

ACP RESOURCE PACK

Making the Case for Child and Adolescent Psychotherapy in NHS Mental Health Service and Workforce Developments

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1. INTRODUCTION

This document sets out the role of Child and Adolescent Psychotherapists (CAPTs) as one of the 12 core NHS Psychological Professions delivering the aims of the NHS Long Term Plan and the Mental Health Implementation Plan. It outlines how the Association of Child Psychotherapists is working together with the NHS to implement the expansion of this profession as part of multi-disciplinary teams delivering the ambitions of the NHS to significantly expand and develop mental health services for infants, children, young people and families.

NHS England/Improvement and Health Education England recognises ACP CAPTs as one of 12 core psychological professions in the NHS. ACP CAPTs are trained through a Health Education England- funded national training scheme which has been expanded by 25% in 2020 in recognition of the profession's alignment to the NHS Long Term Plan in key clinical priority areas. The profession is in the process of making further changes to the training to ensure LTP alignment and also to ensure equity of access to people from a diverse range of backgrounds and also across all regions of England, as well as the devolved nations where similar developments are taking place.

The next step is for NHSE&I, HEE, the ACP and Child and Adolescent Psychotherapists across the UK to work with local service planners, commissioners and providers to develop and implement local workforce and service plans that embed child and adolescent psychotherapy as a core psychological profession in all service areas in order to support the safe and effective delivery of the NHS Long Term Plan priorities.

"Child and adolescent psychotherapists make a vital contribution to healthcare, providing specialist psychodynamic therapy and consultation to families, carers and teams, supporting and treating children and young people with the most complex mental health difficulties. The decision to fund training in this way reflects the need to continue to train these practitioners to fulfil the ambitions of the NHS Long Term Plan. Alongside this funding decision we will be working collaboratively with stakeholders to ensure that child and adolescent psychotherapists' training is closely aligned to the priorities of the Long Term Plan and to maximise inclusivity for entry to the profession".

Dr Adrian Whittington, National Lead for Psychological Professions, Health Education England and NHS England & Improvement¹

¹ <https://www.hee.nhs.uk/news-blogs-events/news/child-adolescent-psychotherapist-training-post-funding-agreed-0>

2. MAKING THE CASE: ALL MENTAL HEALTH SERVICES FOR INFANTS, CHILDREN AND YOUNG PEOPLE MUST INCLUDE INVESTMENT IN CHILD AND ADOLESCENT PSYCHOTHERAPISTS²

The *NHS Long Term Plan: Mental Health Implementation Plan* makes significant commitments to the expansion of mental health services for children and young people and the required investment in the workforce to meet those ambitions. By 2023/24, an additional 345,000 children and young people aged 0-25 will be able to access mental health support including through new Mental Health Support Teams in schools. Priority areas for development include eating disorders, 24 hour mental health crisis care and specialist services for new and expectant mothers. Current services will be extended to create a comprehensive offer for 0-25 year old and new models (e.g. iThrive) will deliver an integrated approach across health, social care, education and the voluntary sector.

These transformations depend on a significant expansion of the mental health workforce in both existing and new roles within the psychological and other professions. Child and Adolescent Psychotherapists (CAPTs), as one of the 12 core NHS Psychological Professions, have a central role in supporting these developments. The NHS People Plan has increased the number of training places for child and adolescent psychotherapy by 25% in 2020/21 in recognition of it being an important profession in a clinical priority area.

Child and Adolescent Psychotherapists are necessary to the safe and effective delivery of Long Term Plan transformations in two ways:

1. To support and lead the expanded workforce to deliver a significant expansion of safe and effective services

Child and Adolescent Psychotherapists have the experience and competences to support the expanded workforce and new roles required to meet the needs of all children and young people. They can provide training, supervision, and case consultation to colleagues of all disciplines and offer clinical and system leadership for safe and effective services including Mental Health Support Teams. Investment in Child and Adolescent Psychotherapists alongside new roles and a larger workforce at Bands 4 to 6 will help these staff so that they are better able to carry out their work. This will lead to the comprehensive skill mix needed for effective services to meet high levels of demand and to ensure patients receive the help they need on first referral, and can be discharged with better outcomes. CAPTs are also an important element of the iTHRIVE model, providing consultation, assessment or treatment in the right time and place across all four of its quadrants of activity. This includes the leadership and supervision of those providing evidence-based psychological therapies.

2. To provide infants, children and young people with severe and complex difficulties with a choice of cost-effective and evidence-based treatments

40% of children with mental health problems have complex conditions often arising from early trauma or adverse childhood experiences, which are likely to require specialist input. As well as supporting the multi-disciplinary team to work effectively with high levels of difficulty and disturbance, CAPTs have the skills and experience to respond to the complexity of emotional, behavioural and developmental difficulties faced by many children and young people with severe mental health needs. They offer effective assessment leading to generic and specialist interventions and provide brief or longer-term treatment. CAPT is an evidence-based treatment of choice for some of the most severely ill children and young people as demonstrated by its recommendation in the NICE guideline for child and adolescent depression and the SCIE guideline for treatment after abuse and neglect.

All child and adolescent mental health services should ensure that access to child and adolescent psychotherapy is included in their response to the Long Term Plan.

² This statement has been written specifically to relate to the NHS Long Term Plan in England. We are working with colleagues in the devolved nations to demonstrate how CAPT is aligned to local plans and developments.

3. ACP REPORTS

SPECIALIST PROVISION FOR COMPLEX NEEDS

The ACP produced a report titled 'Children and Young People's Mental Health: Specialist Provision for Complex Needs' as evidence to support the NHS Long Term Plan: Mental Health Implementation Plan and NHS People Plan in providing effective multi-disciplinary children and young people's mental health services. This is available on the ACP website³.

The NHS Long Term Plan offers a much-needed roadmap for improving access to quality psychological healthcare. The ACP welcomes the priority given in the plan to mental health, and to improving services for children and young people in particular. This report is offered as a contribution to understanding the need for multi-disciplinary specialist services able to assess and treat children and young people with the most complex needs. Such services should complement and support new services in community and school settings. They are an essential element of the comprehensive provision of high-quality services for children, young people and families that the Long Term Plan aims for.

The principal call of this report is for specialist services for children and young people with complex needs to be comprised of professionals with a range of skills, competences and trainings working together in well-led multi-disciplinary teams. Within this the report details the ways in which CAPT can contribute, as one component of those teams alongside other specialist and generic clinicians.

The particular contribution of CAPT to each of the objectives of the Long Term Plan is laid out in the table on page 24 of the report (as well as information on this provided in Section 7 below).

TECHNOLOGY-ASSISTED MENTAL HEALTH SERVICES

The NHS Long Term Plan makes important commitments to the development of more personalised therapeutic options and person-centred care. It commits to the expansion of digital technology to provide convenient ways for patients to access advice and care. The NHS will continue to invest in expanding access to community-based mental health services to meet the needs at least an additional 345,000 children and young people by 2023/24. The use of digital technology will be one element in developing services to meet these goals.

The ACP published 'Technology-Assisted Mental Health Services: Report of a Survey of Child and Adolescent Psychotherapists Providing Services During the COVID-19 Pandemic and Lessons for the Future' to support and inform these developments. The aim of this report is to support the safe and effective roll-out of these technologies within child and adolescent mental health services by learning from the experience of remote and online working during the COVID-19 pandemic. It is based on a survey completed by 376 frontline clinicians. The report is available on the ACP website⁴.

UPDATE OF THE SYSTEMATIC REVIEW OF THE EVIDENCE FOR EFFECTIVENESS OF PSYCHOANALYTIC AND PSYCHODYNAMIC PSYCHOTHERAPY FOR CHILDREN AND ADOLESCENTS

Published reviews⁵ demonstrate a growing evidence base which suggests that psychodynamic and psychoanalytic therapies can be effective for children and young people presenting with a wide range of clinical issues. The ACP has commissioned a further systematic review, due to be published in early 2021 on the ACP website, that will provide an update on the evidence published between January 2017 and May 2020 and will show further improvements in both the quality and quantity of research evidence. A plain language summary will also be distributed to support service and workforce developments.

³ <https://childpsychotherapy.org.uk/news-media-0/acp-policy-reports-0/specialist-provision-complex-needs>

⁴ <https://childpsychotherapy.org.uk/news-media-0/acp-policy-reports-0/technology-assisted-mental-health-services>

⁵ *Nick Midgley, Sally O'Keeffe, Lorna French & Eilis Kennedy (2017) Psychodynamic psychotherapy for children and adolescents: an updated narrative review of the evidence base, Journal of Child Psychotherapy, 43:3, 307-329, DOI: 10.1080/0075417X.2017.1323945

4. CHILD AND ADOLESCENT PSYCHOTHERAPY SUPPORTING NHS MENTAL HEALTH SERVICE AND WORKFORCE DEVELOPMENT ACROSS THE UK

This section summarises the ways in which Child and Adolescent Psychotherapists are supporting the transformation of services to meet increasing demands, the expansion of mental health services for infants, children, young people and their families and the associated developments in the NHS workforce to enable these ambitions.

MEETING THE MENTAL HEALTH NEEDS OF INFANTS, CHILDREN, YOUNG PEOPLE AND FAMILIES

- mental illness in children and young people is recognised as a major public health concern with evidence of rising prevalence, exacerbated by COVID-19
- the NHS in all parts of the UK has committed to additional funding for child and adolescent mental health with ambitions to increase access to services for 0-25 year olds
- investments are being made to develop comprehensive multi-disciplinary services through an expanded and more diverse workforce and ensure help is offered in the right time and the right place
- Child and Adolescent Psychotherapists, as one of the 12 core NHS Psychological Professions, are working with government bodies, service providers and our fellow professionals to support these welcome developments
- as part of long-term plans for effective and cost-effective services, child and adolescent psychotherapy has an important contribution to meeting the needs of infants, children, young people and families

"We have a referrals meeting every fortnight and the Child Psychotherapist always comes with a multi-disciplinary approach – informing whether we need to make a referral or not."

Ward Manager, London Hospital

SERVICE DEVELOPMENTS

A comprehensive skill mix is needed for effective services to:

- meet high levels of demand and, for some, high severity of need
- ensure patients receive the help they need on first referral, and can be discharged with better outcomes
- reduce risk and reduce demands on other services such as inpatient units, A&E and social care
- deliver integration across primary and specialist care, physical and mental health, and health with social care

"The Child Psychotherapist's expertise spans the whole age range which is unique as working with children with high levels of aggression and/or young children individually is not routinely available in CAMHS." Consultant Child and Adolescent Psychiatrist, North West CAMHS

PART OF THE SOLUTION

Child and Adolescent Psychotherapists offer:

- effective assessment leading to generic and specialist interventions
- consultation to teams and networks supporting complex casework
- brief or longer term treatment, including for the most vulnerable and disturbed children and young people
- treatment options for those whom other therapeutic interventions have not been able to help
- work with parents and carers in supporting the therapeutic needs of infants, children and adolescents

"I believe that my work at school with our most complex and challenging students and their families has been enhanced by my long and successful relationship with the child and adolescent psychotherapist."

Learning Support Unit Manager, London

EVIDENCE-BASED

Child and adolescent psychotherapy is:

- supported by research and practice-based evidence including four systematic meta-analytic studies
- a NICE/SCIE treatment of choice for some of the most severely ill children and young people (moderate to severe depression, and after abuse and neglect)

- at the forefront of research, innovation and service development in many specialist areas including perinatal and infant mental health, children looked after and adopted, paediatric psychotherapy and work in schools
- one of the 12 core Psychological Professions in the NHS

"Why didn't anyone ask me these questions before - I've been waiting such a long time for someone to help me understand. You don't seem phased, it's like I am not that crazy, it all has a reason." Teenager

COST-EFFECTIVE

Providing the right intervention at the right time in the right place is cost effective:

- 40% of children with mental health problems have complex conditions often arising from early trauma or adverse childhood experiences, which are likely to require specialist input
- a year of community-based intervention costs 33 times less than inpatient care.
- child and adolescent psychotherapy expertise as part of a multi-disciplinary team or network can increase understanding and reduce risk
- child and adolescent psychotherapy can be part of the digital delivery of services

"Our Child Psychotherapist is hugely helpful in formulation, complex case discussion and supervision meetings. For longer term work she will see young people who otherwise might be hospitalised."

Consultant Child and Adolescent Psychiatrist, North Yorkshire Community CAMHS

SUPPORTING THE WORKFORCE

Child and Adolescent Psychotherapists:

- can support the expanded workforce and new roles needed to meet the needs of all children and young people
- provide training, supervision, and case consultation to colleagues of all disciplines
- offer clinical and system leadership for safe and effective services
- promote good staff development and morale, increasing staff retention and lowering vacancy rates
- receive an NHS funded doctoral-level training focusing exclusively on work with children and young people (0-25) and their families

"The Child Psychotherapist boosts morale of teachers and SENCO teams. She meets with us all to talk through and understand why certain children are behaving a certain way."

Primary School Teacher, London

INVESTING FOR THE FUTURE

- the NHS Long Term Plan aims to create a sustainable workforce supply of Child and Adolescent Psychotherapists that is both equitably spread across the country and representative of the diversity of communities it serves
- "We are the NHS: People Plan for 2020/2021 – action for us all" commits to increasing the number of training places for child and adolescent psychotherapy by 25% in 2020/21
- using RCPsych guidance on workforce and skill mix in specialist CAMHS the ACP recommends a minimum of 2 Child and Adolescent Psychotherapists per 100,000 total population to meet the needs of infants, children, young people and families

"I would like to see more CAPTs in lead roles within CAMHS – being part of local leadership teams and being involved in decisions around service design and development."

Consultant Child and Adolescent Psychiatrist, North West CAMHS

WHAT YOU CAN DO

- Ensure you have a comprehensive skill mix including Child and Adolescent Psychotherapists as part of your multi-disciplinary mental health service
- Host child and adolescent psychotherapy trainees and ensure you have sufficient senior Child and Adolescent Psychotherapists to supervise them
- Support staff to access the child and adolescent psychotherapy training pathway
- View more information on the ACP website www.childpsychotherapy.org.uk

5. WORKFORCE DEVELOPMENT IN THE PSYCHOLOGICAL PROFESSIONS

Child and Adolescent Psychotherapists are one of the 12 Psychological Professions in the NHS. What each of the 12 professions does and how you train to work in each is explained in the [Psychological Professions Career Map](#).



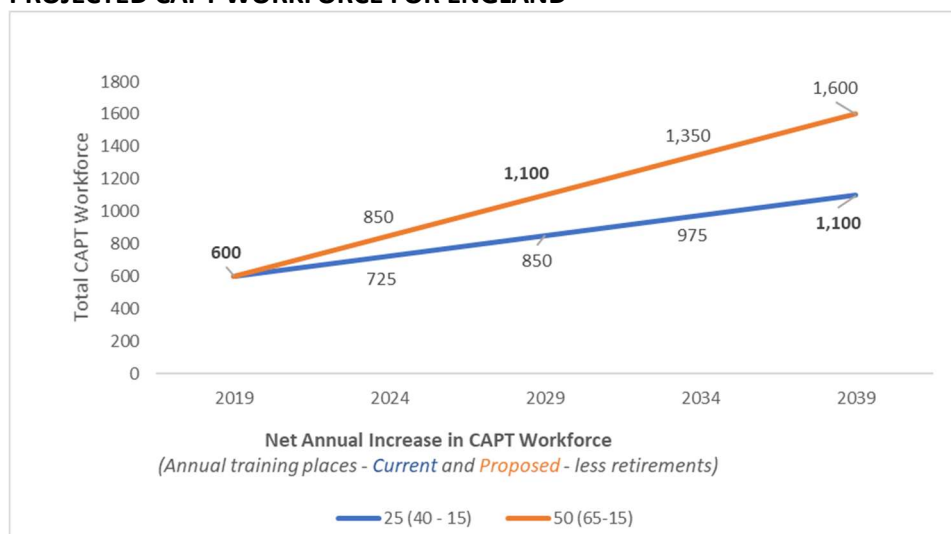
PSYCHOLOGICAL PROFESSIONS IN THE NHS



GROWING THE CAPT WORKFORCE

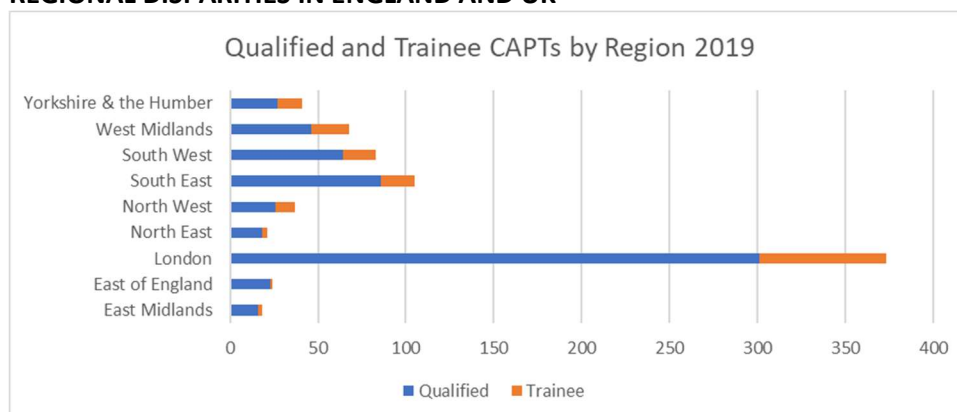
- To support the NHS Long Term Plan aims we need to create a sustainable workforce supply of Child and Adolescent Psychotherapists that is both equitably spread across the country and representative of the diversity of communities it serves
- “We are the NHS: People Plan for 2020/2021 – action for us all” commits to increasing the number of training places for child and adolescent psychotherapy by 25% in 2020/21 (40 to 50)
- Using RCPsych guidance⁶ on workforce and skill mix in specialist CAMHS the ACP recommends a minimum of 2 Child and Adolescent Psychotherapists per 100,000 total population to meet the needs of infants, children, young people and families, equivalent to 1350 CAPTs for the whole UK.

PROJECTED CAPT WORKFORCE FOR ENGLAND



⁶ https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr182.pdf?sfvrsn=8662b58f_2

REGIONAL DISPARITIES IN ENGLAND AND UK



Region/Nation	Qualified CAPTs per 100,000 population (aim = minimum 2.0 in all regions)
East Midlands	0.35
East of England	0.39
London	3.68
North East	0.69
North West	0.37
South East	1.00
South West	1.21
West Midlands	0.82
Yorkshire & the Humber	0.51
ENGLAND	1.15
NORTHERN IRELAND	0.47
WALES	0.29
SCOTLAND	0.53

INCREASING ACCESS TO TRAINING

- ACP has revised the Training Standards incorporating the competence framework
- We are revising standards for entry to the training: to ensure they promote diversity and equality of access to the profession
- Increase access to pre-clinical training in under-served areas including via blended learning and seeking funding
- Other measures in development to improve the geographic reach and diversity of the profession – curriculum, outreach, support for students and trainees in under-represented areas and communities

6. CURRENT AND FURTHER ALIGNMENT OF THE CAPT TRAINING CURRICULUM TO THE PRIORITIES OF THE NHS LONG TERM PLAN

6.1 Current alignment of the CAPT training curriculum to priorities of the NHS Long Term Plan

CURRENT ALIGNMENT OF CAPT TO THE LONG TERM PLAN

- Expansion of workforce including new roles - *CAPTs already have an important role in supervision and training of colleagues in other roles to support rapid workforce expansion*
- Long Term Plan priority service areas: Eating disorders, 24 hour mental health crisis care and specialist services for new and expectant mothers - *CAPTs work in Long Term Plan priority service areas, including schools, perinatal, eating disorder services*
- Evidence-based treatments - *CAPTs deliver and supervise others to deliver evidence-based psychological therapies for CYP*
- Current service models extended to create a comprehensive offer for 0-25 year olds – *CAPTs uniquely train to work with 0-25 age range*
- New model will deliver integrated approaches across health, social care, education and the voluntary sector (e.g. iThrive) - *CAPTs train to work across systems and qualify with leadership and supervisory skills*
- Digitally-enabled care – *this is also something we can now address, but with caution (see our report⁷)*
- New Mental Health Support Teams working in schools and colleges, rolled out to between one- fifth and a quarter of the country by the end of 2023 (Trailblazer sites) - *CAPTs work in schools with children and using whole-school approaches*
- Trial of four-week waiting time standard
- New services for children who have complex needs that are not currently being met, including children who have been victims of crime – *CAPT is recommended by SCIE as an intervention for children after abuse and neglect*

For more detail on how CAPT currently aligns to and supports NHS priorities please see the tables starting on page 24 of the ACP report⁸

6.2 Further alignment of the CAPT training curriculum to priorities of the NHS Long Term Plan

The ACP and child psychotherapy training providers are currently in discussion with NHS England & Improvement and Health Education England about how the CAPT training curriculum can be further aligned to the Long Term Plan priorities. It is expected that a final plan of changes will be agreed through a collaborative workshop in early 2021. The following is an indication of the key areas to be addressed.

A: SERVICE DELIVERY AREAS

1. Perinatal Mental Health

- Deliver evidence-based psychological therapy to mothers with moderate to severe perinatal mental health problems and a personality disorder diagnosis
 - The majority of CAPTs at the point of qualification will have the ability to offer psychoanalytically informed perinatal and parent-infant work.

2. Autism

- Provide timely diagnostic assessments.
 - Possible addition to CAPT training

⁷ <https://childpsychotherapy.org.uk/news-media-0/acp-policy-reports-0/technology-assisted-mental-health-services>

⁸ <https://childpsychotherapy.org.uk/news-media-0/acp-policy-reports-0/specialist-provision-complex-needs>

3. Physical Health Services

- LTP includes several objectives related to physical health of CYP inc. maternity and neo-natal, cancer and diabetes.
 - Work in hospital based paediatric/psychiatric liaison services is a specialist option in the CAPT training

B: SYSTEMS LEADERSHIP

Being among the leaders delivering system change, beyond the boundaries of the profession e.g.

- Leadership whatever your level of seniority
- Effective followership
- Training and supervising other practitioners
- Research
- Leadership and management

4. New Service Model

- Support primary care networks to deliver psychologically-informed care. Requires system leadership
 - CAPTs can provide clinical leadership for the expanded CYPMH workforce. Possible new strand in training related to these areas of leadership

5. Structural Change

- Embed psychological approaches across systems. Requires system leadership
 - CAPTs can work across boundaries of primary and specialist care, physical and mental health services, and health with social care.

6. Best Use of Resources

- Support psychological healthcare within whole system including the importance of health economics
 - Possible new strand in training related to these areas of leadership

7. Prevention and Health Inequalities

- Support community and public health activity. Psychology of prevention and community enablement
 - Possible new strand in training related to these areas of leadership

8. Workforce Race Equality

- Ensure senior teams and Boards more closely represent the diversity of the local communities they serve. Set a target for Black, Asian and minority ethnic trainee recruitment to reflect population, measure and report progress against this.
 - Further standards for training schools and competences may need to be developed.

C: EVIDENCED-BASED PRACTICE

EBP is considered as a dynamic interplay between three aspects; research, clinical expertise, and patient preference.



9. Children and Young People

- Expansion of workforce including new roles
- Creation of MHSTs
- Integrated services for 0-25
 - Evidence-based psychological therapies for CYP, including:
 - Psychodynamic psychotherapy for the most troubled children and young people
 - Supervision and consultation to other staff delivering brief psychological interventions.
 - Supporting whole school approaches.
 - Integration of 0-25 mental healthcare.

10. NHS Staff

- Provide clinical supervision and training across disciplines, including new roles.
 - CAPTs provide supervision and consultation to MDT

11. Person Centred Care

- Deliver more person centred care by involving patient groups in the design and planning of services
 - CAPTs have a role in advocating for those CYP who may not be able to articulate their views in service user forums.

12. Digitally Enabled Care

- Digitally-enabled models of psychological therapy and other technological developments
 - Profession has moved to remote working, including training. New standards needed.

7. CHILD AND ADOLESCENT PSYCHOTHERAPY IN NICE GUIDANCE

Depression in Children and Young People

NICE recommends psychodynamic psychotherapy in its guidance on management of depression in children and young people¹:

- For 5 – 11 year olds psychodynamic psychotherapy is recommended (1.6.4) as one of the options for first line treatment for those with severe to moderate depression.
- For 12 – 18 year olds it recommends psychodynamic psychotherapy as an option to consider (1.6.6) if individual CBT would not meet the clinical needs of those with moderate to severe depression or is unsuitable for their circumstances.
- In addition the guidance recommends psychodynamic psychotherapy (approximately 30 weekly sessions) for depression unresponsive to combined treatment (1.6.13).

CYP with moderate to severe depression, and co-morbid depression and anxiety, are likely to make up a significant proportion of the additional 345,000 to be seen under the LTP and therefore **psychodynamic psychotherapy should be made available in all CAMHS and considered as an option for all 5 to 18 years olds with moderate to severe depression.**

CAPT's undertook the work in the trials that have led to the inclusion of psychodynamic psychotherapy in the NICE guideline and are best placed to offer treatment for these groups of patients. This work is included as a core competency in their training.

Abuse and Neglect

NICE/SCIE guidelines² on therapeutic interventions after abuse and neglect recommend individual psychoanalytic psychotherapy as an intervention after sexual abuse for girls aged 6-14.

It also recommends providing separate sessions for non-abusing parents or carers to help them support their child's attendance and address issues in the family. Concurrent work with parents is a key aspect of the CAPT approach.

1. NICE (2019) NICE guideline [NG134] Depression in children and young people: identification and management, available at: <https://www.nice.org.uk/guidance/ng134/chapter/Recommendations>

2. NICE/SCIE (2018) Therapeutic Interventions After Abuse and Neglect, accessed at: <https://www.nice.org.uk/about/nice-communities/social-care/quick-guides-for-social-care/therapeutic-interventions-after-abuse-and-neglect>

8. COMPETENCE FRAMEWORK FOR CHILD AND ADOLESCENT PSYCHOTHERAPY

The ACP competence framework⁹ for child and adolescent psychoanalytic psychotherapy¹⁰ identifies the skills and knowledge acquired by CAPPTs during their six-year training. The map of competences is on the following page. In its interactive form each box in the map opens to list the relevant detailed competences. It describes a framework of the relevant competences and discusses how this should be applied and its advantages for clinicians, trainers, managers and commissioners. The framework organises the competences into seven domains. The first two are held commonly across CAMHS: '*Core Competences for Work with Children and Young People*' and '*Generic Therapeutic Competences*'. The next five describe the specialist competences of CAPPTs and are overarched by the '*Foundations of psychoanalytic work*'. These capture the knowledge and skills which define the particular approach that informs all the psychoanalytic domains. '*Psychoanalytic therapeutic competences*' describes the skills and knowledge required to carry out effective psychoanalytic therapeutic work with children and young people. CAPPTs are required to be able to provide '*Assessment and Formulation*' including State of Mind assessments, Emotional State Assessments, risk assessments and assessment for therapy.

Individual work with children and young people is only one part of the work of a qualified CAPPT. The domain '*Specialist applications and interventions*' covers the competences needed to apply therapeutic competences to a range of interventions with different patient groups and in a range of work contexts. This has three sections. Firstly, at the point of qualification, CAPPTs will have gained a very wide variety of experiences in psychoanalytic therapeutic work with individual children and adolescents; of work with parents, carers or foster carers; of work with family groups; and of group work or perinatal/parent-infant work. These can all be offered as clinical consultation or as brief, short or long-term work as indicated by clinical need. A second section covers the competences needed to apply a manualised treatment model such as Short-Term Psychoanalytic Psychotherapy (STPP). The third section covers the competences needed in particular work settings, since CAPPTs train and work in a wide range of organisational contexts including specialist services and in community settings such as primary care or schools.

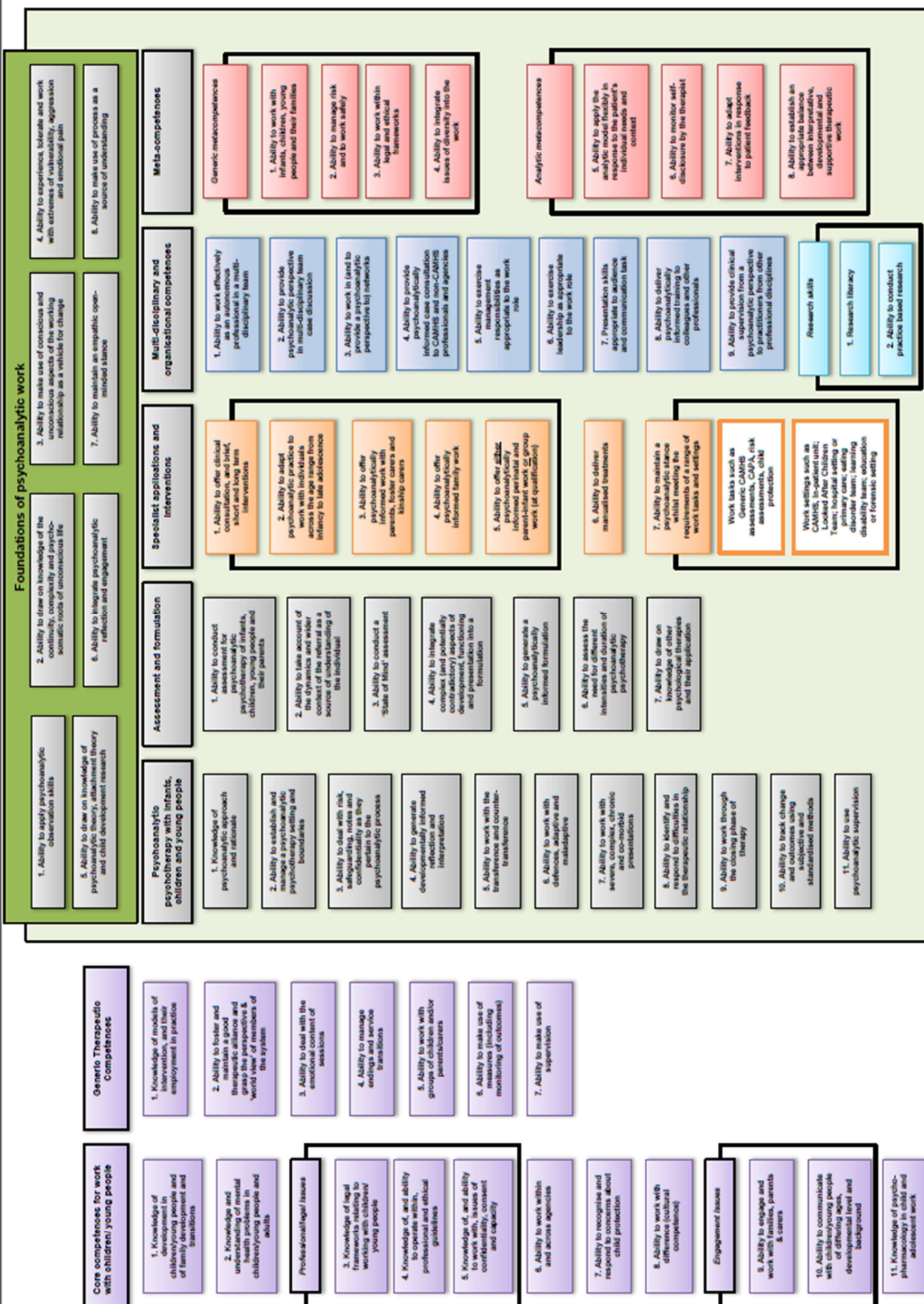
'*Multi-disciplinary and organizational competences*' describe the ability to work effectively as an autonomous professional within a multi-disciplinary team, knowledge of the wider organisational context and engagement with research are all essential to support effective practice. CAPPTs are trained to a high level of expertise and qualify as autonomous professionals able to manage a case load, to relate effectively to the management structure of their organisation, taking on leadership roles as appropriate, and to provide training and supervision to other professionals from other disciplines. CAPPTs engage in understanding and applying a range of research methodologies essential to developing effective practice throughout and beyond their training, described in '*Research Skills*'. The final domain in the framework focuses on '*Meta-competences*', so-called because they permeate all areas of practice. Meta-competences 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. They are important because such judgments are seen by clinicians as critical to the fluent delivery of an intervention.

⁹ <https://childpsychotherapy.org.uk/competence-map-child-and-adolescent-psychoanalytic-psychotherapists-point-qualification>

¹⁰ Child Psychotherapist is shorthand for Child and Adolescent Psychoanalytic Psychotherapist (or CAPPT) a term that more fully describes therapists with the specific training. Others with distinct and less intensive trainings now use the title of 'Child Psychotherapist': to avoid confusion we use the term CAPPT in the competence framework.

GENERIC CAMHS COMPETENCES

SPECIALIST COMPETENCES FOR CHILD & ADOLESCENT PSYCHOANALYTIC PSYCHOTHERAPISTS



9. ACP POSITION STATEMENT: USE OF THE TITLE 'CHILD AND ADOLESCENT PSYCHOTHERAPIST' IN NHS SERVICE ROLES

The counselling and psychotherapy professions are not statutorily regulated in the same way that most healthcare professions are through the healthcare regulators¹¹. Instead the government legislated for the Professional Standards Authority to put in place the Accredited Registers programme. Under this, several professional bodies hold registers of counsellors and psychotherapists working with both adults and children. The Association of Child Psychotherapists (ACP) holds an Accredited Register of Child and Adolescent Psychotherapists. Because this is a voluntary registration scheme the use of titles is not protected in the same way as other professions. This means that it is possible for practitioners with a range of different trainings, and therefore varied skills and competences, to use the same or similar titles including Child Psychotherapist or Child and Adolescent Psychotherapist.

To ensure safe and effective services it is important that commissioners and providers, and service users, are able to differentiate between forms of psychological therapy and psychotherapy with children and young people. The ACP advises that, within NHS services, the title Child and Adolescent Psychotherapist is reserved for those clinicians who have completed the NHS-funded training in child and adolescent psychotherapy and are eligible to become members of the Association of Child Psychotherapists. The four-year full-time clinical training is funded by Health Education England and NHS Education Scotland and many NHS trusts already have in place a policy which requires applicants for the post of Child and Adolescent Psychotherapist to be on the register held by the ACP as a demonstration that they have completed this training and therefore have the appropriate skills and competences for the role.

The reasons for requiring ACP registration for NHS Child and Adolescent Psychotherapist posts are:

1. Child and Adolescent Psychotherapists (CAPTs) are one of the 12 core NHS Psychological Professions. The definition of CAPT within the Psychological Professions Career Map¹² relates to the NHS funded training accredited by the ACP.
2. The job profile of CAPTs is matched to the Agenda for Change national profile for Clinical Psychologists because of their equivalent training and role within services.
3. The job description and person specification for the specialist role of Child and Adolescent Psychotherapist in the NHS requires a specific range and depth of competences. These are provided by the NHS training accredited by the ACP, and are defined in the ACP competence framework¹³
4. The ACP NHS-funded training is the only doctoral (level 8) training to focus exclusively on therapeutic work with children and young people (aged 0-25) and their families.
5. CAPTs are qualified to take up clinical and system leadership roles including supervision, training and consultation to colleagues in the multi-disciplinary team and wider network.

Practitioners with different qualifications for working psychotherapeutically with children and young people, and who are registered with other professional bodies for that purpose, have an important contribution to make to the expansion of the workforce to meet increasing demands on services. However, they should not be employed in designated Child and Adolescent Psychotherapist posts as their training does not provide the competences for that specialist role. This differentiation ensures quality and safety by matching competences to the complexity and severity of work undertaken by Child and Adolescent Psychotherapists in the NHS.

¹¹ The ACP argues that they should be and has submitted evidence making this case to the review currently being undertaken by the Professional Standards Authority.

¹² <https://ppn.nhs.uk/resources/careers-map>

¹³ <https://childpsychotherapy.org.uk/competence-map-child-and-adolescent-psychoanalytic-psychotherapists-point-qualification>

10. ACP POSITION STATEMENT: NHS AGENDA FOR CHANGE BANDING OF SERVICE SUPERVISORS OF CHILD AND ADOLESCENT PSYCHOTHERAPY TRAINEES

Background

Child and Adolescent Psychotherapists (CAPTs) are a core NHS profession and one of the 12 NHS recognised psychological professions. Their clinical training is funded, in England, by Health Education England in recognition that the role is an important profession in a clinical priority area and contributes to the ambitions of the NHS Long Term Plan. NHS funding of the training is also provided in the devolved nations. The four-year full-time clinical training accredited by the Association of Child Psychotherapists (ACP) is a doctoral level programme with the majority of trainees based in one service for the duration. There is national agreement that trainees are paid on Agenda for Change Band 6 and normally start on Band 7 at the point of qualification. The job profile of CAPTs is matched to the Agenda for Change national profile for Psychologists.

Quality Assurance of Training Posts

The ACP wishes as many NHS Trusts and other providers as possible to offer clinical training posts for CAPTs but only where it can be clearly demonstrated, through the meeting of the standards in the Quality Assurance Framework (QAF), that the post can provide the learning environment, clinical caseload and supervision necessary for the trainee to complete the clinical requirements of the training.

The provision of service supervision is a key requirement and significantly impacts the quality of the training. It is a complex task that 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 CAPT in a suitably senior position. All trainees must be supervised by a CAPT who has had, or is acquiring, the requisite post-qualification 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.

Banding of Service Supervisors

The ACP requires that Service Supervisors are banded at a minimum of 8a and preferably at 8b or above. This requirement is supported by the ACP representatives on the UNITE Applied Psychology Committee (OPC). Having the Service Supervisor at this banding supports the service to meet the quality standards including providing the necessary support for the trainee, and clinical governance for the placement. It also recognises the significant knowledge, skills and experience required to undertake this role.

In some smaller services there may not currently be sufficient capacity at 8a and above to provide the necessary supervision. The ACP's preference would be for that capacity to be developed prior to the placement of a trainee. The service and the relevant Training School may feel that a suitably qualified and experienced Band 7 CAPT could temporarily undertake some of the responsibilities, with appropriate supervision and support. However, the ACP would only agree to these arrangements in exceptional circumstances and where there was a clear agreement that the postholder would migrate to a substantive Band 8a post within the first year of the training placement. This could be done through a Preceptorship which is a recognised route for Band 7 staff to consolidate and further develop practitioner skills in order to take up an 8a role. This would also ensure that the Band 7 was given the opportunity and time for appropriate CPD in order to reach the competencies required. The Training School would need to satisfy itself that the service was able to meet all the standards in the QAF.

GLOSSARY

ACP – Association of Child Psychotherapists

CAMHS – Child and Adolescent Mental Health Services

CAPT – Child and Adolescent Psychotherapy/ist

CBT – Cognitive Behaviour Therapy

CYP – Children and Young People

EBP – Evidence-Based Practice

HEE – Health Education England

iThrive – A framework for system change to improve services for children and young people
<http://implementingthrive.org/>

LTP – The Long Term Plan for the NHS in England

MDT – Multi-Disciplinary Teams

MHSTs – Mental Health Support Teams

NHSE & I – NHS England and NHS Improvement

NICE - The National Institute for Health and Care Excellence

PPN – Psychological Professions Network

PSA – Professional Standards Authority for Health and Care

QAF – ACP Quality Assurance Framework for the Training of Child and Adolescent Psychotherapists

RCPsych – The Royal College of Psychiatrists

SCIE – The Social Care Institute for Excellence

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The ACP is the professional body and accredited register for Child and Adolescent Psychotherapists in the UK. We have been working to improve the mental health of infants, children, young people and families since 1949.