

Stakeholder Q&A

Children and Family Health Devon (CFHD)

Thank you to everyone who took time to be part of the Children and Family Health Devon Stakeholder event at the end of 2023.

This event aimed to provide an insight to partners, professionals, service users and communities about the newly designed pathways of care around specialist services for physical and mental health to children and young people across Devon.

For reference, please find the link to the recording of the virtual event below:

<https://vimeo.com/892257790/74313e4bf7?share=copy>

Participation

Q: Which parent carers are involved in the Clinical Reference Group? Which Parent and carer Group involved? Which parent panels? Not heard about this event or even the pathways being redesigned until 2 days ago! PCFD are not the only parent carer rep group in Devon. Lovely to hear now about how to be involved in participation group now but this should have been done pre-redesign just as it was when moved from Virgin care to Torbay

A: We would be really welcoming of other parent carer group representation on our participation board. please do get in touch. cfhd.participation@nhs.net

Q: I would like to be more involved in the project just as I was previously but not heard about it until this event.

A: Please contact: cfhd.participation@nhs.net to become more involved.

Q: Could you please provide some more detail of your participation partner organisations?

A: We are working with Parental minds, Devon Parent Carer Forum, Send Family Voice Torbay, DCC Youth Voice events among others. If you would like to have further information regarding our participation, please email cfhd.participation@nhs.net

Q: And how are Young People invited to be involved as never heard how? and you often hear that Young Devon feed in but extreme limited feed in if YP not expanded and what about younger children

A: We have posters up in each clinical setting to invite children and young person participation into our participation groups. We are also just about to launch a younger child feedback tool so that we can gain children's direct feedback on their care. For more information please contact cfhd.participation@nhs.net

Q: How are younger children's voices collected? My experience so far is that it's mainly targeted to children aged 8+.

A: Do get in touch as we would welcome setting up a younger children's group
cfhd.participation@nhs.net

Q: Would appreciate opportunity to share learning about different tools for obtaining feedback from children and young people and what's working well and also about methods for reporting on ROM's and how this might work within your new clinical system (out outside of this)

A: We would be glad to discuss this and share knowledge and tools with you.
cfhd.participation@nhs.net

Q: A lot of us left the PCFD as not impartial so there needs to be other ways to get involved.

A: We welcome interest from individuals that want to support participation, please contact the team at: cfhd.participation@nhs.net

Q: Will you work with community groups who may be able to share signposting etc?

A: We would be really keen to work with local community groups to promote information sharing and signposting please contact our Participation team at: cfhd.participation@nhs.net

Pathways

Q: When do these pathways go live?

A: The pathways will mobilise gradually throughout 2024. You should not notice any difference when referring to us but you will notice our service names changing. Our website will keep updating and the new CFHD website will launch mid April 2024.

Q: Sensory and Physical - is this going to include sensory integration support?

A: CFHD currently offer YP with sensory difficulties assessment and intervention where there are functional difficulties such as with dressing or washing. We use sensory based activities, which use the Ayres sensory integration knowledge base.

Q: Within the Physical and Sensory pathway, will there be scope to request specific assessment of sensory needs (i.e. not HI or VI), e.g. sensory integration OTs or similar?

A: Within the pathway we are not able to offer Ayres Sensory Integration (ASI) assessments or intervention. We do offer Sensory- based interventions (SBIs) where sensory activities and/or environmental change can be incorporated into the daily lives of young people to facilitate their skills.

Q: As a parent with a child on the pathway, I'm wondering how will this affect those already on the list as currently we drop off the list every time there is a change. so, will families transfer over in the same position they are in now and how will that work?

A: Each child currently waiting for a service, will transfer to the relevant Pathway, and the position on the waiting list will not be impacted.

Q: Will DCC 0-25 team and all school sencos be receiving training on the new pathways?

A: CFHD are in the process of developing a new website which will provide clear guidance on the new pathway structure

Q: You have been preparing this for 5 years and this is all you can publish?

A: Yes, it has been a long-time and the pandemic of course did stall progress significantly. It is not within the gift of CFHD to share more detail until our commissioners and lead organisations have approved final plans.

Q: Will there be information in this presentation about how to refer for different pathways, please?

A: We have a new website in development and referral process through our single point of access team however the referral route and contacts won't change.

Q: 18 months, we've been years for S&L and still lost in the system.

A: Please email SPA CFHD.DevonSPA@nhs.net and we can provide you with a specific response regarding your child

- 0330 024 5321 (our phone lines are open weekdays, 09.00 to 17.00)
- w: <http://childrenandfamilyhealthdevon.nhs.uk>

Q: This process has been very unilateral with no consultation with other service provision partners, especially medical and parent groups.

A: The proposed service model has been developed in response to the commissioning strategy and service specification. In preparation for the procurement of the children's community health services contracts, extensive engagement and co-production was undertaken with children, young people and families as well as a wide range of other stakeholders including partner organisations.

The feedback and information obtained through the stakeholder engagement shaped the principles, key components of the service model and critical success factors.

Essentially, the greatest anticipated benefits of the new service model emerge from the provision of integrated care. Families have said they will benefit from services being organised around the child's needs, rather than having to navigate through complex systems of multiple referrals for different interventions.

We have a wide range of specialties within CFHD and this new service model affords the opportunity to improve how service users with multiple health conditions and needs, experience our services.

Q: With this new way, can parents get help without relying on schools, as children masking will mean schools will never ref these children?

A: Yes, this is why CFHD accept referrals directly from parents.

Q: How long will this all take to transfer to the new system and how will that affect those on the lists already?

A: Each child currently waiting for a service, will transfer to the relevant Pathway, and the position on the waiting list will not be impacted.

Q: Sensory and Physical - is this going to include sensory integration support?

A: Sensory Integration (SI) is the theory that originated from the work of Jean Ayres. OT can offer a range of approaches when working with young people with sensory processing issues. They include ASI and SBI as discussed earlier. CFHD offer SBI when appropriate for young people.

Q: Does CFHD have much to do with ADHD and ADD assessment, or is this through regional paediatrics?

A: CFHD conducts assessment and treatment for Children and Young people with ADHD / ADD who also have mental health difficulties. Paediatrics will manage ADHD without mental health difficulties.

Q: What about children who don't have functional difficulties as you define them? Where will the support for their sensory integration come from please? There are many autistic children who have challenges in this area and it impacts on their regulation but perhaps not in a functional way. They still require input and are currently being left without.

A: We are developing our offer for all children under 'Getting Advice' regarding sensory advice. There are other sources of sensory advice for children available online. We are not necessarily recommending them but we have received good feedback from the two examples outlined below.

- Life skills series, by Falkirk Council produce a range of booklets for different ages. [A Practical Approach at Home for Parents and Carers - Life Skills \(Teenagers\)](https://www.falkirk.gov.uk/practical-approach-at-home-for-parents-and-carers-life-skills-teenagers) ([falkirk.gov.uk](https://www.falkirk.gov.uk))
- The Sensory Integration Education Network offer some free courses for parents and carers

Q: What about CHILDREN? It's not just young people. We identified years ago that early intervention is important but there is nothing for children. Chronic, ongoing, life limiting anxiety for example - nothing for children. Children need their voices to be heard.

A: Request criteria Under fives team - [Request criteria SCAC under 5s - Children and Family Health](https://www.childrenandfamilyhealthdevon.nhs.uk/request-criteria-scac-under-5s-children-and-family-health) ([childrenandfamilyhealthdevon.nhs.uk](https://www.childrenandfamilyhealthdevon.nhs.uk))

Q: CAMHS is not supporting neurodivergent young people - deny support if neurodivergent even if suicide threats.

A: CFHD / CAMHS do support young people with neurodiversity who have mental health difficulties. CAMHS is a specialist mental health service and Autism / Neurodiversity has never been an exclusion criteria. The current CAMHS caseload consist of several young people with Neurodiversity. As part of our new clinical model development, we are building in skill mix with training and development of our workforce, to ensure the needs of young people are appropriately met within the relevant pathways.

Q: Why are all north devon CAMHS staff leaving to go private because they say CAMHS is not fit for purpose.

A: When someone leaves the team, we do meet and try to fully understand their reasons for moving on to a new post. Sometimes this is because of promotion, personal circumstances or because they are unhappy in their role. When anyone tells us they are leaving because they are unhappy we fully investigate and aim to take on board any suggestions that may have been made. We are not aware of anyone leaving because they do not feel CAMHS is fit for purpose

Neurodiversity

Q: Neurodiversity is huge - what are you including?

A: Children and Family Health Devon will share the detail of what will be included within each pathway once we have received confirmation from our Trust executives and commissioners. We can confirm the pathway will include assessment for Autism, ADHD, ADHD where the CYP has co-occurring mental health difficulties and Tics/Tourettes.

Q: How does this fit in with the Neurodiversity Game changer work going on across Devon.

A: CFHD are fully engaged in the gamechanger and will work with the wider system on any recommendations made, even if means having to review our new pathways again at that stage.

Q: How are you going to speed up the SALT service as 18 months is too long? Are you going to link neurodiversity to SALT for non-verbal ASD children? Why is SALT provision limited and not based on Childs needs for example weekly in schools even though this goes against government advice. Children with sen should be based on individual need.

A: We have been doing a lot of work over the last 12 months to improve our waiting times and have succeeded in cutting the waiting time by 53% (the average wait is now 37 weeks).

As part of the transformation of services speech and language therapy has a presence in 5 of the 11 designated pathways including Neuro diversity to ensure that the young people referred to our services receive multi-disciplinary assessment and support.

The specific support that we provide is evidence based but also recognise that communication is everyone's business so alongside the specific interventions we work to the guidelines set out by the Royal College of Speech and Language Therapist <https://www.rcslt.org/speech-and-language-therapy/where-slts-work/education/> and work alongside families and settings to ensure the team working around the child feel confident and empowered to meet the child's needs and are able to support and manage fluctuations in the child's presentation in a timely and responsive manner.

Q: As a GP one of our biggest problem areas is mild-moderate mental health issues related to school/neurodiversity and general anxiety - they do not meet the criteria for CAMHS but we are unsure of what services are available to support families and young people.

A: Please refer into CAMHS through your school, GP or via a self-referral. Your referral will then be screened and if appropriate, a Child Wellbeing Practitioner (CWP) will be in touch to offer LI-CBT. For referral criteria, please visit [Mental Health in Schools - Children and Family Health \(childrenandfamilyhealthdevon.nhs.uk\)](https://www.childrenandfamilyhealthdevon.nhs.uk/mental-health-in-schools)

- Other organisations that provide early intervention mental health support:
 - Young Devon [Young Devon | Changing the odds in favour of young people](#)
 - Checkpoint [CheckPoint | The Children's Society \(childrenssociety.org.uk\)](#)

Schools

The Mental Health Support Team in Schools (MHST) is a new NHS service commissioned to work with a number of schools across Devon and Torbay. We offer early intervention to help children and young people with their mental health and emotional wellbeing.

Who we are

We are part of the Child and Adolescent Mental Health Service (CAMHS) working within the NHS. The MHST team consists of Education Mental Health Practitioners (EMHPs) working within schools and Child Wellbeing Practitioners (CWPs) working within the community. Both the EMHPs and CWPs are part of the MHST pathway delivering Early Intervention Mental Health support to children and young people.

Q: Our school doesn't use thrive, will this affect them understanding your base?

A: School's do not need to be using a thrive model to access / understand the structure of the CFHD service

Q: How does a school access this (MHST)?

A: [Mental Health in Schools - Children and Family Health \(childrenandfamilyhealthdevon.nhs.uk\)](https://childrenandfamilyhealthdevon.nhs.uk)

Q: Still not sure how we manage our young people with emotional problems who do not have the support in their school? Where do we find support or who do we refer to?

A: Please visit the Mental Health in Schools webpage, [Mental Health in Schools - Children and Family Health \(childrenandfamilyhealthdevon.nhs.uk\)](https://childrenandfamilyhealthdevon.nhs.uk)

Q: We are not a MHST school - I have requested, but have to wait for capacity. Parents/carers can't access Social Prescriber in our area. So what else is available?

A: Please refer into CAMHS through your school, GP or via a self-referral. Your referral will then be screened and if appropriate, a Child Wellbeing Practitioner (CWP) will be in touch to offer LI-CBT. [Mental Health in Schools - Children and Family Health \(childrenandfamilyhealthdevon.nhs.uk\)](https://childrenandfamilyhealthdevon.nhs.uk)

Q: Is anyone taking a lead and developing a strategy, specifically to support children who cannot access school due to anxiety? It is so worrying that many children are at home and in limbo. The numbers are huge and growing.

A: Please refer into CAMHS through your GP or via a self-referral. Your referral will then be screened and if appropriate, a Child Wellbeing Practitioner (CWP) will be in touch to offer LI-CBT. [Mental Health in Schools - Children and Family Health \(childrenandfamilyhealthdevon.nhs.uk\)](https://childrenandfamilyhealthdevon.nhs.uk)

Q: Have you used school/education communication networks as can reach lots of parent and YP through this including EHE families?

A: We would really welcome the opportunity to reach out to other school/education communication networks. If you have details you would like to share with us, please email cfhd.communications@nhs.net

Q: We don't have a social prescriber out of our local surgery. As a school, how can we access this?

A: CFHD / CAMHS do not provide social prescribing. Some GPs / Pharmacies may be able to advise how this can be accessed in a particular local area.

Q: I've never heard of this mental health service but my child doesn't have a school so does this mean CAMHS is his only option and if they refuse to help there is nothing? But the specification was originally compiled in conjunction with a wide range of parent carers who have not been invited to be involved this occasion.

A: We accept referrals for children who are not in school if our service is the right one to help. If not, we can help signpost elsewhere and your local authority will also be supporting you.

Q: What about children that are unable to access school due to mental health. How do they receive support?

A: We offer support to all young people if we are the right service for them, this is not dependent on accessing school provisions. We additionally offer a Mental Health Support Team (MHST) service for around 50% of the schools in Devon and Torbay. The government sets how many schools in each area nationally receives this provision and we are actively lobbying for more funding from the government to offer this in all education provisions. Within the MHST pathway we also have practitioners who offer Low-intensity Cognitive Behavioral Therapy (Li-CBT) to any young person if we are the right service for them, this is regardless of whether they attend school or not- this is in addition to our CAMHS service. Families can refer through the usual CAMHS referral system and we will be in touch if we are the right service for the young person, or if not, we will signpost you to a more appropriate service.

Q: With the rate of mental health in CYP with additional needs, is there a chance a specialist provision would be considered to have someone from MHST working with the school?

A: The MHST service are already working in some specialist provisions and further training and expertise is continually being accessed to ensure that practitioners have the right skill set to support all children and young people.

Q: If intervention is to be provided by schools then professionals need to have training on how to complete a report that fits within an EHCP, Section E and F specifically.

A: Our local designate clinical officers and SEND leads do provide training to CFHD clinicians in how to provide a good quality, timely piece of advice for an EHCP.

Q: The SMHT support is for secondary only in my experience. Is there anything available to the younger children other than YMCA?

A: MHST school listing [Mental Health in Schools - Children and Family Health \(childrenandfamilyhealthdevon.nhs.uk\)](https://www.childrenandfamilyhealthdevon.nhs.uk) this link contains schools already on the list, schools not included and support videos

Waiting times

Q: I met with Siobhan Grady in 2018 face to face got a group discussion about any things and at the time a huge pot of money was given to get autism wait times down. They have actually increased what happened to that money.

A: The additional funding was used to increase staffing capacity of our virtual assessment team which is still in place, however referral rates and demand for an ASD assessment have doubled since 2019. CFHD receive on average 300 referrals a month for an ASD Assessment.

Q: With all this work will you expect lists to go down or is the aim just to be smoother and collaborative working?

A: We understand the importance of timely access to care. We are aware of current wait times across CFHD and recognise the impact this may have on our service users.

We are actively working to alleviate these wait times, ensuring that our commitment to providing prompt and quality care remains unwavering. Our service users are our top priority and we appreciate your patience and understanding as we work diligently to better your experience.

Q: If a GP feels melatonin or sertraline for example should be prescribed for a child why do they have to wait 18 months for CAMHS before it can be prescribed.

A: Medication for children with mental health difficulties requires specialists to assess and manage / prescribe. There's a need for comprehensive assessment of the child & young person's difficulties and needs, to help formulate what the best course of intervention is. Most evidence-based guidelines for Mental health difficulties in children support psychological interventions as first steps, hence the need to explore appropriate interventions before medications, unless otherwise indicated.

Q: Is there any triage in place for ASD/ADHD (CAMHS) pathways? Not all children coming in have the same challenges and some will be on wait lists for 2 plus years and during that time unable to access any services or school...this hits differently to children who perhaps have little 'functional/day to day' impact. They need to be assessed but it's not perhaps as urgent.

A: The Autism Assessment Service Team provide formal assessments for Autism Spectrum Condition.

We see children and young people between the ages of 5 and 18 who are registered with a GP in Devon.

We accept referrals from:

- Parents or carers with Parental Responsibility for the child or young person
- Health Professionals such as GPs, Paediatricians, Speech and Language Therapists, Occupational Therapists and CAMHS clinicians
- Education Professionals such as SENCOs, Headteachers, Educational Psychologists
- Social Care Professionals with consent from someone who has 'Parental Responsibility' for the child or young person

We also accept self-referrals from young people aged 16 to 17 years 6 months.

As part of requesting an Assessment, you will be asked to provide a range of information gathering tools and questionnaires, which enable clinicians to triage your request on receipt. Parents and carers in Devon do not need a diagnosis for their child to access help and support in meeting their child's needs. Additional help, advice and guidance will be available with or without a diagnosis.

- Please see a link to a video to support families awaiting assessment which talks about the triage process: <https://vimeo.com/510276989/dccad1d8d3>

Q: 60 weeks and 39 weeks. Who is getting seen in those times? It's more like 3-4 years.

A: We are sorry that many children and young people are having to wait longer for an appointment than we would like. We do want to assure you that we are working very hard to cut the amount of time families are waiting and we are starting to see waiting times go down in some services, however, for many of our services, currently there is a delay. We will offer an appointment as soon as we can.

- **If you feel things are getting worse, or if at any time you need to speak to us urgently, we have an on-call clinician available every day between 9am and 5pm on 03300 245 321.**
- **Outside of these hours if you urgently need to speak to us please contact our Emergency Duty Team on 0300 555 5000.**

You can access support while you are waiting and our website has many helpful bitesize videos' covering a range of topics, we also provide support and advice in our Facebook Groups and you may find the following websites useful while waiting for the appointment:

Young Devon offer a range of opportunities for young people, from counselling, to participation groups and self-improvement programmes: www.youngdevon.org Young Devon also support an online counselling service.

Kooth (available 12noon-10pm every day and provide not only safe, anonymous online counselling, but also forums and online magazines where young people can inspire other and be inspired): <https://kooth.com>

Whilst waiting for an appointment with our service you may also find that the school nurse/counsellor or pastoral support services within your educational placement may be able to offer interim support, along with the following websites:

- <https://kooth.com>
- <http://www.moodjuice.scot.nhs.uk>
- <http://www.nhs.uk/conditions/stress-anxiety-depression/pages/low-mood-stress-anxiety.aspx>
- <https://www.healthlinkbc.ca/health-topics/anxiety>
- <https://www.anxietycanada.com/mindshift-groups>

The last website is a link for MindShift which is a free App designed to help young people develop strategies to manage anxiety.

Referrals

If you are unsure about making a referral, the services on offer, or the information we need you can call us on 0330 024 5321 we're open from 09.00 to 17.00, Monday to Friday) or check the information on our website at www.childrenandfamilyhealthdevon.nhs.uk

[Referrals - Children and Family Health \(childrenandfamilyhealthdevon.nhs.uk\)](http://www.childrenandfamilyhealthdevon.nhs.uk)

Q: Please can we advise how we refer at present to services. Do we still use the current process? We received an email in schools about the new pathways but it seems this isn't ready yet, unless I have misunderstood. Thanks.

A: Please go to our website at: www.childrenandfamilyhealthdevon.nhs.uk to access the most up to date and comprehensive guide to the information you need to send alongside a referral, and any activities which need to be completed by the family before referring to us. Anyone can make a referral into our services including GPs, school staff, children and young people, families and carers. To access our services please:

- Make all referrals using the 'Request for Services' form. You can download this on our website, or access it via your clinical system.
- Use the form to identify the reasons for referring, and the desired outcomes.
- By using this form in full, we can ensure we have the right information we need about parental responsibility, ethnicity, language and which other services might be involved.
- Having up to date contact information is essential in case we need to contact them urgently

Q: How do services meet need and not refer to specialist services if support isn't provided in the daily context of children - this includes workforce support and development otherwise it's just less support for more children?

A: DiAS already support parent/carers and young people to complete referral form - we will continue to do so

Q: What is the plan for making the referral forms accessible from a mobile phone? This kind of digital exclusion will only exacerbate inequalities.

A: If you wish to make a referral to our service, you will need to download and complete the referral forms found on the Children and Family Health Devon website and send in with any supporting documents, for example, Paediatrician letters, physiotherapy reports, the impact on home/school-based interventions tried and all activities completed within the occupational therapy toolkits.

To make a referral please contact the Single Point of Access (SPA):

- Email: CFHD.DevonSPA@nhs.net
- Telephone: 03300 245 321

Q: When will the North Devon ADHD team be recruited, as parents have been advised of the transfer from Plymouth team to North Devon. Referrals and any support from professionals are incredibly long for this geographical area.

A: The North Devon ADHD is no longer under CFHD, and the new service is under Paediatrics. We are unable to comment on team recruitment. CFHD continues to offer assessment in North Devon for young people who have / may have ADHD and mental illness.

Q: Who will be able to refer into services: Will it be open to parents/schools/health visitors to refer as well as primary care?

A: Anyone can make a referral into our services including GPs, school staff, children and young people, families and carers. To access our services please:

- Make all referrals using the 'Request for Services' form. You can download this on our website, or access it via your clinical system.
- Use the form to identify the reasons for referring, and the desired outcomes. By using this form in full, we can ensure we have the right information we need about parental responsibility, ethnicity, language and which other services might be involved. Having up to date contact information is essential in case we need to contact them urgently

[Referrals - Children and Family Health \(childrenandfamilyhealthdevon.nhs.uk\)](https://childrenandfamilyhealthdevon.nhs.uk)

Feedback

[We value your feedback - Children and Family Health \(childrenandfamilyhealthdevon.nhs.uk\)](https://www.childrenandfamilyhealthdevon.nhs.uk)

Q: How will the forms be distributed? via all current clients of CHFD? through SEN schools?

A: Feedback forms will be given out at clinic appointments and we will send them out each term at special schools. We have QR codes that link to our feedback forms on clinic letters but we have had a technical problem with this online form and so we will go paper to paper-based feedback while we are addressing this problem.

Q: What will be the process to follow be if things are not going right? how can we complain as currently you call SPA but can't get through to those directly so waiting on call backs that don't come. How to be accountable

A: Please use PALS *patient liaison service* through either DPT or TSDFT. Here is the TSDFT PALS <https://www.torbayandsouthdevon.nhs.uk/services/patient-advice-and-liaison-service/>

Partner agencies

Q: What about partner agencies?

Q: Clinicians and clinical services that are not CFHD have not been involved

A: The proposed service model has been developed in response to the commissioning strategy and service specification. In preparation for the procurement of the children's community health services contracts, extensive engagement and co-production was undertaken with children, young people and families as well as a wide range of other stakeholders including partner organisations.

The feedback and information obtained through the stakeholder engagement shaped the principles, key components of the service model and critical success factors. Essentially, the greatest anticipated benefits of the new service model emerge from the provision of integrated care.

Families have said they will benefit from services being organised around the child's needs, rather than having to navigate through complex systems of multiple referrals for different interventions. We have a wide range of specialties within CFHD and this new service model affords the opportunity to improve how service users with multiple health conditions and needs, experience our services.

Children and Family Health Devon website

Q: When will this be on the website? (the new referral form)

A: This is in development and the website will go live in spring 2024, but you can refer on our current website at this time.

Q: Many people only have access to a phone rather than PC, will they be able to complete the form on a phone?

A: If you wish to make a referral to our service, you will need to download and complete the referral forms found on the Children and Family Health Devon website and send in with any supporting documents, for example, Paediatrician letters, physiotherapy reports, the impact on home/school-based interventions tried and all activities completed within the occupational therapy toolkits.

On the referral form, you will need to document the child or young person's specific functional difficulties in order for us to prioritise their need. This then forms the basis of the assessment process and allows the occupational therapist to have clear information on what needs to be assessed. Without this information we are unable to process the referral and it will not be accepted for an OT assessment.

To make a referral please contact the Single Point of Access (SPA):

- Email: CFHD.DevonSPA@nhs.net
- Telephone: 03300 245 321

Vacancies

Q: Where do you advertised your vacancies?

A:

- NHS Jobs: [NHS Jobs](#)
- Children and Family Health Devon: <https://childrenandfamilyhealthdevon.nhs.uk/come-work-with-us/>
- Torbay and South Devon Trust: [Working with us - Torbay and South Devon NHS Foundation Trust](#)
- Devon Partnership Trust: [DPT Jobs | Devon Partnership Trust Jobs](#)