The Association of Child Psychotherapists

CAN Borough, 7-14 Great Dover Street, London SE1 4YR
+44 (0) 020 7922 7751
admin@childpsychotherapy.org.uk
www.childpsychotherapy.org.uk

ACP
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Quality Assurance Framework for Training in Child and Adolescent Psychoanalytic Psychotherapy

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Contents

1. The Profession of Child and Adolescent Psychoanalytic Psychotherapy....2
2. Training of Child and Adolescent Psychoanalytic Psychotherapists....4
3. Requirements to enter Clinical Training and gain Trainee Membership....5
4. Outline of Clinical Training....7
5. The ACP Competence Framework....15
6. Quality Monitoring of Training Schools....20
7. Quality Standards for Training Schools....21
8. Registration Processes during and on Completion of Training....26
9. ACP Accreditation Visits....27
10. Annual Reports....33
11. Glossary....35

Appendices

Appendix 1: Template for the Self-Evaluation Document....36
Appendix 2: Template for re-accreditation report....39
Appendix 3: Standards for providers of clinical training posts....42
Appendix 4: Template for Annual Report....45
Appendix 5: Governance responsibilities and structure of ACP Training Council....48

Introduction

The Quality Assurance Framework (QAF) for Training in Child and Adolescent Psychoanalytic Psychotherapy sets out the standards for the clinical training in child and adolescent psychoanalytic psychotherapy including the requirements that trainees must meet to qualify and the standards and monitoring of clinical training schools. This document is subject to regular review by the ACP's Training Council, whose governance is set out in Appendix 5. Trainees will be trained according to the standards in place at the time of the commencement of their training.

1. The Profession of Child and Adolescent Psychoanalytic Psychotherapy

1.1. Philosophy

1.1.1. Child and Adolescent Psychoanalytic Psychotherapists (CAPPTs) accept that each human being has a unique combination of neurological, physiological, emotional, social, cultural, genetic and psychological factors, conscious and unconscious, which influence their relationships to people and events. The work of a Child and Adolescent Psychoanalytic Psychotherapist is informed primarily by psychoanalytic theory, as well as attachment theory and a knowledge of child development. The Child and Adolescent Psychoanalytic Psychotherapist is committed to maintaining a thoughtful, objective stance in work with child patients, their families or carers, and all colleagues.

1.1.2. Child and adolescent psychoanalytic psychotherapy is not a single therapeutic modality, but rather a powerful combination of skills, knowledge and experience that can be applied to a wide range of patients, groups and work contexts. This equips CAPPTs with the capacity to work with a wide range of complex cases characterised by severity of disturbance, co-morbidity and, often, multi-agency involvement.

1.1.3. Child and Adolescent Psychoanalytic Psychotherapists will at all times uphold the Code of Professional Conduct and Ethics set out by the professional association, and maintain the professional ethic of confidentiality and respect for the dignity and value of each individual seen.

1.2. Purpose

1.2.1. Child and Adolescent Psychoanalytic Psychotherapists work as core members of multi-disciplinary child and adolescent mental health teams as well as working in other settings in health, social care, education and the third sector. Their training equips them to make a unique contribution in understanding the child's perspective of the world.

1.2.2. Child and adolescent psychotherapy has developed and grown hand in hand with the NHS and was recognised as a core profession in the 1970s. Members of the profession work in NHS Children and Young Peoples Mental Health Services (CYPMHS), Perinatal Mental Health Services, Mental Health Liaison Services, specialist mental health services and physical healthcare settings, as well as a wide range of other health, social care and educational settings and in the third sector. They work across the UK: where we refer to the NHS, this should be taken to mean the NHS bodies in all four nations of the UK.

1.2.3. The profession aims to help infants, children and young people adversely affected by emotional difficulties that may be severe, complex and long-standing, and also their parents, carers, networks and other professionals. A Child and Adolescent Psychoanalytic Psychotherapist is trained to endeavour to understand conscious and unconscious communications to provide a therapeutic mutative experience which promotes development broadly including self-awareness and understanding of relationships. The work is non-directive and child led, and the aim is to promote long term mental health.

1.2.4. The role of Child and Adolescent Psychoanalytic Psychotherapists in NHS services is to

- support and lead the wider workforce to deliver safe and effective services;
- provide infants, children and young people with severe and complex difficulties with a choice of cost-effective and evidence-based treatments.

Child and Adolescent Psychoanalytic Psychotherapists work as members of multi-disciplinary teams and offer assessment and treatment of children and their families, with the ability to offer a long-term individual psychotherapy when indicated. They also:

- contribute to the service with short-term work, parent-infant and under-fives work, work with parents and carers, group work, family assessments;

- provide supervision, teaching, consultation and leadership across all professions, and with other agencies such as social care and education.

1.3. Aim

1.3.1. To provide a service to infants, children, young people, their families and carers that is non-discriminatory and responsive to their emotional needs. The aim of treatment is to promote the resolution of internal conflicts, resulting in enhanced self-understanding, a better ability to relate to the world, a sturdier sense of self-worth and resilience to face new developmental challenges.

1.3.2. The Child and Adolescent Psychoanalytic Psychotherapist will work respectfully with all colleagues, and ensure that the child's best interests are kept firmly in mind through liaison, training and consultation. Child and Adolescent Psychoanalytic Psychotherapists work within multi-disciplinary teams and as members of inter-agency, professional networks. Participating in outcome monitoring and research projects is also an integral part of the work of a Child and Adolescent Psychoanalytic Psychotherapist.

1.4. Terminology

1.4.1. In these standards we refer to Child and Adolescent Psychoanalytic Psychotherapists. In so doing we are referring to therapists trained in psychoanalytic psychotherapy for parent/infant dyads, children, adolescents, parents and families. The professional role has been developed in the UK since the inception of the Association of Child Psychotherapists (ACP) in 1949 and has been commissioned by the NHS for the last 40 years. From 2014 the ACP has been regulated by the Professional Standards Authority, and manages the ACP Register of members and the accreditation of Training Schools in accordance with their high standards for the protection of the public.

1.4.2. Since the mid-1970s, when Child and Adolescent Psychoanalytic Psychotherapists were recognised as core members of Child and Adolescent Mental Health Services (CAMHS – increasingly now called Children and Young Peoples Mental Health services (CYPMHS)), the Department of Health and Social Care has recognised the ACP as the regulatory body for the profession and the historic title 'Child Psychotherapy' has been used to define

grades, pay scales and the commissioning of training. Please note that the term Child and Adolescent Psychotherapy is used by the NHS and Health Education England. This title is in effect shorthand for Child and Adolescent Psychoanalytic Psychotherapist (or CAPPT) a term that more fully describes therapists with the specific training recognised by the ACP. The term CAPPT is used for the competence framework for qualified ACP-registered Child and Adolescent Psychoanalytic Psychotherapists to distinguish it from others with distinct and less intensive trainings also now using the title of 'Child Psychotherapist'.

1.4.3. The ACP recognises that language describing individual and group identities (in particular with regards to protected characteristics), as well as terminology related to health, social care, and education and training contexts, will change over time. The standards outlined in this QAF will continue to be applicable, notwithstanding changes in language used to describe terms contained in this document.

2. Training of Child and Adolescent Psychoanalytic Psychotherapists

2.1. Child and Adolescent Psychoanalytic Psychotherapy is a six-year post-graduate training, comprising at least 2 years of pre-clinical learning and experience and an NHS funded four-year full-time doctoral level clinical training. The training has developed hand in hand with the NHS; alignment with population and service needs is based on strong collaborative relationships between training schools, commissioners and local services, which provide the placements for CAPPTs in training, and are the destination employers of CAPPT graduates.

2.2. The training enables trainees to develop the academic, clinical and research skills needed to prepare them for practice as professional Child and Adolescent Psychoanalytic Psychotherapists, as defined in the ACP competence framework, to be eligible for membership of the ACP.

2.3. The training combines an emphasis on experiential learning with close supervision, formal study, a training aand research experience. Theory and practice are closely linked and the training reflects a coordinated approach, with close attention to the development of psychoanalytic clinical skills.

2.4. The training provides a thorough grounding in the emotional development of infants, children and adolescents, drawing on psychoanalytically orientated developmental perspectives. It equips trainees to assess and treat a broad range of disturbances in infancy, childhood and adolescence. It encourages clinical sensitivity and solid practice enabling trainees to respond with sensitivity to the multi-cultural contexts encountered in clinical work.

2.5. The training also equips trainees with the skills and knowledge required to be active members of multi-disciplinary teams, services, and multi-agency networks. It encourages graduates from the training to think of themselves as senior members of the service, able to offer supervision, consultation and leadership within their team and the wider health and care system.

Supervision and training analysis are essential parts of the training. Training analysis begins, where possible, before clinical work is undertaken and lasts at least for the duration of the training. This safeguards a thoughtful and objective stance and supports the development of self-awareness necessary for the understanding and tolerance of emotional states in others. It also promotes the emotional resilience that is necessary for safe and effective clinical practice.

3. Requirements to enter Clinical Training and gain Trainee Membership

3.1. Qualifications

Either:

3.1.1. **A course of study leading to a PG Diploma/Masters (UK academic level 7) that includes the following minimum elements:**

- Psychoanalytically informed infant observation with attendance at seminars across 2 academic years.
  - In some circumstances students can be accepted onto the training with 1 year of infant observation but must then complete the second year during the first year of the clinical training.

- Work discussion – 3 terms of weekly seminars or equivalent if courses are structured differently.

- Psychoanalytic theory – 3 terms of weekly seminars or equivalent if courses are structured differently.

- A course in Child development theory and research.

- **And at least one of the following modules:**
  - Psychoanalytically informed observational experience of a young child – 6-9 months
  - Research design and methodology
  - Personality development

Or:

3.1.2. **The above components, or their equivalent, gained through a combination of other courses that provide some elements of a pre-clinical course but not others.**

It may be that applicants can 'top-up' an existing training that provides some of the requirements with the additional specified modules on one of the pre-clinical courses.

Child and Adolescent Psychotherapy is a post graduate entry profession at Post Graduate Diploma or Master's level. Applicants who do not already have an honours degree must gain a master's level qualification. This could be by obtaining a master's degree in one of the recognised pre-clinical courses but might be a master's degree in another discipline as long as the modules of the pre-clinical course are achieved as above.

A pre-clinical course or its equivalent must be completed within a 7-year period prior to the date of application to the training.

3.2. Experience

In addition to the components of the pre-clinical course, applicants to train as a Child and Adolescent Psychoanalytic Psychotherapist must have experience of working with children and adolescents. This experience may be gained in a wide range of occupations across health, education, social care and other sectors. Prior experience of working in mental health services is not essential but may be helpful. Applications from those from a diverse range of backgrounds are encouraged.

The following experience is required:

3.2.1. **Experience of working in a professional or voluntary capacity with at least two of the following age groups:**

- Ages 0-5
- Ages 6-11
- Ages 12-25

This experience may be gained in a wide range of occupations and settings. For some this might be full- time or part-time over several years whilst others have gained valuable learning and personal development from a shorter or more intensive experience of work with children and young people. It is for training schools to assess whether applicants are able to demonstrate sufficient learning from these experiences to undertake the training but as a minimum the ACP recommends applicants have 500 hours of direct work experience across the ages.

3.2.2. **Experience of working with a range of professionals**

This would usually be as part of a team such as in the NHS, schools, social care, youth justice but could be in a wide range of settings where experience of working with colleagues from different backgrounds and disciplines has been gained.

3.3. General

- An interest in learning to work psychoanalytically with children, young people and families;
- Applicants who wish to apply for an NHS funded post need to be UK citizens or have a relevant visa for the period of the training which shows entitlement to work in the UK;
- Applicants not intending to apply for an NHS funded post need a relevant visa for the period of the training which shows entitlement to study in the UK;
- Commitment to integrating thinking about difference and diversity in all aspects of work.
- Commitment to working within professional and ethical guidelines;
- An Enhanced Disclosure and Barring Check (DBS) or equivalent in Scotland and Northern Ireland.

3.4. Personal Capacities

Applicants will need to be able to demonstrate that they have sufficient personal capacities to be able to undertake the intensive and demanding training in Child and Adolescent Psychotherapy. Whilst it is difficult for the ACP to set specific standards in this area the following criteria are provided as indicators to help both training schools and applicants consider suitability for the training:

- An ability to draw on others to learn – for example, in supervision, seminars and from team working;
- Awareness of when professional and or personal support is needed;
- Capacity for curiosity and self-reflection;
- Capacity to think about one's own and others' difference and diversity and their impacts;
- Personal Resilience, such as:
  - The ability to keep thinking under pressure.
  - Recognition of the importance of being able to tolerate emotional pain and uncertainty in professional contexts.

3.5. Psychoanalysis / Psychotherapy

Psychoanalytic psychotherapy with children and adolescents is emotionally demanding and requires that the therapist can reflect on their own reactions and distinguish them from the impact on them of the patient. Training psychoanalysis / psychotherapy - four or five times a week - (three times a week in exceptional circumstances) is an essential component of the Child and Adolescent Psychoanalytic Psychotherapy training.

The clinical training in Child and Adolescent Psychoanalytic Psychotherapy is open to applicants who have not yet had an experience of personal psychoanalysis or psychotherapy as it is recognised that this is not always possible due to financial, geographical or other constraints. It is up to the training schools to assess candidates' suitability for the training on the basis that they can demonstrate they meet the requirements for clinical training. A period of personal psychoanalysis or psychotherapy before training is not a requirement within these standards, however, it is strongly recommended and where it is possible, applicants should be supported to begin personal psychotherapy or analysis before they apply to the training as this is an important developmental opportunity and applicants will benefit from the experience of this. In some circumstances this might be in the form of once or twice weekly therapy, if possible leading to three times weekly, and might be accessed remotely through online technologies when agreed with the individual psychotherapist/psychoanalyst.

Personal tutors and/or potential training schools will be able to think with applicants about their options including advice about finding an approved analyst / psychotherapist and help for people with limited funds to access some financial support. All applicants accepted onto the training need to be in a position to start their training analysis at the start of the Autumn Term or they will not be able to take up their place. Applicants should note that it can take 6 months to find an analyst. Where applicants are not accepted onto the training the training schools may recommend that more experience of working with children is required or that applicants who are considered not to be emotionally ready to begin the training should consider personal psychotherapy or analysis before reapplying.

All applicants will need a year of at least three times weekly personal psychoanalysis before starting an intensive psychotherapy training case. This means for those who start their psychoanalysis at the start of the training they will need to wait until their second year before beginning intensive treatment with a child or adolescent.

All psychoanalysts or psychoanalytic psychotherapists intending to offer training psychoanalysis to a trainee need to be approved by the ACP's Training Analyst and Therapist Sub-Committee.

4. Outline of Clinical Training

Training courses will be delivered in a collaborative and inclusive way that recognises the different roles of the Arms Length Bodies (NHS, HEE, NES etc), commissioners, accrediting bodies including the ACP and Higher Education Institutions, the Training Schools, placement providers, supervisors and trainees. They will be responsive to local, regional and national needs, and will involve Experts by Experience in their design, implementation and evaluation, and in the delivery of teaching and clinical practice.

The training combines formal learning with learning through practice in a clinical placement, usually in the NHS. Trainees work in their placement clinic for approximately 70% of their working week and during this time they will, under the guidance of an experienced child psychotherapist who acts as their service supervisor, carry out a range of clinical work under supervision. Standards for placements are outlined in Appendix 3.

The curriculum for clinical training outlined below in 4.1 to 4.4 includes a range of practice experiences and studies that together enable a trainee to become competent in Child and Adolescent Psychoanalytic Psychotherapy, as defined by the ACP Competence Framework. This section of the QAF outlines the clinical training curriculum while section 5 describes the ACP Competence Framework.

All trainees are required to be in training psychoanalysis or psychoanalytic psychotherapy, four or five times per week, for the whole of their training, with a suitably qualified and experienced psychoanalyst or psychoanalytical psychotherapist. The list of approved analysts and therapists is maintained by the Training Analysts and Therapists sub-committee of the Training Council. If local circumstances, to do with availability of suitable analytic spaces or with travelling distance to analysis, mean that four sessions per week is not achievable, this may be reduced to three times per week at the discretion of the Training School (as detailed in s.7.13 below).

Each Training School will be responsible for ensuring that it organises its course, delivers its curriculum and supervises practice in a way that enables its trainees to become CAPPT competent at the point of qualification. The qualification process is detailed below in s.8.

The ACP will look at the systems the Training School has in place when carrying out re-accreditation visits and Training Schools will have to demonstrate thoughtful and robust ways of giving their trainees the opportunity to achieve the competencies.

4.1. Curriculum, theory and technique

4.1.1. The curriculum will cover the following areas to equip trainees to work in the NHS and across other settings.

4.1.2. **Human growth and personality development**
CAPPTs work with infants, children and young people from age 0-25. The curriculum will cover the developmental tasks of this age range, including early childhood, latency, adolescence and young adulthood, as well as an understanding of parenthood and its challenges.

4.1.3. **Disturbances of development, attachment and psychopathology**
Key elements of the curriculum in relation to this are an understanding of intergenerational trauma; adverse childhood experiences, and the social context of care, poverty, family circumstances, racism and other forms of discrimination including their intersection.

Trainees will gain an understanding of young people’s emotional experiences within their family; and of the specific emotional / mental health needs of those not living with their birth family.

Trainees will learn to differentiate between and work with deficit, defence, disturbance and delay as components contributing to mental ill health.

They will learn how pre-verbal anxieties, defences and unconscious states of mind can endure through childhood, adolescence and adulthood.

4.1.4. **Understanding a range of disorders**

Trainees will have an understanding of a wide range of disorders and their presentations in children and adults, reflected in the range of supervised clinical experience expected (see s 4.2 and 4.3.). They will undertake a more in-depth study of some disorders such as complex emotional relationships with food, physical health complexities, learning disability and autism. This may include study of the psychoanalytic literature as well as the research literature where relevant. An understanding will also be gained of young people's experience of needing an intensive community or inpatient intervention; and as part of a continuum of care, young people's presentation in Forensic and Secure Care.

4.1.5. **Forms of adult mental illness and the impact of parental mental illness on children**

Trainees will learn about forms of adult mental illness and their impact on children from pregnancy to maturity.

4.1.6. **Psychoanalytic theory**

Training schools may place different emphases on a number of psychoanalytic theoretical orientations which have evolved over the last 60 years, but there remains a common approach, based on the careful observation of verbal and non-verbal communication by the infant, child or young person, and in particular, the detailed tracking and exploration of the relationship between the young person and therapist so that feelings and ideas present and active unconsciously in the patient can become amenable to conscious communication and thought.

The core areas within training are as follows:

- knowledge of the theories that underpin psychoanalytic understanding of development and psychopathology as well as psychoanalytic technique for working with children and young people. This will draw on the classic contributions including those of Sigmund Freud, Melanie Klein, Anna Freud, Wilfred Bion and D.W. Winnicott and the study of child development including the works of John Bowlby and Esther Bick and contemporary writers;

- knowledge of academic and empirical research domains including the works of classical and contemporary researchers in child development.

4.1.7. **Psychotherapeutic technique**

Trainees will develop their clinical understanding of the techniques of child psychotherapy including its basis in close and detailed observation of the relationship the child or young person makes with their therapist and the theoretical assumption that the child or young person's free play, drawings and conversation can be seen as equivalent to 'free association'.

They will develop an understanding that the regularity of the setting - sessions taking place in the same room and at the same time each week for ongoing therapy - is an essential component of the therapeutic process and relationship, both to establish a reliable framework and to facilitate observation of the changing relationship to the therapist.

They will learn how to build a therapeutic alliance with the child or young person and introduce the context as one that supports work to understand feelings and difficulties in their life.

They will develop an understanding that the aim of psychoanalytic psychotherapy is to put into words the child and therapist's emerging understanding of what the child communicates though play, behaviour and verbal expression, including conscious and unconscious thoughts and feelings, and that undirected play and talking are the fundamental sources of the relevant clinical formulation.

4.1.8. **Working with unconscious processes**

Trainees will develop knowledge and understanding of the unconscious processes at play intra-psychically, between individuals and in groups, networks and organisations. This will include an ability to convey an openness to all forms of psychic experience – current preoccupations, memories, daydreams, fantasies and dreams – and to be attuned specifically to evidence of unconscious phantasies which underlie the child or young person's relationship to self and others.

This attentiveness to unconscious phenomena, specific to psychoanalytic psychotherapy, is related to the theoretical importance attributed to these deep layers of the mind and to understanding the focus on the transference relationship made to the therapist, that is, the relationship made both in response to 'real' aspects of the therapist's person and behaviour and arising from the way in which people are characterised in the child or young person's internal world.

The psychoanalytic method rests on an understanding that unconscious beliefs and anxieties can be analysed and discussed, thus enabling the child or young person to begin to differentiate psychic from external reality. As a result the young person may become more able to test out reality, and establish a fruitful relationship to it.

A cornerstone of the method is understanding that the emotional responses evoked in the therapist are also important as a source of information, broadly referred to as 'countertransference' phenomena. Making use of such communications depends on emotional availability and space for 'reverie' in the therapist, as well as robustness and a capacity to contain extreme feelings whilst retaining the ability to think.

4.1.9. **Management of the setting**

Management of the analytic setting is a key task for the Child and Adolescent Psychoanalytic Psychotherapist, often within the context of busy and complex NHS services.

Trainees will develop the ability to speak to the critical need for such a space in psychoanalytic practice with colleagues and how to negotiate their place within the MDT Team. The trainee will develop knowledge and understanding of the vital need for the safety and security of the space as well as the importance of its aesthetic.

4.2. Clinical work under supervision (1)

CAPPTs work across a range of settings from community CYPMHS to in-patient units, schools, hospitals and social care, providing specialist support to children and the networks around them. Clinical work should cover a range of disturbances and disorders in work with children and young people of different sexes and genders, across the age range (0-25 years), with diverse cultural, ethnic and social backgrounds.

4.2.1. **It should include all of the following:**

- **Assessments (recommended approximately 12 assessments):**
  - for psychotherapy of children and young people, with the capacity to distinguish the level of need;
  - generic assessments in line with local and national clinic practice e.g.: CAPA (Choice and Partnership Approach);
  - Assessment of risk alongside other professionals: the teaching of generic risk assessments is part of the curriculum and trainees will experience managing risk in

many of their cases. Some trainees will join crisis intervention teams to gain experience and newly qualified staff may be asked to join on-call rotas. All trainees will receive training in risk assessment from mild to severe cases, including triage policies, crisis and subsequent care planning, referral on, safeguarding and case recording. Trainees will learn to apply this in a clinical and supervisory context. Optional training will be offered for example in assessment and management of suicide risk.

- Experience in utilising clinical guidelines (such as the National Institute for Health and Care Excellence and the Scottish Intercollegiate Guidelines Network) and research in reaching a clinical judgment, when undertaking assessments and making treatment recommendations;

- Undertaking 'psychoanalytic state of mind' assessments to add to network understanding and to inform decision making;

- Psychoanalytic family assessments;

- **Time limited or brief work; (up to 6 sessions)** weekly or more frequent, such as The Tavistock Under 5s model, or a model of therapeutic consultation such as Young People's Counselling, or parent consultation (recommended approximately 3 treatments);

- **Experience of manualised short-term psychotherapy**, e.g. Short Term Psychoanalytic Psychotherapy (STPP) (recommended approximately 1 case);

- **Long term psychoanalytical psychotherapy** of an intensity and duration appropriate for the case (recommended approximately 6 cases);

- **Work with parents and parental couples** weekly or fortnightly for a year, informed by an understanding of the underlying meaning of, and what is being communicated through, a child's behaviour. This work takes into account the complexity of relationships in the family (recommended approximately 30 hours);

- **Supervision of other professionals** weekly or fortnightly, including Mental Health Practitioners, counsellors, Assistant CAPPTs and other staff (recommended approximately 1 year);

- **Work with other multi-disciplinary professionals and networks** involved with particular cases assessed or seen for therapy (Team around the Child);

- **Using digital platforms as well as in-person work to offer assessment and treatment.** Trainees will learn how to apply knowledge of the advantages and drawbacks of working remotely, and how to assess when remote working is appropriate and possible. This will include consideration of safety as well as practical considerations such as privacy, technical competence and managing expectations and boundaries. An important dimension will be how to know when supervision is needed and how to maintain a psychoanalytic stance whilst working remotely. Trainees will be made aware of the ACP's professional guidelines on remote working and how to apply them;

- Trainees may be given a brief experience of working in a different service setting towards the end of their training.

4.2.2. **In addition, trainees will gain a variety of experience depending on the particular placement(s) they work in during their 4-year training**.

- All trainees will gain experience in working with children and young people presenting with trauma, anxiety and depression (see NICE Guideline for abuse and neglect);
- All trainees will work with children looked after and adopted children with a range of presentations;
- Perinatal care and parent/infant care: All trainees will have knowledge of infant development from their theoretical and observational learning on a pre-clinical course. All trainees will have experience of parent-infant/ dyadic work with Under 5s. Where trainees are based in a perinatal service they will gain experience in perinatal mental health. As more CYPMH services expand to offer perinatal mental health pathways, more trainees will gain this experience;
- Autism: Most trainees will get experience of offering psychoanalytic psychotherapeutic interventions to children with neurodiversity, that may include Autism, ASD and learning disabilities. All trainees will gain experience of working in an autism assessment team and taking a neuro-developmental history. All trainees will gain experience of supporting parents of children and young people with a range of neurodiverse presentations;
- In-patient care: trainees may gain experience via placements in adolescent in-patient units or through working across community and in-patient services, where a young person is admitted to or discharged from an in-patient service as part of their care;
- Therapeutic work in schools and educational settings, and in specialist services such as Cared for Children Teams and Kinship Care Services, Eating Disorders, forensic, in-patient units, paediatric liaison/hospital psychotherapy: All trainees will have a basic understanding of these services, from a workshop for example, including how they are configured, whilst a smaller number will have more direct experience of working in these services.

4.2.3 ***Some* trainees may gain experience of:**

- Specialist services such as Primary Care, learning disability teams;
- Group work with children;
- Group work with parents, foster carers or other professionals;
- Psychotherapeutic work with families;
- Consultation: applying understanding of dynamics of groups/institutions to groups of professionals or teams concerned with children;
- A contrasting model of work, possibly alongside other colleagues such as (but not limited to) systemic family therapy, Interpersonal Therapy (IPT), Cognitive Behavioural Therapy.

4.3. Clinical Work under supervision (2) - Intensive psychotherapy with children

Trainees will undertake intensive therapy, usually 3 times a week, with three patients, laying the groundwork for the understanding of complex mental health problems and the processes of therapeutic change at different developmental stages and ages, and understanding unconscious, non-verbal communication. In each case the training equips Child and Adolescent Psychoanalytic Psychotherapists to work psychoanalytically and

sustain a therapeutic relationship with children and young people who have highly complex states of mind and who can present with particularly severe and disturbing behaviours and communications such as dangerously restrictive eating and bulimia, violence and communication difficulties. This work enables child psychotherapists to develop skills to manage high risk cases in the community.

- 1 pre-latency;
- 1 latency;
- 1 adolescent/young adult.

4.3.1. The Training School will form a judgement informed by the views of the intensive case supervisor, course tutors, and service supervisors as to whether there has been appropriate intensive and supervised experience within each age group of establishing and sustaining a clinical relationship and of the process of therapeutic change. This is unlikely to be attained without experience of a two-year treatment with one case, and for the remaining two cases to each be of at least a year's duration.

4.3.2. There should be a mix of children and young people of different sexes and genders and where possible different cultural, ethnic or social backgrounds.

4.3.3. Each of the 3 cases is individually supervised by a different senior Child and Adolescent Psychoanalytic Psychotherapist to give the trainee a range of supervision experiences. It is the responsibility of the Training School to select intensive case supervisors.

4.3.4. In the event of time pressure, the breakdown of a training case or the limited availability of cases in a particular age range, the requirements for the third training case may be adapted to circumstances. It is the responsibility of the Training School to ensure that adequate, externally supervised, alternative experience within the age group is achieved.

4.4. Context and Research Skills

Through a combination of formal learning and learning through their experience in the placement, discussed within seminars at the Training School, trainees will gain an understanding of the context of work with children, adolescents and their families.

This will include:

- Structure and management of Child and Adolescent Mental Health Services;
- Referral systems and pathways;
- Theoretical underpinnings of other disciplines;
- Current relevant legislation and guidance;
- Clinical guidelines (National Institute for Health and Care Excellence and the Scottish Intercollegiate Guidelines Network), evidence-based practice and practice-based evidence;
- Child Safeguarding and risk procedures;
- Ability to critically evaluate current child mental health research from a range of sources and disciplines;
- Understanding of clinical audit and service review
- Report writing – letters to GPs and others, social care assessments and, where appropriate, court reports;
- Service user experience;
- ACP Code of Professional Conduct and Ethics.

4.4.1. **Consultation, health systems and leadership**

CAPPTs have a role both in supporting the expansion of the children and young people (CYP) workforce and in the provision of psychoanalytic psychotherapy for CYP with severe and complex difficulties.

Trainees will undertake supervision of colleagues in clinical work with CYP. The focus of the training on working with unconscious processes and complexity will extend into thinking about team, network and organisational development, and leadership across the health and care system, mindful of a range of different models of healthcare provision.

Training programmes will raise trainees' expectations, confidence and skills for future professional, clinical and operational leadership and management roles. The curriculum will include, possibly in the form of a module "Thinking about the workplace", teaching based on the NHS Leadership Model, lectures and seminars on specialist areas such as NHS policies, CYPMH/CAMHS and Integration of 0-25 Mental Healthcare, adult services, the role of other disciplines and the wider CYP workforce including Mental Health Support Teams in schools. It will include experience of convening, leading and chairing seminars, MDT and multi-agency meetings, and interview preparation.

Trainees will learn about working with difference within a social context in which prejudice impacts differently on different groups, including authority, leadership and power relations, and how this can be addressed in clinical work and healthcare systems. They will learn about the socio-economic determinants of health and how to redress inequality of access, experience and outcome in psychological healthcare across the protected characteristics and socio-economic status.

4.4.2. **Research and evidence-based practice (EBP)**

Trainees will be taught to conduct rigorous and critical evaluation of the evidence base to deliver effective interventions in clinical settings, as well as to innovate and develop research evidence. CAPPTs are seen as innovators and leaders in expanding evidence-based practice and practice-based evidence, in a way that is aligned with service user choice and clinical expertise. This will include recognising the diversity of populations and the importance and complexity of applying evidence-based practice particularly with diverse communities.

- Ability to critically evaluate current child mental health research from a range of sources and disciplines;
- Knowledge and awareness of the evidence base for mental health interventions with infants, children and young people;
- Ability to read research literature and understand its applications to, and implications for, practice;
- Audit and evaluation skills, including an understanding of research ethics;
- Understanding and use of clinical service evaluation, including understanding of outcome measures and their use in informing therapeutic work with patients/service users;
- Ability to share and champion evidence-based practice and practice-based evidence, including in relation to system leadership.

Where a doctoral level qualification or further specialist research training is offered and completed, trainees will undertake an extended piece of research in their service context and the clinical field.

4.4.3. **Wider social factors and equity of access / outcome**

Trainees should be given the opportunity to think about working with difference through formal study of its psychological, psychoanalytic and social dimensions. This should be integrated with the application of these ideas to clinical practice.

Trainees should learn the tools and cultural competences to work explicitly to contribute to addressing the inequality of access, experience and outcome in psychological healthcare across the protected characteristics and socio-economic status.

4.4.4. **Multi agency working**

Trainees need to have knowledge of the variety of settings across health, education, social service and forensic provision within which children and young people may be at higher risk of mental ill health. These include paediatric wards, child development centres, residential children's homes, special schools and off-site educational units and young offender units. Training Schools and work placements should liaise together to ensure that such knowledge is provided.

4.4.5. **Additional further training which some trainees may have access to during their clinical training might include:**

- Dynamics of groups and institutions;
- Teaching courses to other professionals and care givers;
- Understanding of other forms of treatment such as cognitive and behavioural methods, systemic family therapy, medication;
- Experience of consultation to other professionals.

5. The ACP Competence Framework

5.1. The ACP Competence Framework defines the competences for working as a qualified Child and Adolescent Psychoanalytic Psychotherapist (CAPPT). It is expected that trainees will have followed the curriculum outlined in section five to become competent in Child and Adolescent Psychoanalytical Psychotherapy.

The competence framework was introduced with a guide written by the authors of the framework which describes the way that competence as a CAPPT is achieved:

''A competent CAPPT brings together knowledge, skills and attitudes, as well as personal qualities : it is this combination that defines competence ; an ability to integrate these areas is a prerequisite for good practice".

CAPPTs need background knowledge relevant to their practice, but it is the ability to draw on and apply this knowledge in clinical situations that marks out competence. Knowledge helps the practitioner understand the rationale for applying their skills and also judgement, to think not just about *how* to implement their skills, but also *why* they are implementing them.

Beyond knowledge and skills, the CAPPT's stance and attitude to therapy is also critical – not just their attitude to the relationship with the child or young person, but also to the parents or carers, the wider family, the organisation in which treatment is offered, the network supporting the child and family, and the many cultural contexts within which the organisation and network are located (which includes a professional and ethical context, as well as a societal one).

In addition, the CAPPT needs to integrate the knowledge and skills with their own personal qualities and make them their own. In this way they can engage genuinely with the difficulties of patients in a sensitive but robust way. All of this needs to be held in mind by the CAPPT, since all have a bearing on the capacity to deliver a treatment that is ethical, conforms to professional standards, and is appropriately adapted to the child or young person's needs and cultural contexts." (Hadley, D., Kaushal, J., Pick, I., Roth, T and Shulman, G., 2017)

The ACP Competence Framework organizes the competences into eight domains. The first two are shared with the Competence Framework for Child and Adolescent Mental Health Services, recognizing the shared competences for any professional working therapeutically with children and young people. These are described in sections 5.2 and 5.3.

The further six domains are specific to Child and Adolescent Psychoanalytic Psychotherapy. These domains are arranged in a structure which reflects the complexity and scope of Child and Adolescent Psychoanalytic Psychotherapy; with an understanding that Child and Adolescent Psychotherapy is not simply a combination of modalities. The first domain, 5.4, describes the foundations of a psychoanalytic approach. 5.5 describes core psychoanalytic therapeutic skills for working with children and young people. 5.6 contains competences for assessment and formulation. 5.7 describes specialist applications and interventions. 5.8 refers to competences in multi-disciplinary and organisational skills. Finally, 5.9 describes a set of generic and analytic meta-competences that are essential for professional clinical practice, including research skills.

The ACP Competence Framework contains a wealth of information, examples and detail which illustrate and add to the presentation of the competences. The full report can be found on the ACP website.

The QAF contains only the headline information about the competences in each domain.

It is recognised that in the various placements and Training Schools there are different opportunities for trainees to develop competences in specialist areas during training. The core curriculum in section 4 above outlines basic requirements to be met but the competences also make some references to a common but not necessarily universal range of experiences in which psychoanalytic competences may be gained.

5.2. Core competences for work with children/ young people:

5.2.1. Knowledge of development in children/young people and of family development and transitions.

5.2.2. Knowledge and understanding of mental health problems in children/young people and adults.

5.2.3. Knowledge of legal frameworks relating to working with children/ young people.

5.2.4. Knowledge of, and ability to operate within, professional and ethical guidelines.

5.2.5. Knowledge of, and ability to work with, issues of confidentiality, consent and capacity.

5.2.6. Ability to work within and across agencies.

5.2.7. Ability to recognise and respond to concerns about child protection.

5.2.8. Ability to work with difference & diversity (cultural competence).

5.2.9. Ability to engage and work safely with families, parents & carers.

5.2.10. Ability to communicate and work with children/young people of differing ages, developmental level and background.

5.2.11. Knowledge of psycho-pharmacology in child and adolescent work.

5.3. Core competences for work with children/ young people:

5.3.1. Knowledge of models of intervention, and their employment in practice.

5.3.2. Ability to foster and maintain a good therapeutic alliance and grasp the perspective & 'world view' of members of the system.

5.3.3. Ability to deal with the emotional content of sessions.

5.3.4. Ability to manage endings and service transitions.

5.3.5. Ability to work with groups of children and/or parents/carers.

5.3.6. Ability to make use of measures (including monitoring of outcomes).

5.3.7. Ability to make use of supervision.

5.4. Foundations of Psychoanalytic Work:

5.4.1. Ability to apply psychoanalytic observation skills.

5.4.2. Ability to draw on knowledge of the continuity, complexity and psycho-somatic roots of unconscious life.

5.4.3. Ability to make use of conscious and unconscious aspects of the working relationship as a vehicle of change.

5.4.4. Ability to experience, tolerate and work with extremes of vulnerability, aggression and emotional pain.

5.4.5. Ability to draw on knowledge of psychoanalytic theory, attachment theory and child development research.

5.4.6. Ability to integrate reflection and engagement.

5.4.7. Ability to maintain an empathic open-minded stance.

5.4.8. Ability to make use of process as a source of understanding

5.5. Psychoanalytic Psychotherapy with Infants, Children and Young People:

5.5.1. Ability to apply psychoanalytic observation skills.

5.5.2. Knowledge of psychoanalytic approach and rationale.

5.5.3. Ability to establish and manage a psychoanalytic psychotherapy setting and boundaries.

5.5.4. Knowledge of dealing with risk, safeguarding, notes, confidentiality as they pertain to the psychoanalytic process.

5.5.5. Ability to generate developmentally informed reflection and interpretations.

5.5.6. Ability to work with the transference and counter-transference.

5.5.7. Ability to work with defences, adaptive and maladaptive.

5.5.8. Ability to work with developmental delay and with severe, complex, chronic and co-morbid presentation.

5.5.9. Ability to identify and respond to difficulties and developments in the therapeutic relationship.

5.5.10. Ability to work through the closing phase of therapy.

5.5.11. Ability to track change and demonstrate outcomes using subjective and standardised methods.

5.5.12. Ability to use psychoanalytic supervision.

5.6. Assessment and formulation:

5.6.1. Ability to apply psychoanalytic observation skills.

5.6.2. Ability to conduct assessment for psychoanalytic psychotherapy of infants, children, young people and their parents.

5.6.3. Ability to note and use the dynamics and wider context of the referral as a source of understanding of the individual.

5.6.4. Ability to conduct a State of Mind assessment.

5.6.5. Ability to formulate a view of the individual integrating complex and potentially conflicting aspects of development, functioning and presentation.

5.6.6. Ability to generate a psychoanalytically informed formulation of the child's and the family's difficulties.

5.6.7. Knowledge of rationale for offering different intensity and length of psychoanalytic psychotherapy.

5.6.8. Ability to draw on knowledge of factors pertinent to application or adaptation of psychoanalytic approach.

5.6.9. Ability to draw on knowledge of other psychological therapies as the basis for considering more suitable or complementary alternatives.

5.7. Specialist Applications and interventions:

This section describes six core specialist competences to be met by every trainee : 5.7.1 – 5.7.4, 5.7.6 and 5.7.7. The other competence, 5.7.5, refers to specialist interventions. It is recommended that, when possible, trainees are familiar with at least one of these specialist interventions:

5.7.1. Ability to offer clinical consultation, brief, short-term and long-term interventions whilst maintaining a psychoanalytic stance.

5.7.2. Ability to offer psychoanalytic work with individuals across the age range from birth up to age 25 where this is possible in the placement, but experience of infancy, latency and adolescent patients is essential.

5.7.3. Ability to offer psychoanalytically informed work with parents, foster carers and kinship carers.

5.7.4. Ability to offer psychoanalytically informed family work.

5.7.5. Ability to offer psychoanalytically informed perinatal and parent-infant work or group work where the training context allows.

5.7.6. Ability to deliver a manualised treatment such as Short Term Psychoanalytic Psychotherapy (STPP) in line with the NICE Guideline for Depression in Children and Young People.

5.7.7. Ability to maintain a psychoanalytic stance whilst meeting the requirements of a range of work tasks and settings, including generic CAMHS assessments, risk assessments, contributing to safeguarding and child protection assessments and planning. Settings might include CAMHS, in-patient units, children looked after teams, hospitals and primary care, eating disorder services, learning disability services, education, forensic services and perinatal services.

5.8. Multi-disciplinary and organisational competences (including research skills):

5.8.1. Ability to work effectively in a multi-disciplinary team.

5.8.2. Ability to work effectively as an autonomous professional in a multi-disciplinary team.

5.8.3. Ability to work in networks and to provide a psychoanalytic perspective in work in network.

5.8.4. Ability to provide psychoanalytically informed consultation to CAMHS and non-CAMHS professionals and agencies.

5.8.5. Management competences.

5.8.6. Leadership competences.

5.8.7. Presentation skills appropriate to audience and communication task.

5.8.8. Ability to deliver psychoanalytically informed training to colleagues and other professionals.

5.8.9. Ability to provide clinical supervision from a psychoanalytic perspective to practitioners from other professional disciplines.

5.9. Generic and Analytic Meta-Competences

Generic and Analytic meta-competences, so-called because they permeate all areas of practice. Generic meta-competences (numbered 5.9.1 to 5.9.8) refer to core skills. Analytic meta-competences (numbered 5.9.9 to 5.9.12) are characterised by the fact that they involve making procedural judgments – for example, judging when and whether something needs to be done, or judging how an intervention needs to be made or to be modified. Such judgments are seen by clinicians as critical to the fluent delivery of an intervention.

5.9.1. Ability to work with infants, children, young people and their families.

5.9.2. Ability to manage risk and to work safely.

5.9.3. Ability to work within legal and ethical frameworks.

5.9.4. Ability to integrate issues of diversity into the work.

5.9.5. Ability to conduct research-based practice.

5.9.6. Research literacy.

5.9.7. Ability to conduct practice-based research.

5.9.8. Ability to work digitally when appropriate and possible

5.9.9. Ability to apply the analytic model flexibly in response to the individual's needs and context.

5.9.10. Ability to monitor self-disclosure by the therapist.

5.9.11. Ability to adapt in response to client feedback.

5.9.12. Ability to establish an appropriate balance between interpretive and supportive work.

6. Quality Monitoring of Training Schools

6.1. Applications for accreditation by new Training Schools will be assessed in line with the Quality Standards for accreditation set out in section 7. Training Schools wishing to apply for accreditation by the ACP to deliver training of Child and Adolescent Psychoanalytic Psychotherapists should contact the ACP to express their interest in applying, and the date of receipt of any such expression of interest will be taken as the date of application. A representative of Training Council will liaise with the training provider to discuss the process and timescale for accreditation.

6.2. As set out in Appendix 5 it is the responsibility of the Training Council to re-accredit each Training School every five years. The Quality Standards for accreditation are set out in section 7.

6.3. Each Training School submits an Annual Report to the first Training Council meeting of the calendar year, as described in section 10 below. The Annual Report addresses the Quality Standards agreed by the Training Council and the progress made in implementation of recommendations of the last accreditation visit. The Annual Report should address any changes in the curriculum and any reports of accreditation visits to the school conducted

by other supervisory bodies in the previous year, such as academic validation by the university.

7. Quality Standards for Training Schools

7.1. Training School Management and Organisation

7.1.1. The Training School should have in place a clear, transparent organisational structure which ensures efficient management of the training and delivery of the curriculum. It should have a sufficient degree of permanence in its establishment and organisation to enable entrants to commence a training course, which is normally of minimum four years' duration, with confidence.

7.1.2. The Training School should monitor the circumstances of their own sustainability and viability and have plans in place, detailing the measures and initiatives being undertaken in the immediate and the longer term, to address any concerns and to protect its future.

7.1.3. The organisational management should include systems and processes to ensure good communication between the Training School, service supervisor, training case supervisor and analyst as well as clearly delineated roles and responsibilities.

7.1.4. The Training School or its host organisation should have clear, transparent policies and procedures to indicate how it meets the requirements of all relevant legal frameworks, including Data Protection (GDPR), Information Governance and Equality of Opportunity. Where Training Schools are embedded in a host organisation, information should be included to indicate how the host organisation meets the requirements of legal frameworks which are relevant to the Training School and its functions.

7.1.5. Information about any issues arising for the Training School in relation to compliance with any of the relevant legal frameworks should be reported in the Annual report and in the re-accreditation Self-Evalution Document.

7.2. Staffing and Effective Use of Resources

7.2.1. All teaching staff and supervisors should be appropriately qualified. There should also be evidence of continued professional development for tutors in their teaching role specifically. The Training School should ensure that all staff are used effectively in the delivery of the training.

7.2.2. Remote teaching can be used when necessary for the health and safety of trainees and teaching and supervising staff (for example in pandemic situations). It can also enhance the learning experience when used appropriately, for example to record and deliver lectures from specialists not available on-site in the training school. However, it also has limitations and Training Schools should be careful to limit its use and to be mindful of the impact on trainees of not being able to meet with teachers and peers in-person.

Training Schools and trainees should aim to maintain the essence of psychoanalytic learning by experience, even when online. All teaching staff and supervisors are required to have knowledge of online teaching and also of the implications of this for trainees and for the teaching team. Training Schools should ensure there are opportunities for staff to reflect with trainees on the experience of remote learning so that practice is refined to maintain the highest quality standards.

7.3. Curriculum

All Training Schools are to offer the curriculum set out in sections 4 and 5 of the ACP Quality Assurance Framework. Training Schools should ensure that their courses reflect the needs of current NHS practice and that there are processes in place for monitoring the quality of teaching, and should ensure that processes are in place to allow service supervisors to be involved in curriculum development.

7.4. Use of Learning Outcomes

Details of the learning outcomes for all aspects of the training should be in place and provided to trainees.

7.5. Trainee Selection, Progress and Achievement

Training schools should have in place robust, transparent processes for trainee selection as well as processes in place to ensure trainee progress and achievement towards the competences required for qualification. This should include:

- clear criteria and processes for selection, including meaningful involvement of experts by experience;
- all staff involved in the selection process are trained in the provisions of the Equality Act 2010;
- a robust induction process;
- systems for monitoring of academic and clinical skills of trainees, developing towards the qualifying competences;
- a process for identifying early poor performance and/ or special learning needs and subsequent support;
- processes for monitoring placement experiences to ensure they are sufficient for trainees needs;
- career guidance.

7.6. Trainee Support

7.6.1. Training Schools are to provide appropriate information, advice and support to trainees during the training period.

7.6.2. **Systems and processes should include:**

- Induction process for the Training School and the training post;
- A robust tutorial system;
- A formalised and transparent process for the review of trainee progress which involves both the training post and Training School;
- Trainee feedback process for placement and Training School;
- A complaints procedure;
- An appeals mechanism;
- Exit interviews.

7.7. Trainees Placement Learning and Teaching

7.7.1. Training Schools should ensure that training posts are able to provide a training placement that will meet the Standards for Providers of Clinical Training Posts set out in Appendix 3.

7.7.2. **The Training School shall ensure that:**

- There is an annual 3-way review of each trainee's progress, involving the trainee, the trainee's Tutor from the Training School and the service supervisor;
- There are systems and processes in place to ensure good communication between the Training School and the service supervisor.

7.8. Assessment

7.8.1. Training Schools should ensure that trainees are in consultation throughout their training with progress advisors or tutors, with regular progress reports and a training record held for each student.

7.8.2. Documentation about assessment processes should be transparent and available to trainees and service supervisors. There should be mechanisms in place for regularly assessing and feeding back to trainees on their development as clinicians.

7.9. Qualification

7.9.1. Training Schools must have systems and processes in place to ensure that trainees seeking qualification must have satisfied all the requirements of the training, as noted in sections 4 and 5 above, and have submitted satisfactory written work including, as a minimum:

- A clinical paper demonstrating a capacity to integrate theory and practice.
- Evidence of capacity for report writing as set out in section 4.

7.9.2. It is expected that trainees will normally complete all training requirements in a minimum of 4 years and a maximum of 6 years (excluding pre-clinical study), with no longer than a one year's interruption to training at any point. This is in to ensure sufficient consolidation of learning in a continuing way over time. It is the Training School's responsibility to ensure this standard is met taking account of extenuation and any reasonable adjustment that may be required following a period of absence to facilitate completion and qualification.

7.9.3. It is the responsibility of the Training School to ensure that the trainee has completed all aspects of the training curriculum recognised by the ACP, as set out in sections 4 and 5 above, in order to determine a trainee's readiness for qualification. The Training School will gather information from the trainee's supervisors (including service supervisor) and will ask the trainee's analyst/therapist if they have any comment to make at this point. Qualifying trainees can apply for full membership, with the endorsement of their Head of Training. Such applications are made to the Registrar of the ACP.

7.9.4. In very exceptional circumstances a Training School may recommend the qualification of a trainee where the curriculum requirements of section 4 have not been met in a significant way, but indicating how an equivalent level of achievement, matching with the competence framework requirements of section 5, are thought to have been reached.

7.9.5. Training Schools are required to include in their Annual Report to Training Council information about the number of trainees qualifying under sections 7.9.2 - 7.9.4. For any trainees qualifying under section 7.9.4 this information should be provided in a confidential appendix to the main report, including a brief summary of the circumstances and how the equivalent level of achievement has been reached.

7.10. Quality enhancement and maintenance

7.10.1. Training schools should have robust processes for monitoring and maintaining quality standards, and be able to demonstrate these processes at work in response to accreditation visits and external audit such as academic validation or reviews by funding bodies.

7.10.2. Training Schools should have meaningful involvement of experts by experience (young people, families and carers) in the monitoring of quality standards.

7.10.3. Training Schools should have full and appropriate complaints processes in place and the detail of how to use these should be easily available to anyone who may require it. Training Schools should keep a complete record of every use made of their complaints processes and they should report on these in their Annual Report and in their re-accreditation Self-Evaluation Document (SED). Any confidential information provided in order to satisfy this criteria will be stored in confidential appendices and will not be published.

7.11. Values, equality and diversity

7.11.1. The Training School should take action to increase fairness and equity of access to, and inclusion in, the training, especially for applicants from ethnic minority backgrounds, but addressing all the protected characteristics and socio-economic status, and also the intersectionality of disadvantage. The Training School should:

- have in place appropriate policies and practices to ensure it does not discriminate within the meaning and scope of the Equalities Act 2010;
- have in place clear criteria and processes for selection of applicants ;
- ensure the selection panel includes someone with a meaningful specific remit for equality and diversity, and also meaningful involvement of experts by experience;
- ensure that everyone involved in the selection process is trained in the provisions of the Equality Act 2010;
- develop and implement an Equality, Diversity and Inclusion strategy setting out the actions to be taken to improve fairness and equity of access to, and inclusion in, training for ethinc minority applicants as well as those with other protected characteristics, including a recognition of how intersectionality affects disadvantage;
- be able to demonstrate an active commitment to widening access to the training, including the involvement of local partners, such as relevant pre-clinical courses;
- set locally defined targets for increasing the recruitment especially of applicants from ethnic minority backgrounds, but addressing all the protected characteristics and socio-economic status, and also the intersectionality of disadvantage, to reflect the national population (or the area served by the training school if more diverse) and measure and report on progress against this target annually;
- record and publish annually data in relation to the Equality Act 2010 protected characteristics (including but not limited to applicants, recruitment, enrolment, progression and graduation).

7.11.2. The Training School should foster an atmosphere in which trainees and staff from all backgrounds feel respected and welcome, and where there is explicit recognition of and curiosity about difference and its impact on all staff, trainees and patients. Staff need to be supported to challenge racism and other forms of discrimination within the training and to support trainees in relation to experiences of discrimination in their clinical practice and in the training. This should include:

- inclusion in the handbook of a policy which lays out the responsibilities of staff members for addressing issues of difference;
- a transparent early intervention process for addressing issues that arise between trainees and members of staff;
- transparent processes for complaints and appeals;
- transparent processes for using reported problems and good practice as an opportunity for learning and appropriate mechanisms for feedback;
- inclusion in trainee feedback forms and committees of issues of diversity;
- clarity that staff have responsibility to address/highlight issues of intersectional difference and discrimination and clarity about where they can access support themselves; this should be included in staff appraisal and support systems;
- clarity that service supervisors have responsibility to address/highlight issues of intersectional difference and discrimination and clarity about where they can access support themselves;
- trainees knowing what they can expect in terms of issues of difference and discrimination being addressed, and where to get support in relation to incidents of racism or other forms of discrimination;
- Setting objectives and a timetable for recruiting a staff team as well as supervising, teaching and tutorial staff that reflects the local population; identifying and addressing any issues that might be preventing the recruitment of marginalised groups and measuring progress;
- clarity about marking schemes and explicit guidance to trainees about whether academic or clinical quality is being assessed and how the assessment criteria are arrived at;
- recording marking so that it can be monitored against protected characteristics and any unwarranted variations learned from.

7.11.3. The Training School should ensure the training programme reflects an understanding of cultural diversity in relation to working practice as a psychoanalytic child psychotherapist. This should include supporting management, teaching and supervising staff so that they are equipped to address these dimensions of the training, and a review of all course curricula, across all aspects of training, to decolonise the curriculum and change content as necessary. This review should involve a wide and inclusive range of experts, including experts by experience.

7.11.4. It is recognised that work to review curricula involves investment over time. Training Schools should commit to a process of review and revision in relation to course content to ensure training programmes are inclusive and responsive to issues of difference and diversity.

7.11.5. The Training School should report on progress on these standards in their Annual Report.

7.12. Involvement of Experts by Experience

The Training School should include appropriate and meaningful participation of children and young people, families and carers in the design, implementation and evaluation of training programmes. These Experts by Experience should be drawn from communities representing the local population. Involvement should be properly resourced, with Experts by Experience given training, support, supervision and proper payment for their work.

7.13. Training Psychoanalysis / Psychotherapy

7.13.1. Training schools should ensure that all trainees are in their own psychoanalysis / psychotherapy for four or five times a week. This is an essential and central requirement of training. The requirements prior to commencing the training are laid out in section 3.5. In circumstances where there is an evidenced scarcity of analysts approved by the Association of Child Psychotherapists then at the discretion of the Training School and in consultation with the analyst, this may be reduced to three times a week. All exceptions and reasons for exception are to be noted in an anonymised form in the Training School's annual report.

The analysis shall be concurrent with the training and with a person whose qualifications have been approved by the Training Analyst and Therapist Sub-Committee as laid down in the Training Analysts and Therapists sub-committee's "Standards for Acceptance by the ACP".

7.13.2. An experience of in person analysis is a key component in the training experience of a CAPPT trainee. Training analysis should take place in person, except where exceptional circumstances (such as a pandemic) mean that, depending on the health needs of the trainee and analyst, online work may the only possibility. In these circumstances the arrangement should be as short as possible and kept under review. However, following such events, where training analyses have been set up on the basis of remote working and in-person analysis presents the trainee with exceptional challenges of travel and time away from the clinic, flexibility may be needed about requiring trainees who have started remote analysis to return to in person work.

In ordinary circumstances, some flexibility can also be allowed, particularly where there is a shortage of training analysts in the geographic areas that the trainee is based in to live and to work. In these instances, the training school will consider the situation on a case-by-case basis, but in all cases, the majority of the analysis should be in person.

Where a blended model is allowed, consideration should be given to the importance of starting the analysis in person as much as possible. Training Schools should gather data to monitor the number of trainees having blended or remote analysis and give consideration to assessing its impact on trainee development.

7.13.3. In exceptional cases where the analysis is terminated before the end of training, this must be reported in anonymised form to the Training Council in the Annual Report. Any change of analyst or interruption of analysis must similarly be notified.

7.13.4. Training schools will contact the analyst/therapist before a student starts intensive casework and again before qualification. Analysts/therapists are requested to confirm at these points of transition that they know of no reason why the trainee should not proceed.

7.13.5. Each Training School must notify to the Chair of the Training Analysts and Therapists Sub-committee annually the names of the analysts of current trainees.

8. Registration Processes during and on Completion of Training

8.1. The Training Council has responsibility for quality-assuring Training Schools' processes for ensuring that–the pre-clinical credentials of prospective student members meet the

standards for entry to the training. The Professional Standards Committee has responsibility for inviting the successful candidates to become Trainee members.

8.2. If a trainee withdraws from the training, the Training School should notify the Registrar of the ACP so that the register can be modified. This should also be recorded in anonymised form as part of the Annual Report to the Training Council.

8.3. All trainees who successfully complete their training requirements and are qualified by their Training School are then referred to the Registrar (Director of the Professional Standards Committee) of the ACP. The Professional Standards Committee will invite them into full membership.

9. ACP Accreditation Visits

9.1. Principles

9.1.1. It is part of the role of the Training Council to ensure that all Training Schools accredited by the ACP are functioning according to the ACP Quality Standards as laid out in the QAF.

9.1.2. The Training Council carries out this function by authorising a representative panel of ACP and lay members to carry out a re-accreditation visit every 5 years.

9.1.3. The process should be a collaborative one, with Training School and Visiting Team working together to allow for a thorough assessment of the current status of the Training School in relation to the ACP Quality Standards.

9.1.4. The Training School is responsible for providing its own assessment of its functioning in relation to the Quality Standards of the ACP, in the form of a Self-Evaluation Document (SED) that is sent to the visiting panel in the required timescale.

9.1.5. The Training School is also responsible for demonstrating that there is a system for ensuring that quality monitoring standards and processes for placements are being implemented and are effective, to be assessed via the panel placement visit.

9.1.6. The panel should produce a report, co-authored rather than written by one panel member, which gives an overview and provides commendations, conditions and recommendations.

9.1.7. The panel reports to the Training Council, from whom it takes its authority, but the view of the panel is based on its experience of the accreditation process and its subsequent assessment of the Training School in relation to the QAF, without undue influence either from the Training School or from the Training Council.

9.1.8. The panel compile their report based upon the information made available to them prior to and during the panel's visit to the Training School. If further relevant information comes to light after the panel have completed their visit and before the panel's report has been completed, this should be given to the Training Council link officer. The link officer will consider the new information with the panel convenor.

9.1.9. If new information relevant to the accreditation of the Training School arrives after the report has been completed the link officer will consider the information with Training Council in relation to any bearing it may have on the accreditation of the Training School. The link officer will then write to the Training School about the new information and the Training Council's view.

9.1.10. If the Training Council consider this matter requires an urgent response, they will inform the Training School and request a response within a specified immediate time period. Otherwise the Training Council may set a longer time period for a response or may ask the Training School to report on the matter in their next annual report.

9.2. Composition of Visiting Panel

9.2.1. The selection of the accreditation visiting panel is at the discretion of the Training Director, as Chair of the Training Council.

9.2.2. The panel needs to be made up of people who are able to be objective in their work, with no structural ties to the Training School in question or conflicts of interest relating to having a current role at this Training School. At least one panel member should be a member of the Training Council.

9.2.3. It is important that all panel members fully understand that the process is being defined by the ACP Quality Standards rather than individual orientation or preference.

9.2.4. The convenor of the visiting team is nominated by the Chair of the Training Council.

9.2.5. The team should normally consist of five members from among the following, including at least one lay member:

- A senior ACP member working in the NHS with managerial responsibilities;
- A member of a Training School other than the one being visited;
- A newly qualified member of the school being accredited;
- A member from the previous visiting team to ensure continuity;
- A current member from the Training Council;
- A senior representative of another CAMHS profession;
- A University-based academic;
- A representative from a commissioning body.

9.2.6. Panel members can expect to spend approximately 2 days preparing for a visit, 2 days carrying out the visit and 2 days drafting their section/s of the report. Membership of a panel is considered a valuable CPD activity for the profession, and many panel members obtain the support of their employer to take the time needed. Where this is not possible, the ACP will offer compensation at a rate set by the Finance and Remuneration Sub-Committee. Expenses for accommodation, travel and food are covered.

9.3. Setting up the accreditation visit

9.3.1. The Training Council alerts the Training School of the need to prepare for a re-accreditation visit.

9.3.2. The Training Council informs the Training School of the panel including the convenor and asks for the name of someone recently qualified to join the panel. The recently qualified member should be someone who is not involved in the training or the Training School.

9.3.3. Once the panel has been agreed, dates for the visit are agreed between the convenor of the panel, and the Head of Training School.

9.3.4. Once the dates for the visit have been agreed they should not be changed except in exceptional circumstances (e.g. onset of pandemic or major organisational change).

9.3.5. After the panel has received and read the Self-Evaluation Document, they will hold a pre-meet to discuss the Self-Evaluation Document and practical arrangements for the visit. Where necessary, this might be by telephone or video-conference call.

9.3.6. If the panel has questions about the Self-Evaluation Document it may refer back to the Training School for clarification.

9.4. Preparatory tasks for the Training School

9.4.1. The Training School agrees dates for the visit with the convenor of the panel.

9.4.2. The Training School writes a Self-Evaluation document using the template set out in Appendix 1.

9.4.3. The Training School needs to identify evidence to support what is described in the Self-Evaluation document. This evidence should be made available to the panel. The convenor of the panel will agree with the Training School which documents need to be available to the panel prior to the visit and which can be available at the visit.

9.4.4. A meeting needs to be arranged with the convenor of the panel to agree on the schedule for the visit. Where necessary, this might be by telephone or video-conference call.

9.4.5. The Training School also needs to make sure that the panel will have an opportunity to visit at least two placements. (Exceptionally, in Scotland, the panel may only be able to visit one placement.)

9.4.6. The Training School needs to supply the convenor of the panel with the names and email addresses of all service supervisors, teaching staff and members of staff of the Training School and all trainees enrolled at the time of the accreditation visit.

9.4.7. The Training School needs to be ready to read and comment on any points of fact in the panel draft report within the defined timescale.

9.5. The Training Council

9.5.1. The Training Council is responsible for selecting a panel and authorising it to undertake the re-accreditation process.

9.5.2. During the re-accreditation process, an officer of the Training Council will be identified as a resource for the panel, to discuss any issues that arise in the carrying out of the re-accreditation process. All panel members will be provided with the contact details of the identified Training Council officer.

9.5.3. Before the report is sent to the Training School for corrections of fact, an officer of the Training Council will be asked to review the document to ensure that it is as clear as possible, and that any points of language or tone that might be likely to cause misunderstanding can be refined – in collaboration with the convenor of the panel or other representative. This review is not to change the findings, but to allow an outside view of the presentation of the document, and to ensure that it is written in such a way as to make it clear that the QAF is the core point of reference, and the Accreditation Process as described here is the process by which the findings have been made.

9.5.4. The report will be sent to the Training School who can comment on any points of fact that are not correct.

9.5.5. The report will come back to the Training Council who will confirm the report. At this point any recommendations in the report become part of the conditions upon which the Training School's continued accreditation rests.

9.6. The visit

9.6.1. During the accreditation visit there should be the opportunity for the panel to:

- Write ahead of the visit to all service supervisors, teaching staff and members of staff of the Training School and all trainees enrolled at the time of the accreditation visit to invite their participation in the accreditation process, whether by attending meetings or submitting comments in writing. A template letter is provided by Training Council to introduce the panel and visit, and explain its purpose and result;
- meet with senior staff of the Training School - the composition of this group and the agenda for the meeting is to be discussed at the pre-meeting between school and visiting panel convenor;
- meet with teaching staff: tutor-in-charge, clinical tutors and supervisors, individually and in groups;
- ask the Training School for information on how the quality of teaching is monitored;
- meet with trainees including the newly qualified member of the visiting team meeting on their own with trainees;
- see physical conditions for trainees such as meeting rooms, treatment rooms, common rooms and studies;
- visit at least two placements in order to meet the trainee, the service supervisor and other members of the multi-disciplinary team;
- meet with a selection of service supervisors as a group or obtain written comments;
- hold a preliminary feedback meeting with senior staff of the Training School and provide space for both panel and school to digest the process of the visit.

9.7. Documentation for re-accreditation visits

There are two documents that need to be produced for an accreditation/re-accreditation of a Training School. These are:

9.7.1. A Self-Evaluation Document, produced by the Training School in preparation for the visit; Further detail is set out in sections 9.8 to 9.10 and a template for the Self-Evaluation Document is set out in Appendix 1.

9.7.2. A re-accreditation report, produced by the accreditation panel after the visit. Further detail is set out in sections 9.11 – 9.12 and a template for the re-accreditation report is set out in Appendix 2.

9.8. Self-Evaluation Document: structure and layout

9.8.1. The Self-Evaluation Document should follow the structure of the template, which is based on the Quality Standards as detailed in section 7 and with reference to the Standards for Providers of Clinical Training Posts set out in Appendix 3.

9.8.2. The report should be on Training School headed paper.

9.8.3. The template headings should be used in order, making reference to re-accreditation conditions/recommendations where needed.

9.8.4. There should be cross-referencing throughout the document to sources of evidence that are either included as an appendix, or will be made available to the panel on the day/s of the visit.

9.9. Self-Evaluation Document: content

9.9.1. All headings in the template must be addressed, and a response made in relation to all sections of the Quality Standards as detailed in Section 7 and with reference to Appendix 3.

9.9.2. The report should include evidence (or signpost evidence) to support the way/s in which the Quality Standards are being met. If they are not being met the Training School should provide an account of any mitigating factors and details of an action plan to ensure the standard will be met in the future.

9.9.3. The language used should be appropriate for a formal, public document.

9.9.4. The references to trainees should be general to protect their privacy.

9.9.5. The Self-Evaluation Document can be rejected by the accrediting panel if it is not written according to these guidelines.

9.10. Self-Evaluation Document: action plans

9.10.1. The conditions, conditions over time, and recommendations from the most recent accreditation visit must be reviewed and action plans updated for all conditions/recommendations. The action plans must indicate where conditions/ recommendations have been fully implemented or where the action is still in progress. The Self-Evaluation Document should indicate the timescale for all actions, and where they are still in progress, the anticipated date for completion.

9.11. Re-accreditation report: structure and layout

9.11.1. The re-accreditation report should follow the structure of the template, which is based on the Quality Standards as detailed in section 7 and with reference to Appendix 3.

9.11.2. References to any submitted evidence on which the panel has drawn should be clearly identified in anonymised form. Such evidence could include the Self-Evaluation Document, other documentation provided in the course of the visit, or verbal input from staff or trainees during the visit.

9.11.3. As previously stated, the report should be co-authored by all members of the panel with the convenor holding a co-ordinating role.

9.12. Re-accreditation report: content

9.12.1. The style and language used should be appropriate for a formal public document.

9.12.2. The report will provide information and evidence of the ways in which the Training School does or doesn't meet the Quality Standards as detailed in section 7, with evidence for any conclusions drawn. This may include information on the Training School's engagement with all of the requirements of the re-accreditation process, as detailed in this section. Where the Quality Standards relating to each part of section 7 are met, the report should state that this is the case.

9.12.3. The report should include, where applicable:

- Commendations;
- conditions (that the Training School **must** implement over an agreed time-scale in order to maintain accredited status);
- recommendations (to be reported on in Annual Reports and Action Plans) but not conditional for continued accredited status).

9.12.4. A generic timetable for a visit is set out in Table 1

Table 1: Flow chart and timescale	
Training Council · recruits the visiting panel and outlines remit of panel · signals to the Training School that it should start to prepare for the visit; nominates a link person on Training Council to be available to advise the panel on aspects of the process	***6 months before visit***
Pre-meeting between panel convenor and Training School School representatives to include Head, Business Manager, Assistant Head of Training/Senior Tutor to discuss and agree: · timescales · timetable · practical arrangements including visits to placements, agenda for meeting with senior staff **Panel convenor** notifies Training Council link person of dates of visit, and link person sends timetable for writing of report and taking it to Training Council to Head of Training and convenor	***3 months before visit***
Training School submits Self-Evaluation Document (SED) and evidence	***6 weeks before visit***
Panel convene · get to know each other; · discuss issues arising from SED and identify key lines of enquiry; · decide who will do which part of visit;	***No later than 5 weeks before visit***

Convenor - informs school re key lines of enquiry and - writes to all staff, service supervisors and trainees to announce the visit and invite their participation	***3 – 5 weeks before visit***
Visit to Training School and placements	***To take place on two days within one week***
Feedback meeting during visit with panel members and Training School staff	***To take place at the end of the visit***
Draft report to Training Council link person for clarity/language	***6 weeks after visit***
Draft report sent to Training School by link person for response on points of fact only	***8 weeks after visit***
Training School response re factual inaccuracies sent to link person	***11 weeks after visit***
Panel consider response and amend report if needed, final report to be sent to link person ahead of next Training Council meeting	***14 weeks after visit***
Final report to Training Council At this meeting the Panel and the Training School have an opportunity to give feedback to the Training Council on the visit. Heads of other Training Schools can attend this meeting as observers.	***At next Training Council meeting***
Follow up to Training Council meeting Chair of Training Council writes to panel convenor, panel members and Head of Training School to follow up decisions of Training Council.	***Within 1 week of Training Council meeting***
Training School submits action plan	***Within 6 weeks of Training Council***
Next Training Council meeting Training Council considers Action Plan and follow up if needed.	***Following Training Council meeting***

10. Annual Reports

10.1. Structure and Layout

10.1.1. The annual report should follow the structure of the template set out in Appendix 4.

10.1.2. The report should be on Training School headed paper.

10.1.3. The template headings should be used in order, making reference to re-accreditation conditions/ recommendations where needed.

10.1.4. Some additional refinements may be added at the point that reports go onto the website to ensure that they are similar in format.

10.1.5. Tables should be used to show any lists that are included (for example placement lists/progression lists).

10.2. Content

10.2.1. Apart from the Head of Training who signs the report, no names of individuals should be published (indicate role/structure where needed).

10.2.2. All headings in the template must be addressed.

10.2.3. The style and language used should be appropriate for a formal public document.

10.2.4. The annual report should concentrate on changes and developments since the last annual report, and where relevant since the last accreditation visit. It is not necessary to go into details about the history of the training – this is covered in the re-accreditation Self-Evaluation Document.

10.2.5. The references to trainees should be general to protect their privacy, and should concern only those training, qualifying, and where possible, taking up their first post-qualifying employment during the year on which the report is based.

10.3. Action plan

10.3.1. The conditions and recommendations from the most recent accreditation visit must be reviewed and action plans updated for all conditions/ recommendations. The action plan must indicate where conditions/ recommendations have been fully implemented or where the action is still in progress.

10.3.2. Where recommendations have not been implemented, the action plan should show evidence of how the recommendation has been approached, and what learning has taken place in relation to it for the Training School.

10.3.3. The action plan should indicate the timescale for all actions, and where they are still in progress, the anticipated date for completion.

10.4. Template headings for the annual report

10.4.1. Summary of management structure, staffing and resources (including changes since last annual report) including issues of diversity. The structure of the organisation and its relationship with host/partner organsations and other stakeholders should be shown in chart form.

10.4.2. Action plan in response to conditions/ recommendations of most recent ACP Accreditation visit.

10.4.3. Staffing including issues of diversity.

10.4.4. CPD for staff (specifically related to teaching and tutoring) including issues of diversity.

10.4.5. Developments in curriculum including issues of diversity.

10.4.6. Student intake and placements including issues of access and diversity. NB. this is for the current first year group, i.e. those most recently recruited and currently in Year 1.

10.4.7. Student progression years for the current year groups 2+ (with comments re any difficulties in placements/ analytic arrangements/training school) including issues of diversity.

10.4.8. Qualifications since last report (noting the requirements of section 7.9.4 above, a confidential appendix may be needed) including issues of diversity.

10.4.9. Post-qualification employment including issues of diversity.

10.4.10. Academic completions (where appropriate) including issues of diversity.

10.4.11. Issues for the Training School including regarding compliance with relevant legal frameworks, and where appropriate, for the host organisation, including issues of diversity. The sustainability and viability of the Training School should be discussed at this point, with the plan of measures and initiatives being undertaken to address any concerns and to protect the future of the Training School.

10.4.12. Quality monitoring. This section should include information about any occasions where use was made of the Training School's complaints process in the period of this Annual Report (confidential information should be provided in a confidential appendix). This section will also include reference to university/ education commissioner processes.

11. Glossary

ACP – Association of Child Psychotherapists

CAMHS – Child and Adolescent Mental Health Service

CAPPT - Child and Adolescent Psychoanalytic Psychotherapist

CPD – Continuing Professional Development

CYPMHS – Children and Young People Mental Health Service

HEE – Health Education England

NES - NHS Education for Scotland

NHS – National Health Service

NICE – National Institute for Clinical Excellence

QAF – Quality Assurance Framework

SED – Self-Evaluation Document

Appendix 1: Template for the Self-Evaluation Document

Proposed date of visit:

Introduction: Status of action plan following previous re-accreditation report

1. **Training School's management and organisation (including reference to any issues of compliance with relevant legal frameworks, or for their host organisation relevant to the functions of the Training School, for the period since the last accreditation). The sustainability and viability of the Training School and the plans in place to address any concerns and to protect its future.**

   Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

2. **Staffing and effective use of resources**
   Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

3. **Curriculum**
   Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

4. **Use of learning outcomes**
   Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

5. **Trainee selection, progress and achievement**
   Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

6. **Trainee support**
   Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

7. **Trainee placement learning and teaching**
   Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

8. **Assessment**
   Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

9. **Qualification**
   Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

10. **Quality enhancement and maintenance including full information about any use made of the Training School's complaints process in the period since the last accreditation, with reference to the reporting of this information in each intervening Annual Report.**

    Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

11. Values, equity and diversity

Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

12. Training analysis for trainees

Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

Appendix 2: Template for re-accreditation report

Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

Report of the re-accreditation visit to [Training School]:	
Date of visit:	

Names and roles of panel members, including job titles where appropriate:

Training council link member:	

Introduction part 1: Background to the visit including the process by which planning took place
Introduction part 2: Documents, meetings and observation of teaching and placements – a list of all 'evidence' seen including the Self-Evaluation Document and other submitted documentation, as well as the seminars observed, and placements visited
Introduction part 3: Actions since previous re-accreditation report - an update on the Training School's progress with the previous action plan (this should have been commented upon in the SED) · Conditions · Recommendations over time

1. **Training School's management and organisation and about the host organisation. The sustainability and viability of the Training School and the plans in place to address any concerns and to protect the future of the Training School.**

2. Staffing and effective use of resources

3. Curriculum

4. Use of learning outcomes

5. Trainee selection, progress and achievement

6. Trainee support

7. Trainee placement learning and teaching

8. Assessment

9. **Qualification**

10. **Quality enhancement and maintenance, including the use made of the Training School complaints process and about compliance with relevant legal frameworks, by the Training School and by its host organisation in relation to the functions of the Training School.**

11. **Values, equity and diversity**

12. **Training analysis for trainees**

Conclusion: Commendations, conditions and recommendations

Appendix 3: Standards for providers of clinical training posts

The ACP wishes as many NHS Trusts and other providers as possible to offer clinical training posts for Child and Adolescent Psychoanalytic Psychotherapists but only where it can be clearly demonstrated, through the meeting of the following standards, that the post can provide the learning environment, clinical caseload and supervision necessary for the trainee to complete the clinical requirements of the training. Where providers are not currently able to meet certain of the criteria, the ACP, Training School and commissioning body will work actively with them to help put the necessary requirements in place. The criteria are as follows:

1. The Environment

The training post must be based within a multi-disciplinary team that is supportive of child and adolescent psychoanalytic psychotherapy. For example, the team should have staff who are willing and able to work with the parents of children who are being seen for therapy.

Trainees need a secure base that ensures the mix of casework needed to achieve the requirements of clinical training. They also need a close relationship with other MDT members and their service supervisor, who must also have a co-operative relationship with the whole team, not just the trainee.

The placements should provide access to treatment, administrative and storage facilities that are fit for purpose: administrative, I.T. and library resources that are equivalent to other members of the multi-disciplinary team.

As trainees are required to provide intensive and once-weekly psychotherapy, each placement will need to provide rooms for therapeutic work so that children and young people can be seen in the same room throughout their treatment wherever possible. Where this is not possible, the service supervisor or someone delegated by them must ensure appropriate alternative arrangements are in place.

2. Service Supervision

Service supervision involves a number of functions, some of which require skills and access to levels of clinical governance and strategic planning inside and outside the provider organisation that can only be delivered by a Child and Adolescent Psychotherapy Head of Profession or child and adolescent psychoanalytic psychotherapist acting in that capacity. These are:

- To ensure that placements meet the standards laid down by the ACP and that appropriate oversight and contractual arrangements are in place between the provider, commissioning body and Training School.
- To represent training needs in the workforce planning forums of the Trust and the commissioning body.
- To represent the interests and needs of trainees in clinical governance forums of the Trust, ensuring that training needs are not compromised by prioritising service delivery or the expectations of other senior clinical staff.

- To ensure that service supervisors in the Trust are appropriately trained and to provide supervision to less experienced supervisors.

Other functions supporting the trainee can be delegated to an experienced child and adolescent psychoanalytic psychotherapist who has the requisite training and supervision. These are:

- To ensure that the trainee has appropriate induction and in-house training on issues such as working with diversity, child protection, health and safety and access to facilities that are the equivalent of other staff members.

- To provide weekly clinical supervision of non-intensive cases.

- To ensure that there is weekly provision for the discussion of management of cases, joint working, liaison and report writing.

- To ensure that cases are appropriately assessed as suitable for treatment by the trainee and appropriately supported.

- To ensure, in consultation with the Training School, that the trainee meets the casework requirements of the training and that there is an adequate supply of intensive and non-intensive training cases.

- To communicate on a regular basis as necessary, and at least annually, with the Training School to ensure that the trainee meets the requirements of training to be provided by the placement.

- To meet annually with the Training School to discuss issues that impact upon the training.

- To maintain their own continuing professional development to fulfil the function of service supervisor.

All trainees must be supervised by a Child and Adolescent Psychoanalytic Psychotherapist who has had the requisite training. The Service Supervisor has clinical responsibility for the trainee's work with patients and will hold case management responsibility for the employing provider's cases not held by other senior clinical staff. To provide the necessary support for the trainee, and clinical governance for the placement, requires that this supervision should be undertaken by a Child and Adolescent Psychoanalytic Psychotherapist who is an employee of the same provider as the trainee: ideally, the supervisor should be based in the same multi-disciplinary team.

Given the limited number of senior Child and Adolescent Psychoanalytic Psychotherapists currently employed in some regions, the ACP recognises that Training Schools will have to work with providers to support them in a process of fulfilling the requirement to have a service supervisor who is an employee. It may be possible to achieve this by, for example, providers employing a suitably experienced Child and Adolescent Psychoanalytic Psychotherapist on a sessional basis to provide the necessary functions of clinical governance or to supervise a trainee or both. The cost of doing this would be the responsibility of the provider.

If the service supervision is provided by a senior member of the profession who is employed from outside the service, arrangements must be put in place for another senior clinician to take management responsibility for the trainee and clinical responsibility for his/her cases. These arrangements should be confirmed in writing.

3. Training Standards for Service Supervisors

The training should comprise two parts to address the context and process of supervision.

- **Initial training**
  This should contain elements that address the context of service supervision: responsibilities of the role; relationships and lines of communication; the group dynamics of multi-disciplinary teams in relation to trainees in placement and workforce planning.

  This part of the training can be delivered through group teaching and workshops or individual mentoring by an experienced supervisor. The minimum requirement is of two half day workshops.

- **Supervision**
  Following the initial training it is recommended, as a minimum, that there are 10 monthly supervisions of the service supervisors work with a trainee, either through attending a small, facilitated group of no more than 5, or individually, over a 2-year period. The ideal would be for 20 such sessions over a two-year period. Consideration should be given to sessions that address the ending of placements. Supervision should address both the work with the clinical material and the dynamics of the training environment.

- **Eligibility**
  The training should be available for child psychotherapists at the recommendation of the Head of Training, in agreement with the Head of Profession.

  Service supervisors who have already supervised two trainees to qualification will not need to attend the initial training but will need to meet the requirements for CPD.

- **Continuing professional development**
  Service supervisors are required to attend a facilitated small supervision group or individual supervision for a minimum of 10 monthly sessions every 6 years of accumulated work as a supervisor. At the discretion of the Training Schools there may also be some taught component in addition to address changes in practice and context.

  These are minimum standards and it is seen as good practice that service supervisors attend peer supervision groups for this work on a regular basis.

4. Accreditation of placements and service supervisors

Monitoring of training and CPD for service supervisors is via Training School annual reports to the Training Council and re-accreditation visits.

In order to ensure that placements and Service Supervisors are acceptable, the Training Schools have the responsibility and authority to accredit new placements and supervisors before a placement is agreed. Any new Service Supervisor, once accepted, must attend the next initial training from the Training School. This would ideally be before the placement starts. Supervision of Service Supervisors should begin once trainees are in placement.

Minimum standards on placements and service supervision need to be agreed between Training Schools and, in the case of initial training, certificated and transferable.

5. Involvement of a "Partner Organisation"

NHS Trusts may wish to make use of another service or organisation to help meet the training requirements. There are a number of areas where it might prove useful for the trainee to undertake sessional work, under the continuing supervision of their service supervisor, outside their base CAMHS Team. Examples of this include:

- Work with other agencies such as social services, a youth offender team or the voluntary sector, to gain experience of inter-agency working and the understanding of children, adolescents and professionals in these environments.

- Work with another CAMHS team within the same NHS Trust to enable the fulfilment of the caseload requirements, if necessary cases are not available within the base team. This would also be of benefit to the other CAMHS team who would gain experience of working closely with a Child and Adolescent Psychoanalytic Psychotherapist.

- Work with another local NHS Trust that is not able to meet the criterion of providing service supervision currently but which wishes to develop a child psychotherapy service and which could benefit from the experience of working closely with a Child and Adolescent Psychoanalytic Psychotherapist.

Options of this nature may arise partway through the training period and it would be the responsibility of the host Trust to demonstrate to the Training School or commissioning body that the partner organisation was able to provide a suitable environment for the trainee.

These guidelines do not exclude the possibility of training posts being placed wholly in non-NHS organisations but the host organisation will need to demonstrate the ability to meet quality standards.

There must be a suitable contractual arrangement or Service Level Agreement to clarify responsibility between partners, including clinical governance, management accountability, supervision and obligations. This will include any honorary arrangements and additional placements with other agencies.

6. Training Post Monitoring Standards and Guidelines

These standards for monitoring of training posts are intended to accommodate differing arrangements:

- Standards for training posts and guidelines for communication between the Training school, placement provider, and funding agency shall be agreed between them.

- It will be the responsibility of the relevant ACP Training School and funding agency, advised by service supervisors, to formulate and document monitoring arrangements of these quality standards. This will include identifying clear lines of responsibility for supporting and monitoring placements experiencing difficulties in meeting ACP standards.

- These standards and processes shall be reviewed regularly by the Training Council of the ACP through Annual Reports of Training Schools and commissioning groups and through accreditation visits.

7. Training Agreement

A provider offering a training post shall have an agreement with the Training School or commissioning body that it undertakes to provide all of the requirements for the trainee as set out above. It is the responsibility of each Training School or commissioning body to agree a process of regular liaison with the training placement to ensure that their trainees' placements and service supervision are appropriate to their training needs.

A minimum of an annual review of the trainee's progress is required, involving the trainee's Tutor from the Training School, Service Supervisor, and trainee. A development plan for the next 12 months will be formulated in writing and copied to all review participants. This process is integrated with the trainee's annual KSF appraisal within the NHS.

The quality of the training environment and the programme of the trainee will be regularly monitored by the process agreed between the provider, the Training School and commissioning body. Regular liaison will take place between the provider and the school or the body commissioned by the SHA to support the training process. As a minimum one visit to the training placement shall be made by a representative of the Training School or commissioning body.

8. Financial arrangements

Financial arrangements for the trainee post, for example, training salary, training analysis, travel expenses, intensive training case supervision, will be clearly articulated in writing and be available to the trainee.

Appendix 4: Template for Annual Report

Annual Report to the Training Council of the ACP

1. **Summary of management structure, staffing and resources (including changes since last annual report) and reference to the sustainability and viability of the Training School and the plans in place to address concerns and to protect its future.**

   Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

2. **Staffing**
   Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

3. **CPD for staff** (in relation to teaching and tutoring)
   Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

4. **Developments in curriculum**
   Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

5. **Student intake and placements**

   NB. this is for the current first year group, recruited during the reporting year

   Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

6. **Student progression years 2+** (with comments/reasons re any changes in placements/ analytic arrangements)

   Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

7. **Qualifications since last report**
   Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

8. **Post-qualification employment**
   Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

9. **Academic completions** (where appropriate)
   Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

10. **Issues for the Training School; issues for the host organisation** (where appropriate)
    Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

11. **Quality monitoring** (including use made of the Training School complaints process - with a confidential appendix if needed - and with reference to university/commissioner audit processes)

    Please include information on your objectives and achievements relating to issues of inclusion and diversity where relevant.

Action Plan re. Conditions/Recommendations of last ACP Accreditation Visit

Condition (*As detailed in most recent re-accreditation report*)	**Action Needed**	**Progress to Date**	**Timescale for Completion**
Recommendations (*As detailed in most recent re-accreditation report*)			

Appendix 5: Governance responsibilities and structure of ACP Training Council

The Training Council of the Association of Child Psychotherapists and its Governance

1.1. The Training Council of the ACP is a committee charged by the Board of Directors of the ACP and its Chair with the duty of developing, monitoring and maintaining the standards in the training of child and adolescent psychoanalytic psychotherapists. It is responsible for promoting good standards of training.

1.2. The ACP has vested in its Training Council the responsibility for granting recognition of new Training Schools, monitoring the standards of existing Training Schools and the suspension of recognition of existing courses in psychoanalytic psychotherapy with children and young people and work with their parents.

1.3. The Council is similarly responsible for determining the principles governing the selection of people (rather than students) for training and the recognition of their competence on completing the course.

1.4. Accountability

The Training Council is accountable to the Board of Directors of the ACP for all matters pertaining to the quality assurance of the training, and in liaison with the Professional Standards Committee, is accountable to the Board for the processes by which new and qualifying trainees apply for registration with the ACP and any difficulties which may arise. The Training Director chairs the Training Council and is a member of the Board, reporting regularly to the Board on any relevant matters. An annual report on the work of the Council is distributed to the whole membership of the association. This report can be discussed at the Annual General Meeting of the ACP where it is either accepted or rejected.

1.5. Professional Standards Committee

1.5.1. The Training Council is closely linked to the Professional Standards Committee: these two committees are responsible for those aspects of the activities of the ACP which involve a duty to protect the public. The Training Director, as Chair of the Training Council, consults regularly with the Registrar.

1.5.2. The Professional Standards Committee maintains a register of members of the ACP in accordance with the rules, code of ethics and standards of the ACP. The Committee also deals with continuing professional development and implements decisions about membership (based on applications from new and qualifying trainees, and on reports from the Training Council).

1.6. Training Council responsibilities fall into three areas

1.6.1. the accreditation of Training Schools according to the standards of the ACP;

1.6.2. the development of these standards in furtherance of the development of the profession in the United Kingdom;

1.6.3. ensuring that accredited Training Schools have processes for ensuring that trainees qualifying meet the standards for registration as full members.

1.7. The monitoring and maintenance of standards by the Training Council takes place in the following ways:

1.7.1. There is an agreed outline of training.

1.7.2. Training schools report annually to Training Council.

1.7.3. Training schools are re-accredited every five years by a visiting panel selected by Training Council. (The guidance for the above forms the central part of this document).

1.8. The composition of the Training Council is as follows:

- Training Director (elected every two-four years);
- Deputy Training Director;
- 3 Elected Members of the Association;
- 4 co-opted Child and Adolescent Psychotherapist members;
- A Representative from Child Psychiatry, Psychology or another mental health profession;
- At least 2 and up to 4 other lay members;
- Chair of Training Analysts and Therapists Sub-committee reports once a year and attends as observer;
- Representatives of the Departments of Health and Social Security and Education may be invited as observers.

1.9. Training Council Working Groups

1.9.1. **The Training Development Group**
The Training Development Group is a sub-committee of Training Council and consists of the members of Training Council plus the Head of, or a representative of, each Training School. Its primary function is the development of the standards for training in pursuance of the development of the profession as a whole.

1.9.2. **The Training Analyst and Therapist Sub-committee**
The Trainees' Analysts and Therapists Group is a sub-committee of Training Council. It has the primary function of monitoring the qualifications of those analysts and therapists suggested by each Training School as being suitable to offer analysis to the trainees throughout their training. The chair of this committee reports annually to Training Council. Its members include representatives of the Training Schools, Child and Adolescent Psychoanalytic Psychotherapists who are also analysts and other members with specialist experience, invited by the chair.