Training needs and gap analysis of healthcare staff working with adolescent patients

NHS Education for Scotland

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Blake Stevenson’s final report

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1 Introduction, context and methodology

Introduction

1.1 In November 2008, NHS Education for Scotland (NES) commissioned Blake Stevenson to conduct a training needs and gap analysis for healthcare practitioners working with adolescent patients. This report presents our findings and recommendations from the research.

1.2 The first half of this chapter explains the rationale behind the research by exploring: the wider social context around adolescent health; the views of adolescents regarding the care they receive; and the development of recent Scottish policy which requires services across NHS Scotland to improve the provision of age appropriate care to adolescents and charges NES to develop an educational framework for health practitioners working with adolescents.

1.3 The second half of the chapter outlines the aims and objectives of the research and the methodology used to explore these.

Context

Adolescent health – the wider social context

1.4 The world’s adolescent population is now larger than it has ever been. One in five people is aged between 10-19 years, and around a third of the world’s population is under 18 years of age\(^1\). Although Scotland has an ageing population and does not quite follow this trend, the Annual Population Survey\(^2\) revealed that in Scotland there are 632,300 people between the ages of ten and 19, which at 13% of the total population is still a significant number.

1.5 Adolescence can be a difficult time characterised by: increased social pressures (bullying, peer pressure); conflicting relationships with parents, teachers and friends; assertion of independence; risk taking; and turbulence caused by constant emotional and physical changes. Ill health at this stage has the potential to impact heavily on healthy adolescent development and wellbeing – something England’s Chief Medical Officer, Sir Liam Donaldson has described as ‘double jeopardy’: 

\(^2\) Mid year population estimates for 2007.
As well as having an illness, ‘they are also coping with the turbulence of adolescence and the frustration with the actual and perceived barriers that illness creates’.

1.6 Adolescence is a critical period for engaging the population in health as it is a stage when new health behaviours are laid down which are maintained into adulthood and influence lifelong health. However, for adolescents, key public health indicators in priority areas such as obesity, smoking and pregnancy have shown adverse trends or no change in the past 20 years. This is against a background of considerable gains in the health of younger and older people. Mortality in adolescents has also fallen much less than in children.

1.7 The use of health services increases from mid-childhood into and through adolescence, however there are currently few services specifically for adolescents in Scotland – this age group often falls between child and adult healthcare. There is considerable evidence that adolescents avoid using services not designed for them and experience a number of barriers when they do access healthcare services.

1.8 The last fifty years have seen an increasing recognition that the health requirements of young people are physiologically and emotionally different to adults and that healthcare service planning and provision needs to be more aware of and responsive to the specific needs of adolescents – representing a move away from the idea of adolescents as being simply ‘almost adults’.

1.9 With the increase in a range of health problems among young people, such as depression, eating disorders, drug and alcohol use and misuse, unplanned pregnancy, suicide, and the development of long-term conditions which need ongoing support and treatment,

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3 Ibid.
5 Neither children’s wards nor adult wards are particularly suitable for the treatment of adolescents as described by David Cottrell, Professor of child and adult psychiatry: ‘Children’s wards with pictures of snow white and cartoon characters make teenagers feel unwanted. Similarly, if they’re on an adult ward and people are much older they can feel no one is interested in their needs… all people need health services appropriate to their needs and teenagers are no different.’ Adolescent Services – Smells Like Teen Spirit, Health Service Journal, 4 September 2008, pg 21.
6 ‘It is estimated that one in ten young people have a diagnosable mental health disorder, often later resulting in serious mental ill health in adulthood’, Adolescent Services – Smells Like Teen Spirit, Health Service Journal, 4 September 2008.
7 The number of suicidal children contacting ChildLine has tripled in the last five years. The (NSPCC), which runs the free 24-hour helpline, receives an average of almost 60 calls from suicidal young people every week - one in 14 are in need of urgent medical care or are in immediate danger.

http://www.mentalhealth.org.uk/information/news/?EntryId17=70231
work is needed to improve the accessibility and suitability of health services for young people – equipping the staff delivering these services with the necessary skills and competencies to deliver age appropriate care to adolescents is key to achieving service improvement.

1.10 Improving existing services and developing specialised services to allow and encourage adolescents to engage more effectively with their health will result in both short and long term population health gains.

*Adolescent perspectives on health services*

1.11 Research conducted on the perceived barriers and issues that adolescents experience when accessing and engaging with health care services further highlights the need to enhance the skills and confidences of health practitioners working with adolescent patients in order to tackle these barriers and ensure appropriate care is given to adolescents.

1.12 The 2003 *Bridging the Gaps* report by the intercollegiate working party on adolescent health found that young people were often frightened of using services, often because of confidentiality concerns, especially when accessing primary care services. Additionally, nine out of ten young people wanted special adolescent units in hospital.

1.13 The SCIE report (2004), *Transition of young people with physical disabilities or chronic illnesses from children’s to adult services*, highlighted the trauma of transition from child to adult-based services, revealing the following issues:

- ‘Young people commonly find that transition is a time of sadness (in breaking emotional ties with paediatric services) and fear of an uncertain future, such as a lack of social opportunities’; and

- ‘Important issues for young people are gaining information about their condition, being able to discuss their concerns in a confidential/private setting, gaining support, and gaining emotional support... (from health professionals).’

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8 *Bridging the Gaps: Health Care for Adolescents*, Royal College of Paediatrics and Child Health.
9 *SCIE Research Briefing: Transition of young people with physical disabilities or chronic illnesses from children’s to adult services.*
1.14 *Think Transition* - guidance published by The Royal College of Physicians of Edinburgh Transition Steering Group (2008)\(^{10}\) – reflects that the transition of young people from paediatric to adult services ‘has not been as good as it could be’ and, as a result, many young people have had experiences that have been ‘less than helpful’ during adolescence - an important and already difficult phase of their lives. The report emphasises that ‘training in and understanding of the ongoing health needs of young people are essential for health professionals and should be informed by the views of young people themselves.’\(^{11}\)

1.15 Blake Stevenson’s evaluation\(^{12}\) of the Young People’s Health Advisory Group (YPHAG)\(^{13}\) (2009) explored adolescent perspectives about health services, again highlighting a number of areas where increasing the skills and confidence of health practitioners may help eliminate some of the concerns held by adolescents when engaging in health services. Some of the areas of concern identified by the YPHAG were:

- the need for improved communication between health practitioners and young people;
- the need for better education provision to young people about health improvement issues and initiatives;
- the need for young people to be consulted over plans and decisions about healthcare services for young people; and
- the need for awareness raising around mental health issues in young people, with a focus on healthy wellbeing and how to stay mentally healthy.

*Scottish policy context*

1.16 In response to the social context outlined above, recent Scottish Government policy documents (*Delivering a Healthy Future: An Action Framework for Children and Young People in Scotland* (SEHD, 2007) and *Better Health, Better Care: National Delivery Plan for Children and Young People’s Specialist Services in Scotland*...
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(SGHD, 2009) have highlighted engaging adolescents more effectively with their health and providing them with more age-appropriate services as a priority for an efficient future health service. These policies address the need for all healthcare staff to be appropriately trained to deal with adolescent patients, and charge NHS Education for Scotland (NES) with the development of a multi-disciplinary package to equip staff in generic skills for the care of adolescent patients.

1.17 Additionally, Delivering a Healthy Future\(^\text{14}\) requires NES to develop the following:

- an educational framework work plan that ensures that staff have the appropriate skills, knowledge and competencies to manage the care of children and young people;

- an educational programme to support the development of new roles and models of care in NHS Scotland; and

- an educational framework and training programme for age appropriate care in Scotland.

1.18 The Better Health, Better Care: National Delivery Plan for Children and Young People’s Specialist Services in Scotland sets out the Scottish Government’s vision for the development of age appropriate child and adolescent healthcare - recognising that the health needs of children and young people in Scotland are changing and that services must be planned accordingly.

1.19 The Delivery Plan requires that the skills of staff of all disciplines contributing to the care of adolescents be specifically tailored to the needs of young people at the various stages of their emotional and physical development (SGHD, 2009\(^\text{15}\)).

1.20 NHS Scotland widely accepts that staff across all healthcare disciplines – nursing, medical, and allied health professionals (AHPs) – who care for children and young people need to be confident not only in their particular area of clinical practice but also in the specific requirements inherent in dealing with young patients and their families (SGHD, 2007\(^\text{16}\)).

1.21 Building a workforce that is skilled, competent, efficient, and confident in dealing with adolescents is pivotal to the long term development and sustainability of age-appropriate services for

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\(^\text{14}\) The Better Health, Better Care: National Delivery Plan for Children and Young People’s Specialist Services in Scotland (SEHD, 2009)

\(^\text{15}\) Ibid,17-19.

adolescents (BMJ, 200517). However, it is currently recognised that many staff have received little training in the physical, emotional, psycho-social, and legal issues relating to adolescents. As a result, they often lack confidence in dealing with young people. They need to be supported by robust training and development in order to attain the required skills and competencies.

1.22 Traditionally, children’s facilities in Scotland have only admitted young people under 13-14 years of age. Building a Health Service Fit for the Future (SEHD 2005) recommends that:

‘NHS Scotland should adopt the guiding principle that the age for admitting children and young people to acute care in paediatric facilities is up to their 16th birthday, and that for young people between the ages of 16-18 there should be discussions with their clinician(s) regarding where care is best delivered.’

1.23 This change in the age limit for children’s services will expose some clinical staff to conditions and clinical scenarios which are not commonly encountered in their present practice.

1.24 The competency gaps highlighted above demand the development of an educational and training framework to support staff working with adolescents. In order to take this development forward, NES has commissioned this training needs analysis to identify the generic skills involved in adolescent care which will inform the development and content of a multi-disciplinary training package for all healthcare practitioners working with adolescents.

**Methodology**

**Aims and objectives**

1.25 The main aims of the training needs and gaps analysis outlined were to:

- analyse the training needs of healthcare staff across Scotland who work with adolescents (in both adult and children’s services) to highlight gaps and identify areas where further staff training, learning and development is required;

- identify a generic set of core competencies/skills required by all healthcare staff who work with adolescents; and

- produce indicative content for an educational framework to inform the development of a multi-disciplinary training

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package to equip healthcare staff in generic skills for the care of adolescent patients.

1.26 The specific objectives of the training needs and gap analysis, as outlined by NES, were as follows:

- establish the current volume of service needs and attempt to determine likely future need;
- identify how managers perceive the developmental needs of practitioners for whom they are responsible;
- assess and examine practitioners’ perceptions of their learning needs relevant to their current and future development;
- prioritise the key learning needs as identified by the analysis of quantitative and qualitative data;
- provide relevant information to NES in order that a meaningful educational framework be designed which has the ability to meet the identified needs.

Methodology

1.27 In order to fulfil the aims and objectives of this research, we employed the following methodology.

**Stage one: desk research**

1.28 Our desk research involved the following stages:

- **Review of existing training and learning resources in the field of adolescent health** – we analysed key existing training and learning resources available to health professionals working with adolescents from sources across the UK. This included reviewing resources produced largely by the Royal Colleges (medical and nursing) and a number of voluntary sector organisations.

- **Review of Royal College of Paediatrics and Child Health (RCPCH) ‘Adolescent Health Project’** - having identified the adolescent health curriculum produced by RCPCH at the proposal stage of this research, we thoroughly analysed the content of the curriculum, in association with our analysis of other training resources, in order to draw out a list of key generic skills and competencies for health practitioners
working with adolescent patients. This competency list formed the basis of our interviews with health practitioners.

- **Review of relevant health board training provision on working with adolescent patients within the past three years** – we sent out by email a three question proforma to the Child Health Commissioner, or equivalent, of each of the 14 NHS Boards in Scotland to gather information on current training provision for healthcare staff working with adolescents and the priority staff groups to receive further training in this area. Additionally, we asked NHS Boards to indicate the staffing groups which should receive training on adolescent health as a priority in order to assess likely future demand for training. A copy of the proforma can be found at Appendix 1.

- **Mapping of volume of service need and priority staffing groups to receive training on working with adolescents** – we analysed centrally collected workforce information statistics from ISD to give an indication of the volume of staff who may be in need of training on working with adolescents. Additionally, when we approached the NHS Boards for information on the training they currently provide, we asked them to identify the priority staff groups to receive training on working with adolescents to give an indication to NES as to where training may be best targeted.

*Stage two: Face to face interviews with healthcare practitioners and managers*

1.29 Using the list of core generic skills and competencies identified during our desk research, we designed two interview schedules to guide our interviews with health practitioners and their managers. A copy of the interview schedule for health practitioners and Managers can be found at Appendix 2.

1.30 We conducted in-depth interviews with a range of health practitioners across seven locations in Scotland, gathering both qualitative and quantitative data. We aimed to complete 30 interviews in each location, covering a range of staff including allied health professionals (AHPs), medical, and nursing staff across both adult and children’s services.

1.31 After discussion with NES, we selected the following locations to conduct our fieldwork. The selection represents a good spread geographically: across rural and urban areas; across larger teaching hospitals and smaller community-based hospitals; across specialist children’s and general adult services; and across primary and secondary care services.
1.32 During our interviews, we gathered the following information from health practitioners and their managers:

- staff confidence levels in relation to our identified core competency areas for working with adolescents;
- the relevance of each competency in relation to different staff roles;
- relevant training received in the past two years;
- priority areas for future training, learning and development; and
- staff views on additional skills, competencies and knowledge areas which they felt were core to providing high quality care to adolescent patients.

1.33 We felt that gathering data through face to face interviews would be the most reliable and robust method to produce a high response rate and ensure we gathered high quality quantitative and qualitative data to give a good flavour of the key training needs and gaps across Scotland.

1.34 A survey designed to collect data on all staff involved in adolescent care from every hospital in Scotland would have been very unlikely to achieve an adequate response rate for the following reasons:

physical activity for older people. This study was carried out in four NHS Boards and we sent out an online survey to approximately 250 GPs, 250 nurses, 40 residential care homes, and other healthcare staff. The response rate was 12-13%; furthermore,

- the National Delivery Plan for Children and Young People’s Specialist\textsuperscript{19} states that a census developed to provide information on the level of specialist practice among nurses working with young people was developed but that the pilot of the questionnaire was not successful (p.44).

\textbf{Stage three: data analysis and reporting}

1.35 We collected, inputted and analysed the quantitative data from the face to face interviews into a database using the SurveyMonkey online web tool and the SPSS statistical package. We conducted a detailed analysis of this data using frequencies and cross-tabulations based on location and profession of respondents.

1.36 We conducted an in-depth thematic analysis of qualitative comments to further contextualise the results of the interviews and highlight any issues that staff identified.

1.37 The findings from our analysis are included in Chapter 3 of this report.

1.38 We then examined all elements of the research to produce synthesized findings to address each of the study objectives (contained in Chapter 4).

\textbf{Report layout}

1.39 The remainder of our report is set out as follows:

- Chapter 2: Results of desk research;
- Chapter 3: Results from fieldwork;
- Chapter 4: Synthesis of Findings; and
- Chapter 5: Conclusions and Recommendations.

\textsuperscript{19} Better Health, Better Care: National Delivery Plan for Children and Young People’s Specialist Services in Scotland (SGHD, 2009), 44.
2 Results of desk research

2.1 This chapter presents the findings from the desk research we conducted to inform the training needs and gap analysis. The findings are presented under the following headings:

- review of existing training and learning resources in the field of adolescent health;
- review of Royal College of Paediatrics and Child Health (RCPCH) ‘Adolescent Health Project’ curriculum;
- list of core generic competencies for working with adolescent patients;
- review of relevant training provided by NHS Boards in the last three years to health practitioners working with adolescents;
- current volume of service need for training; and
- priority staffing groups to receive training as identified by NHS Boards.

Review of existing training and learning resources in the field of adolescent health

2.2 To enable us to draw out a list of core generic competencies for working with adolescent patients we conducted a review of key training resources currently available across the UK to health practitioners (we have not included within this all the initial training/core curricula of doctors, paediatricians and children’s nursing). The following are examples of existing training resources of interest to this research and which may be of use to NES in developing an educational framework.

UK Medical and Nursing Organisations

2.3 Royal College of Psychiatrists (RCP) – the RCP offers a specialist module in child and adolescent psychiatry\(^\text{20}\) which covers generic skills such as consultation with young people, legal and ethical frameworks around working with young people, information on healthy development in adolescence, as well as competencies more specific to the clinical role of a psychiatrist.

\(^{20}\) http://www.rcpsych.ac.uk/docs/Curriculum%20Specialist%20Module%20-%20C&A.doc
2.4 The RCP also has a child and adolescent faculty which co-ordinates the publication of leaflets and other information resources to young people, parents and professional on adolescent mental health\(^\text{21}\); has an online catalogue of continuous professional development opportunities (specialist clinical, rather than generic) for psychiatrists; and provides an online reading list to health professionals for basic specialist training in child and adolescent psychiatry\(^\text{22}\).

2.5 **Royal College of Nursing (RCN)** – the RCN publishes a number of guidance documents relating to adolescent health and working with adolescent patients. These are available online to support and build the skills and confidence of health practitioners by guiding them through a number of issues common to dealing with adolescent patients. The following are examples of some of the guidance documents produced recently by RCN on working with adolescent patients:

- **Adolescence: boundaries and connections - an RCN guide for working with young people** - designed to support all nurses and healthcare practitioners in their work with young people and may be particularly helpful to those who do not routinely work with young people. This guide highlights the need for person-centred, adolescent care and aims to support the care of young people as they move into the adult world. The guide includes practical tips that nurses can use in their daily work and addresses issues such as adolescent development, confidentiality, consent and local resources. It also includes comments from young people themselves.

- **Adolescence: boundaries, connections and dilemmas** – this is the report of an RCN Adolescent Health Forum commissioned survey into how nurses support young people across all healthcare settings, and provides an insight into how healthcare professionals work with young people. It includes first hand examples of issues faced by practitioners and approaches utilised to develop relationships with young people and their families.

- **Adolescent transition care - guidance for nursing staff** - this guide is divided into two parts: the first provides an overview of the issues to consider when planning transition services, and the second provides a practical framework for

\(^\text{21}\) http://www.rcpsych.ac.uk/college/faculties/childandadolescent.aspx

\(^\text{22}\) www.rcpsych.ac.uk/college/faculties/childandadolescent/professional/readinglistforbasicspecial.aspx
working with young people at each of the major phases of adolescence.

- **Children and young people’s mental health - every nurse’s business** - highlights the importance of an urgent review of service provision, its integration across all healthcare sectors, the establishment of a career framework to attract and retain child and adolescent mental health nurses, and involving young people in shaping service provision.

- **Caring for young people: guidance for nursing staff** - offers guidance to nurses who are involved in caring for the needs of young people. Topics covered include consent to treatment, primary care and nurse training.

2.6 **Royal College of GPs (RCGP)** – in association with the RCN, RCGP has published a leaflet encouraging and guiding GP practices to make sure their practice is ‘young-person friendly’ so as to encourage early advice around sexual health, depression, suicide, self-harm, drugs and alcohol. The guidance can be found at [Getting it right for teenagers in your practice RCN](http://actionforsickchildren.org/index.asp?ID=184).

2.7 **Royal College of Paediatrics and Child Health (RCPCH)** – has a major role in postgraduate medical education and professional standards, setting syllabuses for postgraduate training in paediatrics, overseeing the training, running examinations, organising courses and conferences, and issuing guidance and conducting research. In 2008, RCPCH launched the ‘Adolescent Health Project Curriculum’ which is of great relevance to this training needs analysis and is explored in further detail in the following section (see paragraph 2.22).

2.8 **The General Medical Council** – in 2007 published ‘0-18 Years: Guidance for all doctors’ which outlined doctors’ duties and responsibilities in relation to children and young people including issues of confidentiality. The GMC also published ‘Tomorrow’s Doctors’ (2003), which sets the standards for knowledge, skills, attitudes and behaviours that medical students should learn at UK medical schools. Within this it states that graduates must understand human development and areas of psychology and sociology relevant to medicine, including child and adolescent development.

**Voluntary sector organisation, universities and other agencies**

2.9 **Action for Sick Children** – recommend a number of resources for purchase, in addition to freely available leaflets, which offer
guidance as to how health practitioners and other professionals working with adolescents can develop relevant skills and competencies. The following are examples of some of these resources:

- **Principles for involving children and young people in the service planning and delivery processes of hospital services** – offers guidance on how to consult and involve children and young people for those staff working within acute hospital settings.

- **Consenting to treatment for children and young people** – a free leaflet with tips for health practitioners and parents/carers on the issue of consent as it applies to adolescents.

- **Health services for children and young people** - this information pack provides practical advice for everyone involved in commissioning and providing health services for children. It starts with the rights of the child and shows the benefits of working in partnership with families. It brings together standards and good practice covering general practice, community services, school health, joint commissioning, child and adolescent mental health and hospital services.

2.10 **Mental Health Foundation** – recommend a purchasable publication entitled *Child and Adolescent Mental Health Today*\(^24\). This provides a handbook for a wide range of frontline workers in health, education, and social services who have regular contact with children and young people and need basic knowledge of the mental health issues that affect them, the basic skills to deal with these situations and an awareness of the service available.

2.11 **The Samaritans** – produce a range of material highlighting key issues in adolescence and providing advice to professionals who work with adolescents. There is a range of easy and quick to read leaflets which present top tips and key points of information for parents and professionals on issues such as: teens and depression; young people and self-harm; young people and suicide.

2.12 The Samaritans also offer a more comprehensive online resource \(^25\) for professionals working with adolescents, which is freely available. This resource helps develop staff competencies in supporting young people around the following issues: emotional health and wellbeing; stress; anxiety and fear; isolation; depression; self harm and suicide.

\(^{24}\) [http://www.mentalhealth.org.uk/publications/?EntryId5=54261](http://www.mentalhealth.org.uk/publications/?EntryId5=54261)

2.13 **The Association for Professionals in Services for Adolescents (APSA)** - APSA is a multidisciplinary association of professionals working with adolescents, which aims to promote the study, understanding and care of adolescents and generate new thinking about adolescent care for professionals working with adolescents.

2.14 Members of the association are kept updated about recent developments through publications, funding for training and study days. APSA also publishes the *Journal of Adolescence* (JoA), which is an authoritative academic reference journal in the field of adolescence. It is delivered free to members and is also available on subscription from the publishers Elsevier Science.

2.15 The *JoA* addresses issues of professional and academic importance concerning development between puberty and the attainment of adult status within society. It provides a forum for all who are concerned with the nature of adolescence, whether involved in teaching, research, guidance, counselling, treatment, or other services.

2.16 APSA also publish freely available practitioner briefings which offer guidance on a range of issues relating to the care of adolescence, for example depression, suicide, and cognitive behavioural therapy (CBT) for adolescents. For further information, see [http://www.apsa-web.info/](http://www.apsa-web.info/).

2.17 **Trust for the Study of Adolescence (TSA)**[^1] - TSA is a UK charity focusing exclusively on work with teenagers and young adults. It aims to help close knowledge and skills gaps and to improve the lives of young people and their families by enabling individuals and organisations that work with young people to provide better services. TSA offers the following services and training opportunities:

- running projects that develop professional practice;
- carrying out research and evaluating the effectiveness of services;
- producing practical resources such as guides, toolkits and training packs;
- training professionals in a wide range of topics; and
- influencing policy-makers.

2.18 TSA’s work covers five main areas: health and emotional wellbeing; learning and education; parenting and family life; youth social action and participation; and youth justice. They run an open

[^1]: [http://www.studyofadolescence.org.uk/courses/](http://www.studyofadolescence.org.uk/courses/)
programme of conferences and courses and also deliver tailor-made training ‘in-house’ on a range of issues relating to adolescents.

2.19 **Teenage Cancer Trust (TCT)** – TCT is a charity which works to improve the lives of teenagers and young adults with cancer. It funds several services for professionals in the field of teenage and young adult cancer care, including an international conference, multidisciplinary forum and a graduate level, distance learning course for professionals delivering care to young people with cancer27.

2.20 **Heads Up Scotland** – funding for Heads up Scotland ended late 2008, however, previous to this, in association with Young Minds, they produced an *Introduction to Child and Adolescent Mental Health National Inter-Agency Training Resource*28, which aims to increase awareness of mental health and wellbeing and to build confidence, competence and capacity among all those working with children, young people and families. This resource forms the basis of a two day training course which covers competency areas such as: child and adolescent emotional health and wellbeing; attachment theories; resilience; skills for collaborative and multi-disciplinary working.

2.21 **Napier University, Edinburgh** – provide a number of graduate and post-graduate level courses and modules which aim to develop the skills, competencies and knowledge base of health professionals who work with adolescent patients. These courses cover areas of adolescent health such as: child and adolescent mental health; child and family healthcare; children and young people in contemporary society; care of children and young people with cancer; children and young people living with adversity; contemporary ethical and professional issues in healthcare and others.

**Robert Gordon University, Aberdeen** - the School of Nursing and Midwifery offers two courses which deal with adolescence. The ‘Solution Focused Brief Therapy’ module aims to enable participants to develop their awareness of Solution Focused Brief Therapy and to facilitate the acquisition of core skills involved in this approach, and includes a section on dealing with adolescent patients. The ‘Unplanned Care Of Acutely Ill/Injured Children and Young People’ module is designed for registered healthcare professionals and is intended to facilitate the professional to attain core competence in the care required by children, young people and their family when acute illness/injury presents. It includes sections on communicating effectively with children and young people and analysing and discussing the ethical, legal and professional issues

27 [https://www.teenagecancertrust.org/services/for-professionals/](https://www.teenagecancertrust.org/services/for-professionals/)
that may be encountered when caring for acutely ill/injured children or young people.

**Glasgow Caledonian University** - the School of Nursing and Midwifery and Community offers a module called ‘The Acute and Critically Ill Child’, which is designed to facilitate insight into and understanding of the needs of acute and critically ill children and their families. Account is taken of specific findings, legal, cultural, ethical and moral issues that surround the nursing care of infants, children and adolescents in a climate of advancing technology.

2.22 **Scottish Institute of Human Relations** – offers a course, *Understanding and working with adolescents – turbulence, trauma, change and challenge* aimed at professionals in a variety of settings (voluntary and statutory) who have substantial experience of working with young people. The course is designed to provide ways of thinking about adolescence in order to facilitate direct work with young people and explores psychoanalytic theory to throw light on the complex adjustments to physical and social changes which are characteristic of adolescence. It focuses on gaining understanding of the dilemmas which confront young people which can create great strains for some individuals and result in developmental delays, problematic behaviours and sometimes serious mental illness.

**Review of RCPCH ‘Adolescent Health Project’ curriculum**

2.23 The Adolescent Health Project Curriculum29, launched in 2008 by the Royal College of Paediatrics and Child Health, is the most comprehensive training resource we have identified currently available to health practitioners working with adolescent patients. It has brought together professionals from different disciplines and a range of nursing and medical Royal Colleges30 to help improve knowledge and understanding of young people and their specific healthcare needs.

2.24 The project has produced a series of interdisciplinary training materials to enable doctors and other healthcare professionals to develop the necessary skills to deal effectively and appropriately with adolescent patients and support them to help their young patients make the necessary changes to lead healthier and more active lives.

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29 *Adolescent Health Project Curriculum*, Royal College of Paediatrics and Child Health, 2008 can be found at: [http://www.rcpch.ac.uk/Education/Adolescent-Health-Project](http://www.rcpch.ac.uk/Education/Adolescent-Health-Project)

30 The adolescent health project curriculum is a collaborative effort between the Royal College of Paediatrics and Child Health in association with the Royal College of General Practitioners (RCGP), the Royal College of Nursing (RCN), other Royal Colleges and e-Learning for Healthcare
2.25 The curriculum was derived by matching and combining the adolescent competences or pre-requisites of the various stakeholder Colleges. It covers all aspects of adolescent health, including healthy/abnormal development, communication skills, consent and confidentiality issues, sexual health, substance misuse, obesity and eating disorders, mental health, and making health services young-person friendly. It is designed to enable doctors, nurses and other health professionals to communicate with and work with young people more effectively. The materials are provided free to all professionals working in the NHS and other healthcare professionals and can be accessed online via a secure login.

2.26 The curriculum is delivered in a modular format. Each module is broken down into a series of sequential e-learning sessions of approximately 25 minutes duration, covering the required competences.

2.27 The session levels are graded for content and for different target audiences so that they can be used in a flexible manner by a range of health professionals of differing experience levels and differing professional roles and responsibilities. The sessions are graded as follows:

- **Level A: introductory knowledge** – the target audience for this level are health professionals such as graduate nurses, graduate AHPs, and foundation doctors. Level A sessions are generic for all health professionals.

- **Level B: acquisition of deeper knowledge and understanding of attitudes** – the target audience are health professionals such as post-foundation doctors and experienced nurses and AHPs. Level B sessions contain more in depth knowledge in which the target audience is expected to understand specific issues to a greater degree. This level also involves learning about attitudes.

- **Level C: applied knowledge, understanding and skills** – the target audience are health professionals such as Doctor ST 4-5 or equivalent, nurse specialists, specialist Allied Health Professinals (AHPs). Session C modules build on level B and enable the learner to develop necessary specialist skills.

- **Level D: specialist skills** – the target audience are health professionals such as Doctor ST 6 plus, nurse practitioners

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31 *ibid.*
and nurse consultants. These sessions apply to medical skills of diagnosis and management.\textsuperscript{32}

**List of core generic competencies for working with adolescent patients**

2.28 Due to its highly detailed and comprehensive nature, the curriculum outlined by the adolescent health project provided an excellent starting point for this research due to the likelihood that many of the issues which arise when dealing with adolescent patients in England will be similar in Scotland.

2.29 Supplemented by our review of other existing training resources, we used the curriculum to identify an initial list of core generic skills and competencies for health practitioners working with adolescent patients. Given that the focus of this research is to establish core generic skills for working with adolescents, we referred only to levels A and B of the curriculum. The competencies we identified can be found below:

- **Healthy adolescent development:** awareness of healthy physical, social and psychological development in adolescence; awareness of key factors affecting adolescent physical and mental health;

- **Young person-friendly services:** awareness of basic elements for delivering young-person friendly services;

- **Communication skills:** ability to communicate effectively and appropriately with adolescents; ability to establish trust and respect with young people and their parents or carers;

- **Legal and ethical frameworks:** awareness and understanding of current legislation, ethics, guidelines and procedures for working with young people, particularly issues of consent and confidentiality;

- **Adolescent mental health:** awareness of key mental health issues in adolescence and ability to recognise common signs of mental health disorders in young people;

- **Chronic conditions and transition care:** awareness and understanding of how the transition from child to adult-based services may impact on adolescents; and

\textsuperscript{32} Adolescent Health Project Curriculum, Royal College of Paediatrics and Child Health, 2008, 14.
• **Medicating and treating young people:** awareness and understanding of the factors which influence young people when following a prescribed treatment plan; awareness of issues related to prescribing and use of medicines in adolescents.

2.30 We used the above list of core competencies to inform the development of our schedule to guide the interviews with health practitioners.

**Review of relevant training provided by NHS Boards in the last three years to health practitioners on working with adolescents**

2.31 At the start of our research we contacted the Child Health Commissioner, or equivalent, of each of the 14 NHS Boards to request information on training provision that had been available to health practitioners working with adolescents within the last three years.

2.32 We received responses from all of the NHS Boards, apart from NHS Highland, NHS Western Isles, and NHS Shetland. Table 2.1 demonstrates current training activity taking place in each of the NHS Boards and other issues that were raised by the NHS Boards in relation to the training of health practitioners working with adolescent patients.
#### Table 2.1: Responses from NHS Boards relating to relevant training provided in the past three years to health practitioners working with adolescent patients

<table>
<thead>
<tr>
<th>NHS Health Board</th>
<th>Relevant training provided to health practitioners working with adolescents in the past three years</th>
<th>Other issues</th>
</tr>
</thead>
</table>
| **Ayrshire and Arran**    | - In house training on suicide prevention  
- Child protection training  
- Study days offered by Children’s hospitals on care of young people with specialist conditions  
- Conference/networking group discussion on transition care | - Transition care identified as a priority area for training and development  
- Training needed on how to engage with young people  
- Training on how to support parents/carers of young people with behavioural problems |
| **Borders**               | - Nothing currently  
- Attempt to address the needs of adolescents within appropriate service provision | - Gap around transition care for adolescents  
- Need for staff training on adolescent patients |
| **Dumfries and Galloway** | - Session on infant and adolescent mental health provided by CAMHS and Heads Up Scotland  
- Scottish Training on Drugs and Alcohol (STRADA) training  
- In house training on looked after children | - Training needs to develop age appropriate communication skills, listening to adolescents, how to consult with adolescents and gender issues in adolescence |
| **Fife**                  | - No specific training on adolescents | - Within school nursing, need for additional training in sexual health education and behavioural management relating to care of adolescents  
- Training to support nurses dealing with emotional issues in adolescence |
| **Forth Valley**          | - Staff nurse on children’s ward supported to complete adolescent nursing course at Napier University  
- Paediatricians encouraged to study adolescent health project curriculum (RCPCH)  
- Special interest group developing guidelines for providing appropriate sexual health education to young people with disabilities | - Training needs to consider care of parents/carers of adolescents who may need advice about their rights and responsibilities |
| **Grampian**              | - No dedicated training due to access and financial difficulties  
- Planning in house training around communication, drug/alcohol issues, and life-limiting disorder in adolescence | - Attempting to link in with wider community to raise staff awareness about current issues affecting this adolescents |
| **Greater Glasgow and Clyde** | - Various professionally organised conferences around pathology, such as: autism; ADHD; attachment disorder; looked after children, covering child and adolescent age range  
- Cognitive behavioural therapy in children and adolescents  
- 3 times a year session on mental health and wellbeing | - Transitional care is a priority area as there is a lack of engagement from adult health services  
- Issue around the ongoing care of children and adolescents with complex disabilities |
<table>
<thead>
<tr>
<th>NHS Health Board</th>
<th>Relevant training provided to health practitioners working with adolescents in the past three years</th>
<th>Other issues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lanarkshire</strong></td>
<td>- Various ad hoc training for Consultant Paediatricians</td>
<td>- A fixed term secondment (for one year) post recently appointed to scope the education and training needs of health practitioners</td>
</tr>
<tr>
<td></td>
<td>- A range of generic training available to health practitioners working with adolescents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Training around specific areas such as suicide prevention, addiction in adolescence is also offered</td>
<td></td>
</tr>
<tr>
<td><strong>Lothian</strong></td>
<td>- Training varies between CHPs. Courses cited include sexual health, alcohol and drug awareness, mental health, first aid, Choose Life, Growing though Adolescence-Hungry for Success, Child Protection</td>
<td>- Need training that can be adapted to different levels of staff, settings and levels of existing knowledge.</td>
</tr>
<tr>
<td></td>
<td>- Prepared Reprovision of the royal Hospital for Sick Children: draft report for the Adolescent/Age-Appropriate Care Clinical Redesign Subgroup’, April 2007</td>
<td>- Need flexible learning methods</td>
</tr>
<tr>
<td></td>
<td>- there is no age specific training within the Royal Hospital for Sick Children.</td>
<td>- With increasing age range within children’s hospitals need to ensure all practitioners are equipped to deal with both physical and mental health issues of young people</td>
</tr>
<tr>
<td><strong>Orkney</strong></td>
<td>- In house training on child and adolescent mental health</td>
<td>- Priority areas for training are those staff working in general medicine who see all age groups</td>
</tr>
<tr>
<td></td>
<td>- No training specific to adolescents</td>
<td>- Training needs to be targeted correctly so that it is not wasted – no point giving it to those who will not have a chance to consolidate learning as only see adolescents rarely</td>
</tr>
<tr>
<td><strong>Tayside</strong></td>
<td>- Dundee City Council run training on adolescent sexual health, risk taking behaviour, mental health issues</td>
<td>- Main skills in need of development are communication skills</td>
</tr>
<tr>
<td></td>
<td>- CAMHS provide in house training on mental health in young people</td>
<td>- Rural perspective is very different – many adolescents are used to knowing and seeing their health practitioners in a social as well as clinical setting – may be uncomfortable about sharing issues with people they already know well</td>
</tr>
<tr>
<td></td>
<td>- No training available to staff within the Children’s hospital</td>
<td>- Training and education packages need to be accessible locally with robust strategies in place to support staff undertaking them</td>
</tr>
</tbody>
</table>
Workforce information and current volume of service need for training on working with adolescents

Current overall staffing levels in NHS Scotland

2.33 The total number of staff employed by NHS Scotland as at 30 September 2008 is **165,551**, an increase of 3,412 (2.1%) from 30 September 2007\(^{33}\).

2.34 The total headcount for different staff groups in post as of 30 September 2008, many of whom would potentially benefit from training in relation to adolescent health (depending on whether they have a specialist or general role) is as follows:

- **General Medical Practitioners** – 4,916 (4.1% increase on 2007 figures).
- **Dentists** – 2,703 (6.2% increase on 2007 figures).
- **Consultants** – 4,581 (14% increase on 2007 figures).
- **Clinical Psychologists and other applied psychologists** – 581.9 (wte\(^{34}\)) (11% increase on 2007 figures).
- **Nursing and midwifery staff** – 57,749.6 (wte) (1.2% increase on 2007 figures). As at 30 September 2008, 40.9% of all staff in NHSScotland were employed in the nursing and midwifery staff group. The majority of nursing and midwifery staff are employed as a band 5 (28,225 headcount), which accounts for 41.5% of all nursing and midwifery workforce.
- **Clinical Nurse Specialists**\(^{35}\) – 1,433.3 (wte) (7% increase on 2007 figures).
- **Allied Health Professionals** – 9,242.8 (3.3% increase on 2007 figures).
- **Emergency services staff** – 3,557.7 (0.8% increase on 2007 figures).

2.35 The two charts below (Fig. 2.1 and Fig. 2.2), produced by ISD Scotland, show a ten year trend for all staffing groups across NHS Scotland based on headcount figures. They demonstrate that staffing figures have increased for all of the staff groups illustrated

\(^{33}\) Workforce information statistics in this section of the report are provided by ISD Scotland [www.isdscotland.org/isd/5363.html](http://www.isdscotland.org/isd/5363.html)

\(^{34}\) wte = work time equivalent.

\(^{35}\) A clinical nurse specialist is a registered nursing professional who has acquired additional knowledge, skills and experience, together with a professionally and/or academically accredited post-registration qualification in a clinical specialty.
(medical staff, support services staff, general dental services staff, allied health professionals and nursing and midwifery staff) over the course of the past ten years – this would suggest that staffing numbers will continue to increase.

**Figure 2.1: Ten year trend of NHS Scotland workforce employed in Medical and Community public health services, Allied Health Professions, General Medical Practice and General Dental Practice.**

**Overall NHS Scotland workforce (Headcount) as at 30th September**
2.36 The staffing figures and charts above give an overall broad indication of the potential numbers in each staff group who may benefit from training in generic skills and competencies for working with adolescent patients if training was to be rolled out to the majority of staff, even those who may only work with adolescents on an occasional basis. The figures also suggest that if the NHS Scotland workforce continues to increase as past trends suggest, there will be an increasing demand placed on training resources overall.

2.37 Specific statistics about the numbers of staff in different staff groups who work with adolescents, and the age of patients treated by medical and dental staff is not currently collected or stored centrally.

2.38 Table 2.2 gives an indication of medical and dental staff who are likely to be involved in the care of adolescents by looking at the
numbers of staff employed in child and adolescent specialist medical and dental services across the 14 NHS Boards, and the number of staff working in general medicine and general dentistry who are likely to work with patients across the age spectrum, including adolescents.

2.39 Similar statistics relating to the numbers of nurses currently working in paediatric services are not currently available, however the total number of nursing staff in Scotland (see paragraph 2.34, bullet point 5) gives a very broad indication of the potential demand for training among this staff group.
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<tbody>
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<td><strong>Emergency medicine</strong></td>
<td>768.0</td>
<td>-</td>
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<td>23.0</td>
<td>66.0</td>
<td>-</td>
<td>37.0</td>
<td>-</td>
<td>34.0</td>
<td>112.0</td>
<td>58.0</td>
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<td>20.0</td>
<td>52.0</td>
<td>217.0</td>
<td>44.0</td>
<td>114.0</td>
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<td>6.0</td>
<td>3.0</td>
<td>55.0</td>
<td>356.0</td>
<td>74.0</td>
<td>53.0</td>
<td>24.0</td>
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<td><strong>General medicine (group)</strong></td>
<td>2,081.0</td>
<td>37.0</td>
<td>83.0</td>
<td>311.0</td>
<td>86.0</td>
<td>237.0</td>
<td>10.0</td>
<td>183.0</td>
<td>7.0</td>
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<td>670.0</td>
<td>183.0</td>
<td>86.0</td>
<td>72.0</td>
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<tr>
<td><strong>Paediatric cardiology</strong></td>
<td>6.0</td>
<td>-</td>
<td>-</td>
<td>2.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>4.0</td>
<td>-</td>
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<tr>
<td><strong>Paediatrics</strong></td>
<td>536.0</td>
<td>10.0</td>
<td>31.0</td>
<td>95.0</td>
<td>19.0</td>
<td>52.0</td>
<td>-</td>
<td>63.0</td>
<td>1.0</td>
<td>-</td>
<td>32.0</td>
<td>149.0</td>
<td>44.0</td>
<td>24.0</td>
<td>17.0</td>
</tr>
<tr>
<td><strong>Child &amp; adolescent psychiatry</strong></td>
<td>111.0</td>
<td>2.0</td>
<td>4.0</td>
<td>27.0</td>
<td>2.0</td>
<td>17.0</td>
<td>-</td>
<td>11.0</td>
<td>-</td>
<td>-</td>
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<td>32.0</td>
<td>7.0</td>
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<td><strong>General psychiatry</strong></td>
<td>730.0</td>
<td>11.0</td>
<td>43.0</td>
<td>117.0</td>
<td>48.0</td>
<td>83.0</td>
<td>-</td>
<td>53.0</td>
<td>2.0</td>
<td>-</td>
<td>42.0</td>
<td>202.0</td>
<td>72.0</td>
<td>31.0</td>
<td>28.0</td>
</tr>
<tr>
<td><strong>ENT surgery</strong></td>
<td>151.0</td>
<td>3.0</td>
<td>9.0</td>
<td>15.0</td>
<td>11.0</td>
<td>18.0</td>
<td>-</td>
<td>17.0</td>
<td>-</td>
<td>-</td>
<td>10.0</td>
<td>40.0</td>
<td>18.0</td>
<td>6.0</td>
<td>6.0</td>
</tr>
<tr>
<td><strong>General surgery</strong></td>
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<td>16.0</td>
<td>39.0</td>
<td>115.0</td>
<td>45.0</td>
<td>106.0</td>
<td>5.0</td>
<td>72.0</td>
<td>6.0</td>
<td>5.0</td>
<td>52.0</td>
<td>223.0</td>
<td>94.0</td>
<td>47.0</td>
<td>24.0</td>
</tr>
<tr>
<td><strong>Paediatric surgery</strong></td>
<td>48.0</td>
<td>-</td>
<td>-</td>
<td>9.0</td>
<td>1.0</td>
<td>10.0</td>
<td>-</td>
<td>1.0</td>
<td>-</td>
<td>1.0</td>
<td>25.0</td>
<td>-</td>
<td>-</td>
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<td>-</td>
</tr>
<tr>
<td><strong>Community child health</strong></td>
<td>133.0</td>
<td>2.0</td>
<td>6.0</td>
<td>31.0</td>
<td>19.0</td>
<td>19.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>12.0</td>
<td>34.0</td>
<td>5.0</td>
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<td>3.0</td>
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<tr>
<td><strong>Community psychiatry</strong></td>
<td>28.0</td>
<td>3.0</td>
<td>1.0</td>
<td>1.0</td>
<td>-</td>
<td>1.0</td>
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<td>2.0</td>
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<td>-</td>
<td>16.0</td>
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<tr>
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<td>2.0</td>
<td>6.0</td>
<td>7.0</td>
<td>-</td>
<td>13.0</td>
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<td>33.0</td>
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<tr>
<td><strong>General practice</strong></td>
<td>306.0</td>
<td>1.0</td>
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<td>27.0</td>
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<td>57.0</td>
<td>-</td>
<td>96.0</td>
<td>4.0</td>
<td>5.0</td>
<td>-</td>
<td>13.0</td>
<td>27.0</td>
<td>14.0</td>
<td>2.0</td>
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<tr>
<td><strong>Paediatric dentistry</strong></td>
<td>19.0</td>
<td>-</td>
<td>-</td>
<td>5.0</td>
<td>-</td>
<td>-</td>
<td>5.0</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>8.0</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,997.00</strong></td>
<td><strong>107.00</strong></td>
<td><strong>278.00</strong></td>
<td><strong>1,375.00</strong></td>
<td><strong>359.00</strong></td>
<td><strong>787.00</strong></td>
<td><strong>18.00</strong></td>
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<td><strong>359.00</strong></td>
<td><strong>1,917.00</strong></td>
<td><strong>585.00</strong></td>
<td><strong>297.00</strong></td>
<td><strong>195.00</strong></td>
</tr>
</tbody>
</table>
Priority staff groups to receive training as identified by NHS Boards

2.40 In addition to our request for information on current training activities, we also asked the NHS Boards to complete a matrix stating which staff groups would be priority recipients of training relating to adolescent health. See Table 2.3 below for the priority groups identified by the different NHS Boards.

2.41 As we did not receive a response to the proforma from NHS Western Isles, NHS Shetland and NHS Highland, and as NHS Lothian did not have an appropriate person in post at the time, we do not have responses for these four NHS Boards.

2.42 NHS Fife did not complete the priority matrix, but did stipulate in their response that all of the staff groups listed should be in the high to medium priority category for receiving training on adolescent health.
<table>
<thead>
<tr>
<th>Profession</th>
<th>Ayrshire and Arran</th>
<th>Borders</th>
<th>Dumfries and Galloway</th>
<th>Forth Valley</th>
<th>Greater Glasgow and Clyde</th>
<th>Grampian</th>
<th>Lanarkshire</th>
<th>Lothian</th>
<th>Orkney</th>
<th>Tayside</th>
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</thead>
<tbody>
<tr>
<td>Paediatricians</td>
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<td>Treatment Room Nurses</td>
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<td>Community/District Nurses</td>
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<tr>
<td>Community Midwives/midwives</td>
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<td>School nurses</td>
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<tr>
<td>CAMHS in and out patient</td>
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<tr>
<td>Dentists</td>
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<td>- Public health Nurses working in regeneration programmes</td>
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<td>- Community AHPs</td>
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3 Results of fieldwork

3.1 Using the questionnaire based around the core competencies identified in our desk research (see Appendix 2) we conducted in-depth face-to-face interviews with a total of 162 health practitioners across the following four hospitals and three Community Health Partnerships (CHPs) in Scotland:

- Ayrshire and Arran CHP;
- Ninewells Hospital, Dundee;
- Orkney CHP;
- Raigmore Hospital, Inverness;
- Royal Edinburgh Psychiatric Hospital, Edinburgh;
- West Lothian CHP; and
- Yorkhill Hospital, Glasgow.

3.2 We recognise that we have not covered all professions in depth and inevitably numbers in some are quite low (such as some of the allied health professionals, midwives and paediatricians), however we believe that useful qualitative data has been gathered nevertheless.

3.3 The response rate was lower than hoped in Raigmore, the Royal Edinburgh and Ayrshire and Arran CHP where despite repeated and strenuous efforts over the study period it was not possible to get more than the numbers shown below. In Orkney, the number was also lower than hoped for but this seemed reasonable given the population size of the area. Despite this lower response, the interviews that were undertaken provided a wealth of qualitative as well as quantitative evidence.

3.4 The following table (Table 3.1) presents the response frequency for each of the seven locations. (Although numbers of responses are low in some instances, we felt it useful to use percentage figures, in addition to actual numbers, for ease of analysis. We have followed this approach throughout this section of the report).
Table 3.1: Location of fieldwork

<table>
<thead>
<tr>
<th>Location of fieldwork</th>
<th>Response Frequency</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire and Arran CHP</td>
<td>11.1%</td>
<td>18</td>
</tr>
<tr>
<td>Ninewells Hospital, Dundee</td>
<td>19.1%</td>
<td>31</td>
</tr>
<tr>
<td>Orkney CHP</td>
<td>12.3%</td>
<td>20</td>
</tr>
<tr>
<td>Raigmore Hospital, Inverness</td>
<td>6.2%</td>
<td>10</td>
</tr>
<tr>
<td>Royal Edinburgh Psychiatric Hospital</td>
<td>13.0%</td>
<td>21</td>
</tr>
<tr>
<td>West Lothian CHP</td>
<td>17.9%</td>
<td>29</td>
</tr>
<tr>
<td>Yorkhill Hospital, Glasgow</td>
<td>20.4%</td>
<td>33</td>
</tr>
</tbody>
</table>

3.5 The staff we interviewed in each of the locations came from a broad range of health practitioner roles, including staff from medical, dental, nursing and midwifery, and allied health professional services across both hospital and community-based care. Table 3.2 presents the response frequencies across the different staffing groups.

Table 3.2: Staff Groups

<table>
<thead>
<tr>
<th>Staff Groups</th>
<th>Response Frequency</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident and Emergency Staff</td>
<td>1.2%</td>
<td>2</td>
</tr>
<tr>
<td>CAMHS and Other Mental Health Specialists</td>
<td>10.5%</td>
<td>17</td>
</tr>
<tr>
<td>Community Nurses and Related Services</td>
<td>30.2%</td>
<td>49</td>
</tr>
<tr>
<td>Dentists</td>
<td>1.9%</td>
<td>3</td>
</tr>
<tr>
<td>GPs</td>
<td>6.8%</td>
<td>11</td>
</tr>
<tr>
<td>Children's Hospital: Allied Health Professionals</td>
<td>4.9%</td>
<td>8*</td>
</tr>
<tr>
<td>Children's Hospital: Nurses</td>
<td>19.1%</td>
<td>31</td>
</tr>
<tr>
<td>General Hospital: Allied Health Professionals</td>
<td>1.9%</td>
<td>3**</td>
</tr>
<tr>
<td>Hospital Staff working with Adults</td>
<td>13.6%</td>
<td>22</td>
</tr>
<tr>
<td>Paediatricians (hospital based)</td>
<td>6.8%</td>
<td>11</td>
</tr>
<tr>
<td>Play Staff Specialists</td>
<td>3.1%</td>
<td>5</td>
</tr>
</tbody>
</table>

* (Six physiotherapists; two occupational therapists)

** (One physiotherapist; one occupational therapist; one unspecified)

3.6 The health practitioners we interviewed came from a range of medical grades and “agenda for change” bands and from a range of adult and child-based services as shown in the pie chart below.
3.7 The staff interviewed also represented a broad range of experience levels. As can be seen from the pie chart below, there was a fairly even spread across the different lengths of time in post, although a comparatively smaller proportion of health practitioners had been in post for longer than 20 years.
Previous training undertaken by health practitioners on adolescent health in the past two years

3.8 Of the 162 health practitioners interviewed in total, just over two thirds of staff (70%) had not undertaken any training relating to adolescent health in the past two years.

3.9 Table 3.3 demonstrates that when split down into the different staff groups, CAMHS and other mental health specialists, and community nurses and related services had undertaken a higher than average amount of training in the past two years. The following staff groups had undertaken a lower than average amount of training: hospital children’s allied health professionals; hospital children’s nurses; hospital staff working with adults; and paediatricians.

Table 3.3: Levels of training undertaken by staff group (n=159)

<table>
<thead>
<tr>
<th>Have you undertaken any training in adolescent health in the past two years?</th>
<th>No</th>
<th>Yes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident and Emergency Staff</td>
<td>1 (50.0%)</td>
<td>1 (50.0%)</td>
<td>2 (100.0%)</td>
</tr>
<tr>
<td>CAMHS and Other Mental Health Specialists</td>
<td>10 (58.8%)</td>
<td>7 (41.2%)</td>
<td>17 (100.0%)</td>
</tr>
<tr>
<td>Community Nurses and Related Services</td>
<td>27 (55.1%)</td>
<td>22 (44.9%)</td>
<td>49 (100.0%)</td>
</tr>
<tr>
<td>Dentists</td>
<td>2 (66.7%)</td>
<td>1 (33.3%)</td>
<td>3 (100.0%)</td>
</tr>
<tr>
<td>GPs</td>
<td>7 (63.6%)</td>
<td>4 (36.4%)</td>
<td>11 (100.0%)</td>
</tr>
<tr>
<td>Hospital Children’s Allied Health Professionals</td>
<td>6 (75.0%)</td>
<td>2 (25.0%)</td>
<td>8 (100.0%)</td>
</tr>
<tr>
<td>Hospital Children’s Nurses</td>
<td>26 (83.9%)</td>
<td>5 (16.1%)</td>
<td>31 (100.0%)</td>
</tr>
<tr>
<td>Hospital General Allied Health Professionals</td>
<td>3 (100.0%)</td>
<td>0 (0%)</td>
<td>3 (100.0%)</td>
</tr>
<tr>
<td>Hospital Staff working with Adults</td>
<td>16 (84%)</td>
<td>3 (16%)</td>
<td>19 (100.0%)</td>
</tr>
<tr>
<td>Paediatricians</td>
<td>10 (90.9%)</td>
<td>1 (9.1%)</td>
<td>11 (100.0%)</td>
</tr>
<tr>
<td>Play Staff Specialists</td>
<td>4 (80.0%)</td>
<td>1 (20.0%)</td>
<td>5 (100.0%)</td>
</tr>
</tbody>
</table>

3.10 From Table 3.4 we can see that of the seven locations where staff were interviewed, in three locations (Yorkhill Hospital, Raigmore Hospital and Ayrshire and Arran CHP) staff had a lower than average access to or uptake of training related to adolescent health in the past two years. Staff in Orkney CHP appeared to have a higher than average access to or uptake of relevant training in the past two years. This can partly be accounted for by the fact that trainers from the Law Society for Scotland recently provided
Training on issues of consent and confidentiality when treating children and adolescents - many of the staff interviewed in Orkney had accessed this training.

**Table 3.4: Access to or uptake of training (n=159)**

<table>
<thead>
<tr>
<th>Have you undertaken any training in adolescent health in the past two years?</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire and Arran CHP</td>
<td>13 (72.2%)</td>
<td>5 (27.8%)</td>
</tr>
<tr>
<td>Ninewells Hospital, Dundee</td>
<td>19 (61.3%)</td>
<td>12 (38.7%)</td>
</tr>
<tr>
<td>Orkney CHP</td>
<td>9 (45.0%)</td>
<td>11 (55.0%)</td>
</tr>
<tr>
<td>Raigmore Hospital, Inverness</td>
<td>10 (100.0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Royal Edinburgh Psychiatric Hospital</td>
<td>13 (61.9%)</td>
<td>5 (23.8%)</td>
</tr>
<tr>
<td>West Lothian CHP</td>
<td>20 (69.0%)</td>
<td>9 (31.0%)</td>
</tr>
<tr>
<td>Yorkhill Hospital, Glasgow</td>
<td>28 (84.8%)</td>
<td>5 (15.2%)</td>
</tr>
<tr>
<td>Count</td>
<td>112</td>
<td>147</td>
</tr>
</tbody>
</table>

3.11 Of the third of overall staff who had received training in relation to adolescent health in the past three years, their training had largely been delivered by the following providers:

- universities (mainly Napier and Dundee);
- various in-house provision;
- NES;
- various conference providers;
- course providers (including STRADA, Association of Child and Adolescent Mental Health (ACAMH), Family Planning Association, and the Scottish Law Society); and
- a range of voluntary organisations.

3.12 The training received by respondents on adolescent health covered the following key topics:

- legal issues, especially around confidentiality and consent;
- adolescent health and development;
- child protection;
transition care related to cystic fibrosis;

- self esteem in young people;

- sexual health and family planning in adolescence;

- child and adolescent mental health;

- suicide, eating disorders and self-harm; and

- psychological needs and key issues in adolescence.

**Other points to note in relation to previous training undertaken**

3.13 A number of other points to consider came out of the qualitative data gathered from respondents in relation to their previous training around adolescent health including:

- On the whole, access to training and training undertaken seemed to be arranged on a fairly ad hoc basis across the seven locations. There was no evidence of a systematic framework for training relating to adolescent health or working with adolescent patients present in any of the locations – this is backed up by responses from the NHS Boards about current training provision (see Table 2.1).

- For most staff, their skills and confidence in relation to adolescent health and working with adolescents had come not from previous training but from on the job, experiential learning and experience working with adolescents in other aspects of their lives, for example, as a parent, carer or youth worker.

- Some of the CAMHS nursing staff we interviewed had received the ‘New to CAMHS Induction pack’ training, but this was only for staff who had started fairly recently (within the past two years). For most CAMHS staff, they felt they were thrown in at the deep end when transferring from adult to child/adolescent services and the knowledge, skills and confidence they had required had been acquired ‘on the job’ with clinical supervision and occasional in house guidance sessions.

- The majority of staff had received child protection (CP) training at some point in their careers. For many, CP training was refreshed regularly, often annually.
Family planning nurses (in West Lothian in particular) had good access to a range of training courses and resources, covering issues specific to adolescent sexual health. However, they received little training in working directly with teenage mums and felt that this would be of great use to them.

Consultant level staff, in general and paediatric medicine and general and paediatric psychiatry, tended to have access to larger training budgets in order to fulfil their continuous professional development requirements – generally, these budgets allow them to attend short courses, conferences, training days relating to adolescent health and development long as other time commitments allow.

While many staff had not received training specifically on adolescent health or issues specific to adolescence within the past two years, when probed further about the training they had undertaken, some staff working in paediatric services revealed that they had received training in aspects of child health and that although this did not deal with issues specific to adolescence, did cover young people up to the age of 16 years.

Analysis of responses to competency-based section of questionnaire

3.14 The second section of our interview with health practitioners focused on their skills and confidence in relation to key competency areas for working with adolescents and how relevant staff felt these competencies were to their current role. The results are presented below under the statement headings from the questionnaire.

Introduction to health and illness in adolescence

Q.6 You are aware of normal adolescent physical, social and psychological development and its impact on health and illness.

3.15 The majority of the respondents (89%) agreed or strongly agreed with this statement (see Figure 3.3).
3.16 The only notable variation in terms of specific health practitioner groups was for “hospital staff working with adults” where 73% agreed or strongly agreed and 27% disagreed or strongly disagreed.

3.17 In terms of how relevant respondents thought it was to be aware of normal adolescent physical, social and psychological development and its impact on health and illness, 91% thought it was quite or very relevant.

Figure 3.3: Q.6 - Responses on Agreement

Figure 3.4: Q.6 – Responses on Relevance
3.18 Respondents added a number of comments regarding this question, including:

- for many, their understanding of adolescents comes from experience rather than training;
- depending on their role, they either see it as being important for their job or see it as less important because of the context of their role; and
- there was some awareness that adolescents are different from children or adults.

Q.7 You are aware of the basic elements of young person-friendly health services.

3.19 84% of respondents agreed or strongly agreed with this statement (see Figure 3.5) and 16% disagreed or strongly disagreed.

Figure 3.5: Q7 – Responses on Agreement

3.20 Variations to the above in terms of health practitioner groups were as follows:

- dentists - 67% (2) disagreed
- GPs - 36% (4) disagreed
- hospital staff working with adults - 45% (10) disagreed.
3.21 In terms of how relevant respondents thought it was to be aware of the basic elements of young person-friendly health services, 88% thought it was quite or very relevant (see Figure 3.6).

**Figure 3.6: Q7 - Responses on Relevance**

3.22 Amongst a number of community-based practices, there was an awareness of the challenge involved in encouraging young people to access services.

3.23 Although the majority of respondents either agreed or strongly agreed that they were aware of what makes a health service young-person friendly, many commented that their service may not be delivering this or that more could be done.

3.24 Examples given of making services more young person friendly included:

- texting young people;
- being flexible with appointment times;
- having drop-in services;
- using appropriate language; and
- relating to adolescents in an informal manner.
Q.8  You are confident you are able to observe a young person’s behaviour and other symptoms, identifying any abnormal behaviour or development, and make judgements on appropriate actions to take.

3.25 79% of respondents agreed or strongly agreed with this statement. 20% disagreed and 01 strongly disagreed (see Figure 3.7 below).

Figure 3.7: Q.8 – Responses on Agreement

3.26 There were a number of variations according to health practitioner groups in answer to this question. Some had a stronger level of agreement, with over 90% agreeing or strongly agreeing:

- A + E staff;
- CAMHS and mental health specialists;
- GPs;
- hospital children’s AHPs;
- hospital children’s nurses;
- paediatricians; and
- play staff specialists.
3.27 Some staff groups had a lower than average level of agreement and a higher level of disagreement (over 30% disagreement):

- community nurses and related services;
- dentists;
- hospital general AHPs; and
- hospital staff working with adults.

3.28 In terms of relevance, 84% thought the statement was quite or very relevant and 16% thought it was not or not very relevant (see Figure 3.8).

Figure 3.8: Q.8 – Responses on Relevance

3.29 In terms of additional comments made to this question, some staff stated that they may only work with an adolescent patient for a limited period of time and are therefore not able to fully observe or get to know an adolescent patient.

3.30 A GP noted that it is difficult to make judgements based on a ten minute consultation.

3.31 Other staff stated that they are able to observe a young person’s behaviour but that they would refer on if they felt there was an issue rather than make a judgement themselves. Several staff noted that they are not trained to do this.
Q.9  *You are aware of key factors which affect adolescent physical and mental health.*

3.32 81% of respondents agreed or strongly agreed with this statement and 19% disagreed or strongly disagreed (see Figure 3.9).

**Figure 3.9: Q.9 – Responses on Agreement**

3.33 In terms of variation, hospital children’s nurses (32% disagreed), play staff specialists (40% disagreed) and dentists showed less agreement and higher disagreement. This suggests that some workers focus solely on children and not on teenagers.

3.34 In terms of relevance, 89% thought it was quite or very relevant (see Figure 3.10).
3.35 Many respondents who commented on this question expressed uncertainty about the extent of their knowledge. Responses included awareness of some basic factors but not others such as social issues and mental health issues.

3.36 Several respondents noted that they had received no training on this issue or that they would like to receive training.

**Effective communication**

**Q.10** You understand how communicating with young people might differ from communicating with children or with adults.

3.37 97% of respondents agreed or strongly agreed with this statement (see Figure 3.11).
3.38 There was no significant variation from the different staff groups on this question.

3.39 In terms of relevance, 93% thought it was quite or very relevant and 7% thought it was not very relevant. (See Figure 3.12). This 7% was mainly split between community nurses and hospital staff working with adults with, additionally, one hospital children’s nurse.

3.40 Those who commented on this question expressed their understanding of how communication with children differs from communicating with young people or with adults. Staff emphasised this point with comments such as, “you have to communicate to
them on their level” and “you have to make sure you don’t patronise them”.

**Q.11 You are confident you are able to effectively communicate and engage with young people (e.g. by listening and building empathy).**

3.41 88% of respondents agreed or strongly agreed with this statement. 12% disagreed or strongly disagreed (see Figure 3.13).

**Figure 3.13: Q.11 – Responses on Agreement**

3.42 In terms of variation, the following staff groups had lower levels of agreement:

- dentists (66%);
- hospital staff working with adults (77%); and
- paediatricians (45%).

3.43 In terms of relevance, 92% of respondents thought it was either quite or very relevant. The 8% who disagreed were from the following staff groups:

- community nurses and related services;
- hospital children’s nurses; and
- hospital staff working with adults.
3.44 This is an interesting finding as these groups differ from those who disagreed more strongly with the previous statement. This suggests that dentists and paediatricians do see the relevance of effective communication with this age group but do not have confidence in their own abilities in this area.

3.45 Some staff expressed they were very confident in this area and gave examples such as the ability to build trust and relationships, not patronising young people and being able to listen. Others expressed less confidence ("it doesn’t always work” and "I think we could to it better").

3.46 Other issues noted were that some young people are more difficult to engage with than others, and that there is not always time for effective communication.

**Q.12 You understand that behaviour is a form of communication and you are able to take this into account when interviewing, assessing and examining young people.**

3.47 93% of respondents agreed or strongly agreed with this statement. (See Figure 3.14)

**Figure 3.14: Q.12 – Responses on Agreement**

![Figure 3.14: Q.12 – Responses on Agreement](image)

3.48 The variations in this strong level of agreement came from hospital children’s nurses, paediatricians and dentists.

3.49 In terms of relevance, 91% thought it was quite or very relevant. (See Figure 3.15)
3.50 The 9% of respondents who thought it was not very relevant came from:

- community nurses and related services;
- hospital children’s nurses; and
- hospital staff working with adults.

3.51 This again suggests that dentists and paediatricians think this is a relevant area but lack confidence in it themselves.

3.52 Staff that commented on this question expressed the importance of behaviour as a form of non-verbal communication for adolescents – “sometimes, they are trying to tell you something.”

3.53 Other comments included respondents who felt they could improve this skill or that it improves with experience.
Q.13 You are confident that you are able to establish trust and respect with young people, as well as their parents and carers (i.e. so that they feel able to discuss difficult or emotional issues).

3.54 91% of respondents agreed or strongly agreed with the above statement and 9% disagreed (see Figure 3.16).

Figure 3.16: Q.13 – Responses on Agreement

3.55 The 9% who disagreed came from the following staff groups (with the actual number shown in brackets):

- A + E staff (1);
- community nurses and related (4);
- dentists (1);
- GPs (1);
- hospital staff working with adults (1); and
- paediatricians (6).

3.56 In terms of relevance, 87% thought it was quite or very relevant and 12% thought it was not very relevant.
3.57 The 12% who thought it was not very relevant came from:

- community nurses and related services (6);
- hospital children’s nurses (1);
- hospital staff working with adults (8); and
- paediatricians (5).

3.58 Time was mentioned as being an important factor by a number of respondents, who stated that there may not always be enough time to develop trust.

3.59 Those respondents who also dealt with parents/carers of young people noted that they can be difficult to deal with but some also recognised that the situation can be difficult for parents too.

**Q.14** *You are confident that you are able to reach a shared understanding with a young person, as well as their parents or carers (e.g. regarding health issues and treatment options)*

3.60 86% of respondents agreed or strongly agreed with this statement and 14% disagreed (see Figure 3.17).

**Figure 3.17: Q.14 – Responses on Agreement**
3.61 Those who disagreed came from the following staff groups (with the actual number shown in brackets):

- CAMHS and other mental health specialists (1);
- community nurses and related services (8);
- GPs (2);
- hospital children’s nurses (3);
- hospital staff working with adults (5); and
- paediatricians (3).

3.62 In terms of relevance, 85% agreed the statement was quite or very relevant. 15% thought it was not or very relevant.

3.63 Those who thought it was not or not very relevant came from the following staff groups:

- community nurses and related services (7);
- hospital children’s nurses (3);
- hospital staff working with adults (8);
- paediatricians (4); and
- play staff specialists (1).

3.64 This suggests that the CAMHS and other mental health specialists and GPs who did not agree with the first statement but do see its relevance, would benefit from training/development in this area.

3.65 Respondents to this question noted that this can be a difficult issue – both with young people and with their parents/carers.

3.66 Some of the barriers noted were helping young people to fully understand the issue, making them feel empowered and to accept there may be a different view between young people and their parents. Several comments included the need for negotiating and compromising.
Legal/ethical framework and safeguarding welfare

**Q.15** You have awareness and basic knowledge of current legislation, ethics, guidelines and procedures for working with young people.

3.67 71% of respondents agreed or strongly agreed with this statement and 29% disagreed or strongly disagreed (see Figure 3.18). This is a significant level of disagreement.

**Figure 3.18: Q.15 – Responses on Agreement**

In terms of variation to this average the following staff groups had lower levels of agreement:

- Dentists (33% [1])
- Hospital children’s nurses (58% [18])
- Hospital general AHPs (67% [2])
- Hospital staff working with adults (46% [10]).

3.69 91% of respondents thought it was quite or very relevant, and 9% thought it was not very relevant (see Figure 3.9).
3.70 The 9% who thought it was not very relevant came from the following groups:

- Community nurses and related services (9);
- Hospital staff working with adults (5); and
- Paediatricians (1)

3.71 This suggests that there is room for training/learning inputs in this area as more people think it is relevant than have confidence in their own abilities in this area.

3.72 In terms of additional comments, respondents to this question commonly stated that they had a “basic understanding”. However, it was noted by several staff that either they were “not 100%” or that they were “not so confident”.

3.73 Several respondents noted that the legislation keeps changing and that they felt it was difficult to keep up to date. As one respondent noted “I could do with a refresher”.

3.74 Other respondents expressed uncertainty specifically with regard to adolescents.

3.75 Interestingly, recently qualified staff felt very confident and specifically referred to ethics training that they had recently undertaken.
Q.16 You are confident that you are able to make considered judgements about how to safeguard and promote a young person’s welfare

3.76 82% of respondents agreed or strongly agreed with this statement and 18% disagreed or strongly disagreed.

**Figure 3.20: Q.16 – Responses on Agreement**

3.77 The 18% who disagreed or strongly disagreed with the statement came from the following staff groups:

- Community nurses and related services (10);
- Dentists (2);
- GPs (4);
- Hospital children’s nurses (5);
- Hospital general AHPs (1);
- Hospital staff working with adults (6); and
- Paediatricians (1).

3.78 In terms of relevance, 89% of respondents thought it was quite or very relevant and 11% thought it was not very relevant (see Figure 3.21).
3.79 The 11% who thought it was not very relevant came from the following staff groups:

- Community nurses and related services (9);
- GPs (1);
- Hospital children’s nurses (2); and
- Hospital staff working with adults (6).

3.80 The difference between those who think it relevant and those who say they lack confidence in this area suggests training/learning needs are present.

3.81 Around half of the comments for this question discussed working with or referring to colleagues or other agencies such as child protection.

3.82 Approximately a third of comments expressed less confidence in this area or a need for further training.
3.83 89% of respondents agreed or strongly agreed with this statement (see Figure 3.22 below).

**Figure 3.22: Q.17 – Responses on Agreement**

3.84 The 11% who did not express confidence in this area came from the following staff groups:

- Community nurses and related services (5);
- GPs (1);
- Hospital staff working with adults (6); and
- Paediatricians (5).

3.85 94% of respondents however thought it was quite or very relevant.
3.86 The 6% who did not think it was very relevant came from the following staff groups:

- Community nurses and related services (5); and
- Hospital staff working with adults (5)

3.87 This suggests again a training need, in particular for paediatricians who see the relevance but do not have the confidence in this area.

3.88 In general, staff stated they had a good understanding of confidentiality. A small number of comments referred to uncertainty about breaking confidentiality, particularly in relation to parents.

**Q.18 You are confident that you are able to deliver confidential services for young people**

3.89 85% of respondents agreed or strongly agreed with this statement as demonstrated in figure 3.24.
In terms of the 15% who did not agree, these came from the following groups:

- CAMHS and other mental health specialists (3);
- Community nurses and related services (8);
- Dentists (2);
- GPs (1);
- Hospital children’s nurses (2);
- Hospital staff working with adults (3); and
- Paediatricians (5).

93% of respondents agreed it was quite or very relevant (see Figure 3.25).
3.92 The 7% who thought it was not very relevant came from the following staff groups:

- Community nurses and related services (6); and
- Hospital staff working with adults (5).

3.93 This suggests that there are staff who do think it is relevant but who lack confidence in their own abilities in this area.

3.94 Staff who expressed further comments generally felt confident of being able to deliver confidential services and some expressed confidence, some a lack of confidence, in knowing when to break confidentiality.

**Q.19 You understand the principles and legal aspects of consent and the right to refuse treatment with respect to young people**

3.95 82% of respondents agreed or strongly agreed with this statement and 18% disagreed or strongly disagreed.
3.96 The 18% who felt less confident in this area came from the following staff groups:

- CAMHS and other mental health specialists (1);
- Community nurses and related services (7);
- GPs (2);
- Hospital children’s nurses (4);
- Hospital general AHP (1); and
- Hospital staff working with adults (14).

3.97 In terms of relevance, 91% thought it was quite or very relevant.
3.98 The 9% who thought it was not very relevant came from the following staff groups:

- Community nurses and other related services (4);
- Hospital children’s AHPs (1);
- Hospital children’s nurses (2);
- Hospital general AHP (1); and
- Hospital staff working with adults (5).

3.99 There is a sense again that there is some training/learning need in this area, for those who see it as relevant but do not have the confidence in their own abilities.

3.100 In terms of comments, a significant proportion of nursing staff stated that it was doctors who would gain consent from patients and this question was not as relevant to them.

3.101 Some staff noted that they had a basic understanding of the principles but were less certain about specifics such as when a young person refuses treatment or disagrees with their parent/carer.
Q.20 You are confident you are able to obtain informed consent from young people, as well as their parents or carers where necessary

3.102 85% respondents agreed or strongly agreed with this statement (see Figure 3.28).

**Figure 3.28: Q.20 – Responses on Agreement**

3.103 The 15% who disagreed or strongly disagreed came from the following staff groups:

- Community nurses and other related services (8);
- GPs (2);
- Hospital children’s nurses (7);
- Hospital general AHPs (1);
- Hospital staff working with adults (5); and
- Paediatricians (1).

3.104 Less respondents (80%) felt that this was relevant than felt confident in providing it. (See Figure 3.29).
3.105 The groupings were mainly the same as for those who had expressed lack of confidence but with greater numbers expressing a sense that it was not that relevant, for example, hospital children’s nurses where 12 do not see it as very relevant but only seven had expressed a lack of confidence.

3.106 A number of comments noted that obtaining consent can be difficult, or that it requires skill on behalf of staff.

3.107 Some staff noted that they tend to obtain consent from the parents, rather than the young person themselves.

3.108 As in the previous question, a significant number of nurses stated that this is the doctor’s role.

**Q.21 You understand young people may have different opinions on health care than their parents or carers. You are aware of ethical and legal guidelines**

3.109 75% of respondents agreed or strongly agreed with this statement (see Figure 3.30). A significant proportion (24% strongly disagreed or disagreed).
3.110 Those who disagreed came from across the staff groups with particularly high percentages within paediatricians, hospital staff working with adults, GPs and community nurses and related specialists.

3.111 87% of respondents thought it was quite relevant or very relevant.
3.112 Those who thought it was not very relevant came from the following staff groups:

- Community nurses and related services (9);
- Hospital children’s AHPs (1);
- Hospital children’s nurses (1);
- Hospital staff working with adults (5); and
- Paediatricians (5).

3.113 In general, respondent’s comments were less certain on this issue, stating that “this is where it gets complicated” for example, or “I’m not completely aware of how to handle this situation”.

3.114 Several staff noted this as an area for further training, whilst some others stated that they would refer this issue to senior staff if required.

**Adolescent mental health**

**Q.22 You know about concepts of mental health, mental health problems and psychiatric disorders in adolescence**

3.115 Opinion was divided on this question. 52% of respondents agreed or strongly agreed with this statement while 48% disagreed or strongly disagreed (see Figure 3.32).

**Figure 3.32: Q.22 – Responses on Agreement**
3.116 Clearly those responding to this statement have lower levels of confidence than in previous statements. Those who disagreed or strongly disagreed came from all the staff groups except CAMHS and other mental health specialists.

3.117 In terms of relevance 83% stated it was quite or very relevant while 17% thought it was not very or not relevant (see Figure 3.33).

Figure 3.33: Q.22 – Responses to Relevance

3.118 Thos who saw it as not or not very relevant came from the following staff groups:

- Community nurses and other related services (8);
- GPs (1);
- Hospital children’s nurses (7);
- Hospital general AHPs (1);
- Hospital staff working with adults (5); and
- Paediatricians (5).

3.119 Amongst staff not working directly in mental health-related roles, comments generally referred to a limited knowledge of issues, a lack of confidence or a training need.
3.120 Other comments included that they would refer on to specialist services or that mental health issues were not common for them.

**Q.23 You are able to list common signs of mental health disorders in young people**

3.121 56% of respondents agreed or disagreed with this statement (see Figure 3.34).

**Figure 3.34: Q.23 – Responses to Agreement**

3.122 The 44% who did not agree with it tended to “strongly disagree” and included:

- Community nurses and related services (23);
- Dentists (3);
- GP (1);
- Hospital children’s AHPs (4);
- Hospital children’s nurses (20);
- Hospital general AHPs (2);
- Hospital staff working with adults (4);
- Paediatricians (7); and
- Play staff specialists (3).

3.123 88% saw the statement as quite or very relevant (see Figure 3.35 below).

**Figure 3.35: Q23 – Responses to Relevance**

3.124 Those who did not see it as relevant came from the following groups:

- Community nurses and related services (9);
- Hospital children’s nurses (1);
- Hospital staff working with adults (3); and
- Paediatricians (5).

3.125 The difference between those who have confidence and those who think it relevant suggest training/learning needs in this area.

3.126 Issues raised by respondents included being able to know what is normal in adolescents and staff having either only a general awareness or limited understanding of common signs.
Chronic conditions and transition

Q24  *You have an understanding of the experience of young people with chronic conditions and how the transition from child-based to adult-based services may impact on them*

3.127 75% of respondents agreed or strongly agreed with this statement (see Figure 3.36) and a quarter disagreed/strongly disagreed.

**Figure 3.36: Q.24 – Responses to Agreement**

3.128 Those who did not agree came from the following staff groups:

- A&E staff (1);
- CAMHS and other mental health specialists (1);
- Community nurses and related services (21);
- Dentists (2);
- GPs (2);
- Hospital children’s nurses (3);
- Hospital staff working with adults (5);
- Paediatricians (1); and
- Play staff specialists (1).
3.129 86% of respondents thought it was either quite or very relevant.

Figure 3.37: Q.24 – Responses to Relevance

3.130 The 14% who thought it was not or not very relevant came from the following staff groups:

- Community nurses and related services (15);
- GPs (1);
- Hospital children’s AHPs (1);
- Hospital staff working with adults (6); and
- Paediatricians (1).

3.131 In terms of additional comments many staff noted that they do not deal with this issue on a regular basis. Chronic conditions that staff do work with included, cystic fibrosis, diabetes, asthma, and mental health issues.

3.132 Some paediatric staff noted that they do not always know what happens to patients once they have transferred to adult-based services.

3.133 Several staff with experience of this issue noted that this can be a traumatic experience for young people and their families as well. Several comments stated that this is an important issue.
Medicating and treating young people

Q25 You understand the factors which influence young people and their parents or carers in their approach to following prescribed management and treatment plans

3.134 80% of respondents agreed or strongly agreed with this statement (see Figure 3.38).

Figure 3.38: Q.25 – Responses to Agreement

3.135 The 20% who did not agree came from the following groups:

- CAMHS and other mental health specialists (1);
- Community nurses and related services (15);
- Dentists (2);
- GPs (2);
- Hospital children’s nurses (6);
- Hospital staff working with adults (3);
- Paediatricians (2); and
- Play staff specialists (2).

3.136 87% thought it was quite or very relevant (see Figure 3.39).
3.137 The 13% who thought it was not or not very relevant came from the following staff groups:

- Community nurses and related services (11);
- Hospital children’s nurses (3); and
- Hospital staff working with adults (6).

3.138 In terms of additional comments, the most common problem cited was that young people do not always complete a course of medication. Respondents expressed a range of opinions on factors that influence young people in this matter. These included:

- not understanding the need for medication;
- relationships with parents;
- rebelling or refusing to follow plans; and
- forgetting.

**Q26 You understand issues related to prescribing and use of medicines in young people**

3.139 70% of respondents agreed or strongly agreed with this statement (see Figure 3.40).
3.140 30% disagreed or strongly disagreed. These came from the following staff groups:

- CAMHS and other mental health specialist (3);
- Community nurses and related services (20);
- Dentists (1);
- GPs (2);
- Hospital children’s AHPs (2);
- Hospital children’s nurses (4);
- Hospital staff working with adults (12); and
- Play staff specialists (2).
3.141 In terms of relevance, 83% see it as relevant (see Figure 3.41).

**Figure 3.41: Q.26 – Responses to Relevance**

3.142 Those who did not find it relevant came from the following staff groups:

- Community nurses and related services (12);
- Hospital children’s nurses (3);
- Hospital staff working with adults (5); and
- Play staff specialists (2).

3.143 Several of the additional comments made in response to this question stated that the interviewee was not involved in prescribing. Others said they were not aware of differences between prescribing for adults and for adolescents.

**Future training needs**

3.144 The final section of our interview with health practitioners covered their training needs and priorities for future training in relation to adolescent health and explored any other key skill or knowledge areas they felt were important to be included in training on adolescent health. The results were as follows.
**Q.27 How useful do you feel it would be to have further training on the following topics relating to adolescent health care?**

**Most useful topics for further training**

3.145 In terms of the most useful topics for further training, 67% of all respondents stated that they felt it would be very useful for them to have training on “legal framework” issues (such as consent and confidentiality). 57% stated that training on “substance use and misuse” would be very useful and 48% considered training on “communication and consultation” with young people to be very useful.

<table>
<thead>
<tr>
<th>Training Topic</th>
<th>Percentage considering this to be very useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal framework</td>
<td>67.3% (101)</td>
</tr>
<tr>
<td>Substance use and misuse</td>
<td>57.0% (85)</td>
</tr>
<tr>
<td>Communication and consultation with young people</td>
<td>47.7% (71)</td>
</tr>
</tbody>
</table>

3.146 There were some notable variations by profession. 100% of play staff specialists and 75% of children’s hospital AHPs stated that “legal framework” training would be very useful for them, whilst this was the case for only 45% of paediatricians and 33% of general hospital AHPs.

3.147 Approximately 71% of all respondents either agreed or strongly agreed that they had an awareness and basic knowledge of current legislation, ethics, guidelines and procedures for working with young people. Given that a similar percentage saw training on legal issues as very useful, this suggests that staff would like to build on their existing knowledge.

3.148 100% of both accident and emergency staff and play staff specialists interviewed and 65% of community nurses and related services staff felt that training on “substance use and misuse” in adolescence would be very useful to them. Only 25% of children’s hospital AHPs and no general hospital AHPs thought it would be very useful.

3.149 80% of play staff specialists, 67% of dentists and 64% of hospital staff working with adults felt that training on “communication and consultation with young people” would be very useful for them.

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**Training needs and gap analysis of healthcare staff working with adolescent patients**
Only 23% of paediatricians and 27% of children’s hospital nurses responded in this way.

**Least useful topics for further training**

3.150 The training topics with the highest percentage of respondents stating that the topics were not useful were “wellbeing and recovery” (21%), “medicating and treating young people” (19%) and “sexual and reproductive health” (18%).

<table>
<thead>
<tr>
<th>Table 3.6: Training topics with highest percentage of respondents considering them to be not useful (n=150)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Topic</td>
</tr>
<tr>
<td>Wellbeing and recovery</td>
</tr>
<tr>
<td>Medicating and treating young people</td>
</tr>
<tr>
<td>Sexual and reproductive health</td>
</tr>
</tbody>
</table>

3.151 67% of general hospital AHPs and 26% of community nurses and related services staff responded that “wellbeing and recovery” training in adolescence was not useful to them. No accident and emergency staff, dentists or play staff specialists stated it was not useful.

3.152 50% of accident and emergency staff and 33% of community nurses and related services staff responded that “medicating and treating young people” training for working with adolescent patients was not useful for them. No dentists, general hospital AHPs or play staff specialists considered that this would not be useful for them.

3.153 67% of general hospital AHPs, 37% of children’s hospital AHPs and 32% of hospital staff working with adults stated that training on “sexual and reproductive health” was not useful to them. No dentists, general hospital AHPs, paediatricians or play staff specialists considered that this would not be useful for them.
Q.28 Please list any other skill areas that you feel should be included in training, learning and development around adolescent health

3.154 Respondents discussed a wide range of skill areas both general and specific, that they felt should be included in training, learning and development for working with adolescents. These included:

- building understanding and empathy;
- communication skills, including language and technologies used by adolescents and understanding non-verbal communication;
- counselling with both young people and their parents or carers;
- understanding social and family environment;
- mental health assessments;
- carrying out comprehensive developmental histories of young people;
- patience and tolerance;
- listening skills;
- mental health therapies, such as CBT, solution-focused, and narrative therapy;
- creative therapies;
- palliative care;
- partnership working;
- discussing sensitive issues;
- handling disruptive behaviour; and
- supporting young people through bereavement.
Q.29 Please list any other knowledge areas that you feel should be included in training, learning and development around adolescent health

3.155 Other knowledge areas, both general and specific, that respondents stated should be included in training, learning and development on working with adolescents included:

- mental health;
- understanding the behaviour of young people;
- impact of sexual abuse;
- suicide and self harm;
- eating disorders;
- more detailed learning on substance misuse;
- becoming a mother;
- bullying, peer pressure and other social pressures on young people;
- how young people communicate with each other;
- how illness interrupts normal adolescent life; and
- theories of attachment and how to deal with this as a health practitioner.

Q.30 What are your three most important learning needs regarding adolescent health care?

3.156 As demonstrated in Table 3.7, according to respondents the most important learning needs in adolescent health care were “legal framework” (59%), “communication and consultation with young people” (54%) and “mental health” (29%).
Table 3.7: Most Important Learning Needs regarding Adolescent Health Care

<table>
<thead>
<tr>
<th>Topic</th>
<th>Response Frequency</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal framework (for example issues of consent and confidentiality)</td>
<td>58.6%</td>
<td>82</td>
</tr>
<tr>
<td>Communication and consultation with young people</td>
<td>53.6%</td>
<td>75</td>
</tr>
<tr>
<td>Mental Health</td>
<td>28.6%</td>
<td>40</td>
</tr>
<tr>
<td>Substance use and misuse</td>
<td>19.3%</td>
<td>27</td>
</tr>
<tr>
<td>Common medical problems and symptoms in adolescence</td>
<td>16.4%</td>
<td>23</td>
</tr>
<tr>
<td>Sexual and reproductive health</td>
<td>13.6%</td>
<td>19</td>
</tr>
<tr>
<td>Youth friendly services</td>
<td>12.9%</td>
<td>18</td>
</tr>
<tr>
<td>Healthy development</td>
<td>7.9%</td>
<td>11</td>
</tr>
<tr>
<td>Health promotion and advocacy</td>
<td>7.9%</td>
<td>11</td>
</tr>
<tr>
<td>Medicating and treating young people</td>
<td>7.9%</td>
<td>11</td>
</tr>
<tr>
<td>Weight and shape in adolescence</td>
<td>5.7%</td>
<td>8</td>
</tr>
<tr>
<td>Chronic conditions and transition care</td>
<td>5.0%</td>
<td>7</td>
</tr>
<tr>
<td>Wellbeing and recovery</td>
<td>3.6%</td>
<td>5</td>
</tr>
<tr>
<td>Specialist training (please describe below)</td>
<td>1.4%</td>
<td>2</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td>64</td>
</tr>
</tbody>
</table>

Respondents also identified a range of specific topics for training, including the following:

- psychological care;
- physiological changes in adolescence;
- advocacy;
- building respect and understanding;
- different ways of communicating with teenagers e.g. through texting;
- bereavement in adolescence;
- causes of mental illness in young people;
- impact on families of adolescence illness and working with families; and
- suicide and self harm.
Preferred formats of learning and training

3.158 Respondents were asked which formats of learning and training they found to be the most effective. They were given the option of choosing more than one response. The table below presents the frequency of responses for the different learning formats.

Table 3.8: Preferred formats of learning and training

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Frequency</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-learning</td>
<td>26.0%</td>
<td>38</td>
</tr>
<tr>
<td>Job shadowing/on the job learning</td>
<td>56.8%</td>
<td>83</td>
</tr>
<tr>
<td>Mentoring</td>
<td>17.1%</td>
<td>25</td>
</tr>
<tr>
<td>Attendance on training courses</td>
<td>76.0%</td>
<td>111</td>
</tr>
<tr>
<td>Other</td>
<td>7.5%</td>
<td>11</td>
</tr>
</tbody>
</table>

3.159 Respondents had strong views on e-learning with some preferring this method because of the flexibility it offers and others disliking it preferring face-to-face learning and opportunities to discuss with others. One issue raised by a number of staff, particularly nursing staff, in relation to e-learning was that frequently there is no dedicated work time for it so staff have to complete modules in their own time. Additionally, some staff felt their computer literacy levels were not high enough to rely on e-learning as a form of learning.

3.160 The majority of respondents preferred attendance on training courses and/or job shadowing/on the job learning. These more practical, ‘hands on’ learning experiences were felt by many to be a more effective format for consolidating learning.

3.161 Some respondents felt strongly that on the job learning was most suitable for them, for example because the lesson “really sunk in”. However, some respondents felt that job shadowing of staff working with adolescents might be inappropriate given how sensitive adolescents often are to people observing them. Others noted that there is simply not time for learning on the job and it was best to learn outside of a pressurised clinical environment with time dedicated to training that cannot be disrupted by work.

3.162 A number of respondents noted that a combination of learning methods works best.

3.163 Respondents also suggested a number of other formats of learning that they felt would be effective in the delivery of learning and training around adolescent health:
set up small discussion groups to complete tasks on specific issues;

use of case studies; and

role play/mock training scenarios, perhaps with adolescents, where health practitioners are observed and assessed.

Other training issues raised

3.164 Respondents raised a number of other issues in relation to training provision which may be useful to consider when planning future training delivery. These included:

- A number of staff commented that any future training should ideally be delivered locally otherwise staff cannot get the time away from work to attend courses and the costs of the training become too high;

- Training needs to be flexible in order to take into account training already completed and to accommodate the different learning needs of staff with a range of knowledge and experience levels; and

- Staff were largely unaware of the training opportunities which were available to them relating to adolescent health and felt it would be very useful to have a central resource which held information about the various learning and development opportunities on offer.

3.165 The following points raised by a consultant paediatrician were echoed by other staff across the seven locations:

- existing training on adolescent health is very disjointed and lacking in coherence and integration;

- training needs to be mixed methods, perhaps modular with different modules available to and targeted at different health practitioners;

- ability to dip in/dip out of the training provision as required to meet individual needs of different health practitioners; and

- it would be a good idea to use clinical specialists in specific relevant areas within different locations to train other health practitioners. This would ensure a joined up approach to training delivery and might also help improve communication across different departments in the same hospital.
3.166 It is useful to summarise what has come out of the survey by examining the questions under their different headings in terms of the levels of agreement and relevance (see Figure 3.42 below)

**Figure 3.42: Comparison of Agreement and Relevance**

**Introduction to adolescent health**

<table>
<thead>
<tr>
<th></th>
<th>Agreement</th>
<th>Relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.6</td>
<td>89%</td>
<td>91%</td>
</tr>
<tr>
<td>Q.7</td>
<td>84%</td>
<td>88%</td>
</tr>
<tr>
<td>Q.8</td>
<td>79%</td>
<td>84%</td>
</tr>
<tr>
<td>Q.9</td>
<td>81%</td>
<td>89%</td>
</tr>
</tbody>
</table>

**Effective Communication**

<table>
<thead>
<tr>
<th></th>
<th>Agreement</th>
<th>Relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.10</td>
<td>93%</td>
<td>97%</td>
</tr>
<tr>
<td>Q.11</td>
<td>88%</td>
<td>92%</td>
</tr>
<tr>
<td>Q.12</td>
<td></td>
<td>91%</td>
</tr>
<tr>
<td>Q.13</td>
<td>87%</td>
<td>91%</td>
</tr>
<tr>
<td>Q.14</td>
<td>86%</td>
<td>85%</td>
</tr>
</tbody>
</table>
Training needs and gap analysis of healthcare staff working with adolescent patients

**Legal /Ethical framework and safeguarding welfare**

<table>
<thead>
<tr>
<th>Question</th>
<th>Agreement</th>
<th>Relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.15</td>
<td>71%</td>
<td>91%</td>
</tr>
<tr>
<td>Q.16</td>
<td>82%</td>
<td>89%</td>
</tr>
<tr>
<td>Q.17</td>
<td>89%</td>
<td>94%</td>
</tr>
<tr>
<td>Q.18</td>
<td>85%</td>
<td>94%</td>
</tr>
<tr>
<td>Q.19</td>
<td>82%</td>
<td>93%</td>
</tr>
<tr>
<td>Q.20</td>
<td>85%</td>
<td>80%</td>
</tr>
<tr>
<td>Q.21</td>
<td>75%</td>
<td>87%</td>
</tr>
</tbody>
</table>

**Adolescent mental health**

<table>
<thead>
<tr>
<th>Question</th>
<th>Agreement</th>
<th>Relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.22</td>
<td>52%</td>
<td>83%</td>
</tr>
<tr>
<td>Q.23</td>
<td>56%</td>
<td>88%</td>
</tr>
</tbody>
</table>
3.167 These comparisons show quite clearly that the areas of least expressed confidence are in adolescent mental health and some areas within the legal/ethics framework and chronic conditions and transition and that the areas of greatest expressed confidence are in relation to communication.

3.168 It is useful to summarise what has come out of the survey by examining the questions under their different headings in terms of the levels of agreement and relevance (see Figure 3.42 below)

3.169 The next chapter of the report synthesizes all the findings to answer the original study objectives.
4 Synthesis of Findings

4.1 This chapter synthesizes and where appropriate summarises the study findings from across the desk research and fieldwork, in relation to the five study objectives.

Establish the current volume of service needs and attempt to determine likely future needs

4.2 We have attempted through the desk research to establish the current volume of service needs and likely future needs. The statistics presented in Chapter 2 suggest that there are up to 78,000 staff (see Para 2.34) who could potentially work with adolescents and who might benefit from training/development in this area. Based on the levels of need identified through the survey (of those who were not confident in their abilities in each area) it could be estimated that between 15-20% (11,700- 15,600) of this workforce might have developmental needs in relation to working with adolescents but that on issues of mental health this percentage would be higher (40-50%).

4.3 The figures also show that there are currently around 7,000 medical and dental staff across the 14 NHS Boards who work in child and adolescent specialist services.

4.4 It is difficult to be more precise than this but this does at least provide some indication of the levels of numbers involved. Given the trend for the number of staff employed by NHS Scotland to increase it is likely that in terms of future need this number will also increase.

Identify how managers perceive the developmental needs of practitioners for whom they are responsible

4.5 The managers we interviewed mainly represented the following staff groups: children’s hospital - AHPs; general hospital - AHPs; hospital staff working with adults; accident and emergency staff; community based nursing staff (including health visitors, community midwives and school nurses); and CAMHS staff.

4.6 For the most part, the way health practitioners answered the questionnaire did not diverge greatly from the way their managers answered the questionnaire; for example, if a health practitioner answered ‘agree’ or ‘strongly agree’ to a competency statement (that is, they said they had some confidence in an area), managers tended to also state that their staff had some confidence in the
same area. However, when discussing the skills of their staff, managers were generally more likely to answer ‘agree’ to a competency area even if their staff had answered ‘strongly agree’, and were therefore more likely to highlight a need for development in that area.

4.7 Managers across the hospitals and CHP areas noted that their staff have a wide range of skills, experience and therefore training requirements and that this varies for each staff member. In general, managers stated that some but not all staff were competent at various skills and that less experienced staff would be more likely to benefit from training as skills and confidence in respect of adolescent health are largely gained by experiential learning on the job. However, managers also felt that some staff who had been in post a long time could do with training to refresh their skills in a number of areas, for example around issues such as how to communicate effectively with young people, the changing social pressures which face young people and may impact on their health and development, and legal and ethical guidelines regarding the care of young people.

4.8 Managers of staff working in adult services and general medical and nursing services who treat adolescents with a degree of regularity, felt that the skills their staff possessed were largely transferable to child and adolescent services. However, it was also felt that it would be valuable for their staff to have specific training on working with adolescents to improve staff confidence. This was particularly the case for adult services involved in cases of transition care for adolescents with chronic conditions.

4.9 Similar to the responses from health practitioners, managers highlighted the following areas as priority competency areas for training and development: legal and ethical frameworks around caring for young people; communication and consultation skills with young people; chronic conditions and transition care; and mental health in adolescents. Of these competency areas, the two felt by managers to be the most important areas for training and development were the legal and ethical framework and communication and consultation with young people. Managers working in community-based settings also identified substance use and misuse, and weight and shape in adolescence as being other key areas for training and development.

4.10 Managers reflected that training provision around adolescent health would need to be highly flexible to take account of experience and previous training. When discussing the best formats for learning for their staff, managers felt that learning techniques were highly individual and that a mixed method approach to delivery involving a mixture of job shadowing/on the job learning, attendance on
training courses, and e-learning would be the most appropriate format of delivery.

Assess and examine practitioners’ perceptions of their learning needs relevant to their current and future development

4.11 The survey has provided useful information about practitioners’ perceptions of their current and future learning needs in relation to working with adolescents.

4.12 It is interesting to note that some staff groups, such as paediatricians, state more frequently that they lack confidence in an area but do think it relevant suggesting a need for further learning and development. One possible reason for this is that this group feels more able to express a lack of confidence/ability in an area than other groups.

4.13 Other staff groups appear more frequently to think the identified areas are not very relevant to them, for example the hospital staff working with adults. This may be true in some instances but it may also be that some staff groups do not realise the relevance even although it may be relevant. This may also indicate an inappropriate reliance on others to take responsibility for aspects of adolescent care that staff find challenging.

4.14 The overall analysis of staff perceptions of current learning needs identified mental health, the legal/ethical framework and chronic conditions and transition as the main areas of learning need.

4.15 In terms of future learning development, staff themselves identified the following areas:

- legal/ethical framework;
- communication and consultation with young people (even though this had not come out as an area where people felt they lacked confidence in the questions covering this);
- mental health; and
- substance use and misuse.
Prioritise the key learning needs as identified by the analysis of quantitative and qualitative data

4.16 The key learning needs based on the analysis of all data are as follows:

- legal/ethical framework;
- mental health;
- chronic conditions and transitions (the health board feedback also emphasised the need for training in relation to transitions in particular);
- communication and consultation with young people; and
- substance use and misuse.

4.17 It is interesting to note that two of these areas, mental health and communication, were also identified as areas for development by the Young People’s Health Advisory Group (see Para. 1.14).

4.18 One area that has not been identified as a priority in the practitioners’ survey is general understanding of the concepts of adolescence and its development. Members of the research steering group wondered whether it should be included.

Provide relevant information to NES in order that a meaningful educational framework be designed which has the ability to meet the identified needs

4.19 In addition to the above information the research has highlighted the following:

- There is no central resource at present to provide information about the learning and development that is available in relation to working with adolescents. This would be useful.
- Different staff groups and levels of staff have varying levels of need: any framework must be able to be flexible enough to provide learning and development appropriate to the different groups and levels.
- Local availability of learning opportunities and making use of mixed learning methods have been emphasised by those interviewed and by health board feedback.
- Learning and development should be targeted so that those who may actually come into contact with adolescents are
those who receive it. (This has to be balanced against the observation that for some staff, for example working in adult wards, even though the frequency with which they see adolescent patients may not be high, nevertheless the individual adolescent’s needs require to be met).

- The RCPCH “Adolescent Health Project” curriculum (see Para 2.22 onwards) provides a comprehensive starting point in the development of courses and modules and has established different levels of knowledge requirements which are helpful.

4.20 The final chapter sets out our conclusions and recommendations.
5 Conclusions and Recommendations

5.1 There is growing interest and attention to the specific needs of adolescents in healthcare services. Young people themselves have been able to voice their views through the work of the Young People’s Health Advisory Group. Recent policies (see paragraph 1.15) clearly indicate the Scottish Government’s commitment to train healthcare staff to work effectively with young people and provide age-appropriate services.

5.2 The identification of adolescents’ specific needs has led to an increased focus on the learning and development needs of the health practitioner workforce. In particular, the work of the RCPCH “Adolescent Health Project” has developed a curriculum designed to address this area of learning and development.

5.3 In Scotland, it is clear that current learning provision in this area is at best patchy and there is no comprehensive or strategic approach to the provision of learning and development for staff working with this age group.

5.4 This study has examined health practitioners’ own perceptions and views on their learning and development needs. It has shown clearly the learning areas where they see greatest need (see chapter 3 for detail or para. 4.16 for summary) and has broken this down further to different staff groupings.

5.5 In all the areas assessed, 80% or over of the respondents said the topic was quite or very relevant. This shows that staff recognise the need for this focus on adolescents and their needs.

5.6 We recommend the following:

- The development of a comprehensive framework that allows for different levels of knowledge/skill/capability so that staff can access the right level of learning and development for their own situation. The framework should include:
  - the priority areas being addressed;
  - the priority staff groups to be targeted;
  - breakdown of content according to different levels of learning (introductory through to specialist);
  - methods of learning (paying attention to the clear preference for mixed methods identified in this study);
identifying any additional educational needs to be addressed (for example, if communication methods involve new technologies, do staff have learning needs in relation to using the new technologies?);

- additional tools that may be required, for example developing a tool to help staff assess maturity in adolescence;

- identifying any additional content that may need to be developed, for example in relation to the Scottish legal system;

- identifying how learning outcomes will be monitored and evaluated; and

- identifying how the learning framework will be implemented (possibly starting with a pilot health board area to test effectiveness and learning outcomes).

- All staff working with or likely to work with adolescents to have learning inputs as required on the priority areas identified in this study:
  - legal/ethical framework;
  - communication and consultation with young people;
  - mental health;
  - chronic conditions and transition; and
  - substance use and misuse.

- The use of mixed learning methods including on-line, face to face and on the job.

- Undertaking in-depth training needs analysis at health board level to help fully understand learning needs for particular groups of staff. The questionnaire used in this study could be used for this purpose.

- The development of a central database/on-line resource to allow health practitioners to know where/how to access learning and development in this area.

- Using the RCPCH "Aolescent Health Project“ as a resource (along with other resources such as the young people’s workers in NHS Boards and CAMHS resources) for curriculum
development in Scotland, starting with the priorities identified in this TNA. The modules from the RCPCH that would be most relevant are:

- Legal Framework (but this would need to be customised for the Scottish legal system);
- Communication and Consultation with young people;
- Chronic Conditions and Transition;
- Self-harm and common mental health problems; and
- Substance Use and Misuse.

In addition the module, Healthy Development, is seen as a useful foundation for understanding the concepts of adolescent development.

- Continuing to engage young people themselves in the design and delivery of learning and development.
# Proforma sent to NHS Boards in Scotland

**NHS Education for Scotland – Training Needs and Gap Analysis of Healthcare Practitioners Working with Adolescent Patients**

## Survey of Training Provision for Practitioners Working with Adolescent Patients

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>Please tell us which health board area you represent</td>
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<tr>
<td>2.</td>
<td>Are you aware of any relevant training provision in your health board area for healthcare practitioners working with adolescent patients (in the last three years)? If yes, please provide details (ie: detailing course name, organisation delivering, internal training, level of course/training...)</td>
</tr>
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</tbody>
</table>
3. Which staff groups do you think should receive training on generic skills to deal with adolescent patients as a priority?

<table>
<thead>
<tr>
<th>Profession</th>
<th>High Priority</th>
<th>Medium Priority</th>
<th>Low Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paediatricians</td>
<td></td>
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<td></td>
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<tr>
<td>Hospital Children’s Nurses</td>
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<tr>
<td>Hospital Children’s Allied Health Professionals</td>
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<tr>
<td>Hospital General Allied Health Professionals</td>
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<tr>
<td>Hospital Staff working with adults</td>
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<tr>
<td>Accident and Emergency Staff</td>
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<tr>
<td>Play Staff Specialists</td>
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<tr>
<td>GPs</td>
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<tr>
<td>Treatment Room Nurses</td>
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<td></td>
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<tr>
<td>Community/District Nurses</td>
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<td>Health Visitors</td>
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<td>Community midwives/midwives</td>
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<tr>
<td>School nurses</td>
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<tr>
<td>Community children’s nurses</td>
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<tr>
<td>Children and Adolescents Mental Health specialists:</td>
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<td>- in patient</td>
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<td>- community</td>
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<tr>
<td>Dentists</td>
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<tr>
<td>Sexual Health Services</td>
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<tr>
<td>Clinical psychologists</td>
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<tr>
<td>Drugs &amp; Alcohol Services</td>
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<tr>
<td>Other, please specify below (including priority)</td>
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</tbody>
</table>
4. Please provide any other comments you would like to make about this area of training and development.

Many thanks for your assistance!

Please return this in the pre-paid envelope by..............................
## Appendix 2

### Interview schedule

A copy of this schedule (with slightly different wording) was also sent to Managers.

NHS Education for Scotland - Training Needs and Gap Analysis of Healthcare Practitioners Working with Adolescent Patients

Survey of Health Practitioners

### Section 1

<table>
<thead>
<tr>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>Job title</td>
<td></td>
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<tr>
<td>Length of time in current post</td>
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<tr>
<td>Department/area of hospital in which you work</td>
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<tr>
<td>- adult</td>
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<tr>
<td>- largely adult</td>
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<tr>
<td>- paediatric – children only</td>
<td></td>
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<tr>
<td>- paediatric – children and young people</td>
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<tr>
<td>- paediatric – adolescents/ young people only</td>
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<tr>
<td>- adults and children</td>
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<tr>
<td>Medical Grade</td>
<td></td>
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<tr>
<td>Agenda for Change Banding</td>
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</tr>
</tbody>
</table>

**Q.1** Is your role primarily:

- Management □
- Clinical Practice □
- Other □

If other, please specify:

**Q.2** Have you undertaken any training in adolescent health in the past two years?

- Yes □ Go to Q.3
- No □ Go to Q.5

**Q.3** Which organisations provided the training? *(List below)*

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</table>

**Q.4** What type of training did you receive?
| Training in generic skills which all health care staff working with adolescent patients should have | □ |
| Training in skills which staff working in your specialist area should have | □ |

Other, please specify

<table>
<thead>
<tr>
<th>Please give further details about the topics covered in the training</th>
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</table>

**Q.5** Which formats of learning and training are most effective for you?

- E-learning □
- Job shadowing/on the job learning □
- Mentoring □
- Attendance on training courses □
- Other (please specify) □

<table>
<thead>
<tr>
<th>Comments</th>
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</table>
Section 2

Please score the following skill and knowledge areas for how strongly you agree or disagree with the statement and how relevant you feel the areas are to your job.

### Introduction to health and illness in adolescence

<table>
<thead>
<tr>
<th>Q.6</th>
<th>You are aware of normal adolescent physical, social and psychological development and its impact on health and illness.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
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<td>Comments</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Q.7</th>
<th>You are aware of the basic elements of young person-friendly health services.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
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<td></td>
<td>Not Relevant</td>
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<td>Comments</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Q.8</th>
<th>You are confident you are able to observe a young person’s behaviour and other symptoms, identifying any abnormal behaviour or development, and make judgements on appropriate actions to take.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
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<td>Comments</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Q.9</th>
<th>You are aware of key factors which affect adolescent physical and mental health.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
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<td>Not Relevant</td>
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<td>Comments</td>
</tr>
</tbody>
</table>
### Effective communication

**Q.10** You understand how communicating with young people might differ from communicating with children or with adults.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<table>
<thead>
<tr>
<th>Not Relevant</th>
<th>Not Very Relevant</th>
<th>Quite Relevant</th>
<th>Very Relevant</th>
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<td>1</td>
<td>2</td>
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</tbody>
</table>

**Not Relevant**

**Not Very Relevant**

**Quite Relevant**

**Very Relevant**

**Comments**

**Q.11** You are confident you are able to effectively communicate and engage with young people (e.g. by listening and building empathy).

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
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<table>
<thead>
<tr>
<th>Not Relevant</th>
<th>Not Very Relevant</th>
<th>Quite Relevant</th>
<th>Very Relevant</th>
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<tbody>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Not Relevant**

**Not Very Relevant**

**Quite Relevant**

**Very Relevant**

**Comments**

**Q.12** You understand that behaviour is a form of communication and you are able to take this into account when interviewing, assessing and examining young people.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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<th>Not Relevant</th>
<th>Not Very Relevant</th>
<th>Quite Relevant</th>
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<tbody>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Not Relevant**

**Not Very Relevant**

**Quite Relevant**

**Very Relevant**

**Comments**

**Q.13** You are confident that you are able to establish trust and respect with young people, as well as their parents and carers (i.e. so that they feel able to discuss difficult or emotional issues).

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<th>Not Very Relevant</th>
<th>Quite Relevant</th>
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</tbody>
</table>

**Not Relevant**

**Not Very Relevant**

**Quite Relevant**

**Very Relevant**

**Comments**
<table>
<thead>
<tr>
<th>Q.14</th>
<th>You are confident that you are able to reach a shared understanding with a young person, as well as their parents or carers (e.g. regarding health issues and treatment options)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td></td>
<td>1</td>
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<td>Not Relevant</td>
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</tbody>
</table>

| Comments |

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**Legal/ethical framework and safeguarding welfare**

<table>
<thead>
<tr>
<th>Q.15</th>
<th>You have awareness and basic knowledge of current legislation, ethics, guidelines and procedures for working with young people.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
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<td></td>
<td>Not Relevant</td>
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</tbody>
</table>

| Comments |

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<table>
<thead>
<tr>
<th>Q.16</th>
<th>You are confident that you are able to make considered judgements about how to safeguard and promote a young person’s welfare.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
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<td>Not Relevant</td>
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</tbody>
</table>

| Comments |

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<table>
<thead>
<tr>
<th>Q.17</th>
<th>You understand the principles and legal aspects of confidentiality with respect to young people.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
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</tbody>
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| Comments |

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*Training needs and gap analysis of healthcare staff working with adolescent patients*
<table>
<thead>
<tr>
<th>Q.18</th>
<th>You are confident that you are able to deliver confidential services for young people.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
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<td></td>
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<tr>
<td></td>
<td>Not Relevant</td>
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<tr>
<td></td>
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</tr>
<tr>
<td>Comments</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q.19</th>
<th>You understand the principles and legal aspects of consent and the right to refuse treatment with respect to young people.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Not Relevant</td>
</tr>
<tr>
<td></td>
<td>1</td>
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<tr>
<td>Comments</td>
<td></td>
</tr>
</tbody>
</table>

**Legal/ethical framework and safeguarding welfare (cont.)**

<table>
<thead>
<tr>
<th>Q.20</th>
<th>You are confident you are able to obtain informed consent from young people, as well as their parents or carers where necessary.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Not Relevant</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Comments</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q.21</th>
<th>You understand young people may have different opinions on health care than their parents or carers. You are aware of ethical and legal guidelines regarding this issue and the appropriate action to take.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Not Relevant</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Comments</td>
<td></td>
</tr>
</tbody>
</table>
### Adolescent mental health

<table>
<thead>
<tr>
<th>Q.22</th>
<th>You know about concepts of mental health, mental health problems and psychiatric disorders in adolescence.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Not Relevant</td>
</tr>
<tr>
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<td>1</td>
</tr>
</tbody>
</table>

Comments

|      |      |      |      |      |

### Chronic conditions and transition

<table>
<thead>
<tr>
<th>Q.24</th>
<th>You have an understanding of the experience of young people with chronic conditions and how the transition from child-based to adult-based services may impact on them.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Not Relevant</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Comments

|      |      |      |      |      |

### Medicating and treating young people

<table>
<thead>
<tr>
<th>Q.25</th>
<th>You understand factors which influence young people and their parents or carers in their approach to following prescribed management and treatment plans.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Not Relevant</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

Comments

|      |      |      |      |      |
Q.26 You understand issues related to prescribing and use of medicines in young people.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Relevant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Not Very Relevant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Quite Relevant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Very Relevant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Comments
Section 3

Q.27 How useful do you feel it would be for you to have further training on the following topics relating to adolescent health care?

<table>
<thead>
<tr>
<th>Topic</th>
<th>Very useful</th>
<th>Useful</th>
<th>Not useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy development</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Legal framework (eg. Issues of consent and confidentiality)</td>
<td></td>
<td></td>
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<tr>
<td>Communication &amp; consultation with young people</td>
<td></td>
<td></td>
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<tr>
<td>Health promotion &amp; advocacy</td>
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<tr>
<td>Chronic conditions &amp; transition care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicating and treating young people</td>
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<tr>
<td>Youth friendly services</td>
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<td></td>
<td></td>
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<tr>
<td>Sexual &amp; reproductive health</td>
<td></td>
<td></td>
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<tr>
<td>Wellbeing &amp; recovery</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Substance use and misuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight &amp; shape in adolescence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common medical problems &amp; symptoms in adolescence</td>
<td></td>
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</tr>
</tbody>
</table>

Q.28 Please list any other skill areas that you feel should be included in training, learning and development around adolescent health.


Q.29 Please list any other knowledge areas that you feel should be included in training, learning and development around adolescent health.


Q.30 What are your three most important learning needs regarding adolescent health care (in order of priority)?

1.

2.

3.

Q.31 Any other comments
Training needs and gap analysis of healthcare staff working with adolescent patients