



Seminar Report: Spring 2009 regional seminars for heads of childhood bereavement services

Introduction

Four regional seminars for heads of childhood bereavement services were held across England in February and March 2009. The sessions had a focus on using current policy drivers to lobby for the provision of childhood bereavement services locally. Presentations were given on the implications of the CAMHS review for children and young people, and on getting to grips with commissioning.

Session One: Bereaved Children and Young People in Mind

The independent review of CAMHS services aimed to look at the progress that had been made in children's mental health services since Standard 9 of the Children's National Service Framework and to suggest practical solutions to meeting current challenges.

The review included a call for evidence in summer 2008, and to inform CBN's response, we consulted with subscribers about their issues in working with specialist CAMHS.

Subscribers said that specialist CAMHS were currently supporting their work in a variety of ways which included support, consultation on individual cases, clinical supervision; training on wider mental health issues including ADHD and autism, and direct work with more complex cases. However, they raised some difficulties in working with specialist CAMHS. These included

- Geographical variations – complicated for childhood bereavement services which straddled several CAMHS areas
- High staff turnover
- Long waiting lists (improving in some areas)
- Families felt stigmatised
- High threshold of concern meant bereavement not seen as a suitable issue

Respondents often mentioned that their CAMHS service tended to refer out any cases involving a bereavement, even if this was a relatively minor part of a young person's presenting difficulties. They put this down to underfunding or a lack of expertise or confidence within specialist CAMHS about dealing with bereavement. The implications for childhood bereavement services were that their caseloads were becoming more complex, and sometimes shifting from tier 2 to tier 3. There was a feeling that voluntary sector organizations were having to pick up for a shortfall in statutory CAMHS, without additional funding. Some restricted services (eg hospices who worked specifically with children of their patients) were receiving referrals which fell outside their referral criteria.

Childhood bereavement services were responding to these complex cases by assessing the young person. They referred some back to specialist CAMHS, and those professionals with good relationships with CAMHS staff were sometimes able to 'fast-track' a young person. Some services were also identifying young people as being at risk of offending, and therefore accessing specialist CAMHS through the Youth Offending Team. Other professionals would continue working with the young person themselves, but with support and consultation from specialist CAMHS.

At the seminars, delegates discussed the issues they were currently facing in working with specialist CAMHS in spring 2009. These included

- Inflexibility on referrals and delivery
- Referrals to childhood bereavement service too late – or too early
- How did specialist CAMHS link to critical incident policy in local authorities?
- Depends a lot on individual relationships - being based within the NHS made things easier
- CAMHS sometimes have negative perceptions of the voluntary sector
- Withdrawing as a result of the review
- Public face - where are they?
- Families have to go to CAMHS
- Difficult to be kept up to date with referral and some families 'float' if CAMHS can't engage with them
- Who can make a referral? Not everyone in every team
- Difficult to get hold of them and have a conversation, both about strategy and referrals
- Thresholds
- Proper initial assessments
- Universal services see CAMHS as the 'right place'
- Accessibility – assume families can be very organised.
- Waiting lists
- Anxiety about the quality of services
- Working with the wider system
- Stigma
- Investment should be earlier
- Staff set in ways
- Changes in CAMHS have implications for other services eg changing referral

Children and Young People in Mind: Final report of the CAMHS review

The final report and the Government's response to its 20 recommendations were published in November 2008 <http://www.dcsf.gov.uk/CAMHSreview/>

The Review's vision is that everyone will recognize the part they can play in helping children grow up, have a good understanding of what mental health and psychological wellbeing is and how they can promote resilience in children and young people, and know where to go if they need more information and help. Children's services will work effectively together with universal services playing a pivotal role in promotion, prevention and early intervention, and specialist services delivering support that is easy to access, readily available and based on the best evidence. Staff across these services will have a clear understanding of their roles and responsibilities and those of others, and will have an appropriate range of skills and competencies.

Implications for childhood bereavement services

- All children young people and families should have up to date information about mental health and psychological well-being and local services (Rec 5) – this is likely to be delivered through the Healthy Child Programme and should involve childhood bereavement services being linked more closely to potential referrers
- Annex E highlights groups which may be vulnerable, and this includes children and young people who have been bereaved. They and their families (rec 12) should have their mental health needs assessed alongside all other needs, wherever initially identified, and have individualized packages of care which are based on their personal circumstances and available in settings of primary support. The fact that children who have been bereaved are identified as a potentially vulnerable group is a helpful lever for childhood bereavement services.
- A National Advisory Council for Children’s Psychological Health and Well-being will be established (rec 20), chaired by Jo Davidson (Former chief executive of Mencap, who spoke at Cruse Bereavement Care’s conference in 2008 on bereavement support for adults with learning disabilities). There will also be Regional boards for psychological health and well-being (rec 2), and local boards (rec 1) which will ensure effective commissioning (rec 9) and delivery. These local boards will be a key contact point for local childhood bereavement services.
- Legislation on Children’s Trusts will require each one to set out in its Children and Young People’s Plan how it will ensure delivery of the full range of children’s services for mental health and psychological wellbeing across the full spectrum of need in the local area. Local childhood bereavement services should ensure that the needs of bereaved children are incorporated into the needs assessment which informs the Children’s Trust
- Within 2 years, all bodies responsible for initial training of the children’s workforce provide basic training in child development and mental health and psychological wellbeing (rec 14). Childhood bereavement services with initial training bodies in their local area may be able to use this to lobby to deliver training on bereavement.
- Consideration should be given to supporting practice, particularly early intervention in universal services, through initial training, formal supervision and access to consultation from specialist services (rec 15). Childhood bereavement services should look out for opportunities to offer training and supervision.
- The Government should assess training capacity and if necessary fund training centres to ensure that there is training available for the children’s mental health and psychological wellbeing workforce in all parts of the country for evidence-based therapies (rec 16). Childhood bereavement practitioners may be able to access and/or deliver training through these centres.
- The review supported the ongoing work to develop outcome measures for children’s services for mental health and psychological well-being (rec 17). CBN will keep up to date with the recommendations and make subscribers aware.

Next steps

Alison Penny will be attending one of the regional seminars being organised by the National Advisory Council for Children’s Mental Health and Psychological Well-being, and will represent the views discussed at the seminars. CBN will keep subscribers up to date with developments in CAMHS services through the email bulletin and newsletter.

Session 2: Hot topics for the sector

Key topics for discussion were selected in consultation with subscribers before the seminars, and during the introductory session.

Teaching and learning about death and bereavement

The Government recently announced their intention to make Personal, Social, Health and Economic education statutory, following a review process. The current curriculum includes several opportunities to learn about death and bereavement. 75% adult respondents to a CBN survey last year said they wished their school had taught them about coping with bereavement. Children and young people want these issues included in the curriculum too: one young person said 'It's the one thing that's guaranteed in life, but they won't teach you about it'. Yet teachers are understandably nervous about tackling these topics and CBN is considering developing some guidance.

Delegates discussed the contact they had had from schools and whether they thought it was appropriate for teachers to be doing this work.

- Hard to shift role from a focus on behaviour to teaching a sensitive subject – it can't be 'just another lesson' 'We've done loss, now it's time for German'
- Teachers sometimes don't have time for follow-up
- Could be the school nurse
- Good to have some continuity – sometimes this is lost if someone comes in from outside
- Childhood bereavement service can help teacher to do it

What needs to be in place for these topics to be taught sensitively and successfully?

- Stories and resources
- Need to set ground rules at the beginning
- Finishing the lesson a bit early and giving young people a chance to settle
- Comment cards for feedback and if young person would like more help
- Need to make them aware of range of services which could help
- If session is being delivered by a childhood bereavement service, teacher needs to be in the room
- Plans for follow up and decisions made about who will do this - good links with the pastoral support system
- Childhood bereavement services need extra capacity if they are expected to deliver lessons
- Sometimes PSHE is taught in mixed age groups – they might have different experiences and understanding – need to know who you are teaching

What CBN can do

- Develop guidance on best practice re:training, policies and access to services
- Give guidance (as today) on where this fits with education strategy
- Mapping of what the sector provides to schools and facilitation of a discussion about the way forward
- Bringing people together to ensure we complement each other
- Raise awareness of opportunities for funding and strategy

Child Death Overview Panels

New Child Death Review processes became a statutory responsibility of Local Safeguarding Children's Boards in April 2008. Procedures are set out in chapter 7 of Working together to safeguard children <http://www.everychildmatters.gov.uk/resources-and-practice/IG00060/>

A rapid response form professionals will take place following all unexpected deaths of children aged 0-18. Procedures include care of parents/family members. The local Child Death Overview Panel will also review all child deaths (under 18 years) in the Local Safeguarding Children's Board area to explore lessons and patterns. The function of the Child Death Overview Panel includes 'monitoring the support and assessment services offered to families of children who have died' (p166).

Delegates raised a number of points in relation to the new procedures

- While the approach to learning lessons and preventing deaths is appropriate, sometimes this is hard for families where there are no real lessons to learn. This can affect families' relationships with the professionals providing care
- Some child deaths were expected, but not necessarily in the last 24 hours, but are subject to the same review process as those which were completely unexpected
- The investigation form is the same for all circumstances. Some questions aren't relevant for all situations and can seem intrusive: eg if a child is killed in a road traffic accident, is it necessary to know whether the parent smokes
- What does 'support' mean when it is being offered by a body which is also responsible for investigating lessons from a death? More clarity is needed here
- Childhood bereavement services need to be linked in to the new procedures so that appropriate referrals can be made.

Pre bereavement work

Some services have noticed a change in the trends of families approaching them for help before a death. We discussed the implications this has for work, and the support that is needed

- There are limited services for families facing a death
- There's a lot of need out there – referral numbers could be overwhelming for services, which will need extra staffing and funding to develop this work
- Even if you're comfortable supporting children facing the death of a sibling, supporting those facing the death of a parent poses different challenges
- Need to be able to assess needs and how they change – there may be particular points where support is needed, eg diagnosis
- Good support before they death sometimes lessens the need for support afterwards, except where lots of other things change at the same time
- A lot of the work is around helping adults to talk to children: sometimes we have to tell them news ourselves but really try to avoid this
- Hard for workers because you get to know the person who is dying and there are more 'what if I'd said that differently' moments
- You need a good relationship with the person that's supporting the children and their wider support network
- Need to keep staff ok

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- How do you measure and quantify time spent on planning work, supervision, and the actual outcomes of the work

Useful resources that people were already using included

- Secret C
- As Big as it Gets
- Mummy Diaries website
- Gillian Chown's chapter in 'Brief Interventions for Bereaved Children'

Other needs

- Information on research
- Training and information on legal implications when a parent dies – information on changes in child care law
- Make sure pre-bereavement work is included in CBN directory and List of Subscribers
- Good to interface with young carers' services

Common Assessment Framework

The Every Child Matters agenda identified the need for services to work together more effectively. A key tool for this approach is the Common Assessment Framework (CAF), which is carried out by a lead professional and identifies the wide needs of children and their families. Key points about working with the CAF were

- Need to access training in CAF
- Currently each local authority has their own CAF form: eCAF will come in 2010 but there are currently different versions
- Voluntary sector organizations need help in getting involved with the CAF, including accessing training
- Important to make sure that the service is included in the local directory of children's services (or Family Information Service) so that appropriate referrals are picked up
- Not suitable to do over the phone

Media work

Many childhood bereavement services have been contacted by journalists over the last few weeks covering stories about Jade Goody, Natasha Richardson and David Cameron. Working with the media poses particular challenges to the sector, but can also bring important opportunities to raise awareness of bereaved children's needs and the services working with them. Delegates discussed their recent work with media and identified some of the challenges in doing this work:

- Often needs lots of follow up
- Press only want to report sensationalist/negative aspects of a story. Pressure from within the organization to 'come up with a story'
- Privacy versus fundraising/awareness issues

The y identified that the following would be helpful from CBN:

- Would like to see the sector raise awareness in a coordinated way ie that people's reactions to grief is varied

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- If you want to go national you need a PR/comms expert to manage it. This is ok for large organizations but smaller organizations cannot afford this. Can we pool resources and employ one person via CBN to support as needed?
 - Local coverage/saturation is often more positive and reaps greater rewards
 - Need to network among ourselves

Session Three: Getting to Grips with Commissioning

Kevin Garrod, Cal Williams, Lesley Wood and Kerstin Neason from the VCS Engage regional programme, based at Children England, and Katy Burch from the Commissioning Support Unit talked about why childhood bereavement services should be getting involved with commissioning and offered local contacts and suggestions for delegates to take forward.

Why services should get involved with commissioning

- Money from local authorities and Children's Trusts is increasingly made available through tendering rather than grants
- Getting involved in commissioning helps you advocate for bereaved children's needs locally, by influencing the needs assessment
- Tendering can support your ability to evidence outcomes and thereby strengthen all your fundraising

What is commissioning?

Commissioning helps local authorities/Children's Trusts to meet their National Indicators. They will have chosen up to 35 indicators as priorities, set out in the Local Area Agreement, and will also prioritise 16 statutory indicators. Each local area's priorities can be viewed here <http://www.localpriorities.communities.gov.uk/>

2005 guidance from DCSF defines commissioning as 'developing an overall picture of children's needs within an area and developing provision through public, private, voluntary and community providers'. The process for commissioning across the children's public sector involves

- Needs assessment and strategic planning
- Shaping and managing the market
- Improving performance, monitoring and evaluating

(Securing better health for children and young people through world class commissioning, DCSF/DH, 2009)

Useful terms

Procurement is the obtaining of a contract to provide a service for an agreed price

Tendering is a written or formal offer to support goods or services for an agreed price. Complex legislation affects tendering processes, which generally can be

- Open – anyone can take part
- Preferred /approved / restricted / framework – only certain providers can take part
- Closed/negotiated – only selected providers can take part and there must be a reason

In open tenders, interested organizations may be invited to complete an expression of interest (EOI) and/or and pre-qualification questionnaire (PQQ). These will be evaluated and successful organizations will be asked to submit a full tender.

Hints on tendering

- The process often doesn't keep to schedule, especially the first time around
- You may need support to complete some elements
- If a tender process was unsuccessful, asking for feedback can be helpful to improve the next application

Who might commission you?

- Children's Trusts (joint commissioning)
- Children's social care
- Primary Care Trusts (NHS)
- Parenting Commissioners
- Youth/Youth Offending
- Local team around the child arrangements
- Lead professionals
- Children's Centres
- Extended Schools

Being tender-ready

- Have up to date and approved policies and procedures and structure
- Have an up to date organizational plan
- Have relevant quality marks eg Investor in People, PQASSO
- Profile and celebrate the organization and its achievements
- Consider partnerships and collaboration, particularly if you could join with another organization to provide a service which would jointly contribute to a local area priority.
- Sit on (or have access through representatives to) the Local Strategic Partnership

Other useful paths to involvement are your local Council for Voluntary Service or Children and Young People's Network, your parenting commissioner, the VCS commissioner or partnership manager, elected members. Your trustees may be able to help with some of this work. Relationships are key – finding the right person to talk to.

Even if you don't want funding at this point, you can get involved in the needs assessment to make sure that bereaved children's needs are included in your local children and young people's plan.

Useful resources

- *Love your tender* is a guide to understanding contracting and being ready to tender, published by Children England. Sections are free to download from <http://www.childrenengland.org.uk/index.php?pageID=425>
- Your local CVS or network www.navca.org.uk
- Children England www.childrenengland.org.uk
- Commissioning Support programme (DCSF) www.commissioningsupport.org.uk

Session Four: Grief Matters for Children: policy, practice and campaign update

The seminars closed with a brief update on the Grief Matters for Children campaign.

The first year of the campaign had a focus on support in schools, year two looked at the needs of bereaved young people in public care, and this final year has had a particular focus on the needs of young people in secure settings. A new briefing on secure settings was included in the delegate pack and a series of seminars will be run across the UK in May.

Although the programme funding finishes this spring, CBN will carry on campaigning around the eight main 'asks' of the campaign, which were developed through a series of consultations with subscribers.

Key things to mention are:

- We met with Ed Balls, Secretary of State for Children, Schools and Families at the end of January. We talked about our first campaign ask, that all parents and carers of bereaved children should have information and support available to them. Every local authority has a Family Information Service responsible for letting parents know about useful services. We said that the government's guidance to Family Information Services needs to be updated so that they carry details of their local childhood bereavement service and national helplines. At the moment, the guidance just signposts to the Department of Health's guide *Help is at Hand* which is specifically around suicide and sudden death.
- We also said that we needed a way to make sure that local authorities have to demonstrate how they meet bereaved children's needs. In a way they have to do this anyway, because when they assess the needs in the local area they should pick up on bereaved children and include that in the Children and Young People's plan. But what happens in areas where there isn't a childhood bereavement service representing children and families? Or bereaved children get ignored? There is guidance for commissioners commissioning early intervention services, which includes services targeted at particular groups of children, and we've asked that the list of groups explicitly includes children and young people who've been bereaved.
- We're waiting for a letter back from him to let us know his thoughts on our ideas. We'll let you know what happens.
- We're also hoping to do some work around the Coroners and Justice bill which is going through Parliament at the moment
- We're also working with the Department for Children, Schools and Families on their Targeted Mental Health in Schools work, helping them to produce some guidance around commissioning mental health services from the voluntary sector, and on their work on the PSHE review
- We're always keen for ideas about the campaign or suggestions about how you would like to be involved: please do phone or email Alison with suggestions

Evaluation

40 delegates completed evaluation forms

How did you find out about this seminar?

- 85% (34) CBN mailing
- 12% (5) Colleague
- 3% (1) Website

Which aspects of the seminar were of most interest prior to attending

- Commissioning (20)
- CAMHS review (13)
- Networking opportunities (6)
- Other (all; hot topics; targeted mental health in schools; Grief Matters update) (6)

Did the seminar meet your expectations?

Yes (38) Did not answer (2)

Has the seminar made you more aware of the current policies affecting bereaved children?

Yes (36)

- Useful to have the current policy driver handout
- Some extra policies I wasn't aware of
- Commissioning and key boards. Also key impact of CAMHS review
- More aware of commissioning process
- Update
- In particular that bereaved children have been identified as one of the five 'targeted mental health in schools project'
- Thought about CAMHS and TAMHS review and considered how practice needs to include consideration of bereaved children
- Up to date information very well researched and presented
- CAMHS and government responses
- General update
- Grief Matters update
- Information in packs and discussion from Alison
- Thank you for the briefing document, it is proving invaluable regarding setting our service in context, adding weight to our thinking
- Presentation/links and discussion
- More detailed
- Information about CAF, ContactPoint, emotional wellbeing in schools
- Understanding implications for bereaved children of CAMHS review

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- The handout on policy drivers is really useful – both to inform my practice and for lobbying, seeking funding etc
 - Detail of CAMHS review and how this might impact locally
 - As we are all volunteers with other jobs we struggle to keep abreast of national developments, so thanks for update
 - CAMHS review- interesting to know where they are with the process
 - It has provided me with info and links to further reading
 - Update on policy re:tenders etc
 - More aware of the commissioning process and framework

No (2)

- Already pretty aware

Not sure (1) Did not answer (1)

Has the seminar made you more aware of the role of commissioning?

Yes (35)

- Willing to look more into it
- Have far more knowledge now
- Useful pointers re: links with Children's Trust indicators
- Update on policy re: tenders etc
- Again put me in the direction and highlighted areas to consider
- Interesting to hear about VCS Engage
- And need to do more follow up reading and local networking
- Awareness of the national indicators particularly useful
- Good overview – would have been good to have 'Love your tender' folders available
- The importance of networking with the right people! It was also interesting to think about how to work alongside/with potentially 'competing' projects
- How I can find out what the local CAYP contains
- Increased understanding of commissioning role
- I'm aware of the commissioning role, however it was really interesting to hear how the remit and requests from commissioners differs nationally
- Clarification of process
- Materials and tips
- Aware of its existence – more complex than I had realised. Main issue = structures in place
- Process and what they are looking for
- PM talk clarified it
- More aware of commissioning process
- Introduction to commissioning
- Still need to do some more legwork!
- Useful to have overview of the whole process

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- Clarified knowledge
 - Although a bit depressing re: complexity

No (2)

- Already aware of its importance and need for partnership working

Not sure (3) Did not answer (1)

Has the seminar made you more confident in getting involved in commissioning locally?

Yes (21)

- However, need to determine/clarify role expectations internally
- I feel better informed
- Bit more confident about the language of commissioning and who to target
- Confident awareness
- Briefing document – just ‘going for it’ a bit more
- Try to set up meeting jointly with other agencies
- Permission to have a go. What I still lack is enthusiasm!
- Will go back and email lots of people
- Having useful information to online documents and statistics

Not sure (14)

- A lot to take in – potentially quite scary!
- Wasn't unconfident in first place!!
- Need to map local provision first
- Feel I need more information which will seek out locally and through links discussed today
- Certainly more confident in how to find out what's happening locally and what priorities are
- Commissioning is very overwhelming. More investigation on my behalf is needed

No (2)

- Already actively involved

N/A (2)

Did not answer (1)

- Made me more aware of important documents and websites

Has the seminar given you the opportunity to feed in to CBN's policy work?

Yes (29)

- Hard to be specific but reminds me we can do this
- General and focussed discussions

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- By talking about impact of child death review process on service I work for
 - Childhood bereavement work at school ie workshops, PSHE
 - Yes I feel the group's comments will be taken further by Alison within the CBN
 - Allowed discussion and input to feed back
 - Wasn't that aware before. By attending seminar I have made myself focus more
 - Sharing of practice
 - Although at this stage I feel I'm learning and absorbing more than feeding in!
 - In feedback from guided table discussions
 - Feedback on the CAF/ContactPoint workshop and what relates to CBN policy

Not sure (7)

- Although interesting discussion around Child Death Review process

No (1)

- Knew I could anyway!

Did not answer (3)

- As before – I would contact Alison

Will you be taking any action as a result of the seminar?

Yes (33)

- Exploring website links provided, to include in funding applications
- Contacting my local CAMHS teams again
- Finishing Bereavement Service Model end April; checking that our service is on all sites parents can access; finding out who else is training; putting pathway together; book CAF training; review CAMHS against national indicators; contact Alison re resource re learning disability; re-read Children and Young People's Plan; contact Child Death Panel; Coroners Bill
- How we can work 'smarter' locally
- Updating colleagues, revisiting local CYP plan, looking at help with commissioning process, and investigating external support/skills in Trustee board for this. Talking more in-depth with CAMHS
- Feedback to trustees, explore local contacts, build up links with CAMHS team
- Pursuing and identifying key people at PCT
- Identify and target relevant commissioners
- Discussion with my team about implications of CAMHS review and pre-bereavement visits and CAF. Important of networking and building up relationships with external services and CAMHS
- Looking at website info
- Going back to my team and feeding back information and making sure bereavement services are accessed as part of the CAF process
- Try try try again

- Find out who my local CAF coordinator is and make contact. Look up local Children's Plan. Find out who are the local commissioners of children's services
- In due course improving my links to commissioners/CYP trusts etc
- Putting my ideas into forthcoming tender
- Networking confidence to get in touch
- More engagement with local children's trusts and boards
- Lots of things, but immediately, trying to access 'slippage' funding
- Discuss with commissioners locally
- Research more info all information available on internet
- Links into my new role with [name of service]
- Building links and exploring needs analysis
- Find out who is doing what locally and what opportunities there are internal and external to the organisation
- Feedback to the Paediatric managers and bereavement team. Liaison with specialist commissioners re improving bereavement services locally
- Looking up some of the policy documents; taking more positive action on getting CAMHS funding
- Feeding back to service management; making links with local CAMHS
- Contact people in commissioning
- Get 'Love your Tender' and 'Gone'. Link with Hospice
- Looking at funding for pre-bereavement for siblings
- Recommend commissioning opportunities
- Feedback to manager and make local links

Not sure (5)

- Feel need time to digest info

Did not answer (2)

- To be discussed with colleagues

	Ex	Good	Av	Poor
Administration of delegate bookings	26	13		
Venue location and access	16	18	7	
Venue facilities	17	21	4	
Staff helpfulness on the day	19	17	2	
Catering	21	15	3	
Delegate pack	29	10		
Programme content	28	12		
Value for money	34	6		

Suggestions for improvement

- Ability to get up and move a little more – very hot and uncomfortable before lunch
- It did say 9.30 am start and it was actually a 10am start
- Natural light
- Targeting statutory providers, but that's probably more at conference level
- Delegate list
- The seating arrangements made it difficult to hear some people
- Good length to day. Good to finish at 3.30 as may have travelled a long way (Perhaps could provide some guidance about where Northampton Suite is within university)
- More opportunity for group discussion and feedback to the large group. Suggestions of topic for discussion prior to the next meeting (example: pre-bereavement work)
- Straight after lunch not best time to concentrate on commissioning process when a lot to take in. Something more interactive after lunch would have been preferable. Delegate list please
- Delegate list in advance
- Second speaker to stay longer for discussions