 50%, with relatively few band 6s and above.

Therapist distribution

Tier 2-3



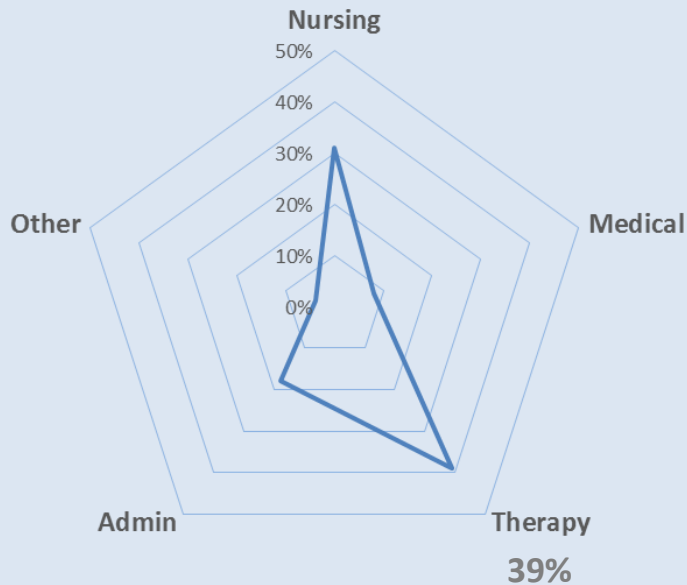
Tier 4



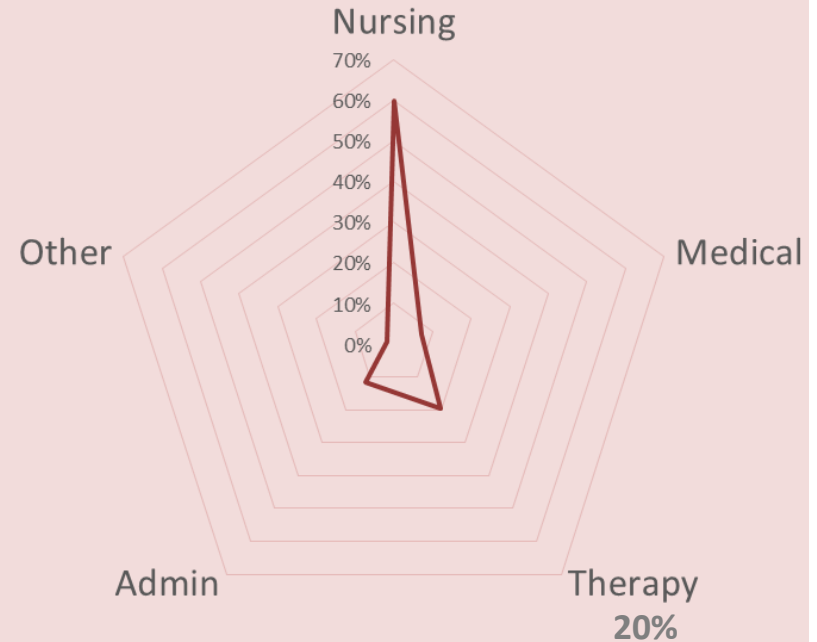
Participants were asked about staff in the “therapist” category. For both inpatient and community services, over half of staff in this category were clinical psychologists, with smaller proportions in other roles. The category of “Therapist-Other” included a number of roles with a small number of people in each, including drama therapist, music therapist, play therapist and psychological wellbeing practitioner.

Therapists within the workforce

Tier 2-3

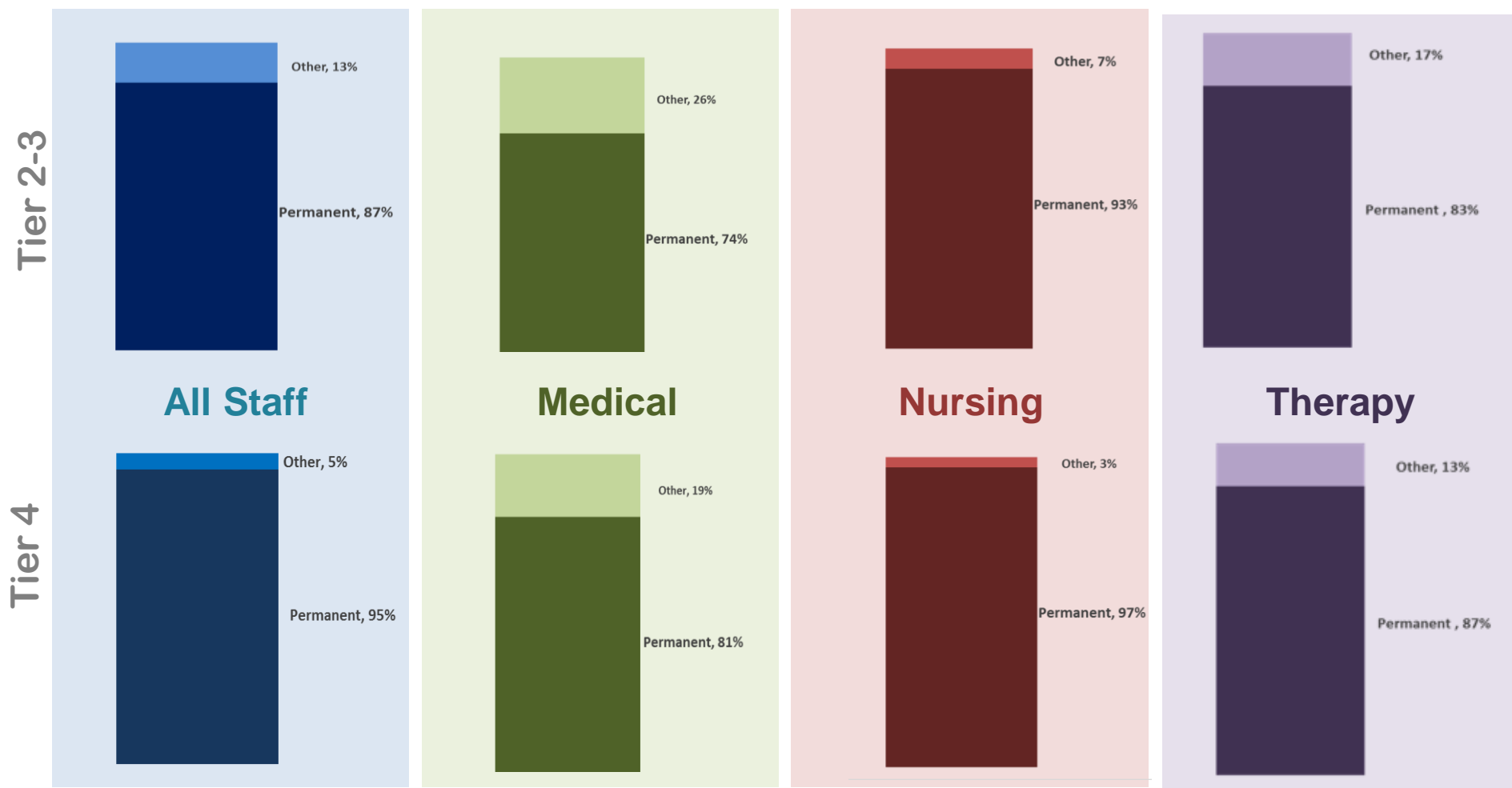


Tier 4



There is notable variation between inpatient and community services in the proportion of staff in the “therapy” category. In the community, such staff make up 39% of the workforce, but in an inpatient setting it is just 20%. Due to the nature of bed-based services, most of the staff in Tier 4 are in a nursing role (registered or unregistered), with less dedicated therapy input available.

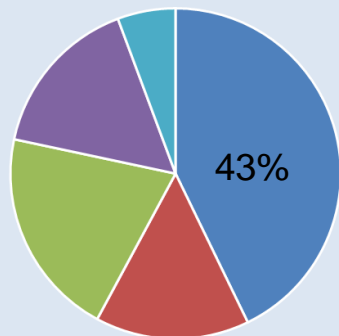
Contract type: permanent staff as a % of all



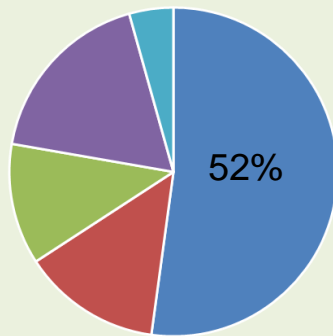
Across all staff roles, the majority of staff employed on 31st March 2016 were in permanent roles. Medical staffing has the lowest proportion of staff on permanent contracts (74% in the community and 81% in inpatient services). This is likely due to the inclusion of training grades and locum posts in this data. It is reassuring that in nursing and therapy roles, almost all staff are on permanent contracts, reflecting a stable workforce.

Time allocation

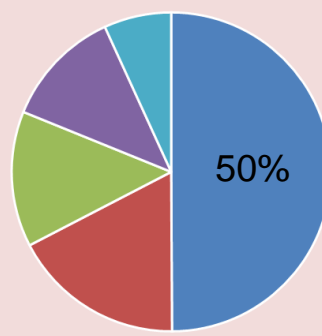
Tier 2-3



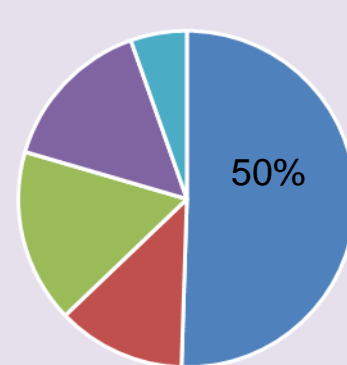
All Staff



Medical

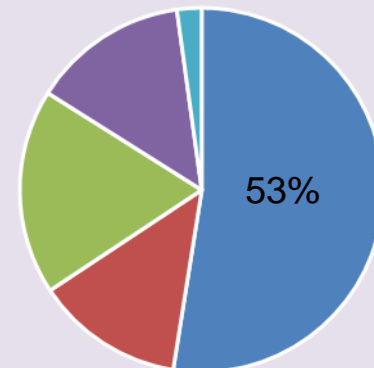
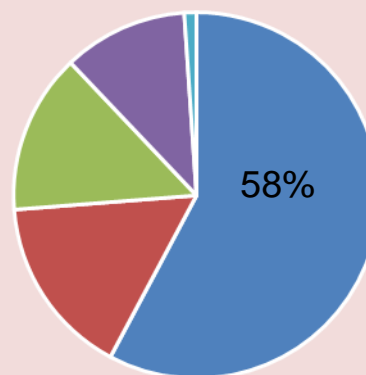
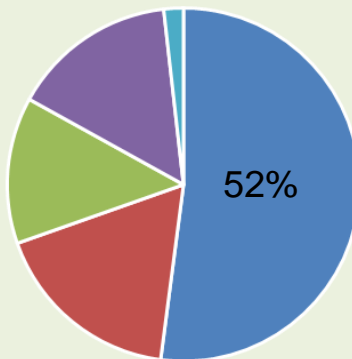
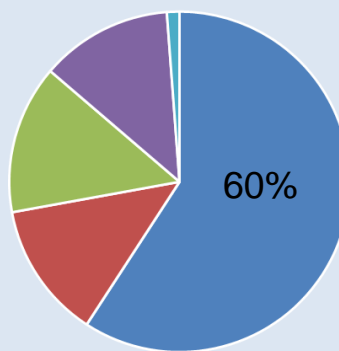


Nursing



Therapy

Tier 4

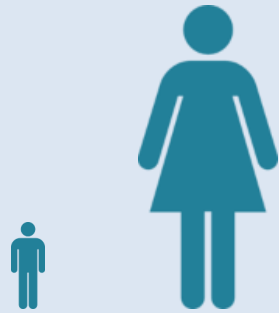


In community CAMHS, patient facing time averages 43% of available staff time, whilst in in-patient CAMHS patient facing time is around 60%.

- Time allocated to patient facing time (%)
- Time allocated to patient non-face to face time (%)
- Time allocated to indirect patient specific activity (%)
- Time allocated to non-patient specific activity (%)
- Time allocated to travel (%)

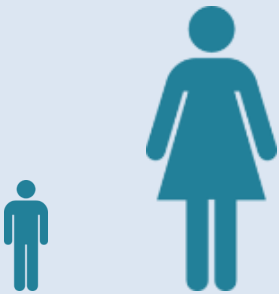
Overall workforce

Tier 2-3

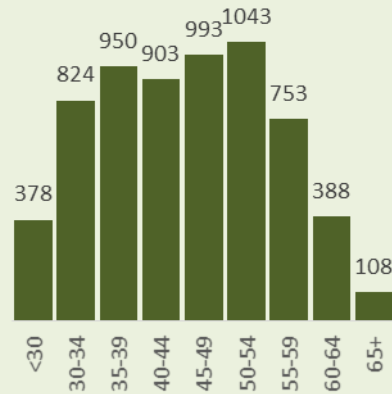


Gender

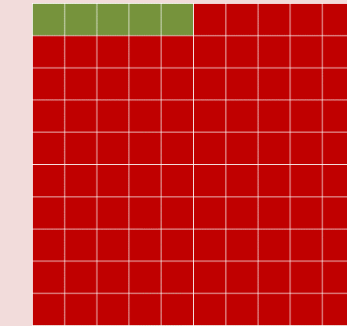
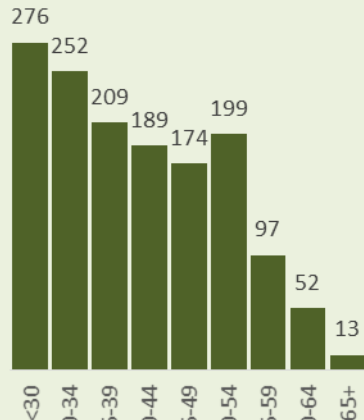
Tier 4



24% 76%

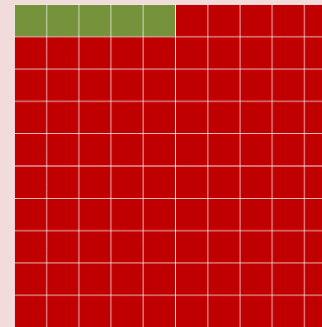


Age

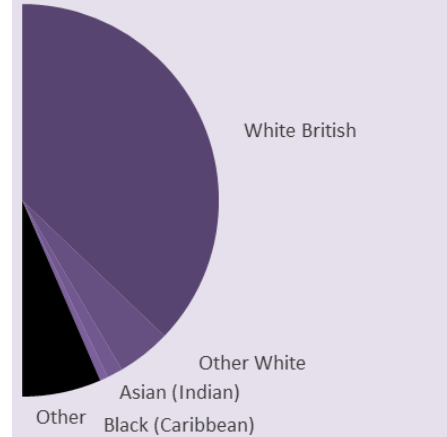


95% reported no disability

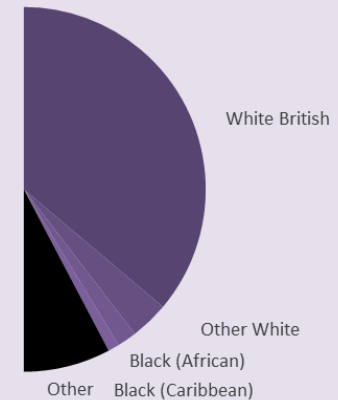
Disability



95% reported no disability



Ethnicity



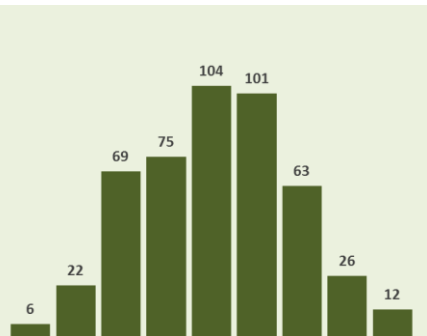
The following pages profile a number of demographics within the workforce. The overall workforce includes all staff, both patient facing and non-patient facing. Both community and inpatient CAMHS are predominantly female though later slides show consultant psychiatry has a more even mix. Consultant psychiatry also has the most diverse ethnic mix of those profiled. The CAMHS workforce encompasses all ages, though inpatient care typically has a younger workforce, perhaps suggesting staff begin their careers in Tier 4 and some then move out to community services as they gain more experience.

Consultant Psychiatry

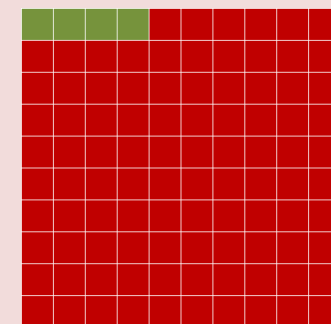
Tier 2-3



Gender

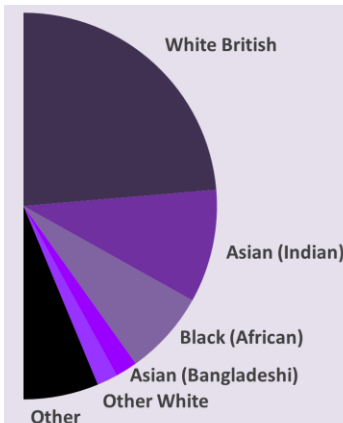


Age



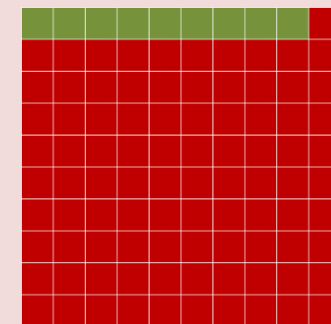
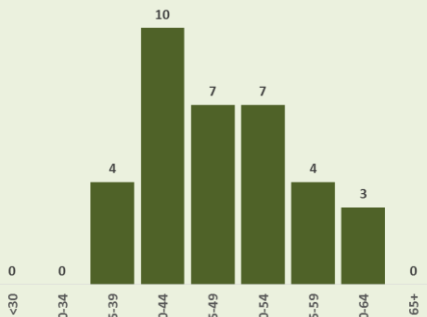
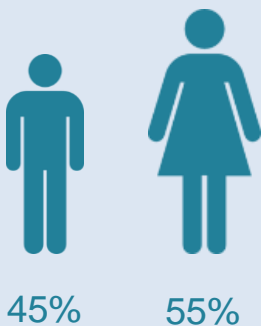
96% reported no disability

Disability

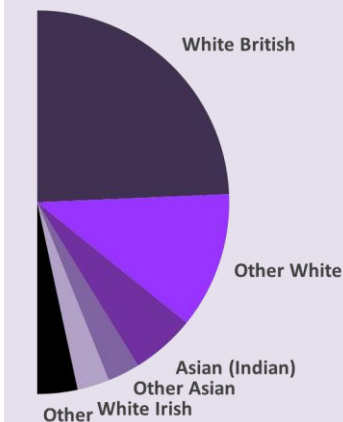


Ethnicity

Tier 4



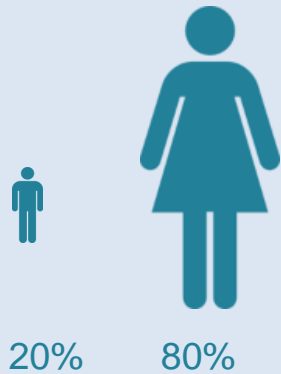
91% reported no disability



Psychiatry staffing has a more balanced gender split, especially in inpatient services. The age profile reflects the prolonged training period required to reach Consultant level. This workforce group also reported most ethnic diversity.

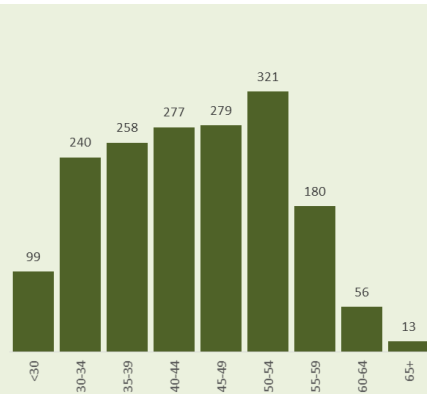
Nursing

Tier 2-3

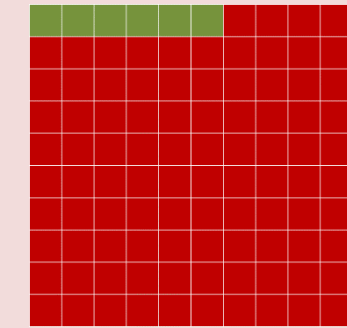
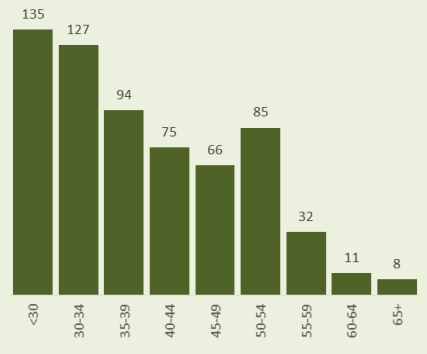


Gender

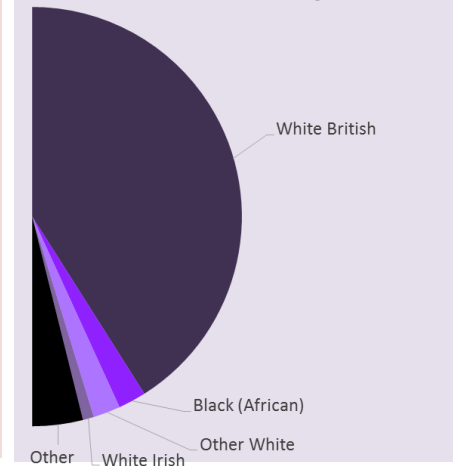
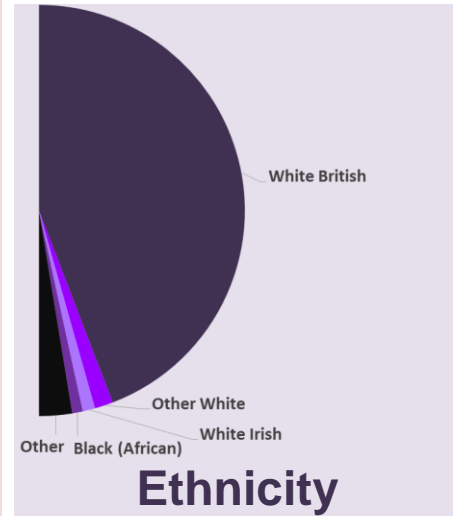
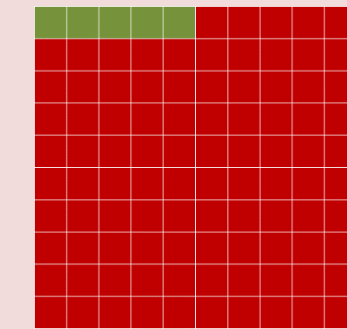
Tier 4



Age



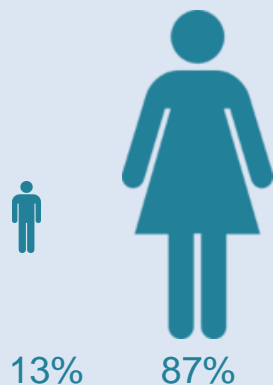
Disability



Nursing represents the largest part of the CAMHS workforce. The largest difference between inpatient and community services is the age profile. Inpatient services are weighted more towards younger staff, and skill mix analysis also shows a more junior workforce in Tier 4. This may indicate staff begin their careers in an inpatient setting but move to community over time as they develop more experience.

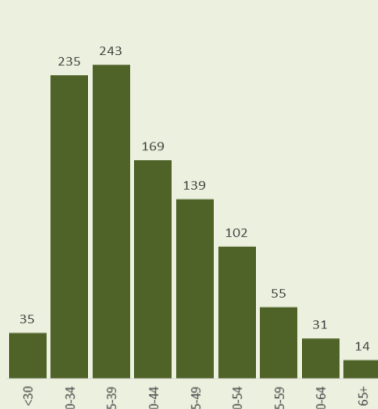
Clinical Psychology

Tier 2-3

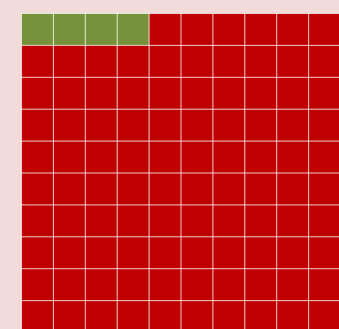
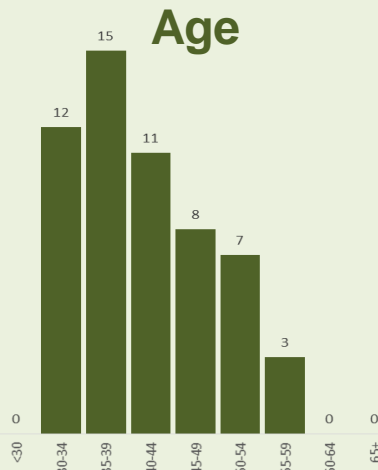


Gender

Tier 4

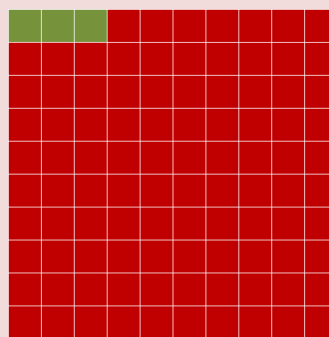


Age

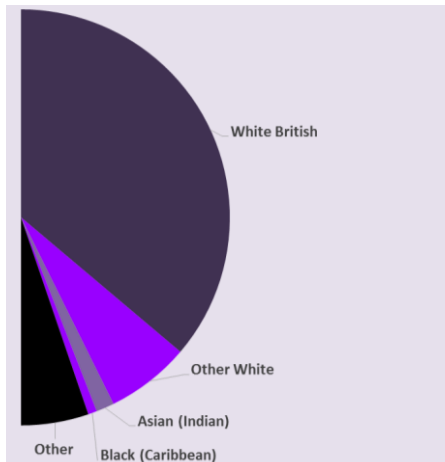


96% reported no disability

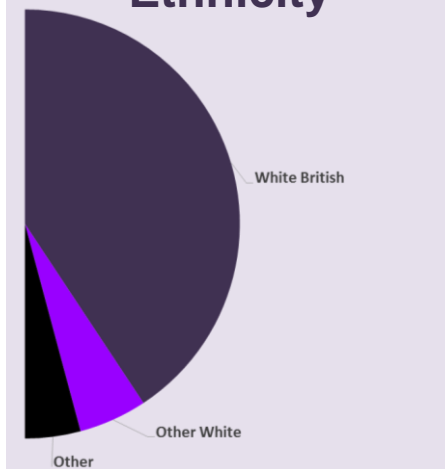
Disability



97% reported no disability



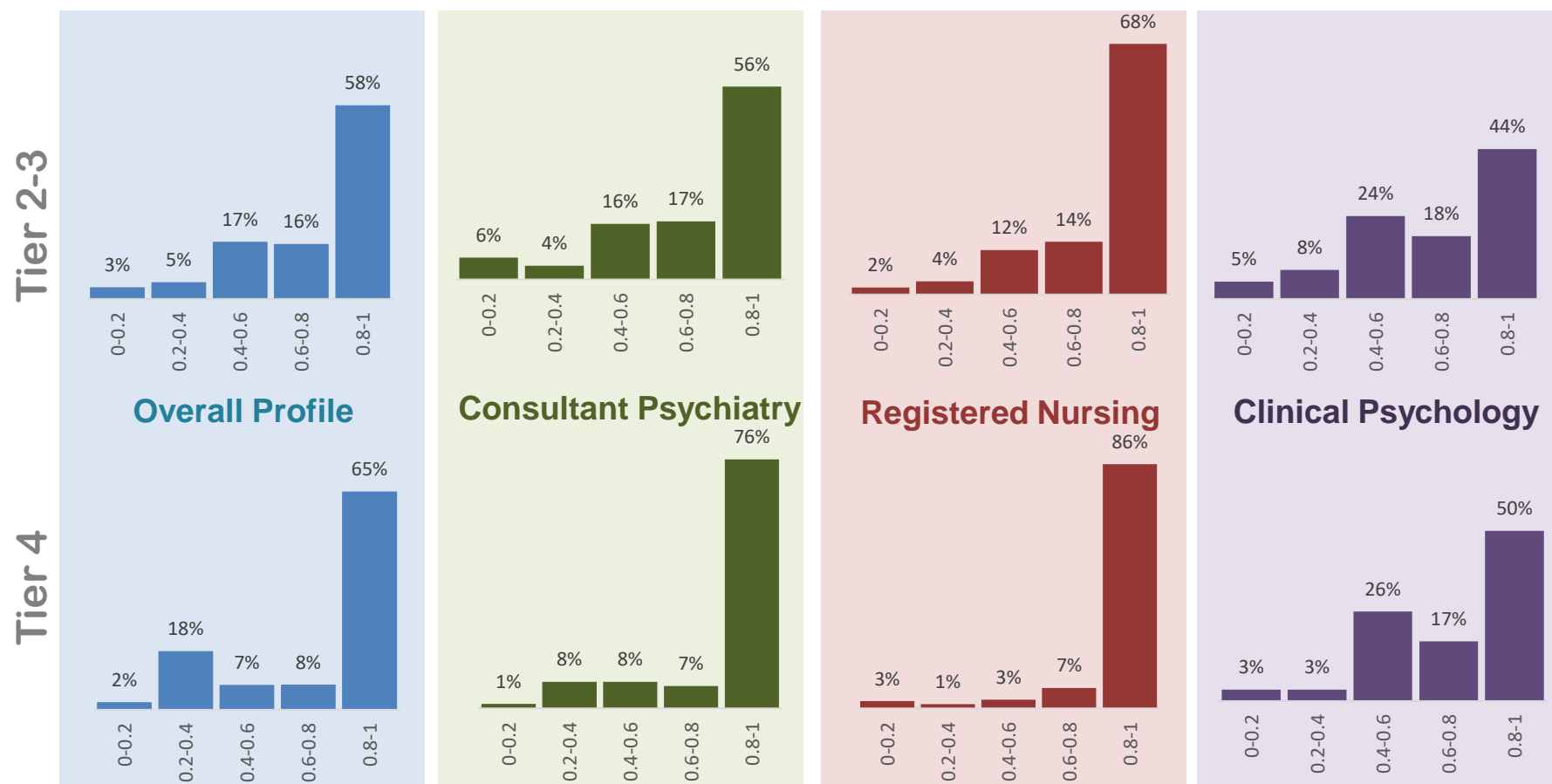
Ethnicity



Clinical Psychology is notable for its gender and ethnicity profiles, with large proportions of women and staff from a white background. The workforce is also relatively young which may represent recent investment in training and growing interest in Psychology courses at degree level.

WTE profile

% of each role by WTE profile

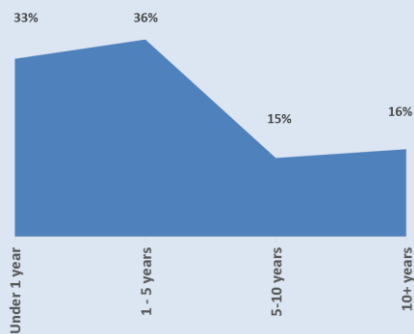


Analysis of staffing by WTE shows that 58% of staff in Tiers 2-3 and 74% of staff in Tier 4 work in excess of 0.8 WTE per week. Clinical Psychology has the lowest rates of full time staff, with over half of employees working less than 0.8 WTE in both inpatient and community settings.

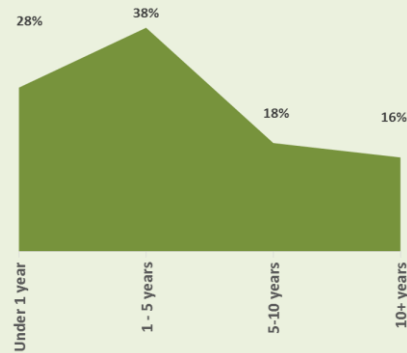
Time in post

Analysis of time in post suggests the majority of staff have been in their current role for 5 years or less. This may be due to staff turnover or internal promotion, meaning a staff member moves to a new role / pay band through natural progression.

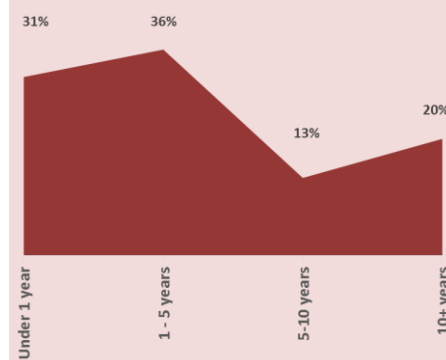
Tier 2-3



Overall Profile



Consultant Psychiatry

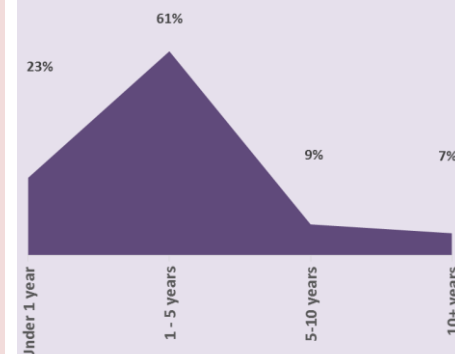
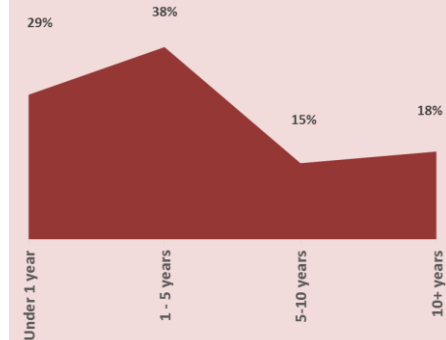
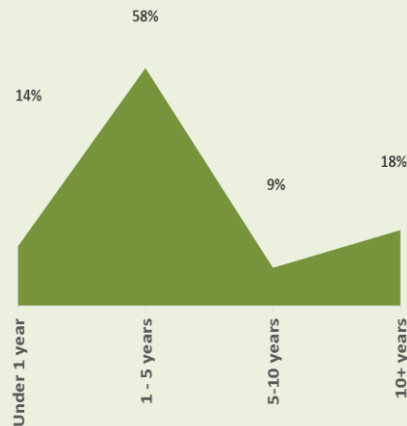
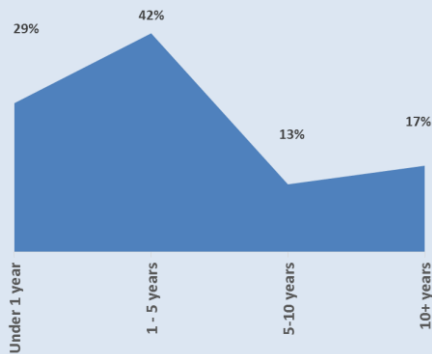


Registered Nursing



Clinical Psychology

Tier 4



Training and skills

Participants were asked to detail the training and skills of their workforce. A list of therapies / courses was provided and participants were asked to detail which of their staff had these skills to the following level:

- Trained on an accredited course and delivering as part of their role
- Trained on an accredited course but not delivering as part of their role
- Trained on an unaccredited course and delivering as part of their role
- Trained on an unaccredited course but not delivering as part of their role

The full list of therapies and course included on the list is available in the Appendix 3.

Data on the training and skills of individual staff was poorly completed. In total, of the 11,000 staff records received, only 2,656 records included evidence of specific training. Of these, 38% reported being trained in and/or delivering only one type of therapy. However there was a cohort of over 200 staff (8% of those whose training was reported) who reported being trained in and/or delivering all 20 types of therapy on the list. The chart on the next page shows this in more detail.

Training and skills



Approximately two thirds of staff whose training was reported had been trained in one or two of the therapies listed. Just over 10% of the staff whose training was reported had been trained in 19 or 20 of the therapies listed.

Vacancies



1068 WTE vacancies reported



40% are therapist (largest category = 147 WTE Clinical Psychologists)



25% are nursing (largest category = 310 WTE Registered nurses)



13% are admin
(largest category = 122 administrators)



11% are medical
(largest category = 68 WTE Consultant Psychiatrists)

Just over 1000 WTE vacancies were reported by NHS providers. Of these, 20% had been vacant for less than 2 months, 50% had been vacant for between 2 and 6 months and 30% had been vacant for 12 months or more. Some regional variation was evident, with the most vacancies reported in the North East and in London.

11% are other

Vacancy themes

The following themes were reported within vacancies in NHS CAMHS providers:

Recruitment not active

- Vacancy being removed for CIP
- Held whilst assessing activity, demand and need

Difficulty in recruiting

- Nurse prescriber role unable to recruit – 3 attempts via NHS Jobs
- Difficult to fill WTE of vacancy
- Post advertised as maternity cover – have been unable to recruit

Reconfiguration

- Not a true vacancy – Consultant reduced from 1 to 0.9 WTE
- Not a true vacancy – reduction in sessions

Logistical issues

- Post recruited to – notice period being worked
- Post recruited to – awaiting PIN as newly qualified

A number of long term vacancies for short number of hours

- Vacancy for over 12 months - 0.2 WTE Consultant Psychiatrist
- Vacancy for over 12 months – 0.1 WTE Psychology Band 7

A number of vacancies for niche posts

- 0.1 WTE Art Therapist
- 0.1 WTE Play Therapist
- 1 WTE Autistic Spectrum Condition Transition Worker



Benchmarking Network

Phase 2 results

Non-NHS providers



Benchmarking Network

Non NHS organisations

Local Authorities (LAs)

In total 37 organisations returned a submission for the HEE workforce stocktake, covering 87 teams. Although there was wide variation, the majority of organisations reported a small number of teams each containing a low number of staff members.

Local Authorities - summary

Service models

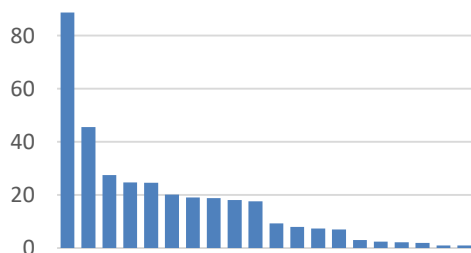
69%

of teams offer
Mental Health
promotion

57%

of teams offer
Family therapy /
group work

Average WTE



Average **16 WTE**
(CYPMHs) per Local
Authority

Staff demographics



9%



91%

Average age

45 years

Time in post



41%

1-5 years

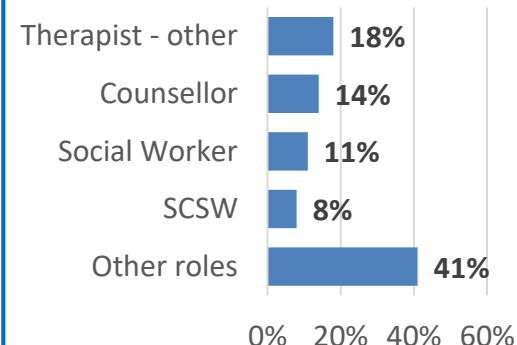
Staff salary



34%

£15-25K

Discipline mix



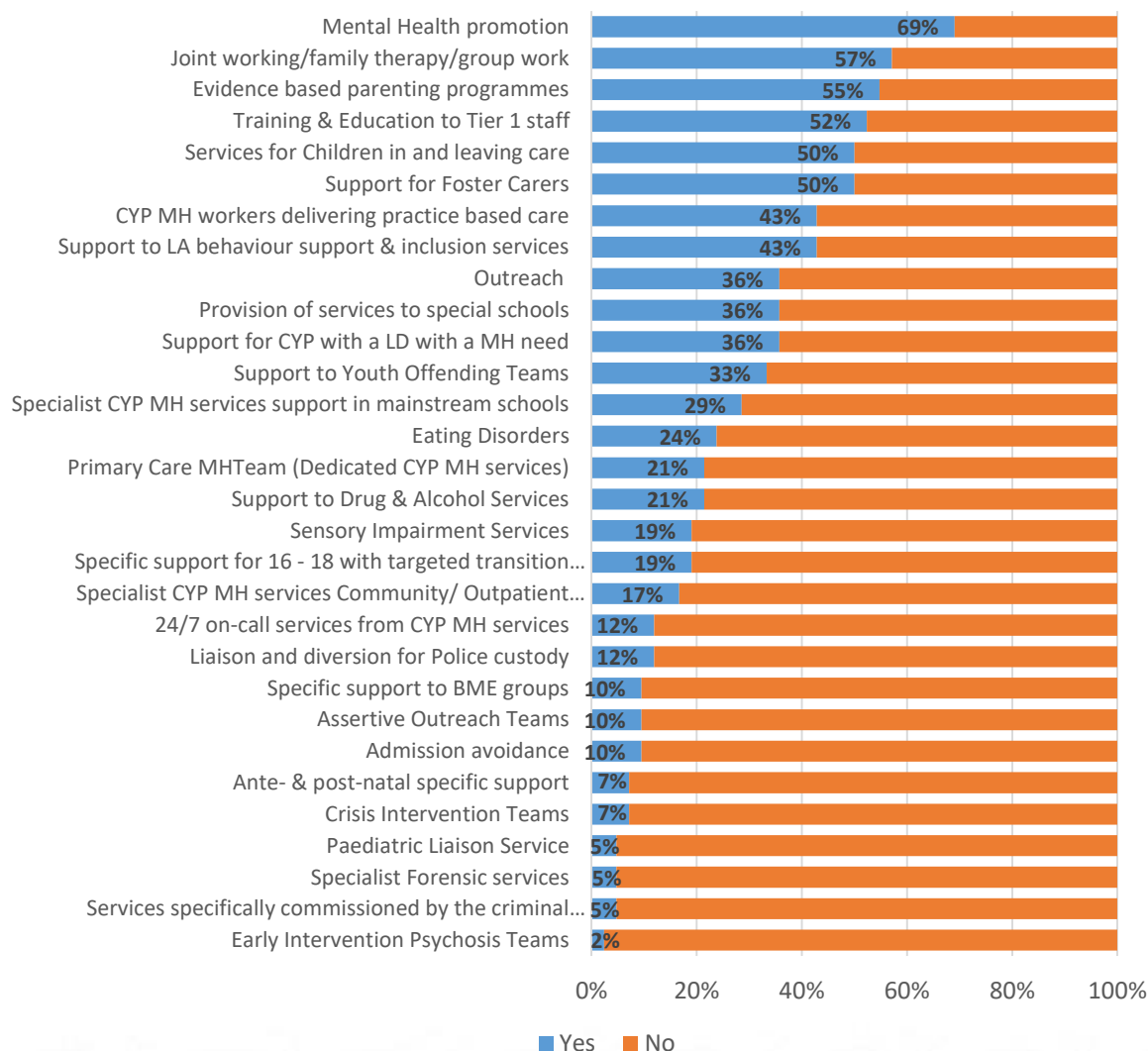
Training



65% of trained staff are
trained in one therapy
type



Services provided by Local Authorities



Included within the data collection template was a range of questions identifying the type of service provided by each team.

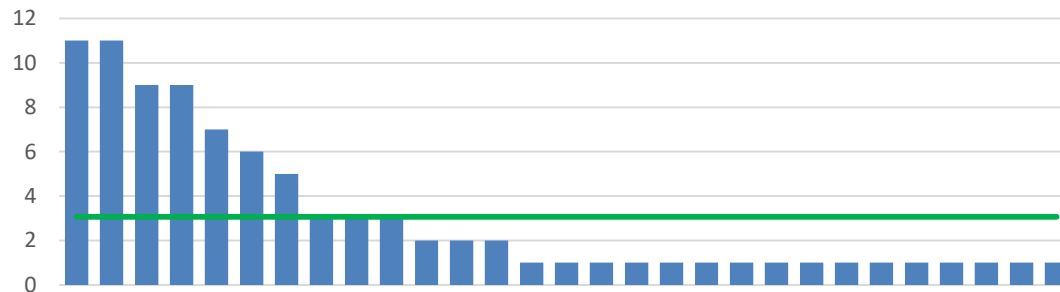
Mental health promotion was reported as the most common service available within Local Authorities, with 69% providing this service.

Approximately half of LAs provided family therapy, parenting programmes, training to Tier 1 staff and services for children in and after leaving care.

As expected, more specialist services including forensic, criminal justice commissioned and early intervention in psychosis services were not provided by the majority of LA teams.

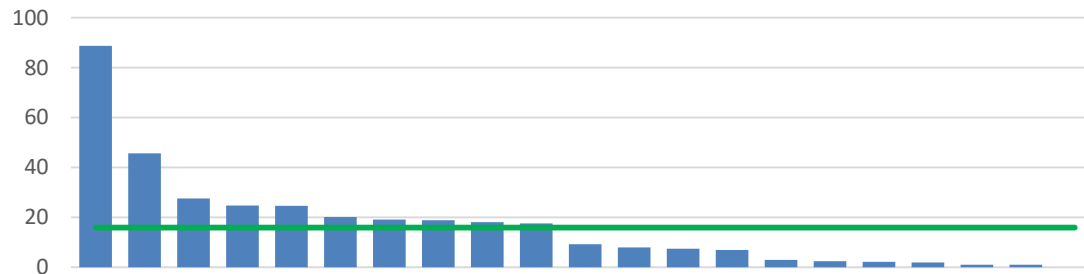
Teams and WTE per Local Authority

Total number of teams per LA



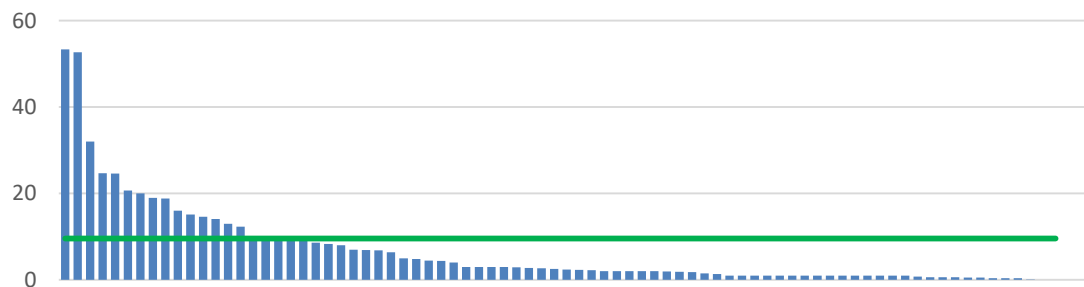
Out of the 29 LAs who confirmed they provided at least one CYP MH service, 55% provided just one team. A further 23 LAs confirmed they do not provide any of these services. The average number of teams per LA is 3.

Total WTE per LA



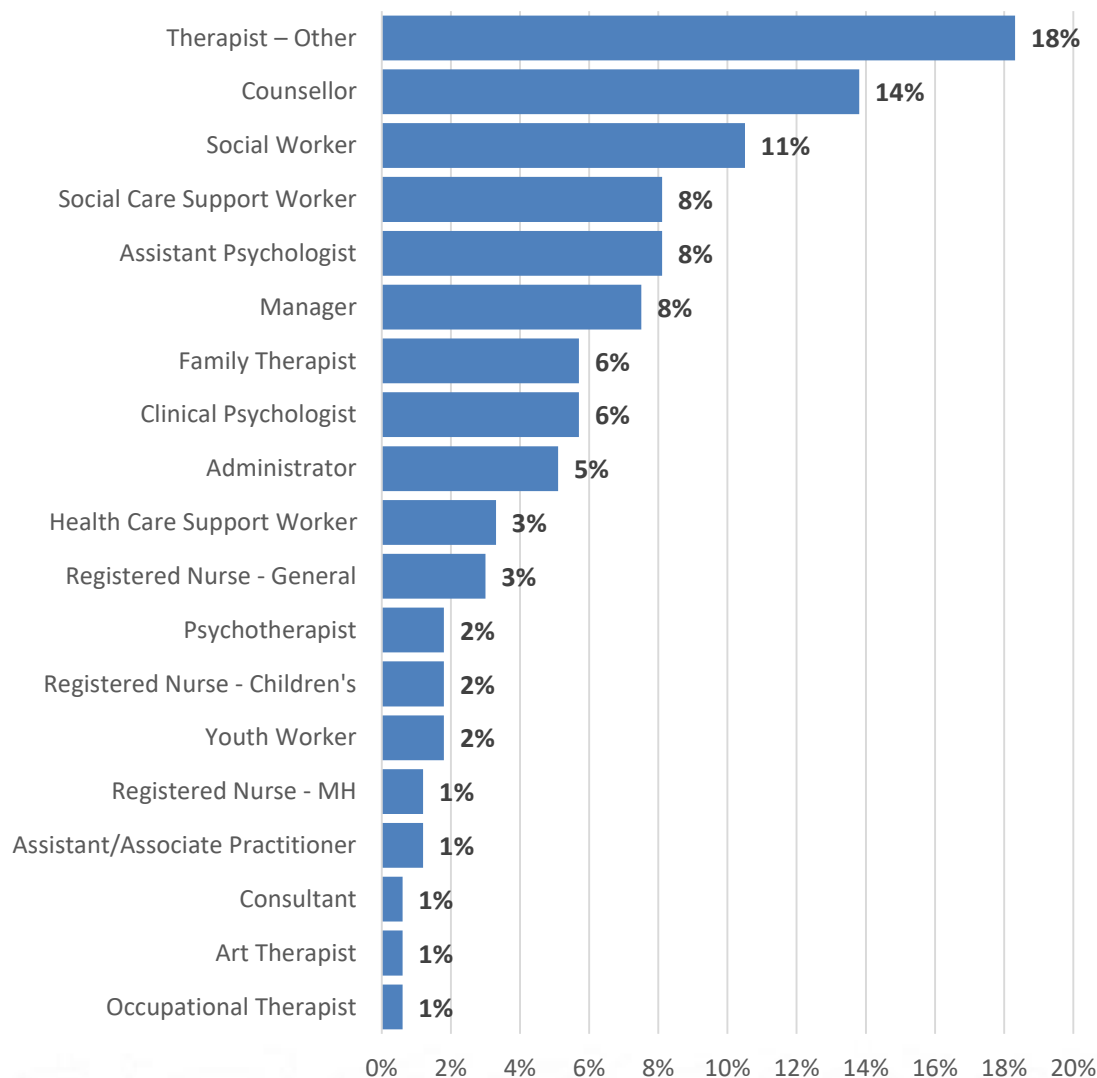
The total number of staff identified within this stocktake for LAs is 542. The mean number of Children and Young People's Mental Health staff provided by each Local Authority who provide CAMHS support is 16, and shows wide variation from less than 1 to 89 WTE. The median value is 13. The mean position is skewed by one high outlier.

Total WTE per LA team



Workforce data was provided for 78 Local Authority teams. The majority of teams (78%) consist of 10 WTE or fewer. The sample mean is 10 and the median value is 3.

Discipline mix profile

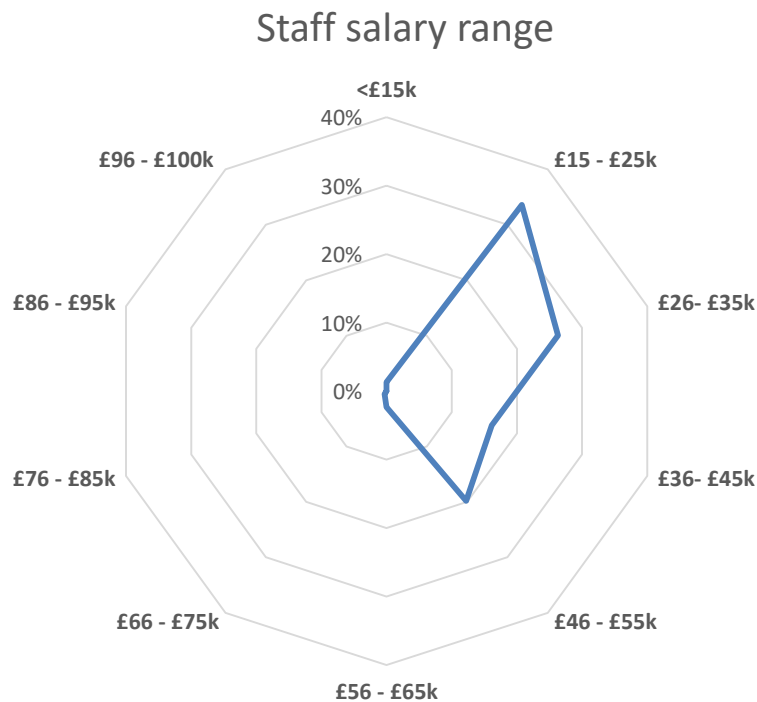


Combined, Social Workers and Social Care Support Workers represent the largest staff group at 19% of the total workforce (11% and 8% respectively).

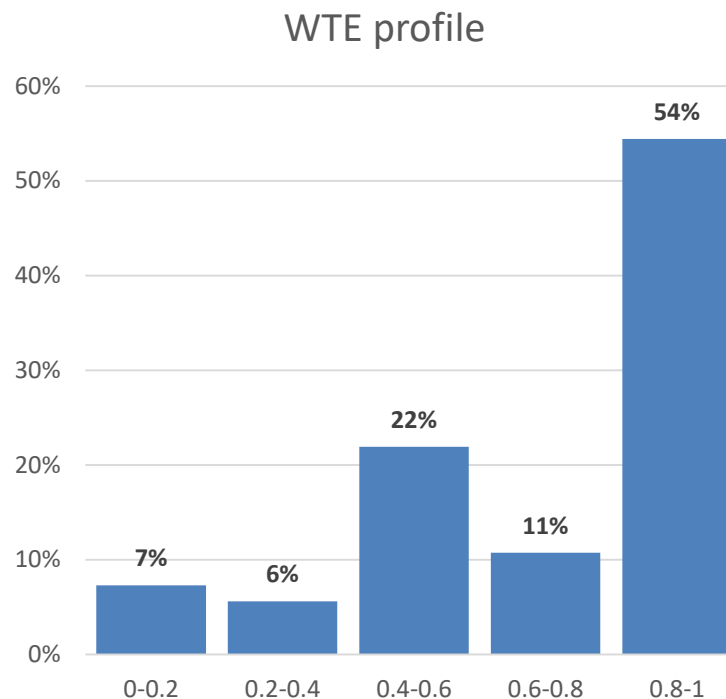
Therapist (other) is the second largest staff group within the sample at 18%. The Therapist (other) category excludes the following: Art Therapist, Dietician, Drama Therapist, Music Therapist, Occupational Therapist, Physiotherapist, Speech & Language Therapist, Family Therapist and Psychotherapist.

The LA skill mix profile contrasts with to the average NHS profile, where MH registered nurse is the largest staff group (21%), followed by Clinical Psychologist (16%) and Administration (15%).

Staff salary range and WTE profile



The most common staff salary range within Local Authority teams is £15-£25k. Comparisons with the NHS average for this metric are an approximation due to the different pay scales used. However, these results suggest salaries for staff working within LAs teams are roughly comparable to those for community based NHS CAMHS staff.



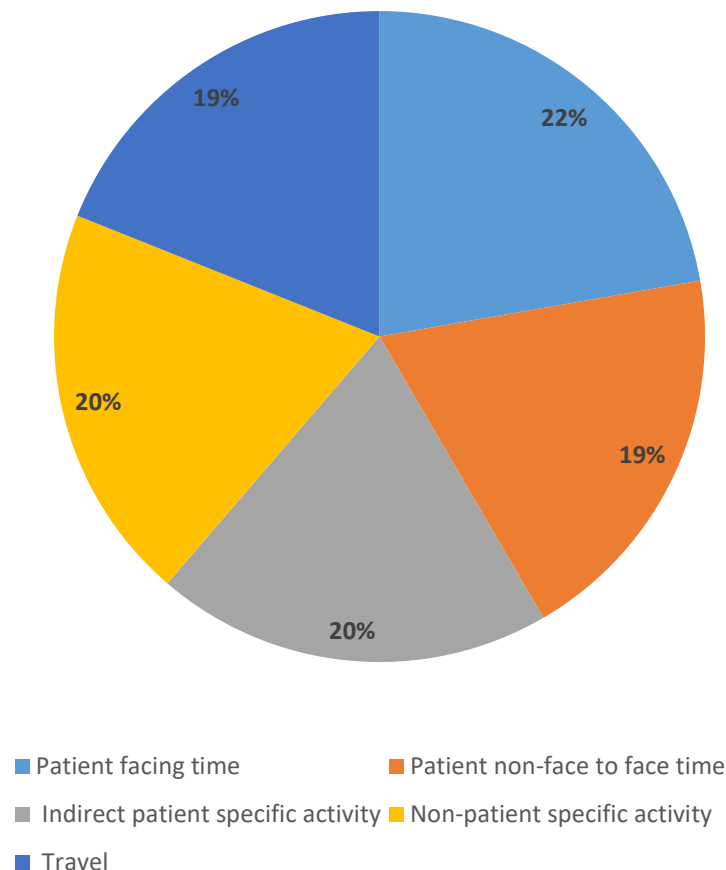
Just over half of the workforce sampled work full time, which is slightly below the NHS average of 58% (page 30). The remaining workforce WTE profile covers a full range from 0.1 to 0.9 WTE, with a peak for staff working between 0.4-0.6 WTE.

Time allocation

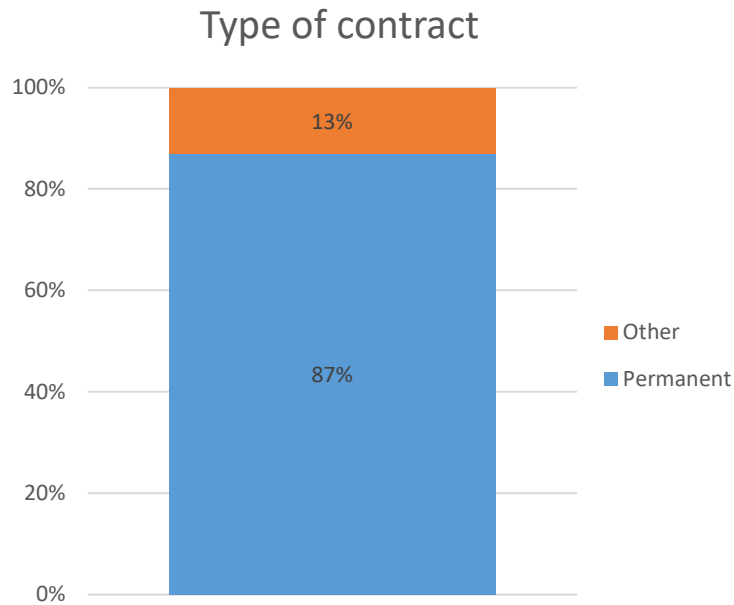
As a measure of time spent with patients, an approximate split of clinical time was requested for each staff member between the following categories:

- Patient facing time
- Patient non-face to face time
- Indirect patient specific activity
- Non – patient specific activity
- Travel time

This data shows within Local Authorities there is an equal split of time allocated to each activity type. The time spent on patient facing activities is lower in Local Authorities (22%), in comparison to 43% for NHS CAMHS staff (Tier 2-3) (page 25).



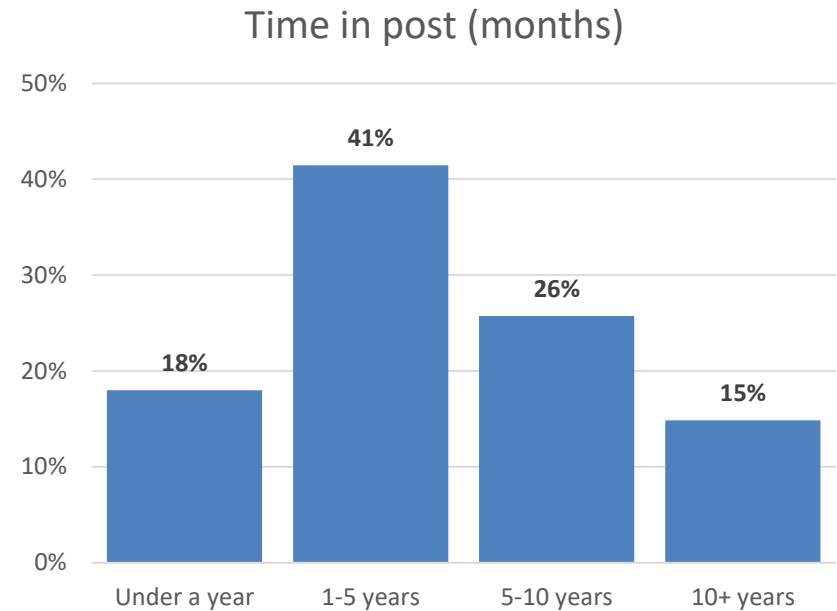
Contract type and time in post



The majority of the workforce are on a permanent contracts (87%). The other 13% is made up of the following contract types:

- Fixed Term/Temporary - 7%
- On Placement - 5%
- Locum – 1%

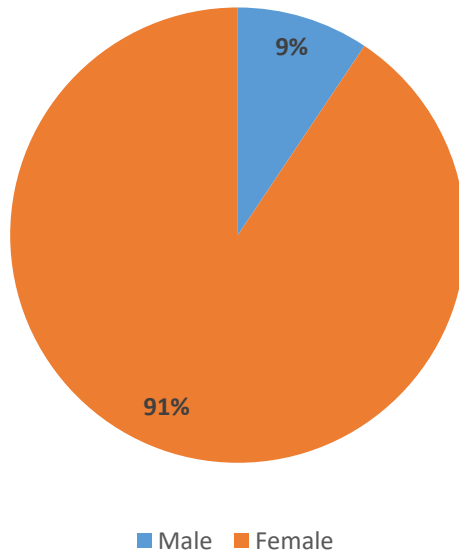
Alongside the type of contract, the use of agency staff and hosted staff was captured during data collection. Only 2% of recorded staff were agency staff and 4% were hosted by the organisation as opposed to directly employed.



The majority of staff have been in their current role between 1-5 years (41%), in-line with the NHS average (36%) (page 31). However, variation is shown between length of time in post for LAs and NHS organisations outside of this timeframe. The NHS have a greater proportion of staff in post for less than a year, 33% in comparison to 18% and fewer who have remained in the same role for longer than 5 years, 31% in comparison to 41%.

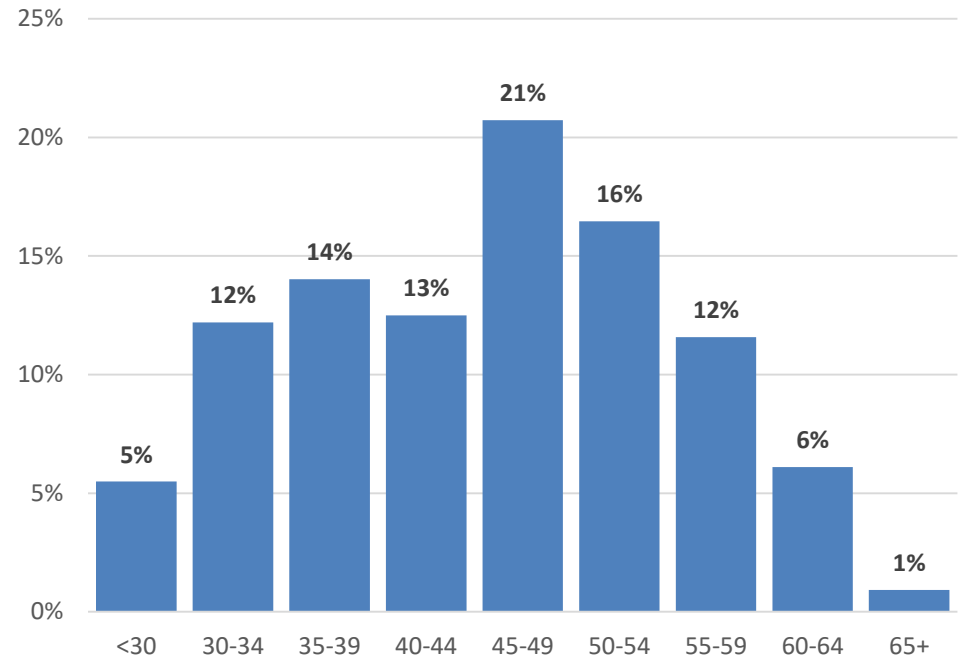
Demographics

Gender profile



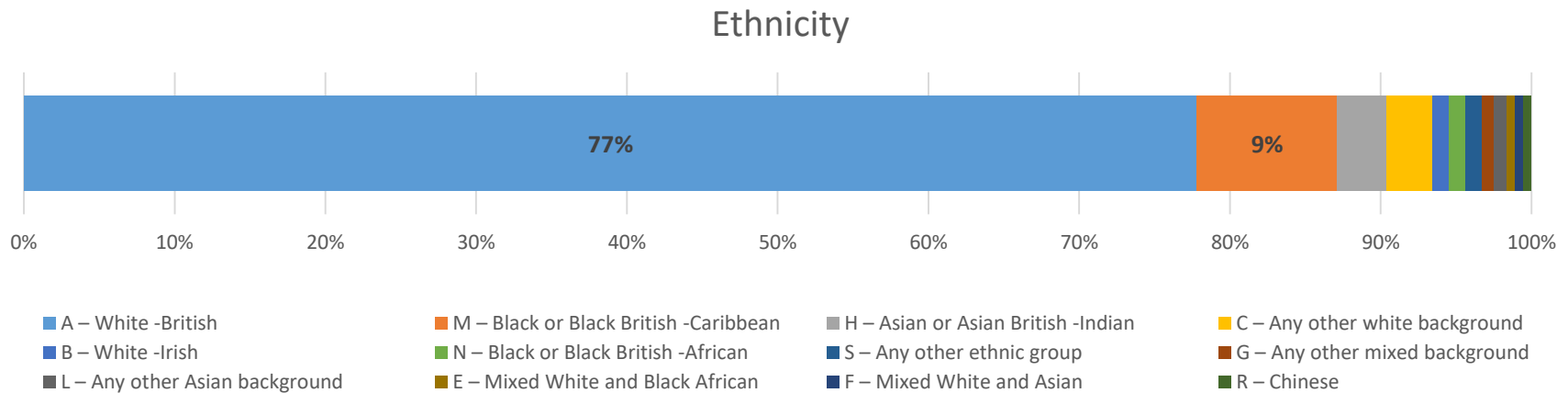
Within Local Authorities providing Mental Health Services for Children and Young People, females make up over 90% of the total workforce. This replicates the gender profile for NHS services which has a split of approx. 84% female to 16% male (page 26).

Age profile

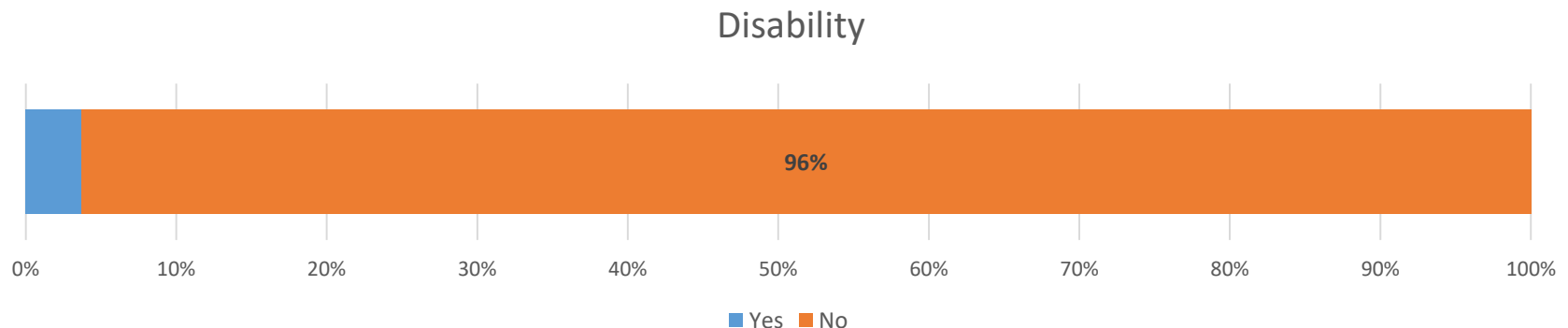


The mean average age of all Local Authorities providing Children and Young People's Mental Health staff is 45. The chart above shows the breakdown by age band. The majority of staff are aged between 45-49; staff over the age of 60 make up only 7% of the total workforce.

Demographics

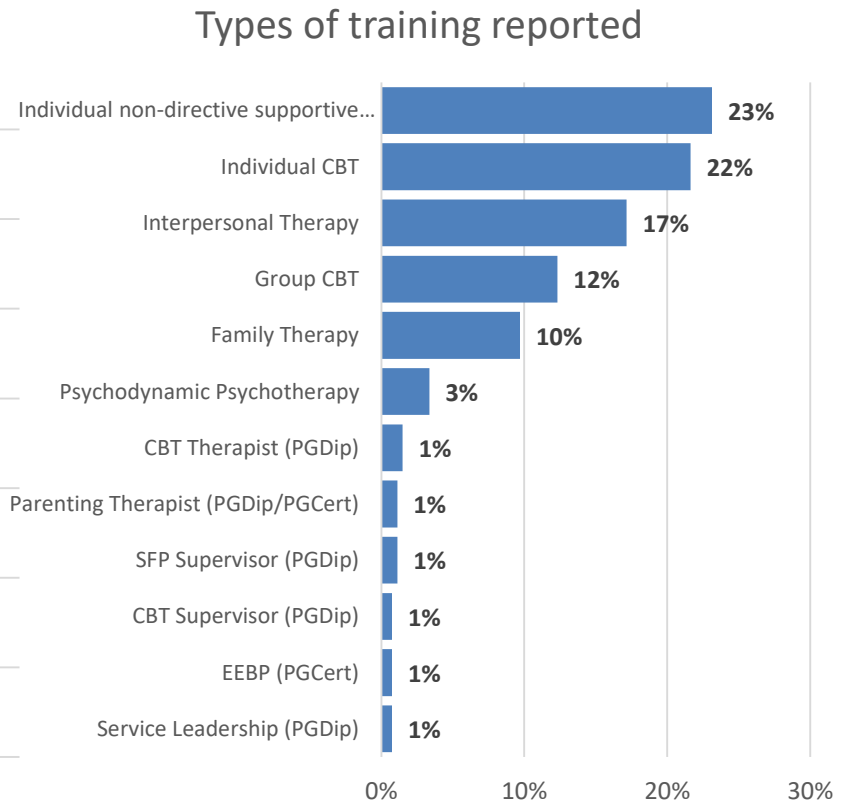
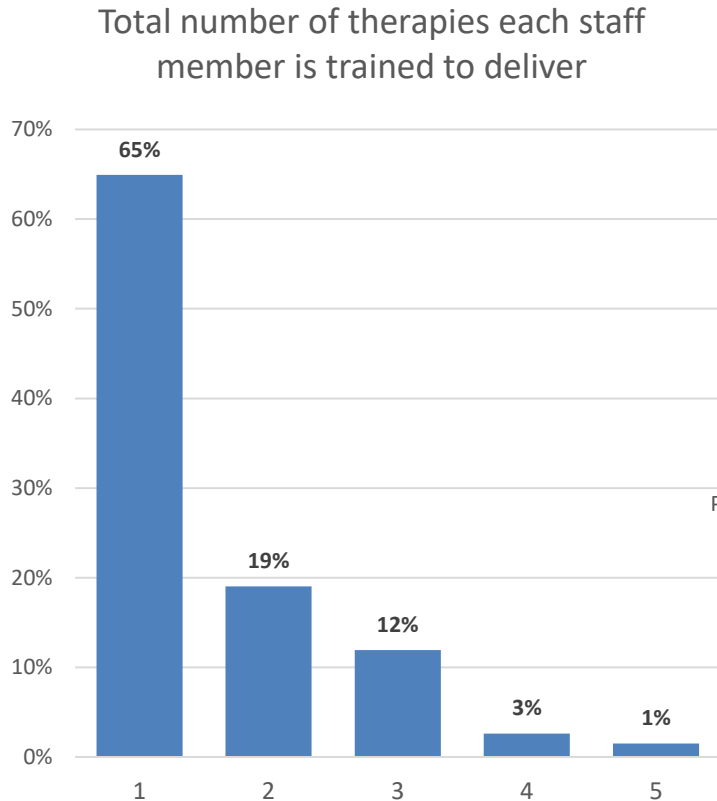


White – British and other White background account for 80% of the total workforce (NHS average, 82%) (page 26).



Only 4% of the total LA Children and Young People's Mental Health Services' workforce reported a disability. The NHS average for the percentage of the workforce with a disability is 5% (page 26).

Training & development



In total training information was provided for 268 staff members. For LAs this equates to 50% of the total staff surveyed. During data collection, participants fed back that this information was not always available and therefore a blank response did not always indicate that no training had been undertaken. This feedback was also provided by NHS organisations during Phase one of the project. Over 65% of staff who had training reported are trained in one therapy.

Local Authority - Training & development

During data collection, participants provided additional training types not covered within the data collection template. Examples of the additional training types include:

- Cert in Advanced Integrative Systemic Psychotherapy (UK)
- Advance PGDip Art Psychotherapy
- Brainspotting practitioner
- Cert in Cognitive Behaviour Therapy (UK)
- Cert in Post-Adoption Counselling (UK)
- Certificate in Child Care with combined Communications, (1 year full-time hospital based).
- Certificate in Sports Hypnosis
- Child Employment/performance law
- CME
- Creative work with children and families
- Dip in Psychology (Brazil)
- Diploma in Clinical Hypnosis / Advanced Diploma in Hypnotherapy & Psychotherapy (Institute of Clinical Hypnosis, London) (1yr, 10ms).
- Diploma in Clinical Supervision
- Diploma in Humanistic/Integrative counselling
- Diploma in Integrative Counselling,
- Diploma in Solution Focused Therapy
- Diploma in Working with Survivors of Abuse (Centre for Professional & Personal Development, London) (1yr)
- Diploma Trauma Therapy
- DipSw
- Duo Certificate - working systemically with couples and families
- EDMR Accredited Practitioner
- Foundation and Advanced Skills for Working with Trauma
- Legal training in relation to non-school attendance
- Level One and Two Narrative Therapy
- MA Drama therapy
- MA Psychoanalytic Studies with children & families (UK)
- Msc Analysis and intervention in learning disability
- Parenting Support
- PG Dip Art Therapy
- PG Dip systemic approaches to working with individuals and families
- PGDip Childhood Bereavement
- Registered Mental Nurse with specialisation in group, individual & child psychotherapy and supervision under the Institute of Group Analysis (London) (3.5yrs).
- Solution focussed therapist
- State Registered Art Therapist



Benchmarking Network

Non NHS organisations

Voluntary Sector (VS)

In total 13 organisations responded to the HEE workforce stocktake. This covered 53 teams. With the exception of one outlier, all Voluntary Sector organisation reported around 20 WTE or less.

Voluntary sector- summary

Service models

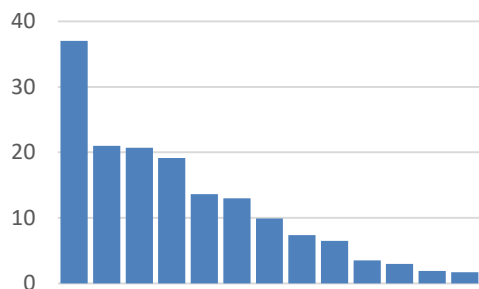
64%

of teams offer
Mental Health
promotion

57%

of CAMHS workers
deliver practice
based care

Average WTE



Average **12 WTE**
(CYPMHs) per Voluntary
Sector organisation

Staff demographics



20%



80%

Average age

43 years

Time in post



48%

1-5 years

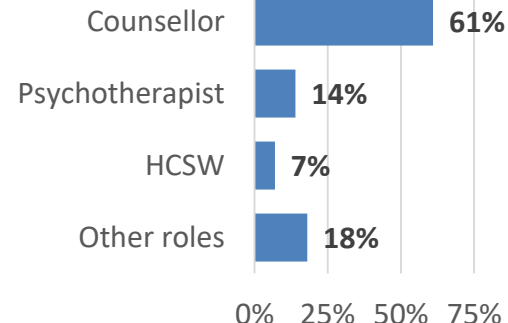
Staff salary



43%

£15-25K

Discipline mix



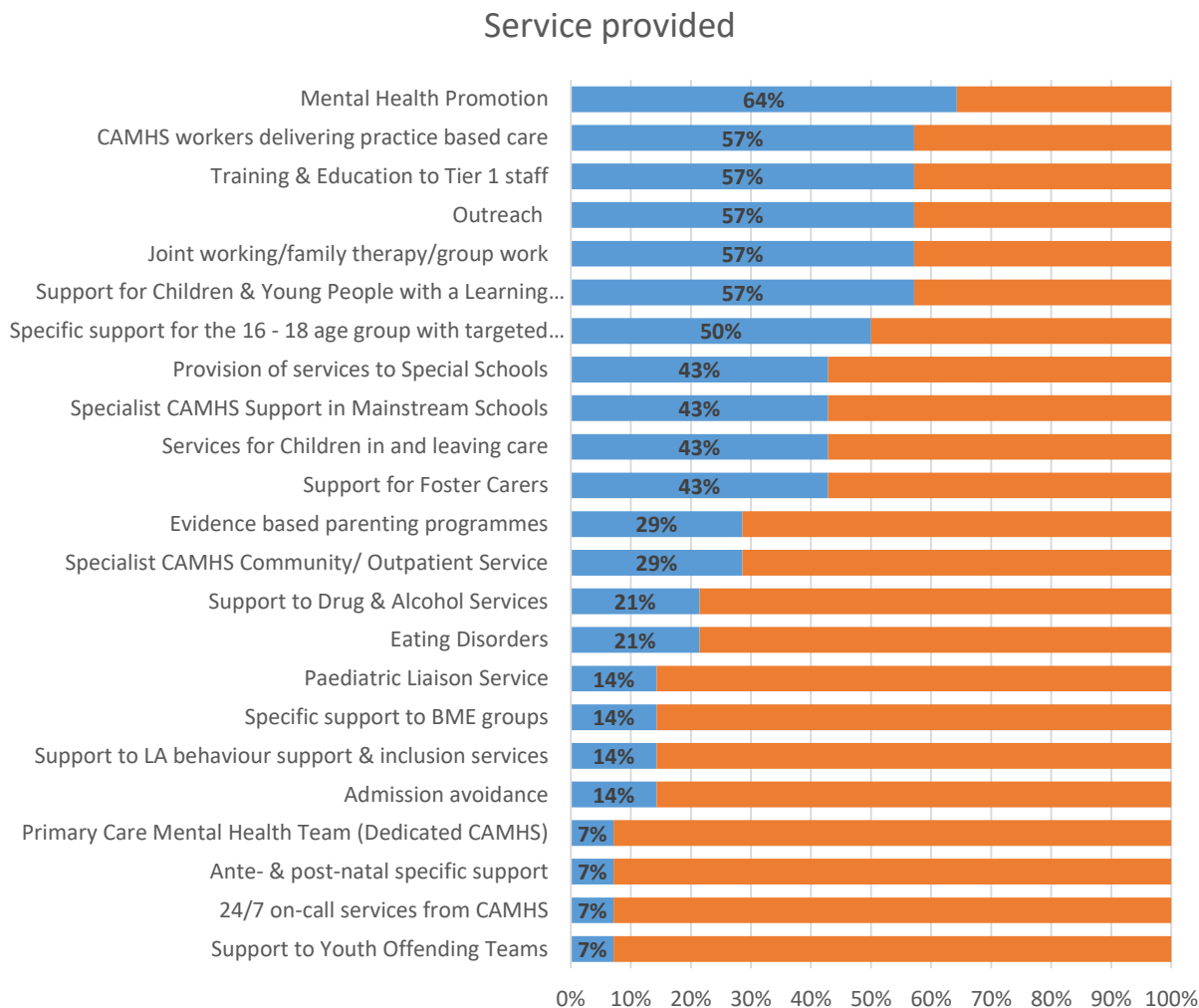
Training



76% of trained staff are
trained in one therapy
type



Services provided by Voluntary Sector



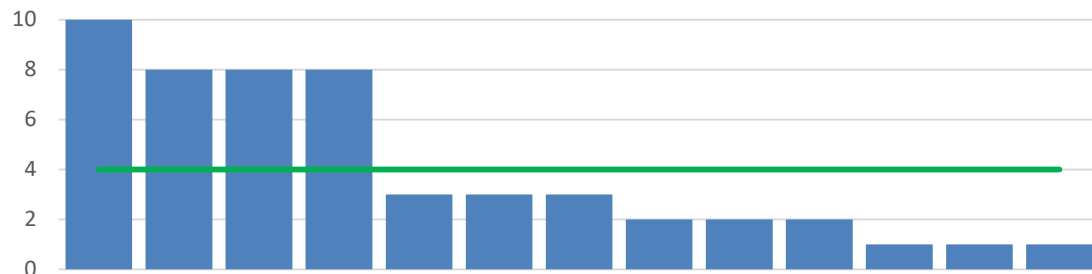
As with the Local Authority teams, Mental Health promotion was the most common service available within the Voluntary Sector (64%). The remaining service provision for the Voluntary Sector continues to closely match the results for Local Authorities.

The following services were not represented within the Voluntary Sector sample:

- Early Intervention in Psychosis Teams
- Crisis Intervention Teams
- Assertive Outreach Teams
- Liaison and diversion for Police custody
- Specialist Forensic services
- Sensory Impairment Services
- Services specifically commissioned by the criminal justice system

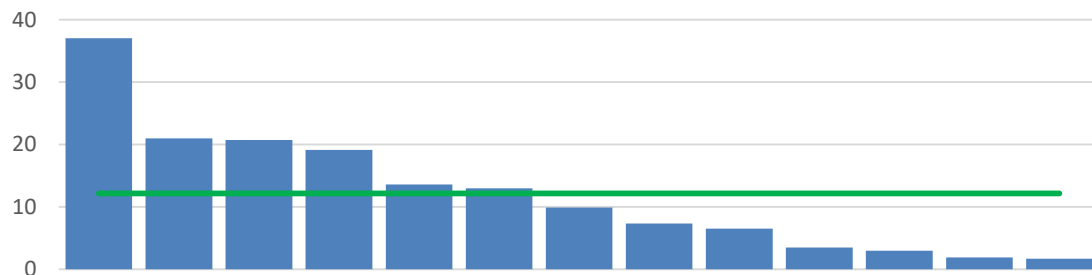
Teams and WTE per VS organisation

Total number of teams per VS organisation



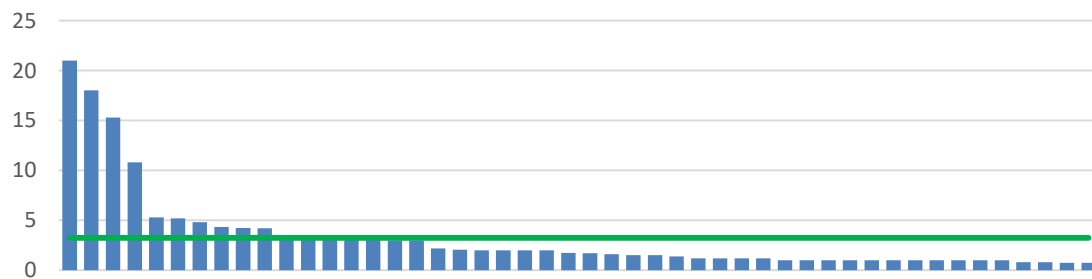
In total, 13 Voluntary Sector organisations responded covering 53 teams. The mean number of teams per Voluntary Sector organisation is 4. The staffing levels for each of these teams are provided within the following charts.

Total WTE per VS organisation



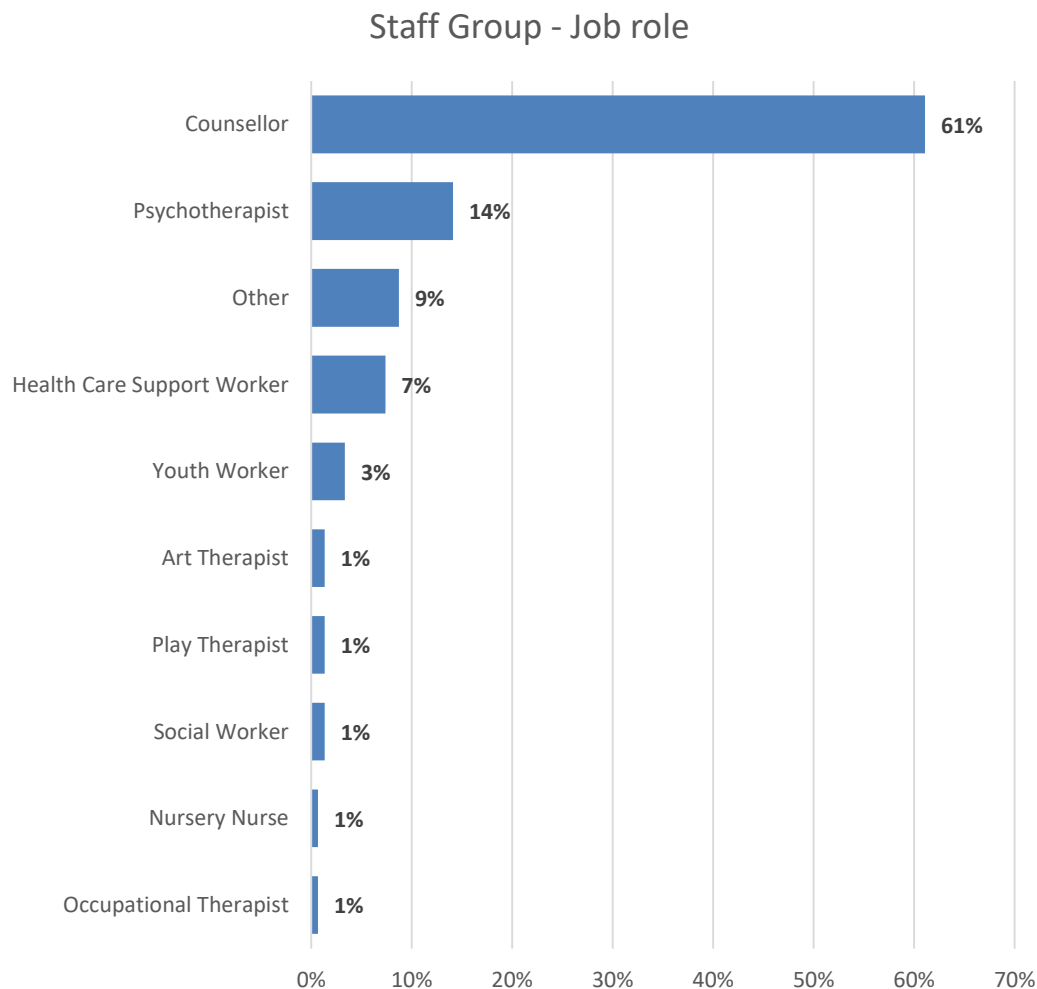
Out of the 13 Voluntary Sector organisations who provided workforce data, the mean number of staff per an organisation is 12, and ranges from 1.7 to 37 WTE. The median value is 10.

Total WTE per VS team



Voluntary Sector organisations supplied data for 48 Children and Young People's Mental Health teams. The mean number of staff within a Voluntary Sector team is 3 WTE; the largest team within the sample consists of 21 WTE. However, 83% of Voluntary Sector teams have fewer than 6 WTE.

Discipline mix profile

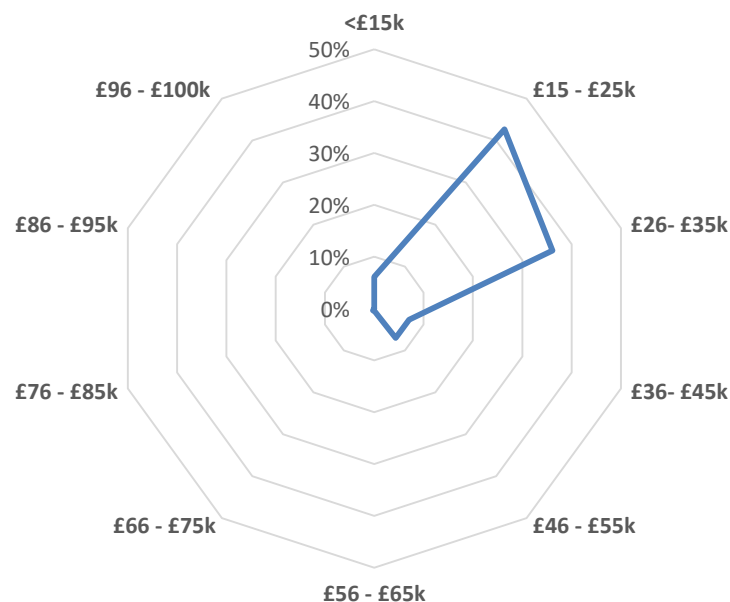


There is far less variation in the Voluntary Sectors' workforce discipline mix in comparison to the Local Authority and NHS teams. Counsellors (61%) and Psychotherapists (14%) make up three quarters of the total workforce.

With the exception of the Health Care Support Workers and the 'Other' category, the remaining staff groups each represent less than 5% of the total workforce.

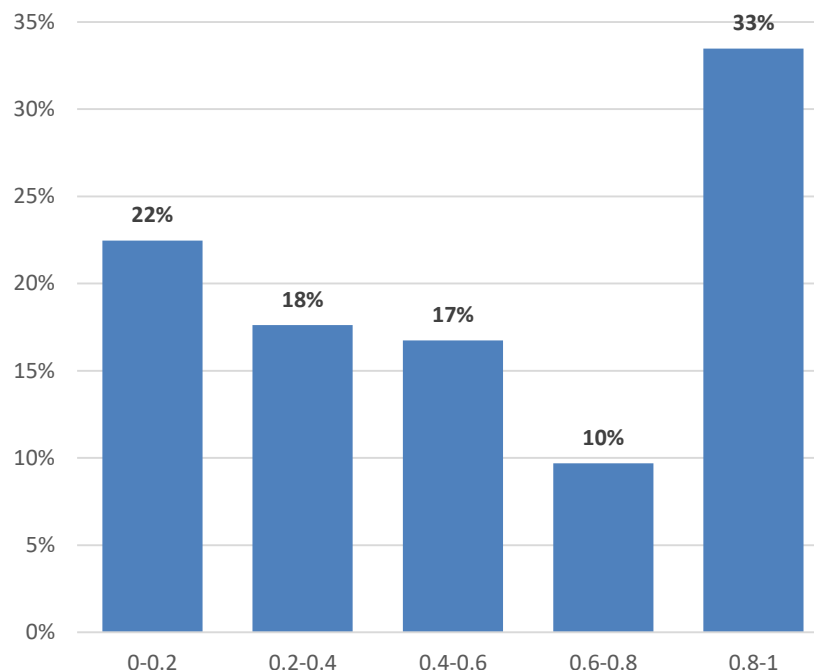
Staff salary range and WTE profile

Staff salary range



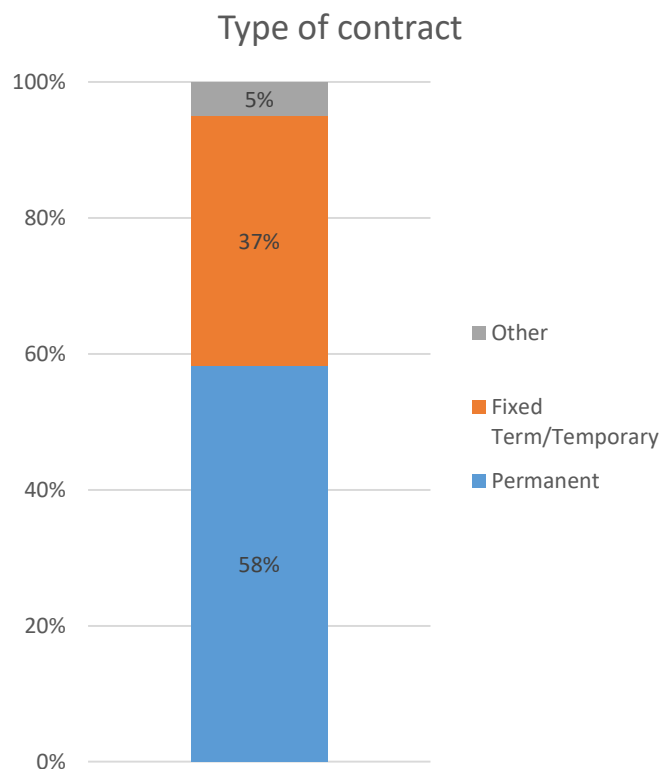
The staff salary profile for Voluntary Sector teams follow a similar spread to the Local Authority teams. There is the same peak in the staff salary range at £15-25k (43%), (Local Authority teams, 34%) (page 42). The Voluntary Sector staff salary profile also shows the same increase within the 46-55k salary range (7%) however, this is far less than the 20% value reported for Local Authorities (page 42).

WTE profile

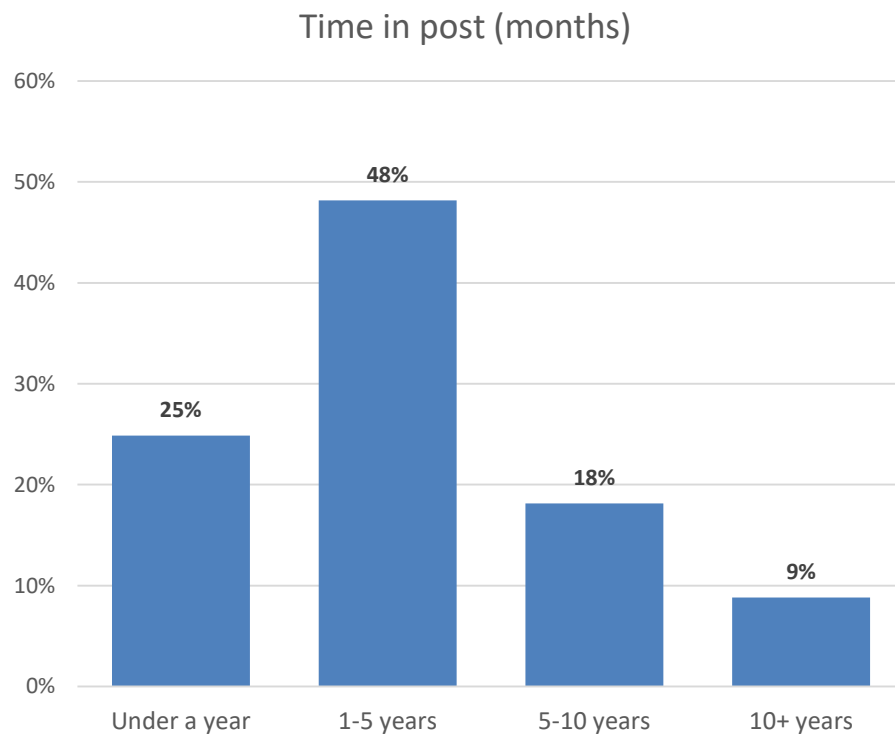


Only a third (33%) of the workforce within Voluntary Sector teams work full time. This is in comparison to NHS teams and Local Authorities where slightly over half of their workforce work full time (page 30 and 42). There is also a greater proportion of staff working less than 0-0.2 of a WTE (22%).

Contract type and time in post

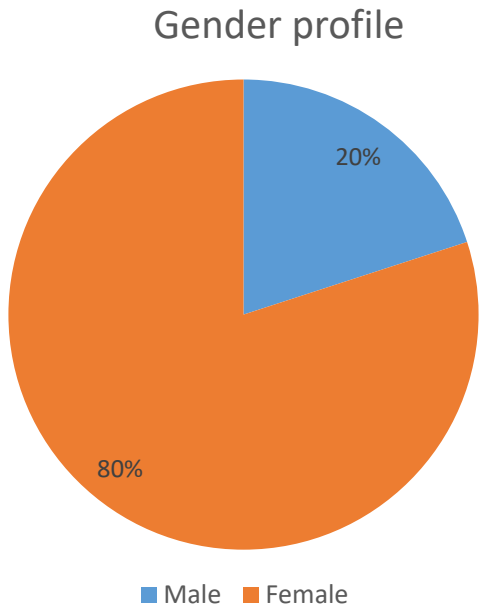


The majority of staff within Voluntary Sector teams are on a permanent contract (58%). However, this is a lower proportion than Local Authority teams where 87% of staff are on a permanent contract (page 44). Within Voluntary Sector teams, only 2% of the workforce reported are voluntary posts. This may be due to the specialist nature of CAMHS roles and the training and qualifications needed to undertake this work.

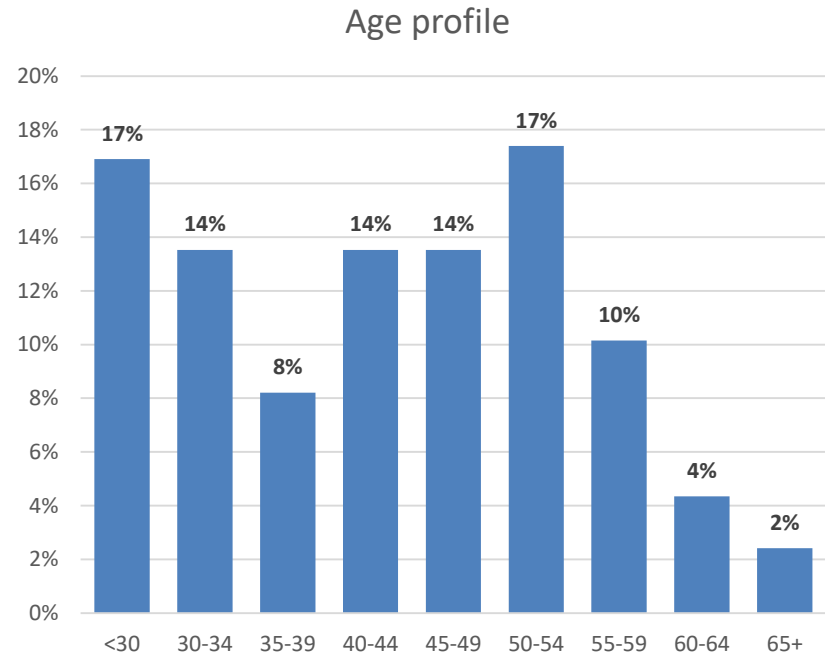


The time in post profile follows the same trend within the NHS and Local Authorities. The majority of staff within Voluntary Sector teams are in their existing role from between 1-5 years.

Demographics

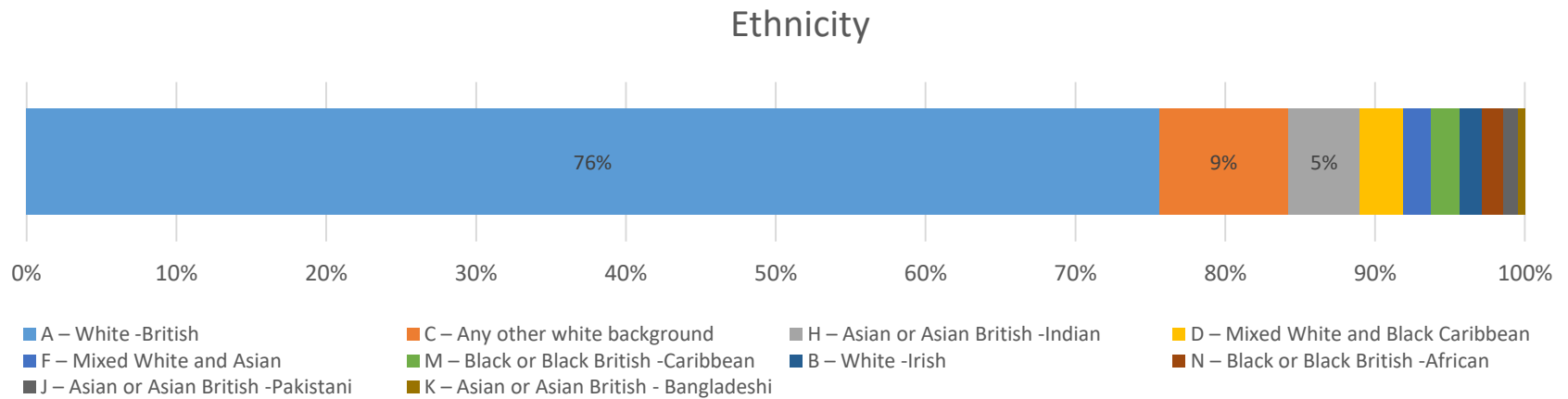


Within Voluntary Sector teams providing Mental Health Services for Children and Young People, females make up over 80% of the total workforce. NHS services and Local Authorities reported similar figures.

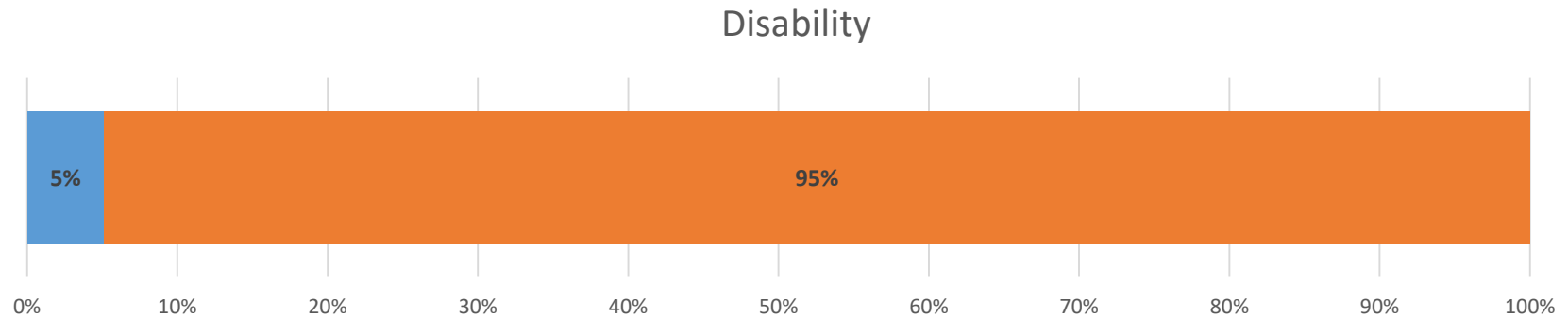


There is a greater proportion of staff under 30 working within the Voluntary Sector teams (17%) in comparison to Local Authority teams (5%) (page 45). However, there is a similar proportion of the workforce is over 60 (6% and 7% respectively).

Ethnicity

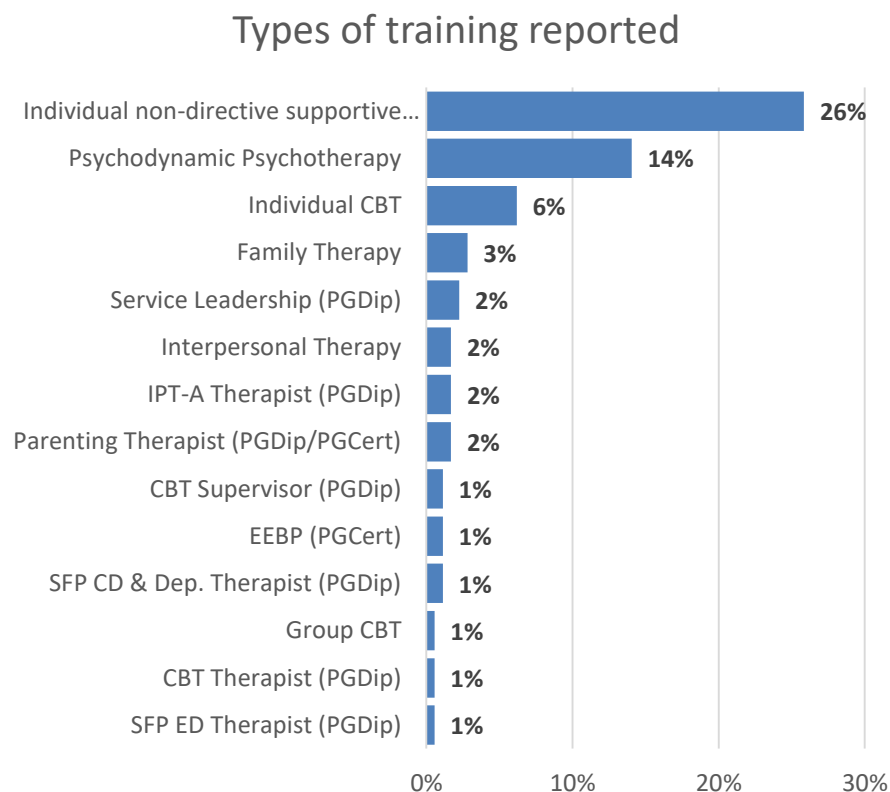
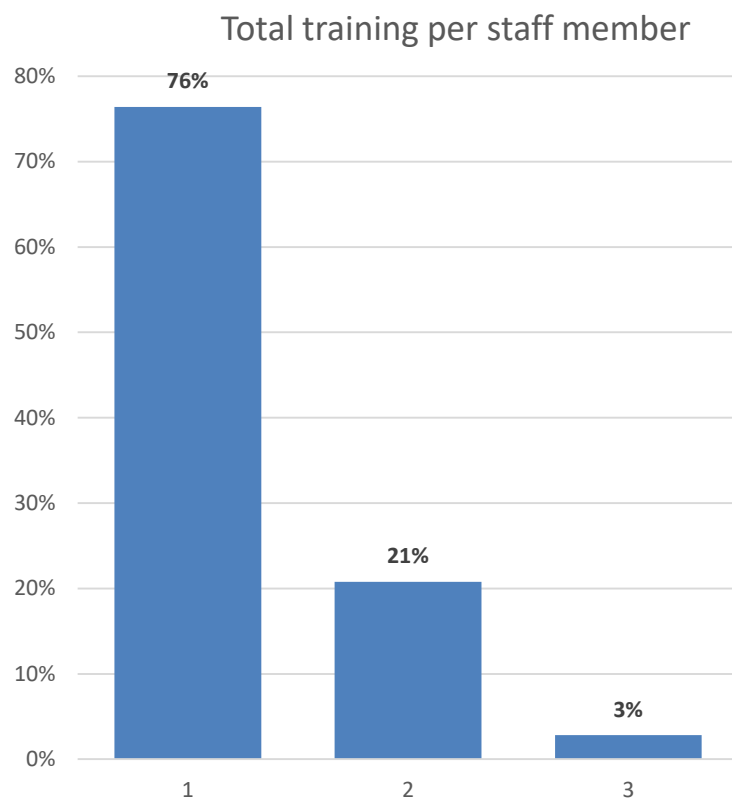


White – British and other White background account for 86% of the total workforce (NHS average, 82%) (page 26).



5% of the total Voluntary Sector Children and Young People's Mental Health Services' workforce reported a disability. The NHS average for the percentage of the workforce with a disability is 5% and 5% for Local Authorities (page 26 and 46).

Training and development



Training information was provided for 178 of the staff included within the Voluntary Sector workforce stocktake (77% of the total surveyed). The chart above shows the total number of therapies each member of staff is trained to deliver. 76% of staff are trained in one and 21% are trained in two therapy areas.



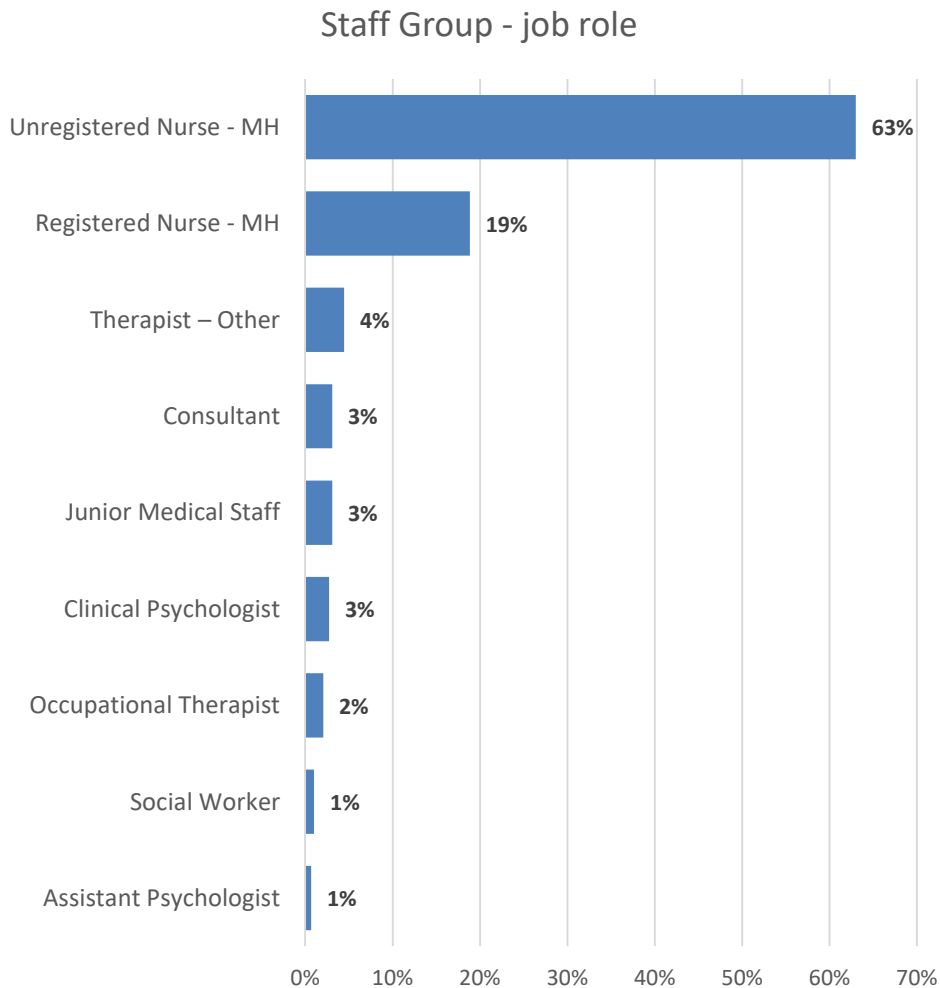
Benchmarking Network

Non NHS organisations

Independent sector

There was little engagement from Independent Sector organisations. Only two organisations providing inpatient services returned a submission. As a result, the following analysis is supplemented with data recently supplied to the NHS Benchmarking Network's previous CAMHS work by Independent Sector organisations.

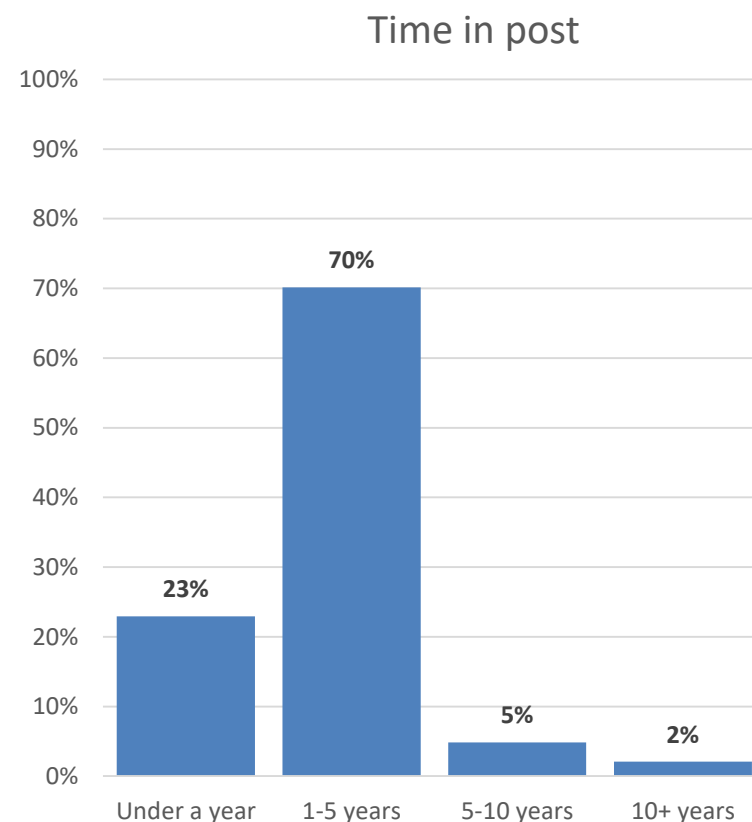
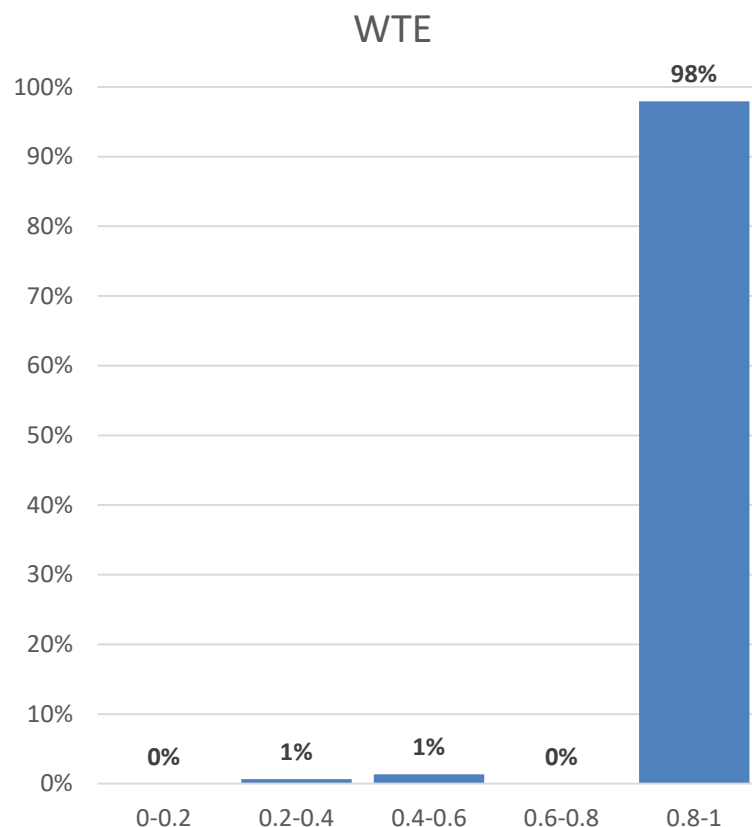
Discipline mix profile



Unregistered Mental Health nurses represent the largest proportion of the workforce (63%), followed by registered Mental Health nurse (19%). The remaining 18% is made up of the following disciplines;

- Therapist – other
- Consultant
- Junior medical staff
- Clinical Psychologist
- Occupational Therapist
- Social worker
- Assistant Psychologist

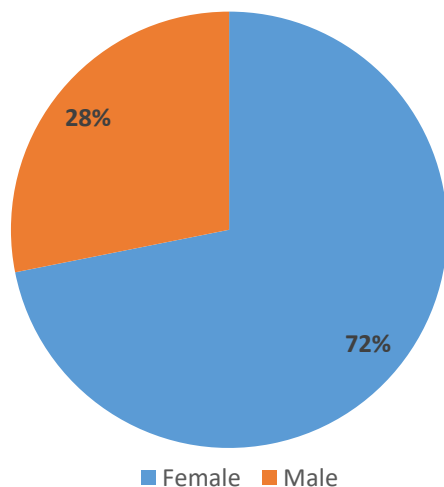
WTE profile and time in post



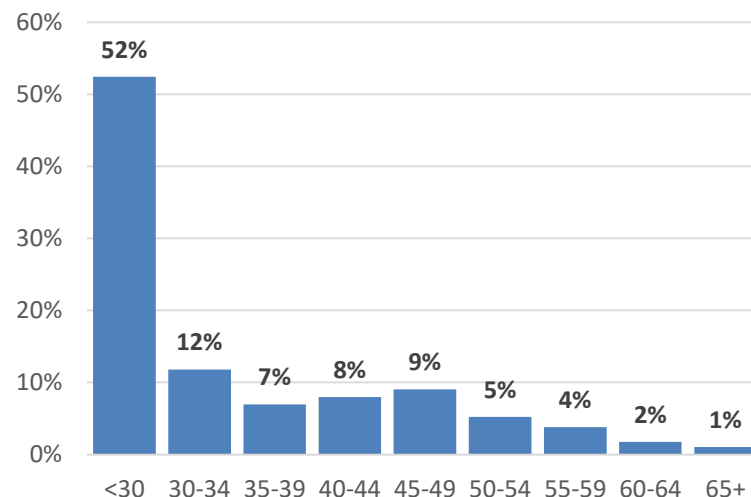
These charts show that the majority of staff (98%) work full time, and stay within their existing post for 1-5 years (70%). The rate of full time staff is far greater within the Independent Sector than for the NHS (58%) (page 30), Local Authority (54%) (page 44), Voluntary Sector (33%) (page 55). There is also a far lower proportion of the workforce who stay within their role for over 5 years (7%).

Staff demographics

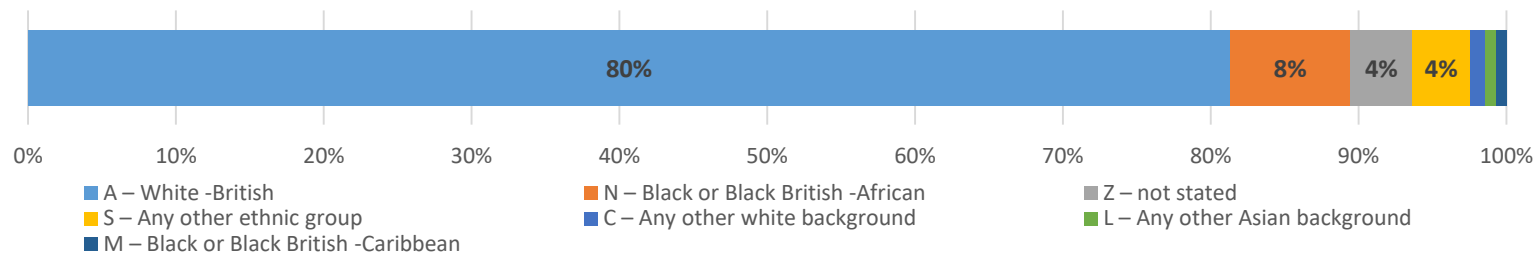
Gender profile



Age profile



Ethnicity



The charts above provide the staff demographics for the Independent Sector. 72% of the workforce is female, and 80% are White – British. The biggest contrast with the Independent Sector workforce and other CYP MH providers is the average age of the workforce, over half of those reported are below the age of the 30.

Independent sector – staff numbers

From previous work with the independent sector, we are aware of approximately 500 inpatient CAMHS beds provided by non-NHS providers in England.

Rates of staffing in the independent sector are broadly similar to those in the NHS. This figure has been between 34 WTE and 36 WTE per 10 CAMHS beds for the last 3 years.

Thus, for 500 Tier 4 CAMHS beds provided by the independent sector, we can estimate a total workforce of around 1,750 WTE staff.



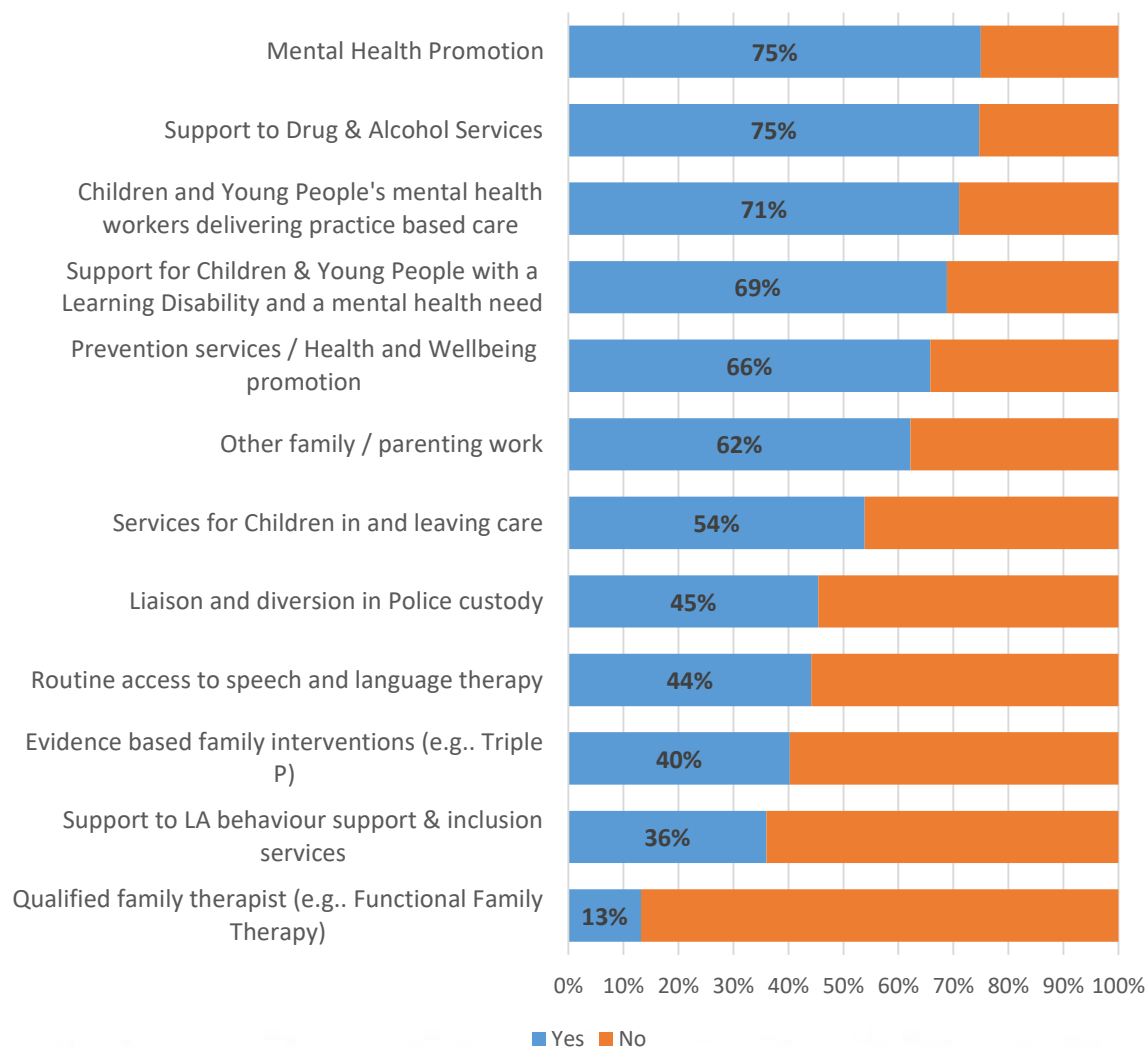
Benchmarking Network

Non NHS organisations

Youth Offending Teams

YOT mental health service provision

Service provision



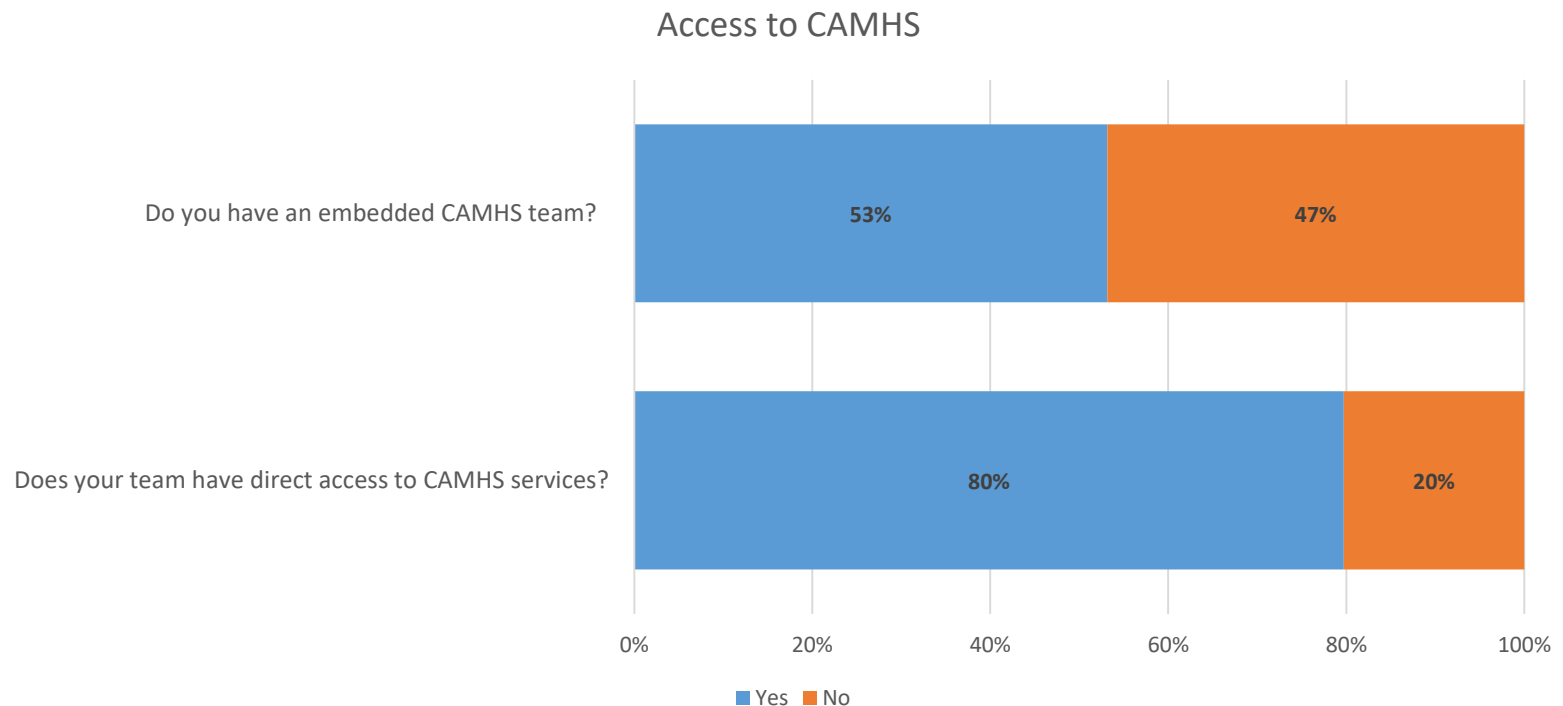
As before, the services provided by each Youth Offending Team were identified.

In a similar trend to the Local Authorities, Mental health promotion was the service provided by the highest percentage of YOTs.

Support to Drug & Alcohol Services also occupied the top spot for service provision, with the lowest percentage being for Qualified family therapists, which were not provided by the majority of teams.

Access to CAMHS

The data reflects that 53% of participant organisations had an embedded CAMHS team and 80% have direct access to CAMHS Services. Of those with embedded CAMHS teams, these were funded by a mix of CCGs, LAs and other groups.



Direct access to CAMHS services

Description of Direct Access to CAMHS:		
Threshold for intervention is high meaning many are not able to access CAMHS services. Telephone consultation with CAMHS manager prior to referral,	Seconded staff are located in the teams on site, however, can access CAMHS systems and sites for information and support.	Referrals are made by YOT Case Managers or the YOT Health Officer to the CAMHS 'Single Point of Access'.
Via health staff in YOT with agreed pathway.	Access via SPOA. Fast track agreement in place but not always successful.	There will be some cases where the risks are high and CAMHS will accept.
One CAMHS Nurse Seconded.	Referral pathways established.	Consultancy and on site CAMHS worker.
Fast-track into Mainstream services through YOS/CAMHS staff as needed.	Referrals via CAMHS professional advice line.	CAMHS nurses can make direct referrals for CAMHS services.
Via embedded CAMHS service.	Access to Tier 2/3/4 mental Health Services.	Targeted support, Emergency access and Therapeutic Intervention.
2 on site Care Coordinators.	Direct access to CAMHS possible through CAMHS YOT Practitioner.	By referral through seconded Health Coordinators.
Workers from the OSCA team have a small weekly allocated time for discussion with YOT regarding possible CAMHS referrals.	Embedded CAMHS/YOT clinician in YOT 3 days a week. This worker supervised and working within the local CAMHS team.	CAMHS provide a 2 hour per week surgery at YOS for advice on young people and advise whether a referral will be accepted.
Dedicated CAMHS link and easy access to the local CAMHS.	Seconded CPNs have direct access back into their service.	3 seconded CAMHS nurses in three YOS Team areas.
The Mental Health Worker facilitates this.	CAMHS worker linked to YOS.	Common point of entry.

Children and Young People's mental health service provision (YOTs)

Description of Other Family and Parenting work:		
Other family/parenting work accessed through LA provision and commissioned services.	Can access triple P a community provision facilitated by children's services.	IAPT parenting, individual CBT, psychotherapy, interpersonal therapy, systemic family therapy, medication.
In house generic parenting officers.	Bespoke parenting support.	Family Centred work from the preventative element of our service.
Practitioners within YOS who provide support to parents where identified as necessary by ASSET assessment.	Barnardo's provide support for families and young people to address and support them in emotional mental health issues.	Systemic family interventions team provides family/parenting work drawing on multi-systemic therapy and family group conferencing models.
Clinical team (CAMHS and family therapists) who deliver family work.	Specific project to support parents of young people who are victims of crime.	Local Support teams, RMN completes holistic assessments.
Parenting officer also does one to one work; our psychologist and nurses work systemically but not according to a rigid model.	The YOT works in a "whole family" approach when assessing the needs of the young people it works with and their families.	YOT staff provide support to families during work with young people. Referrals are made into the co-located Family Intervention Team and signposted to other organisations support if need identified. YOT/CAMHS Clinician works with family as well as young people to address identified issues.
Signs of Safety model.	Support provided by YOS practitioners and by CAMHS seconded.	Delivering parenting orders.

YOT workforce

The table below details other service provision by YOTs in CAMHS.

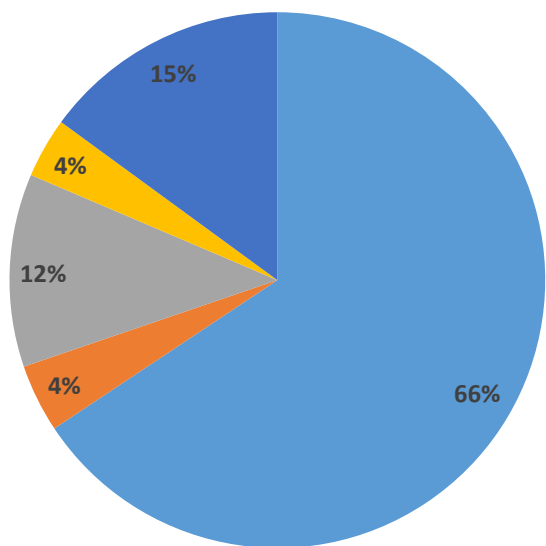
Description of Other Service Provision:		
Consultation to staff, pathways for diagnostics	Integrated holistic health and Substance Misuse Practitioners.	We have a specialist FCAMHS provision for sexually harmful behaviour.
CAMHS Worker based in YOS delivering a CAMHS service for young people on statutory orders	Specialist programmes such as teen violence against parents, masculinity and healthy relationships, identity and self-esteem for girls.	All CDYOS frontline staff are trained in Tier 1 and 2 mental health interventions. Also mental health crisis planning.
Speech and Language Therapist based in the team 1 day per week to support and carry out assessments.	YOT case officers screen health and wellbeing and promote healthy life-styles but no direct specialist worker in the team.	Therapeutic Forensic Mental Health service whose remit is to work with children and young people involved with the YOS to improve their emotional well being and improve their mental health which will support an overall reduction in offending behaviour.

YOT workforce

The YOT workforce has been broadly split into five main job roles of strategic managers, operational managers, administration, practitioners and sessional workers, with practitioners further split into qualified social workers, qualified probation officers, those with the Youth Justice Effective Practice Certificate (or working towards) and 'other'.

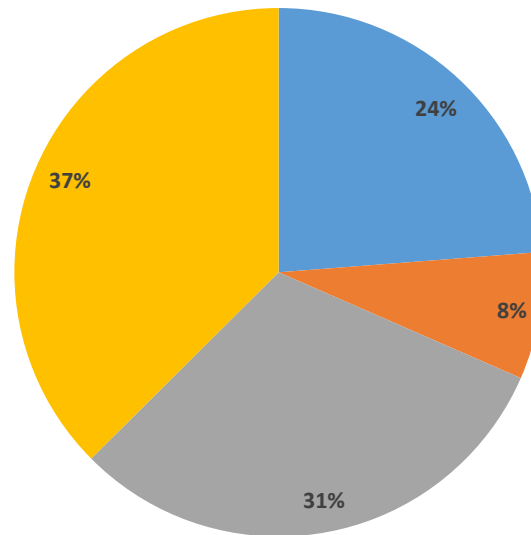
On average, YOTs reported 46 staff members per team (headcount) or 37 WTE. The smallest YOT has just 8 members of staff, with the largest team having a workforce of 166 staff members. The full discipline mix is provided below:

Total workforce



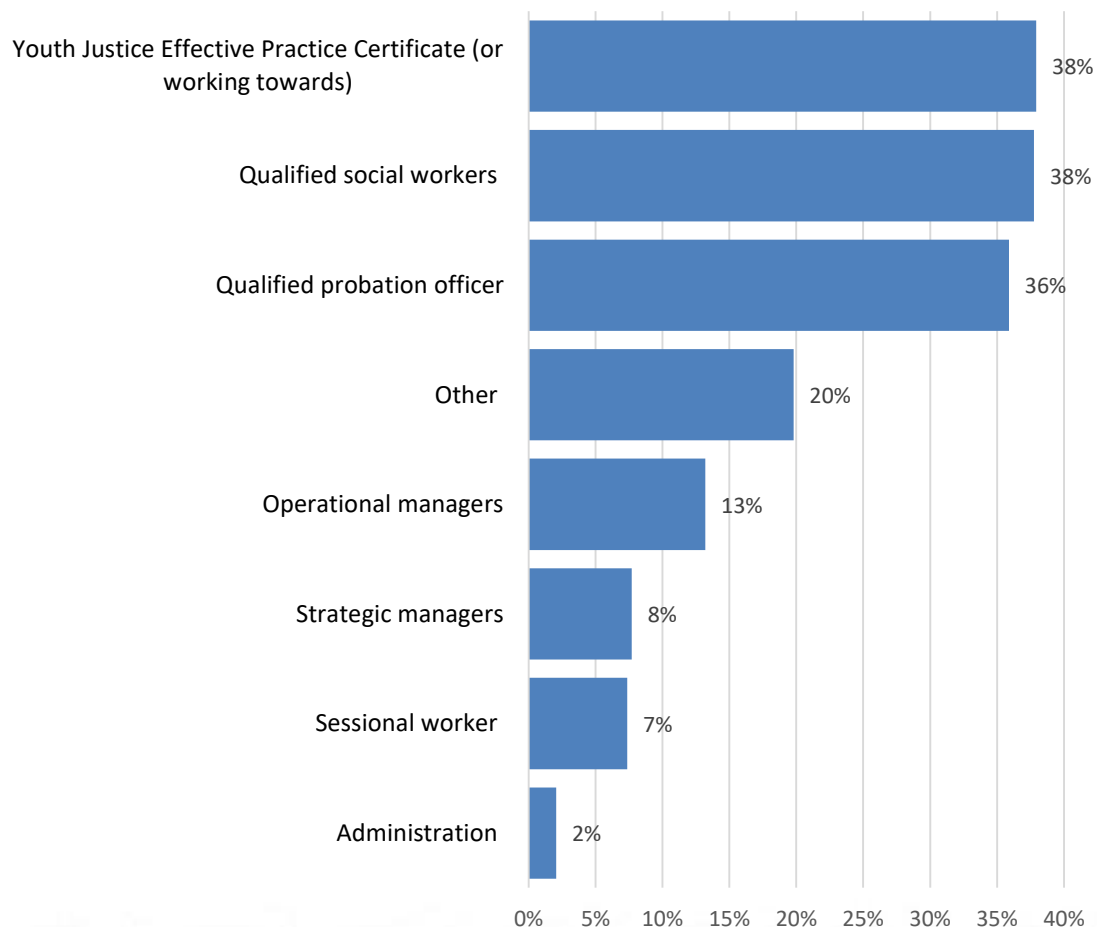
- Practitioners (total)
- Operational managers
- Administration
- Strategic managers
- Sessional worker

Total practitioners



- Qualified social workers
- Qualified probation officer
- Youth Justice Effective Practice Certificate (or working towards)
- Other

Percentage of the workforce providing CAMHS input



This chart shows the percentage of the workforce who provide CAMHS input, by staff group.

Those with a Youth Justice Effective Practice Certificate and Qualified Social Workers provided the most CAMHS input to service users. 38% of staff in each of these job roles provide CAMHS support.

Training requirements

Gaps in training were also identified by YOTs. Participants were asked to detail any areas of training relating to emotional and mental health and wellbeing that would be beneficial for the team.

The main themes for additional training requests were as follows:

- Child and adolescent brain development and childhood brain injuries
- Mental health aspects of youth justice legislation (Criminal Justice and Immigration Act), such as psychological traumas/triggers related to offending
- Mindfulness training
- Mental Health 'First Aid'
- Speech and Language
- Learning Disability
- Social Function Disorders
- Training on legal highs and psychosis
- Support to young victims of violent/sexual crime
- Building resilience
- Self harm
- Anger management.
- Trauma related behaviours and Psychological traumas/triggers related to offending
- Suicide awareness
- AD and Asperger's understanding impact of bereavement
- Therapeutic conversation with young People
- DV and histories of neglect and abuse - practical measures.
- Transitions to adult services
- Training around young people who exhibit sexually problematic behaviour



Benchmarking Network

Education

Children and Young People's Mental Health Services provided in an education setting was considered for inclusion within this project, however, a workforce stocktake relating to mental health provision has been undertaken by the Department of Education in 2016. It was agreed between Health Education England, the Department of Education and the NHS Benchmarking Network not to include services provided by schools within this project to avoid double counting and the duplication of efforts from potential participants.

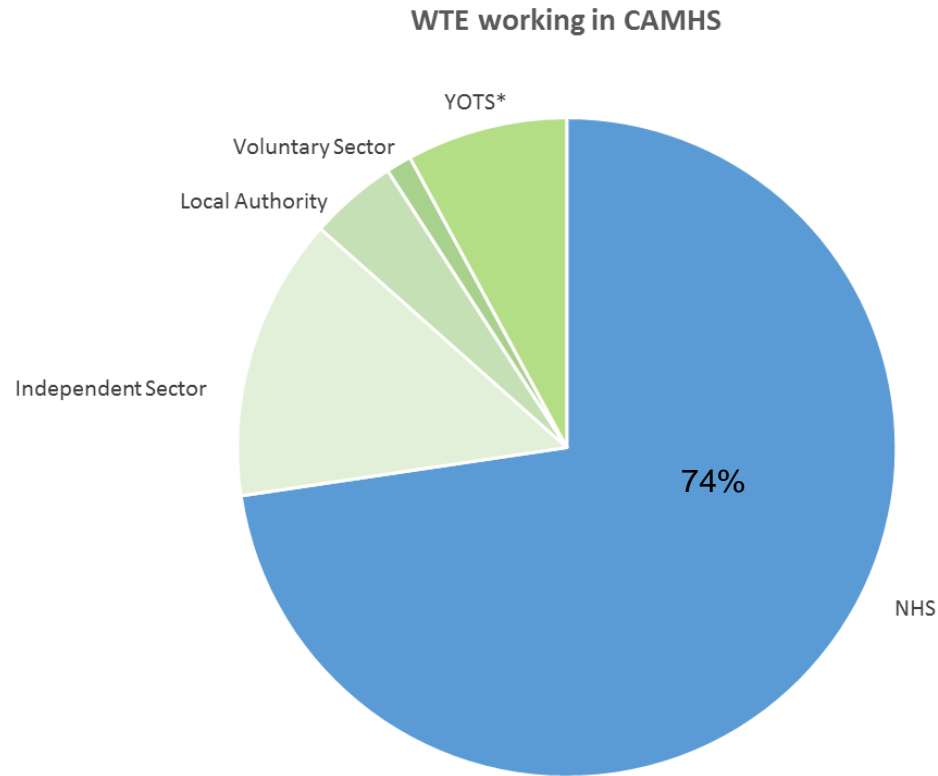


Benchmarking Network

Conclusion

Conclusion

This work confirmed that the vast majority of staff working in CAMHS are employed by the NHS, though there is a small amount of provision in other areas including independent sector provision of inpatient beds, local authorities, the voluntary sector and YOTs.



** YOTS count includes all staff whose work includes CAMHS, including those for whom it is a minor part of their role. Thus the WTE shown is not WTE dedicated to CAMHS provision.*

Conclusion

NHS

- The CAMHS workforce in the NHS is large and well established, with in excess of 11,000 individuals employed in this area.
- Comparison between Tiers 2-3 and Tier 4 confirm that community services have a more senior staff mix and wider access to dedicated therapy professionals than inpatient services.
- The NHS CAMHS workforce is predominantly female and white British. This suggests that the workforce will in many cases not be representative of the communities served. Opportunities may exist to develop the diversity of the workforce in these areas.
- The NHS community CAMHS workforce is largely part time, with only 58% of staff working 0.8 WTE or above. This is especially noticeable in clinical psychology, where only 44% of staff work 0.8 WTE or above. In contrast, the inpatient CAMHS workforce in the NHS has more full time staff, with 74% working 0.8 WTE or above. Within inpatient clinical psychology this is still under 50%, however.
- A number of vacancies exist within NHS CAMHS, and some difficulties in recruiting were identified by participants, either due to internal restrictions or the local labour market.

Conclusion

Local Authorities

- 60 local authorities responded to the survey, of which 37 (61%) confirmed they provide CAMHS.
- An average local authority CAMHS team has 10 WTE in post. The largest categories are social workers and social care support workers (19%) and therapists (18%).
- Local authority CAMHS staff are paid comparable salaries to NHS staff working in CAMHS.
- 54% of staff reported worked 0.8 – 1 WTE, a similar figure to the NHS.
- Age, ethnicity and gender profiles show a comparable workforce to that within NHS CAMHS, namely white British, female and age 40-50 years. The diversity limitations discussed on the previous page for NHS staff also apply here.

Voluntary Sector

- 15 voluntary sector organisations participated in this work. Of these, almost all (14) report CAMHS provision.
- Staff working in CAMHS in the voluntary sector attract similar salaries to those in the NHS.
- Voluntary sector staffing is slightly younger than in the NHS and local authorities, with 19% of staff under the age of 30. There are also slightly more males in voluntary sector roles than in the other agencies.
- Ethnic diversity remains a concern, with 77% of staff white British.

Conclusion

Independent sector

- While staffing profiles in the independent sector largely mirror those within inpatient NHS CAMHS, there are slight differences in workforce demographics.
- Of the organisations who took part, larger proportions of male staff and staff under the age of 30 were reported.
- Independent sector staff are typically full time (98% working 0.8 WTE or above) and have been in post for between 1 and 5 years.

YOTs

- 84 YOTs participated in this work, all of whom confirmed they have some level of CAMHS provision in their teams.
- While demographic data for YOTs was not supplied, teams did provide details of their CAMHS workforce.
- 996 WTE working in YOTS have CAMHS as a part of their role, though this is unlikely to be their only responsibility.
- Those with a Youth Justice Effective Practice Certificate and Qualified Social Workers provided the most CAMHS input to service users. 38% of staff working in each of these job roles provide CAMHS support as part of their roles.



Benchmarking Network

Appendix 1

NHS organisations – project participants

Participant organisations

NHS organisations (1 of 5)

The following teams supplied data to Phase 1 of this work:

2Gether NHS Foundation Trust
5 Boroughs Partnership NHS Foundation Trust
Alder Hey Children's NHS Foundation Trust
Barnet, Enfield & Haringey Mental Health NHS Trust Barnet
Barnet, Enfield & Haringey Mental Health NHS Trust Beacon
Barnet, Enfield & Haringey Mental Health NHS Trust Enfield
Barnet, Enfield & Haringey Mental Health NHS Trust Haringey
Berkshire Healthcare NHS Foundation Trust
Birmingham & Solihull Forensic Inpatient
Birmingham & Solihull Solihull SOLAR Choice & Partnership
Birmingham & Solihull Solihull SOLAR LD
Birmingham & Solihull Solihull SOLAR Looked After Children
Birmingham & Solihull Solihull SOLAR Primary Mental Health
Birmingham & Solihull Tier 4 Larimar
Birmingham & Solihull Youth Support Service
Birmingham Children's Hospital NHS Foundation Trust
Black Country Partnership NHS Foundation Trust
Blackpool Teaching Hospitals NHS Foundation Trust
Bolton NHS Foundation Trust
Bradford District Care NHS Foundation Trust
Brighton & Sussex University Hospitals NHS Trust
Cambridgeshire & Peterborough NHS Foundation Trust
Central and North West London NHS Foundation Trust
Central Manchester University Hospitals NHS Foundation Trust

Participant organisations

NHS organisations (2 of 5)

Cheshire and Wirral Partnership NHS Foundation Trust
Chesterfield Royal Hospital NHS Foundation Trust
Cornwall Partnership NHS Foundation Trust
Coventry and Warwickshire Partnership NHS Trust
Cumbria Partnership NHS Foundation Trust East CAMHS
Cumbria Partnership NHS Foundation Trust South CAMHS
Cumbria Partnership NHS Foundation Trust West CAMHS
Derbyshire Healthcare NHS Foundation Trust
Dorset Healthcare University NHS Foundation Trust
Dudley & Walsall Mental Health Partnership NHS Trust
East Lancashire Hospitals NHS Trust
East London NHS Foundation Trust
Greater Manchester West Mental Health NHS Foundation Trust
Hertfordshire Community NHS Trust
Hertfordshire Partnership University NHS Foundation Trust
Isle of Wight NHS Trust
Lancashire Care NHS Foundation Trust
Leeds and York Partnership NHS FT Deaf
Leeds and York Partnership NHS FT Inpatient
Leicestershire Partnership NHS Foundation Trust
Lincolnshire Partnership NHS Foundation Trust
Livewell Southwest

Participant organisations

NHS organisations (3 of 5)

Norfolk and Suffolk NHS Foundation Trust Norfolk, Great Yarmouth & Waveney
Norfolk and Suffolk NHS Foundation Trust Suffolk
North East London NHS Foundation Trust B&D
North East London NHS Foundation Trust HAVERING
North East London NHS Foundation Trust REDBRIGDE
North East London NHS Foundation Trust WALTHAM FOREST
North Essex Partnership University NHS Foundation Trust
North Staffordshire Combined Healthcare NHS Trust
Northamptonshire Healthcare NHS Foundation Trust
Northumberland, Tyne & Wear NHS Foundation Trust
Northumbria Healthcare NHS Foundation Trust
Nottingham CityCare Partnership
Nottinghamshire Healthcare NHS Foundation Trust
Oxford Health NHS Foundation Trust
Oxleas Bexley
Oxleas Bromley
Oxleas Greenwich
Pennine Care NHS Foundation Trust Bury
Pennine Care NHS Foundation Trust Heywood, Rochdale & Middleton
Pennine Care NHS Foundation Trust InPatient Service
Pennine Care NHS Foundation Trust Olam
Pennine Care NHS Foundation Trust Stockport
Pennine Care NHS Foundation Trust Tameside

Participant organisations

NHS organisations (4 of 5)

RDASH Doncaster
RDASH Rotherham
RDASH Scunthorpe
Sheffield Children's Hospital NHS Trust Tier 13
Sheffield Children's Hospital NHS Trust Tier 14
Sheffield Children's Hospital NHS Trust Tier 14 Amber
Sheffield Children's Hospital NHS Trust Tier 14 Emerald
Sheffield Children's Hospital NHS Trust Tier 14 Ruby
Sheffield Children's Hospital NHS Trust Tier 14 Sapphire
Shropshire Community Health NHS Trust
Solent NHS Trust
Somerset Partnership NHS Foundation Trust
South Essex Partnership University NHS Foundation Trust
South London & Maudsley Community
South London & Maudsley Inpatients
South London & Maudsley Junior Doctors
South London & Maudsley Outpatients
South London & Maudsley Senior Management Team
South Staffordshire & Shropshire Healthcare NHS Foundation Trust
South Tyneside NHS Foundation Trust
South West London & St Georges MH Trust

Participant organisations

NHS organisations (5 of 5)

South West Yorkshire Partnership NHS Foundation Trust
Southern Health 1
Sussex Partnership Hampshire West
Sussex Partnership Trust Brighton Hove Sussex
Sussex Partnership Trust Chalkhill Sussex
Sussex Partnership Trust Children in Care Team Kent
Sussex Partnership Trust East Kent
Sussex Partnership Trust East Sussex
Sussex Partnership Trust Hampshire i2i
Sussex Partnership Trust Hampshire North
Sussex Partnership Trust Hampshire South East
Sussex partnership Trust Hampshire YOT
Sussex Partnership Trust Learn Dis Kent
Sussex Partnership Trust Medway Kent
Sussex Partnership Trust Urgent Help Service HTT Kent
Sussex Partnership Trust West Kent
Sussex Partnership Trust West Sussex
Tavistock and Portman NHS Foundation Trust
TEWV Durham & Darlington
TEWV North Yorkshire
TEWV Tees
TEWV Tier 4
TEWV York & Selby
The Royal Free London NHS Foundation Trust
The Whittington Hospital NHS Trust
West London Mental Health NHS Trust
Worcestershire Health and Care NHS Trust



Benchmarking Network

Appendix 2

Other organisations – project participants

Participant organisations

Non-NHS organisations

The following Local Authority teams supplied data to Phase 2 of this work:

- Barnsley Council
- Birmingham City Council
- Bolton Council
- Bournemouth Council
- Bracknell Forest
- Brighton and Hove
- Bristol Council
- Bury Council
- Calderdale Council
- Cambridgeshire Council
- Cornwall Council
- Coventry Council
- Derbyshire County Council
- Durham
- Durham County Council
- Ealing Council
- Enfield
- Essex Council
- Lancashire Council
- Leicestershire County Council
- London Borough of Hackney
- North East Lincolnshire Council
- North Tyneside
- Nottingham City Council
- Oldham
- Peterborough Council
- Plymouth Council
- Rutland Council
- Sheffield City Council
- Slough Council
- Solihull
- Stockport
- Stoke on Trent
- Swindon Council
- Telford and Wrekin
- Wakefield Council
- Walsall Council

Participant organisations

Non-NHS organisations

The following Voluntary Sector teams supplied data to Phase 2 of this work:

- ADDvanced Solutions
- ADHD Foundation
- Anna Freud
- Barnardo's - Action for Young Carers
- Coventry and Warwickshire Mind
- Murray Hall
- North Staffs Mind
- Northorpe Hall
- Off Centre
- Open Door
- PSS - Spinning World
- The Dove Service
- YPAS

The following Independent Sector teams supplied data to Phase 2 of this work:

- Cygnet Health
- Priory

Independent sector

Non-NHS organisations

The following YOTs supplied data to Phase 2 of this work:

- Barnsley
- Bexley
- Blackburn with Darwen
- Blackpool
- Bournemouth
- Bracknell Forest
- Bradford
- Brighton and Hove
- Bristol
- Bromley
- Bucks
- Cheshire East
- Cheshire West, Halton and Warrington
- Cornwall and Isles of Scilly
- County Durham
- Croydon
- Cumbria
- Derby City
- Derbyshire
- Devon
- Doncaster
- Ealing
- East Riding of Yorkshire
- Gateshead
- Gloucestershire
- Hampshire
- Haringey
- Hartlepool
- Havering
- Hillingdon
- Hull
- Isle of Wight
- Islington
- Kent
- Knowsley
- Lancashire
- Leeds
- Lewisham
- Lincolnshire
- Medway
- Merton
- Middlesbrough
- Newham
- Norfolk
- North East Lincs
- North Lincs
- North Tyneside
- North Yorkshire
- Northamptonshire
- Northumberland
- Portsmouth
- Reading
- Redbridge
- Rotherham
- Royal Borough of Windsor and Maidenhead
- Salford
- Sandwell
- Sheffield
- Slough
- Solihull
- South Gloucestershire
- South Tyneside
- Southampton
- Southwark
- St Helens
- Staffordshire
- Stockport
- Stockton
- Stoke on Trent
- Suffolk
- Sunderland
- Swindon
- Torbay
- Trafford
- Wandsworth
- Warwickshire
- West Berks
- West Mercia
- West Sussex
- Wigan
- Wiltshire
- Wokingham
- Wolverhampton
- York



Benchmarking Network

Appendix 3

Training courses

The following training courses were included in the list for NHS providers to select from:

- Individual non-directive supportive therapy
- Group CBT
- Individual CBT
- Interpersonal Therapy
- Family Therapy
- Psychodynamic Psychotherapy
- CBT Therapist (PGDip)
- CBT Supervisor (PGDip)
- EEBP (PGCert)
- IPT-A Therapist (PGDip)
- IPT-A Supervisor (Full Training) (PGDip)
- IPT-A Supervisor (CYP IAPT top up) (PGDip)
- IPT-A Supervisor (CAMHS top up) (PGDip)
- Parenting Therapist (PGDip/PGCert)
- Parenting Supervisor (PGDip)
- SFP CD & Dep. Therapist (PGDip)
- SFP ED Therapist (PGDip)
- SFP Supervisor (PGDip)
- Service Leadership (PGDip)