Young People and Work Report: Call for Evidence (DWP)

Submission by BSCOS and BOA (January 2026)

Appended is a submission prepared by the British Society for Children's Orthopaedic Surgery (BSCOS), founded with the aim of promoting Paediatric Orthopaedic Surgery in the UK and affiliated to the British Orthopaedic Association (BOA). BSCOS provides a forum for discussion of research, advances in clinical practice and the results of surgical procedures pertaining to the practice of children's orthopaedics and trauma. The BOA exists for the advancement for the public benefit of Science, Art and Practice of Orthopaedic Surgery with the aim of bringing relief to patients of all ages from the effects of injury or disorders of the musculoskeletal system.

This consultation is welcome and timely and complements the activities of the MSK team within the Joint Work and Health Directorate (JWHD) – This submission has been copied to that team.

The impact of musculoskeletal disorders and injuries on the incidence of young people being 'Not in Education, Employment or Training' (NEEET) can be considered in three broad categories: disability due to injury; disability or lack of opportunity due to congenital or acquired musculoskeletal disorders; musculoskeletal manifestations of mental health or psychological conditions.

The provision of trauma & orthopaedic services to children and young people in the UK is shared between larger groups of surgeons in tertiary referral centres/children's hospitals and solo practitioners or smaller groups in district general hospitals. Basic orthopaedic trauma care is delivered by most orthopaedic surgeons who are on trauma on call rotas.

Elective operating within children's trauma & orthopaedics offers unique challenges. Whilst a considerable proportion of services are provided in tertiary and children's hospital settings, an equally significant volume of work is undertaken by smaller units in District General Hospitals (DGHs). BSCOS members are providing high quality services for the children under their care in both settings. To ease pressure on the child's education, the parent/guardian's work commitments and the family's life as a whole, it is important to achieve a balance between service provision in a (remote) tertiary centre and the provision of safe effective services as close to the family home as practicable. Children's orthopaedics is unusual amongst the orthopaedic specialties in encompassing a wide variety of procedures for a complex group of conditions. Effective elective services should be delivered based on a collaborative working approach which takes account of peer review and recognised national or regional best practice guidelines/consensus documents.

The impact of certain low-energy injuries to children can have devastating, life-long and life-changing consequences compared to adults. This is particularly true of injuries to the growth plates and injuries around the hip. Currently this is not taken into account in the provision of trauma services as described in the Service Specification for Major Trauma, nor are these injuries documented in the National Major Trauma Registry.

The guiding principle of trauma services is the safe delivery of trauma care as local to the child's home as practicable, within a clinical network which includes agreed referral pathways for more

complex cases. Again, the emphasis is on peer review and support, underscored by local agreement and guidelines for safe management. Most children's fractures are treated in DGHs (designated as Local Emergency Hospitals and Trauma Units) without specialist trained paediatric orthopaedic surgeons. Relatively few are managed in designated Paediatric Major Trauma Centres (PMTC), which include the five stand-alone Children's Hospitals, which are also Major Trauma Centres (MTC). Surgical care is therefore predominantly delivered by non-specialist orthopaedic trauma surgeons. The suggested regional structure for children's musculoskeletal trauma is:

- *A Network structure hosted by a Managed Clinical Network/Operational Delivery Network*
- *A Regional lead clinician or team: a specialist children's orthopaedic surgeon/ surgical team with a trauma practice, likely based in an MTC*
- *A Unit lead clinician: a designated clinician for children's trauma management in every treating unit. Regional Network The current regional networks differ between the four nations.*

In England, there are two systems which could potentially host a peer-support governance structure. These are:

1 Paediatric Critical Care / Surgery in Children Operational Delivery Networks (SIC-ODNs), and

2 Regional Trauma Operational Delivery Networks (Trauma Networks). Specialist children's surgeons typically utilise the Surgery in Children ODN whereas orthopaedic trauma surgeons are more familiar with Trauma Networks.

The 'trauma community' would be delighted if best practice tariff (BPT) was reinstated – it is considered as a major factor in implementing the Major Trauma System in England, which has been a very successful project with side benefits for non-major trauma. The improvements made are already under threat since both resource and scrutiny have diminished since 2020. Another factor is that trauma BPT for Trauma Units was about to be implemented in 2020 which it is envisaged would have improved quality of care further.

Further details on the above points can be found here.



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Appendix

The impact of musculoskeletal disorders and injuries on the incidence of young people being "Not in Education, Employment or Training" can be considered in three broad categories: disability due to injury; disability or lack of opportunity due to congenital or acquired musculoskeletal disorders; musculoskeletal manifestations of mental health or psychological conditions.

Disability due to injury

Severe or disabling injuries to children are uncommon in UK, and yet constitute a leading cause of death and morbidity in children over 1 year old. Most musculoskeletal injuries are dealt with by orthopaedic surgeons with experience in trauma care but not paediatric specialists. There are current recommendations in development to support orthopaedic trauma surgeons to treat children effectively through specific training and networked pathways for advice and referral. To be effective these initiatives require resource through ICBs and / or ODNs.

Post trauma rehabilitation is generally under-resourced which compromises the recovery from injury and treatment. Psychological support following serious or life-changing injury is particularly poorly resourced.

Return to education, training or employment (vocational rehabilitation) is haphazard. Communication links between Health and schools have been shown to be effective in supporting return to education following injury, but to date there has been no formal agreement with Department for Education to adopt this universally. A joint meeting of representatives of DfE and the children's major trauma network is currently under discussion.

Disability due to congenital and acquired musculoskeletal conditions.

Children with physical limitations may be excluded from education and training opportunities due to lack of access or lack of understanding of their condition and capabilities by educators. Understandable risk aversion means children can be excluded from certain physical activities which unnecessarily limits their experience and adds to social isolation. Improved communication between Health and Education would mitigate this, as above. Extending specialist rehabilitation services into the community should be encouraged and facilitated.

Children with severe physical limitations, particularly where this effects speech, can have underestimation of their intellectual capabilities. Communication technology can mitigate this but is not universally offered. Not all educators appear to be trained to identify and manage this problem.

Communications with the Department for Work and Pensions and Health regarding PIP and employment opportunities are poor. Direct contact enabling discourse would improve understanding on both sides. Currently communication is through generic paper forms or third hand via family or carers.

Disability due to mental health and psychological challenge

Healthcare workers dealing with children have noted a significant increase in mental health related problems in the last decade. This preceded the Covid outbreak, but appears to have been amplified by that period of societal disruption.

In the field of Trauma and Orthopaedic Surgery this has manifested in increased numbers of children presenting with unexplained limb pain, loss of function and fatigue. Most families of these children are seeking a diagnosis for neurodisability in addition to a physical diagnosis. Due to mental health services being overwhelmed by demand, the situation is complicated by delay leading to speculative diagnoses and conflicting advice from various sources.

Clear, effective advice on how best to manage the physical and emotional challenges to these children and their families would benefit many staff groups. The focus on requiring a formal mental health diagnosis is a barrier to the physical rehabilitation which is key to improving function. Improved access to physiotherapy and occupational therapy staff who have clear guidance on managing these conditions, along with better communication and liaison with Education would decrease the burden on mental health services.

Summary

Our recommendations are:

- Resourced networking to support effective trauma care
- Better resource for physical and psychological rehabilitation following injury
- Routine, formalised links between Health and Education for all children with musculoskeletal injuries and orthopaedic conditions.
- Improved management of resources around children with severe physical disability particularly with regard to communication technology, staff training and consideration of employment opportunities.
- A change in emphasis on management of children with unexplained physical symptoms to promote physical rehabilitation directed by therapists with specific training in this field.

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On behalf of the British Society for Children's Orthopaedic Surgeons (BSCOS)

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