# Children and Young People Wellbeing Practitioner (CWP) National Implementation Guide

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# 1. Purpose

The purpose of this document is to provide an introduction and operational guidance overview to the new role of Children's Wellbeing Practitioner (CWP), (also referred to as a Wellbeing Practitioner for Children and Young People). This document does not intend to provide an operational policy but exists to support local managers, leaders and commissioners of CYPMH services as they seek to integrate this new role into local working arrangements. Any working arrangements should take full account of and be tailored to meet:

- **The local vision for mental health services for children and young people and the relevant Integrated Care Systems/Boards Plans**
- **The Future in Mind and CYPMH transformation principles, the NHS Long Term Plan, and the local intent to deliver services more effectively in each locality**

# 2. Introduction

Children's Wellbeing Practitioners (CWPs) are a new profession and a crucial workforce to deliver the NHS Long Term Plan for children and young people and in meeting the wider access target that 345,000 children and young people aged 0-25 will be able to access mental health support. CWPs were first deployed in 2016/17, from the Children and Young Peoples Improving Access to Psychological Therapies programme, to enhance evidence-based support for mild to moderate presentations. They have been funded through planned year-on-year bids made by HEE. 668 CWPs had been trained up to 18/19, with a further 420 training during 19/20 and 245 commissioned for 20/21.

Under current plans the CWP workforce will comprise a significant proportion of the entire community CYPMHS workforce by the end of 2023/24. The CWP role therefore provides additional resource to support and intervene with children and young people experiencing common low-level mental health difficulties. It is specifically targeted at meeting the needs of those who **do not** currently receive a service. However, these posts do not constitute a new service and all that implies. The CWP is a new role aimed at providing **early intervention** to better address emerging mental health

needs. To deliver maximum impact quickly they should be integrated into an existing locality-based provision. The role is intended to provide brief, evidence-based interventions at an early stage of need to improve outcomes and reduce the need for future, more costly specialist interventions.

CWPs should be deployed within the established CYPMH services of the locality where the posts will have the most impact. CWPs should only practice within a system of care, as specified in the Specified System of Care (Appendix 4). CWPs will provide a defined clinical service within CYPMHS, working as a team member under supervision. It will be vital to consider where they will best receive the required level of support for their practice, to avoid role dilution and/or the role substituting for existing services.

National guidance is clear; regardless of the employing agency CWPs can be deployed from any relevant organisation working with children and young people's mental health and wellbeing. **ICBs/ICSs are encouraged to actively consider the deployment of the posts into universal services, youth settings, as CYP ARRS roles in primary care, and GP practices - within the context of the CYPMH service and its governance and supervision processes - as places where low level issues are most likely to be first identified. Deployment in educational settings is a specific case discussed at the end of Section 4 under 'Working in MHSTs'.**

**The primary objectives of the role are to:**

- Facilitate access to support from, and provide support to, community services
- Offer evidence-based help to children and young people with mild to moderate difficulties
- Reduce waiting lists to specialist and wider CYPMH services

**It is expected that the CWPs will:**

- Work with the whole family where appropriate, e.g. in some settings, and with older young people, this might not be the case.
- Deliver brief, focused interventions
- Where feasible, work with others to deliver group interventions

It is assumed that trainee CWPs will be appointed to NHS Band 4 or equivalent with qualified CWPs appointed at NHS Band 5 or equivalent[1].

The local partnerships should make the final decision on the pay grade taking account of:

- The expectations outlined nationally
- Local market conditions
- Equity with existing positions requiring similar experience, knowledge and qualifications
- The need to recruit, motivate and retain staff

*It is expected that organisations hosting trainees will offer them permanent contracts on qualification, and organisations that will not commit to doing so risk their request for trainees being refused.*

**Training courses** offering the CWP post-graduate certificate / diploma (or any successor qualification) for CWPs will be accredited by the British Psychological Society (BPS). **When qualified, CWPs will be able to register as part of their professional governance with the BPS or the British Association of Behavioural and Cognitive Psychotherapy (BABCP).** Practising CWPs will be expected to register with one of the two professional bodies; CWPs employed within NHS funded CYPMH services will be required to be so registered. The system of care in which CWPs must work is set out in Appendix 4. CWPs who trained and qualified prior to the establishment of the course and individual accreditation will be able to register under 'grand-parenting' arrangements, as agreed with Health Education England.

As CWPs are a valued part of the CYPMH workforce and their retention is a critical aspect of workforce growth and development, some thought has been focused on supporting their career progression and development. Alongside the opportunity for professional registration (outlined above), the Senior Wellbeing Practitioner role (accessible to both CWPs and EMHPs) has been developed as a career progression

[1] Local staffing arrangements and challenges apply across the country, and some partnerships may appoint staff at different pay levels.

option that extends CWP low-intensity skills for working in community settings to respond to a wider range of children, young peoples, and families' presentations, together with training in supervision. The course is a 2-year PGDip funded by HEE. The full training curriculum is included in appendix 5.

## 3. Overview of Training and Recruitment

The trainee CWP undertakes a 12-month Graduate or Post Graduate diploma training programme. Access onto the CWP training is gained through a successful application and interview process within a participating young people's mental health service, who are the employer throughout the duration of the 12-month training programme. CWPs are an important entry route into the CYPMH workforce for many aspiring professionals, and as such CWPs represent an important element of the future CYPMH workforce, and it is important that participation in this workforce should reflect the diversity of the children, young people and families using CYPMH services.

To widen participation, HEIs offer both level 6 (graduate) and level 7 (post-graduate) training routes and support academically capable candidates without an undergraduate degree to demonstrate this through a portfolio of work during the recruitment process, or through a suspension of regulations by the HEI. This process requires HEIs and employing providers to work together. Providers have a responsibility to raise awareness of these training opportunities outside of NHS jobs to reach a wider group of prospective candidates. Interest in these roles is often high and therefore competitive with applicants for training potentially offering good levels of previous CYPMH experience and or related qualifications; recruitment should not default to a high level of required qualifications and experience which may disadvantage an equitable, diverse and inclusive recruitment; prospective employers are encouraged to consider training candidates more broadly than simply in relation to their academic credentials, to include their background, experience, including lived experience, their knowledge of the local community, and their values.

The curriculum is designed to enable the CWPs to gain skills and knowledge in delivering brief, CBT informed low-intensity interventions. The CWP trainee

undertakes three core modules[2], beginning with a foundational understanding of undertaking the role of a professional practitioner within the context of CYP mental health services. Within these initial stages of the programme, the CWP develops the knowledge and understanding relating to legal and professional issues, local and national services context and principles, multi-agency working as well as an overview of CYP MH therapies and the evidence base. Building from this core contextual understanding, the trainee CWP begins to establish the skills to assess children, young people and families presenting with a range of mental health difficulties. The CWP is trained to undertake a CYP-centred assessment in support of identifying the presenting difficulties, strengths, goals and available resources as well as identifying any risk to self or others. They are required to understand the child in their context and consider developmental, physical and other psychological factors. Effective engagement and the development of a therapeutic alliance are core aspects of the training with the requirement to gather information from a range of appropriate sources. From this foundation, the CWP is able to collaboratively engage with the young person / family and to develop a shared understanding of the difficulty and options of what evidence-based interventions are likely to be appropriate.

The final module supports the trainee CWP with the development of the knowledge and skills across a range of low intensity interventions for mild to moderate anxiety, low mood, and behavioural difficulties. Low-intensity cognitive-behavioural interventions are characterised by:

- Being single-strand, that is they focus on one-specific difficulty (in CYP with more than one difficulty this will require prioritisation of which difficulty to work on), and they typically utilise one specific cognitive or behavioural intervention (some manualised interventions taught on the course include both)
- Being of a short duration (typically 6-8 weekly sessions)
- Being goal-focused (though this is not unique to LI-CB interventions)

[2] The number of modules and module structure may vary between HEIs, although the core training content and exit qualifications are the same.

- Following the principle of providing the least intrusive and lightest touch intervention required - building self-management skills in the CYP and/or caregivers

Often with the use of written self-help materials and manualised workbooks they are informed by cognitive-behavioural and social learning principles and include behavioural activation, graded exposure, cognitive restructuring, problem solving, CBT-informed sleep management, and parent training as well as supporting physical activity. Support is specifically designed to enable children and young people and parents/carers to optimise the use of self-management techniques. Interventions can be delivered through face-to-face work, telephone, email or video call individually to children and young people, through group workshops or in collaboration with parents/carers.

A trainee CWP undertakes a range of assessments during their training including the submission of clinical practice assessments and intervention recordings. They are required to evidence a range of competencies and undertake a minimum of 80 hours of clinical practice including 8 completed low-intensity intervention cases across a spread of difficulties to include working with anxiety, low mood, behavioural difficulties and direct work with parents/carers. Across the 12-month training programme, the CWP must also undertake a minimum total of 40 hours of clinical supervision; 20 hours of case management, and 20 hours of clinical skills supervision.

## 4. The CWP role

CWPs will work with children and young people with low-level/mild to moderate common mental health difficulties: anxiety, low mood and behavioural difficulties. The role is not intended to support those services that are working with serious and enduring mental health problems. The role should not work with those with high levels of risk to themselves or others, or who need a more specialist level of care.

**CWPs should practice within their specified system of care that ensures access to appropriate pathways of onward care, good clinical governance and**

**accountability for their professional practice to a senior member of the service. Qualified CWPs are intended to practice as autonomous, independent practitioners with regular case management supervision with an experienced CYP MH professional to overview case load and agreed actions to ensure efficiency and safety, ideally in the context of an Electronic Patient Record (EPR) that independently flags risk.**

A typical case will involve up to six sessions, following one-two assessment sessions, over a four to six-week period, but may often be less than this or require fewer contacts over a longer period of time. Some cases may be up to 10 sessions, and include relapse prevention planning. This reflects the lower level of complexity anticipated and the brief, focused but flexible nature of intervention.

Evidence from the adult arena suggests more regular support sessions are likely to be more effective than less frequent support spread over long periods of time. Within a low intensity approach, cognitive behavioural and social learning theory informed techniques will provide guidance and support, directly drawing from evidence-based approaches and materials either through supported self-help or clinically evidenced materials used directly to support face to face sessions and health technologies such as online programmes or smartphone applications (Donker et al., 2013; Farrand & Woodford, 2013; Ridgway & Williams, 2011).

To improve the effectiveness of low intensity interventions, CWPs will provide guidance in the use of self-help materials and will receive training focused on the competencies required to support low intensity interventions (Roth & Pilling, 2007). This guidance will be focused on supporting CYP and parents to use and engage with the materials, including helping them to problem solve any difficulties faced and provide motivation and encouragement to work through the materials. Full guidance sessions will last between 35- 45 minutes, but it is important that the CWPs show flexibility and offer the minimum session length needed in collaboration with the CYP / and their parents / carers. It may therefore be appropriate to offer brief checks-ins of approximately 15 minutes. Table 1 below outlines the potential scope of the role.

**Table 1: Scope of the CWP role**

| **What should CWPs be doing?** | |
|---|---|
| CWPs **should:** | CWPs **should not:** |
| Assess and support people with low level mental health problems, facilitating access to early intervention support from community settings. | Routinely assess and triage children and young people with severe, complex or enduring mental health problems or those presenting with complex issues |
| Signpost people and facilitate access to other services when appropriate | Support children and young people with high levels of risk or needing a specialist level of care or intervention |
| Work through a variety of media such as telephone, internet and face-to-face and in a range of settings close to where families live – such as health centres, community or youth centres or children's centres. | Deliver intervention solely from a traditional clinical setting e.g. Primary CYPMH hub or deliver intervention purely remotely - choice of mode of delivery should be maintained. |
| Offer low intensity, brief, focused, evidence-based interventions outlined in the CWP curriculum and certificate training programme:<br>. Behavioural activation<br>. Relaxation<br>. Problem solving<br>. Cognitive restructuring<br>. Exposure and habituation / Exposure and response prevention<br>. Worry management strategies | Be involved in complex, or moderate to high need situations or presentations<br><br>Hold cases referred to CYPMH or co work high need cases |

| | |
|---|---|
| . Social Learning theory-based parent support<br><br>. Behavioural and emotional regulation strategies (sleeping, toileting, feeding etc.)<br><br>. Guided self-help using computer-based CBT packages Lifestyle management<br><br>. Where feasible work with others to deliver group interventions | |
| Work in partnership with children, young people, primarily from 5-18, and their parents/carers, and collaboratively review progress with the and record the outcomes achieved | Close cases until all recording including monitoring of outcomes is completed |
| Work within a system of care, (within the statutory, independent or VCSE sectors) with established onward referral routes, access to regular senior supervision and access specialist input quickly when appropriate | Practice as, separate or distinct from an established CYPMH team or service (in the statutory, independent or VCSE sectors).<br>Operate without appropriate supervision |

CWPs are trained in the skills and knowledge based on NICE Guidance and practice-based evidence of what works best for children, young people, and their parents and carers to deliver brief, CBT informed low-intensity, single-strand outcome focused interventions for mild to moderate anxiety, low mood, and behavioural difficulties. Whilst CWPs are not intended to support those services that are working with serious and enduring mental health problems, CWPs are able to offer the core interventions they are trained in as part of a package of care for a child, young person or their parents or carers for whom another professional (who may also be providing an intervention) is the care coordinator/responsible clinician and risk manager, for example, within the secure estate. Outside of such an arrangement, CWPs should not

work with those with high levels of risk to themselves or others, or who need a more specialist level of care. Table 2 summarises the specific difficulties the role could be expected to address, those they should not and identifies those situations where discretion is required and a case by case decision made.

**Table 2 - Guide to presenting difficulties**

| DO | MAY DO | SHOULD NOT DO |
|---|---|---|
| Common mental health difficulties that may respond to early intervention | Conditions which may respond to early intervention but require discretion | Significant levels of need /complex conditions which are not suitable for brief early intervention |
| Low Mood / Mild to Moderately Severe Depression<br><br>Panic Symptoms<br><br>Panic Symptoms & Agoraphobia<br><br>Generalised Anxiety Disorder / Worry<br><br>Specific Phobia (but not blood, needle, vomit as exposure is hard to arrange in educational settings)<br><br>Sleep problems<br><br>Stress management<br><br>Behavioural Difficulties | Anger difficulties<br><br>Low self-esteem<br><br>Mild social anxiety disorder<br><br>Some compulsive behaviours<br><br>Mild health anxiety<br><br>Assertiveness/interpersonal challenges (e.g., with peers)<br><br>Self-harm is disclosed but is assessed as linked to low- mood but **is not assessed as enduring and high risk in nature**<br><br>OCD symptoms[3] | Pain management<br><br>PTSD<br><br>Moderate or severe social anxiety disorder<br><br>Bipolar Disorder<br><br>Psychosis<br><br>Personality Disorders<br><br>Eating Disorders<br><br>Chronic depression/anxiety<br><br>Established health anxiety<br><br>Historical or current experiences of abuse or violence |

[3] Some HEIs train CWPs in Exposure and Response Prevention (ERP)/habituation and behavioural experiments for OCD.

| | | |
|---|---|---|
| | | Complex interpersonal challenges<br><br>Bereavement<br><br>Active, enduring and significant self-harm<br><br>Relationship problems |

On a day-to-day basis, qualified CWPs are likely to be delivering interventions face to face, by phone, and online. They can work individually or on a group basis. Group work approaches can be useful for young people or their carers to address lower levels of needs where individuals present with similar issues. Any intention to offer group work should be carefully scoped to ensure there is viability and no duplication. Without further training on group work, this work should be undertaken in conjunction with other professionals, for example youth workers, school behaviour support staff, educational psychology staff, and primary care professionals.

### Delivery model

Very careful consideration should be given to the delivery model for this role. The Future in Mind (2015) report says that:

*"Services need to be outcomes focused, simple and easy to access, based on best evidence, and built around the needs of children, young people and their families rather than defined in terms of organisational boundaries."*[4]

The model adopted by the partnership should reflect this and theservice transformation principles , with an emphasis on:

- Improved access (a focus on improved access moving towards young people and their families being able to approach resources directly i.e. self-referral
- Greater collaboration (an emphasis on shared decision making and collaborative working)
- Outcomes informed practice (working in such a way as to define the goal or end point of all work with children, young people and their families)
- Transformation: The role should provide something different to the way in which mental health services are currently provided - facilitating change across all services providing help to children and young people with their mental health difficulties
- The central role of CYP and Parent/Carer participation in the design, delivery and development of the programme across localities


CWPs should be considered in relation to the Thrive Framework (2019) - an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families - as operating within the Getting Advice and Getting Help quadrants.

Local CWP steering groups will be a platform to review and work towards the principles outlined above, and Thrive, and clarity on the model adopted will then shape subsequent decisions on how and where these posts are best located and accessed by families. Decisions on where the post will sit will affect:

- Access arrangements including:
    - Ease and speed of access
    - Self-referral
    - Referral management and process
    - Step up and step-down processes

- Management arrangements including:
    - Case supervision
    - Line management
    - Clinical skills development
- Operational processes including:
    - Case recording
    - Progress tracking (e.g. using routine outcome and experience measures)
    - Administrative support
- Flexibility including:
    - Where people are seen (including online or remote options)
    - Responses to non-engagement
    - Options for group work,
    - Options for joint working,
    - ‘Team around the family’ working
    - Liaison with universal, primary care and other services

The national recommendations are that where appropriate the posts are initially supervised within statutory CYPMH service to ensure those supervising CWPs have the necessary clinical skills, knowledge, and experience. However, it is recognised that these new roles can equally be located in other agencies that contribute to children’s mental health and are as likely to sit in community or locality bases (e.g. withing Primary Care Networks). It also noted that CYPMH service staff may not have the knowledge about short-term, low intensity interventions, and caseload management of the same, and this guidance needs to be sought also. It is therefore important for local partnerships to determine where the posts will best be located and that their supervision arrangements can be met.

The table below summarises the benefits and risks to different locations but it is important to note it is **expected these may be different in different areas**:

**Table 3 Location options**

| Post Location | Benefits | Challenges |
|---|---|---|
| **Specialist CYPMH** | Close to clinical expertise in children and young people's development and mental health.<br><br>Provision of supervision and management with oversight of all cases, as well as providing clinical skills and oversight of individual performance.<br><br>Potential opportunity to fast-track children of concern to specialist CYPMH for triage or treatment.<br><br>Clear managerial and accountability 'line of sight' to CYPMH commissioners and HEE. | Capacity issues in CYPMH may mean CWP role is drawn into CYPMH work – for example doing triage or Choice and Partnership Approach (CAPA) or even co-working more specialist cases leading to role being compromised or diluted.<br><br>Supervisor may not have skills in management of brief early intervention approaches or outreach approaches.<br><br>Possibility of lengthier referral processes – self referral less likely.<br><br>Creates a conflict of criteria between the specialist CYPMH service and a single early intervention post that could confuse referrers and may create additional referral management pressures for CYPMH.<br><br>Inequity of access to specialist CYPMH if CWPs can fast-track cases and 'leap frog' case of similar or higher level needs which are already waiting.<br><br>Supervisor may not have the knowledge of wider system and local resources. This could lead to inadvertently duplicating provision.<br><br>More difficult to build and maintain community links and relationships with universal and other services |

| | | |
|---|---|---|
| | | Local data systems cannot support the worker to meet the quarterly monitoring and reporting requirements. |
| **Voluntary, Community and Social Enterprise (VCSE) sector, Schools, Local authority early intervention teams, primary care teams, Single Point of Access (SPA) team** | Good understanding of issues requiring early help.<br><br>Good understanding of the range of professionals working in early help provision.<br><br>Easier and quicker access to other professionals involved with the child, young person and family.<br><br>Closer to community support networks.<br><br>Closer to the source of referrals enabling speedy access.<br><br>No additional specialist CYPMH referral route required.<br><br>Wider sense of accountability across the system – with key agencies all having a role. | Individual school or GP may seek to 'own' or 'takeover' and fail to recognise the new role as a shared local resource. This may lead to preferential treatment of referrals from the host agency e.g. school, GP practice<br><br>More complicated managerial accountability to commissioners and HEE.<br><br>Some local data systems may not be able to support the worker to meet the quarterly monitoring and reporting requirements e.g. schools, GP's.<br><br>Understanding of governance, competence and role remit may vary in VCS settings compared to NHS providers.<br><br>Sufficiently experienced supervisors may be harder to locate in VCS settings.<br><br>CWPs may feel isolated if in purely peripatetic roles without fixed base and lack of access to MDT/colleagues |

## Working in MHSTs

As stated in the Specified System of Care (appendix 4.) CWPs may work into education settings and may also, as a CWP, comprise part of the MHST establishment but cannot work as equivalents to EMHPs without further training and/or assessment of their knowledge and competency. The table below presents the differences between the trainings to become a CWP and an EMHP, to illustrate why these roles are not interchangeable, and why deployment of CWPs within MHSTs should only be a temporary arrangement, unless the CWP is completing further top-up training. The CWP PGCert does not include 3 modules specific to working in educational settings, which EMHPs do complete. The CWP PGDip includes 3 similar modules which are focused on working in community and primary care settings. For example, CWPs who have completed the PGCert were not trained in psychoeducation, peer mentoring or classroom management, nor were they trained in group or parenting work. Whilst CWPs completing the PGDip [from 2023] will have been trained in psychoeducation, group or parenting group work, this will not be in an educational setting context.

| **EMHP (PGDip)** | **CWP (PGCert)** | **CWP (PGDip) [2023 onwards]** |
|---|---|---|
| Module 1: Children & Young People's Mental Health Settings: Context and Values | Module 1: Children & Young People's Mental Health Settings: Context and Values | Module 1: Children & Young People's Mental Health Settings: Context and Values |
| Module 2: Assessment & Engagement | Module 2: Assessment & Engagement | Module 2: Assessment & Engagement |
| Module 3: Evidence based interventions for common mental health problems with children and young people (Theory and Skills) | Module 3: Evidence based interventions for common mental health problems with children and young people (Theory and Skills) | Module 3: Evidence based interventions for common mental health problems with children and young people (Theory and Skills) |
| Module 4: Working, assessing and engaging in education settings | | Module 4: Working, assessing and engaging in community based and primary care settings |
| Module 5: Common Problems and Processes in education settings | | Module 5: Mental Health Prevention in community and primary care settings |

| | | |
|---|---|---|
| Module 6: Interventions for emerging mental health difficulties in education settings | | Module 6: Interventions for emerging mental health difficulties in community and health care settings |

## 5. Case management

When qualified, CWPs will see a high volume of children and young people. This reflects the relatively low level of need and complexity that will be addressed and the brief nature of the work that is intended.

During their training year CWPs are expected to increase from a caseload of around 12 CYP at the very beginning of the training (post block-teaching period) to a caseload of 25-30 towards the end of the course, with the HEI stipulating the number of clinical hours required for the practitioner to complete the training. The anticipated completed annual cases when qualified is in excess of 150. This is based on:

- **Up to 25 client contacts per week over 40 weeks (1,000 contacts per year)**
- **Undertaking six sessions per case (between four and eight sessions are anticipated)**
- **Session lengths lasting up to 1 hour for assessments but between 15-45 mins for intervention sessions (allowing for flexibility if needed for developmental and contextual adaptations)**

It is, however, recognised that different teams and areas have different needs and operating environments meaning the way the posts are deployed will vary both within and between services. Each partnership will therefore need to establish its own caseload requirements which should relate to the specific role, team or service in line with the stated expectations and the training needs, and sit within a defined workplan for the CWP.

### Access, referral and assessment

As an element of the wider transformation programme the CWP role is designed to improve access to mental health support. Local partnerships should agree to work towards self-referral for this service and develop a plan and timescale for this.

### Referral criteria

The role is designed to support children and young people with common mild mental health difficulties between the ages of 5 and 18. Possible presentations are summarised in Table 2 above. The emphasis on early intervention is key and therefore this role should not be taking on work with more complex and severe mental health conditions which should be addressed in specialist CYPMH services. This means the agreed referral criteria will be different from existing CYPMH referral criteria.

### Referral and assessment

In line with the Future in Mind (2015) and Thrive (2019), emphasis on ease of access, criteria for requests for involvement should be made as wide and inclusive as possible, including from young people and parents/carers themselves.

Ideally decisions on the most appropriate service response should be taken within the context of an existing, local multi-agency framework. This would help to ensure that there is no duplication and professionals involved with the family are working collaboratively. It would help integrate the role into the local infrastructure with local professionals becoming clear where the new role can assist. Such a multi-agency forum also enables full consideration of any additional concerns regarding risk.

Working in this way would mean that the local process for alerting referrers or those with concerns about the next steps (including the family) would be followed. Additional procedures or processes for this role should not need to be created, as it will be part of an existing system of care or team process.

### Signposting and Liaison Work

**Advising young people and families where they can access the right sort of early support will be an important element of the CWP role**. It is therefore very important that they have current information on the range of services available locally. In

addition, the post holder will need to ensure that local services and teams develop a good understanding of the role and how it fits into the network of mental health support and services available to children, young people and their families.

### Indirect Contacts

Establishing and maintain good working relationships with community workers such as youth workers, volunteers, peer workers, and other individuals working to support the wellbeing of children/young people/families that enable working alongside and supporting them to assess and identify areas of difficulty (including risk). These relationships can be a platform for co-work with local communities, local community organization leaders and local children, families and young people to provide an offer – that is likely to be acceptable and accessible – of assessment and possible treatment for children and young people who may have emerging mental health difficulties

### Interventions

Where intervention is required, children, young people and their parents/carers should be seen/contacted on a weekly or fortnightly basis depending on the level of assessed need. After assessment, interventions are expected to be completed within four to six weeks. Flexibility of intervention and contact is an important part of the new role with case load supervision guiding this process e.g. telephone/text

The expectation for this role is that, where appropriate, work is undertaken in full partnership with the parents/carers, taking into account the age of the young person and an agreement on the extent of this. This means shared decision-making and setting agreed goals for the work together.

Should needs escalate during the work or more complex needs emerge, it will be appropriate to facilitate access to a more appropriate worker or service. This may include social care provision or specialist mental health services and such cases should be discussed as a priority within supervision and in line with the partnership's policies, procedures and care-pathways.

### Case closure

Cases will be closed, according to local protocols when:

- The intervention has been completed, and/or the collaboratively agreed goal is achieved and/or the children, young people and families have the skills and momentum to continue progress independently
- During the intervention an alternative service is agreed to be more appropriate
- A young person or family repeatedly fails to attend or complete the intervention, or it is agreed that the intervention is no longer required

On completion of the intervention there are three potential outcomes or destinations:

- No further involvement required (e.g. goals achieved or recovery in progress) and no further targeted support is required
- Further targeted work or monitoring required by professionals in universal services/primary care e.g. school nurse, behaviour support, voluntary agencies, community support group
- Referral to specialist services due to significant identified concerns which cannot be managed by early intervention services (e.g. referrals to Social Care, CYPMH, Educational Psychology, Adult Mental Health team)

Where identified need meets the threshold for specialist services there may be some local challenges with regard to response times. In some CYPMH services waiting times can be significant. Without intervention this risks mental health needs escalating. Local partnerships should consider how best this situation should be managed to ensure that the CWP caseloads do not become blocked, which would impact adversely on throughput and compromise the ambition to improve access to mental health services.

### Clinical Practice Training Requirements:

Whilst on the training course, CWPs will need to achieve:

- A minimum of 80 hours of clinical practice over the course of the programme.
- See at least eight completed cases (seen to completion / goals achieved), although the CWP's will be expected to work up to a current caseload of 30 towards the end of training

- Of these ten completed cases, a minimum of one will need to be working with anxiety, one with low mood, one with behavioural difficulties and one working with parents where the young person has anxiety (parent -led CBT)
- Receive a minimum of 40 hours of supervision over the course, 20 case management and 20 clinical skills (N.B. clinical skills can take place in groups with 30 minutes being offered per trainee)

## 6. Supervision

Effective supervision is crucial for the safe and effective practice of CWPs, nurturing their skills development during training and post qualification. No more than two trainees per local supervisor are recommended however some flexibility should be applied to ensure consistency of approach. Regardless of the host agency trainee supervision should involve:

- Trainee CWPs receiving weekly clinical case management supervision in which their complete caseload is reviewed
- Trainee CWPs receiving a minimum of fortnightly 'clinical skills supervision', which could be provided on an individual basis or as part of a group, covering different interventions
- Supervisors who:
    - Are experienced mental health professionals/practitioners as evidenced by normally 2 or more years working therapeutically, clinically or consultatively within a CYP mental health setting, with children and young people with mental health difficulties.
    - Demonstrate clinical knowledge, experience and competencies in delivering CBT interventions / technique (see Section 2 of the CWP supervision curriculum for examples).
    - Have a thorough understanding of the CWP role and the requirements of outcomes monitoring
    - Have good skills in the engagement of young people and their families and a range of techniques and approaches
    - Are able to ensure appropriate levels of work and protect the post holder from external pressures

- Understand what good practice is within the context of brief and early intervention
- Provide appropriate management supervision with regular appraisals and feedback
- Contribute to quality assurance and ensure transparency of decision making
- Understand how to support staff in a new role and the likely sources of stress or tension which may occur

**Before placements are made the partnership needs to ensure these requirements are in place.**

All supervisors should attend the supervisor training provided by the training provider. Where appropriate, they should also attend the relevant the skills sessions of the CWP course alongside their Trainee CWPs.

Where different people are providing elements of supervision, support and oversight, good communication between supervisors is essential. Regular meetings particularly early on in placements are recommended. This will be especially important for those CWPs not employed /based in NHS organisations.

### Supervisor Training

Specialist supervisor roles are needed to support safe and effective practice during both the CWP training year and once qualified. As part of the CWP programme, participating Higher Education Institutions (HEIs) are commissioned by HEE to deliver CWP supervisor training and assurance and challenge support to facilitate effective and robust supervisory practice. The CWP supervisor programme is a key element in developing the knowledge and practice of the new CWPs and their supervisors, providing a critical function in developing effective and sustainable theory to practice connections in their local context.

For prospective CWP supervisor candidates, the current entry criteria for the CWP supervisor training has been specified to best support the understanding and application

of the clinical competencies for the CWP trainees; they represent an ideal of what should be identified in a prospective candidate. Services are strongly encouraged to liaise and work collaboratively with HEIs in regard to recruitment processes as they are able to offer further guidance and support at the stage of advertising, shortlisting and interviews.

The aims of the supervisor training are to enable supervisors:

- To develop competency in supervising CWP evidence-based interventions set out in the CWP curriculum with fidelity to the model.
- To evidence a critical knowledge of the theoretical, research and implementation literature that underpins the supervision of trainees on the CWP programme.
- To develop sustainable skills in supervising CWPs in order to drive the ongoing development of these quality-driven, outcomes-informed services.

### Pre-requisites for entry into the training (experience / competencies):

The entry criteria below indicate the ideal experience and competency profile of an individual undertaking training as a CWP supervisor:

1. Supervisors will need to be experienced MH professionals/practitioners as evidenced by normally 2 or more years working therapeutically, clinically or consultatively within a CYP Mental Health Setting, with children and young people with mental health difficulties.
2. They will need to supervise low intensity cognitive behavioural interventions and will therefore need to demonstrate clinical knowledge, experience and competencies in delivering CBT interventions / technique (please see Section 2 for examples).

A minimum of 2 years' experience in a CYP mental health setting post-qualification is **desirable**, but experience of delivering Low Intensity interventions/CBT-informed interventions is **essential**.

- Where there are gaps in competence, trainee supervisors must be able to make this up in the course of supervisor training. This is a supplement to the

existing curriculum and may involve joint attendance with CWP trainees at curricular events or additional teaching opportunities.

- For supervisor training programmes delivered as PG Certificates, supervisors will need to demonstrate the ability to study at a Post-Graduate level.

We wholly acknowledge the workforce challenges present in the system that can result in it being very difficult for services to recruit a 'model' supervisor candidate. Therefore, we expect supervisor training programmes to develop pathways and resources to equip CWP supervisors with the core competencies required to effectively supervise trainee CWPs, which may involve joint attendance with CWP trainees at curricular events or additional teaching opportunities. This additional training will sit before or alongside the core CWP supervisor PG Certificate and focus on the additional required competencies that may be missing or are limited from the candidate's experience in relation to Low Intensity CBT. The CWP supervisor competency assessment and development framework has been established in response to the emerging supervisor workforce challenges. The framework offers the trainee supervisor the opportunity to assess their current competency in relation to the entry criteria for the CWP supervisor training programme. This assessment, completed in collaboration with the HEI tutor, will then form the basis of a joint competency development plan, drawing on resources and additional teaching days delivered by the HEI. This will subsequently provide a roadmap towards the appropriate level of knowledge and understanding to effectively practice as an CWP supervisor.

## 7. Outcome Monitoring, Evaluation and Data Recording

Evaluating the impact of the CWP role will be a central component of its success, spread and sustainability. The CWP is a necessary and effective role demonstrated in the positive outcomes achieved across training cohorts. The collaborative use of outcomes and feedback data has been integrated into the CWP training and programme implementation from its outset and all three outcome measures (goals, Revised Child Anxiety and Depression Scale and Strengths and Difficulties Questionnaire) showed significant positive change, with moderate to large effect sizes (0.35-1.80) and

encouraging levels of recovery (ranging from 33-61%) and reliable improvement (ranging from 15-72%). (See appendix 1. for the paper on the clinical outcomes of the CWPs).

In order to help support this element of the programme, it is expected that services will use the placement support funding attached to the training to allocate the necessary resources to operationalise this and ensure the collaborative target of over 90% data collection so that this is embedded with qualified CWPs also. Therefore, in-line with the CYP-IAPT values and standards, a minimum data set demonstrating the impact of individual case interventions is to be captured across all services. This needs to be outcome based and be able to demonstrate that interventions are informed by collaboratively agreed goals. Routine outcome monitoring is required, covering two time points using a matched, normed outcome measure. Feedback on the experience of service using the Experience of Service Questionnaire (ESQ) in the final session should also be collected.

There is an acknowledgement that across the range of services there is a significant variation in IT and data collection infrastructure. Where appropriate the project team based at the training provider are able to offer support, guidance and if necessary, mechanisms in order to facilitate the consistent and coherent collection of data for trainees and subsequently for qualified CWP staff also.

The precise allocation of ROMs across the range of presentations that the CWP will be working with is, at the time of writing, close to being agreed at a national level. However, table 4 outlines current best thought on the likely assessment, outcome and feedback measurement tools.

Alongside this, for each CYP that engages with a CWP, it will be required that key demographic and care-pathway information will be collected. Specifically, it would be appropriate to collect standard demographic and safeguarding data and referral details. We would look to track young people through assessment and treatment, from service acceptance, reasons for ending treatment and any onwards referral/signposting. We would also look to collect specific appointment details for every contact, including type of appointment (assessment, treatment, review, follow-up), consultation medium, type of clinical contact e.g. telephone, face-to-face (if

applicable), session duration, type of low intensity treatment used, duration of appointment and DNA details. As highlighted above, not all services will have the infrastructure to collect this information as standard and appropriate support and guidance will be offered. Table 4 shows the information expected as part of the MHSDS.

**Table 4: Outcome and Feedback Tools**

| Presenting Problem | Assessment | Treatment Sessions | Final Session |
|---|---|---|---|
| **Depression** | Current View | | |
| | RCADS (Full) self-reported, 8+ | RCADS (Depression subscale) self-reported, 8+ | RCADS (Full) self-reported, 8+ |
| | RCADS (Full) parent reported, under 8<br>(This may also be collected if feasible/desirable for young people 8+) | RCADS (Depression subscale) parent reported, under 8 | RCADS (Full) parent reported, under 8 |
| | ORS (13+) | ORS (13+) | ORS (13+) |
| | CORS (6-12) | CORS (6-12) | CORS (6-12) |
| | Goal Based Outcomes (to be set in assessment) | Goal Based Outcomes | Goal Based Outcomes |
| | Session Feedback Questionnaire (SFQ) | SFQ | SFQ |
| | | | Experience of Service Questionnaire (ESQ) |

| Presenting Problem | Assessment | Treatment Sessions | Final Session |
|---|---|---|---|
| **Anxiety** | Current View | | |
| | RCADS (Full) self-reported, 8+ | RCADS (anxiety disorder specific subscale) self-reported, 8+ | RCADS (Full) self-reported, 8+ |
| | RCADS (Full) parent reported, under 8<br><br>(This may also be collected if feasible/desirable for young people 8+) | RCADS (Specific anxiety disorder specific subscale) parent reported, under 8 | RCADS (Full) parent reported, under 8 |
| | ORS (13+) | ORS (13+) | ORS (13+) |
| | CORS (6-12) | CORS (6-12) | CORS (6-12) |
| | Goal Based Outcomes (to be set in assessment) | Goal Based Outcomes | Goal Based Outcomes |
| | Session Feedback Questionnaire (SFQ) | SFQ | SFQ |
| | | | Experience of Service Questionnaire (ESQ) |

| Presenting Problem | Assessment | Treatment Sessions | Final Session |
|---|---|---|---|
| **Parenting/Behaviour** | Current View | | |
| | SDQ-Parental | SDQ-Parental | SDQ-Parental |
| | SDQ-Child (If possible) (11-17) | SDQ-Child (If possible) (11-17) | SDQ-Child (If possible) (11-17) |
| | Oppositional Defiant Disorder, parent reported (ODDp) | ODDp | ODDp |
| | Brief Parent Self Efficacy Scale (BP-SES) | BP-SES | BP-SES |
| | SFQ | SFQ | SFQ |
| | RCADS (Full) parent reported, under 8 | RCADS (Full) parent reported, under 8 at review | RCADS (Full) parent reported, under 8 |
| | | | Experience of Service Questionnaire (ESQ) |

All records of referrals, assessments, and interventions should be recorded on the host organisation record system, and data collected which enables the required reporting including flowing data to the Mental Health Services Data Set (MHSDS). With support from the training provider, the employing agency needs to ensure there is sufficient capacity to ensure all case recording, and multi-agency liaison is kept up to date and is of high quality.

# 8. Standards and management information checklist

## Safety

- All assessments must take account of risk and safeguarding issues
- All CWPs must have training in local risk and safeguarding procedures
- All CWPs must receive regular supervision
- Supervisors must ensure all CWPs use evidence-based interventions appropriate for CYP mental health and appropriate to the circumstances of each child or young person
- All CWPs and supervisors must have a clear an appropriate understanding of local service thresholds and understand when and where to appropriately refer on to other services.

## Pathway integration

- The role of the CWP has been integrated into a new or existing multi agency pathway.
- Colleagues across CYPMH and partner agencies have been briefed on the CWP role and pathway
- A clear post remit that sets out the work a CWP does and does not do and who with, has been developed and is clearly understood by the post holder, their supervisors and managers, and other stakeholders

## Quarterly activity and outcomes

The following data is recorded, collected and reviewed:

- Routine outcome measures for all cases
- Number of referrals by source
- Number of referrals accepted, by source
- Presenting Difficulty
- Type of support/treatment offered (using SNOMED-CT codes)
- Cases held (quarter ending)
- Completed interventions, by:
    - Number ‘dropping out’
    - Number recovering i.e.
        - Number where no further intervention is required

        - Number supported by universal /primary care or voluntary sector services
    - Number referred to specialist services (social care, CYPMH, educational psychology, other)
- Number of re-referrals for the same issue within six months
- Indirect contacts/consultations
- Key demographic data in line with the MHSDS
- Experience of Service

## 9. Post Qualified Practice and Supervision

### Range of experience and breadth of skills

Post-qualification supervision is an ongoing process and is expected to be part of the working week of all CWPs. Because of the length and other limitations of training experience it is anticipated that newly qualified CWPs will arrive with incomplete portfolios from the perspective of their job role and therefore post-qualification supervision must prioritise experiences that are limited or absent in terms of their pre-qualification experience and competence.

- Delivering 1:1 low intensity interventions for:
    - Adolescent low mood (CBT informed)
    - Adolescent anxiety (CBT informed)
    - Child Anxiety (Parent-Led, CBT informed)
    - Behavioural difficulties (Social Learning Theory informed)
- Delivering group-based interventions. This includes
    - Targeted groups (e.g. for a specific presenting problem or to a specific population)
    - Universal groups (e.g. youth groups)
- Working with people from diverse backgrounds which includes gender, sexuality and ethnicity; work with children, young people, parents/ carers as

well as experience working with a range of presenting problems: low mood, anxiety and challenging behaviour.

In their first year following qualification, it is recommended that supervisors of CWPs review any gaps in the experience of newly qualified CWPs and support them to gain the necessary experience to cover the breadth of skills outlined above. To review gaps in experience, supervisors may find it helpful to review the CWPs direct work portfolios completed at the end of their training year.

### The Structure of Post-Qualification Supervision

Supervision post qualification will involve the same two components as pre-qualification supervision: (a) supervision of case management and (b) supervision of clinical/therapeutic skills. Supervisors should have knowledge of, and skills and competencies for, caseload management and clinical skills supervision. However as within the training year, the two types of supervision may be provided by different supervisors.

Both are specified below.

A. Case Management Supervision specification:

In Case Management Supervision (CMS), the supervisor will focus on two aspects:

1. The clinical pathway through the system of each case the supervisee is seeing, including but not limited to:
    - Risk assessment and management
    - Monitoring changes in presentation
    - Monitoring clinical outcomes (including the use of Routine Outcome Measures)
    - Appropriate care-planning (including establishing the appropriate intervention at assessment, continued work on clear goals, step up or down to alternative provision, timely discharge).
2. The overall caseload of the supervisee, including but not limited to:
    - Ensuring the workload is manageable

- Supporting the supervisee to work efficiently and productively
- Assigning cases suitable to the level of competency and in consideration of their development (including prioritising cases/groups where they have had less experience during training, and with regard to their skills development).

B. Clinical Skills Supervision specification:

Clinical Skills Supervision (CSS) is usually delivered in a group or individual format and is intended to enhance clinical competence and promote reflective practice. This is normally achieved through:

- Developing clinical skills through active supervision methods (i.e. video feedback, reflective discussion, role play, and the integration of Routine Outcome Measures), with a specific focus on effective low intensity working
- Sharing and discussing good practice
- Providing an opportunity for reflection to deepen understanding of theory practice links by discussing cases in more depth
- Discussing professional dilemmas e.g. maintaining model-fidelity boundaries in clinical work

CSS Group Facilitation & Oversight – incorporating peer-led structures

Whilst undergoing CWP training Group CSS sessions are facilitated by an appropriately trained supervisor. In qualified CWP settings, services may wish to consider developing a peer led model for the Group CSS sessions to compliment supervisor led CSS sessions. This should not mean the complete absence of a senior colleague, their comprehensive oversight is unchanged, rather their presence may

only be required perhaps every other group session or when specifically asked for by the peer-led CSS group.

Within this format, newly qualified CWPs can be supported to supervise each other and jointly engage in active supervision through group review of video recordings, fish-bowl role plays, structured conceptual reviews of cases from formulation through intervention to treatment outcome, etc. The Group CSS sessions therefore have a secondary aim of developing the supervision skills of qualified CWPs, so that they can progress to further training in the future, developing and enhancing the workforce.

### Minimum supervision hours:

Given that CWPs post qualification will continue to work with high numbers of CYP, it is suggested that case management supervision continues at 1 hour per week. As a minimum qualified CWPs should receive 1 hour individual Case Management Supervision every fortnight (or 2 x 30 minutes a week).

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Clinical Skills Supervision should remain as once a fortnight for the first six months post qualification. As a minimum CSS should be offered every month, in groups of 4 supervisees thereafter. The timing should be based on 30 minutes per supervisee but not more than 2 hours.

### Supervision of Supervision

Supervision of supervision will remain an important support structure when the CWP supervisors are qualified to continue to develop CWPs and ensure effective and safe care. It is therefore recommended that CWP supervisors have access to ongoing supervision of supervision, either via peer supervision and / or via supervision provided by a suitably qualified and experienced senior clinician with a specific focus on their ongoing development and practice as an CWP supervisor.

# Appendices

## Appendix 1. CWP Clinical Outcomes


**Clinical Outcomes for the Wellbeing Practitioner Programme for Children, Young People and their Parents/Carers: Update Report November 2019.**

**Summary report prepared for the National Adviser on Child Mental Health on the outcomes of interventions delivered in services across the country by Wellbeing Practitioners for children and young people (CWPs).**

**Report prepared by Peter Fuggle, UCL Programme Advisor, and Charlotte Hepburn, Assistant Psychologist, in collaboration with data shared by HEIs across the country.**

**Anna Freud National Centre for Children and Families**

This report was prepared with the support of all HEIs who have generously shared their data in order to obtain a national overview. No regional comparisons are made in this report. All the HEIs have more detailed evaluations and this report only focuses on the agreed primary outcomes for the national programme.

The following people from all seven universities have contributed to the collection of this data. Jonathan Parker, Catherine Gallop, Hollie Gay, Laura Daniells, Debs McNally, Barry Nixon, Vicki Curry, Susannah Payne, Steve Cudmore, Markku Wood, Amy Johnson, Shirley Heraty, Sarah Oliver, Annette MacKinley, Emily Davey and Ian Marsden, Hannah Whitney.

## Introduction

The Wellbeing Practitioner (WP) Programme for Children, Young People and Parents/Carers was set up in 2016 in response to government targets to increase the child and young people mental health workforce by 3,400 by 2020. The first Postgraduate WP Certificate training courses started in April 2017 with seven universities commissioned to train 30 Child Wellbeing Practitioners (CWPs) with a total across the country of 210 trainees. All universities were able to fully recruit to the training opportunity. Completion rates for the training were generally high and the first cohort of trainees completed their training by March 2018. There have subsequently been two further cohorts of CWP trainees, starting in April 2018 and April 2019 respectively. Each cohort has had similar training numbers, meaning 630 trainees have taken part in the programme of whom 420 have completed training (the first two cohorts). The third cohort is still in training and will be completed by March 2020. A fourth cohort has started in September 2019 and a fifth will be starting in January 2020.

By the standards of mental health professional trainings, a Post Graduate Certificate CWP training is a relatively brief training. It was not known how effective practitioners trained in CWP would prove to be for this population of need. This is a summary report of outcomes for children, young people and parents collected from services with CWPs trained in all seven universities across the country. Effect size, rates of recovery and reliable improvement achieved by this programme are reported. These outcomes are compared with expected outcomes based on research, outcomes reported previously in other national initiatives such as CYP-IAPT, adult IAPT national reports and general CYPMH outcomes from the MHSDS.

The exact number of children, young people and parents/carers who have accessed the Wellbeing Programme for Children and Young People since its inception is not available. Estimates from each university of the number of children seen in services up to the end of July 2019 vary between 1000-1500 for all episodes of care. It is estimated that 10,000 cases have been offered a service from these seven sites in England since its inception in 2017. Based on adult IAPT data we estimate that 30% of these cases would be cases still in treatment and not have outcomes available. This report summarises the outcomes of approximately 4500 cases who have completed treatment by the end of August 2019.

## Interventions offered

CWPs are trained to deliver low intensity, evidence-based interventions based on cognitive behavioural therapy (CBT) for three common mental health problems, namely anxiety, low mood and behavioural difficulties. The interventions are designed for children and young people are intended for those with mild or moderate levels of difficulty. Case selection for appropriate level of need is overseen by clinical supervisors, who provide supervision for all aspects of casework. Interventions are

approximately 6-8 sessions either with the parent/carer or the child /young person or both.

## Measurement of Outcomes

There are three core outcome measures that are used to routinely monitor outcomes in the CWP programme. For primary school aged children, outcomes are measured using the parent version of the Strengths and Difficulties Questionnaire (SDQ) and the Goal Based Outcome (GBO) measure. For secondary school aged young people, outcomes are measured using the Revised Child Anxiety and Depression Scale (RCADS)) and the GBO. Consequently, all children and young people going through the programme have a either a goal-based outcome or a symptom-based measure or both. These are the programmes' core outcome measures, although many services use a range of additional measures as part of their work with different sub groups of children and young people.

## Criteria for selection of outcomes data

This report summarises outcomes data from approximately 50-60 local services obtained through HEIs who collated the reports and sent them on to the team at the Anna Freud National Centre for Children and Families (AFNCCF). Cases with recorded outcomes at the beginning and end of the intervention completed between September 2017 to July 2019 are included and sent to AFNCCF by August 2019. The total number of cases with Time 1 and Time 2 data was 4560.

6334 paired outcome measures were obtained for these 4560 cases (i.e some cases had more than one paired outcome measure) so that 1774 paired outcomes were additional to a single paired outcome for each case. Each of the three outcome measures reported below is inclusive of all paired outcomes. Goals outcomes were obtained for 3391 cases, SDQ outcomes for 994 cases and RCADS for 1949 cases.

## Child and Parent outcomes

For child or parent rated Goals (GBO), for 3391 cases, the average first goal score increased from 2.61 (2.24) to 6.91 (2.69). The increase was statistically significant ($t(3390) = 81.07$, $p < .001$) and had a large effect size $g = 1.73$ (1.66-1.80). For parent rated SDQ**,** for 994 cases, the average total difficulties score decreased from 17.86 (6.39) at T1 to 15.12 (7.06) at T2. This decrease was statistically significant ($t(993) = 15.60$, $p < .001$) and of a medium effect size, $g = 0.40$ (0.35-0.46) For young person rated RCADS, for 1949 cases, the Total RCADS score decreased from 62.71 (15.27) at T1 to 49.11 (16.80) at T2. This decrease was significant ($t(1948) = 39.36$, $p < .001$) and of a large effect size, g = 0.84 (0.80-0.89).

Table 1. Rates of recovery and reliable improvement

| Outcome | Number of cases | Effect size | % Recovery | % Reliable improvement |
|---|---|---|---|---|
| Parent SDQ | 994 | 0.40 (0.35-0.46) | 33% | 15% |
| Young Person RCADS | 1949 | 0.84 (0.80-0.89) | 61% | 38% |
| Young person or parent Goals | 3391 | 1.73 (1.66-1.80) | n/a | 72% |
| Total | 4560 | | n/a | 52% |

**Is the Wellbeing Programme providing effective help?**

All three outcome measures (goals, RCADS and SDQ) showed significant positive change, with moderate to large effect sizes and encouraging levels of recovery and reliable improvement. How do these outcomes compare with those expected from research and from outcomes reported in other national initiatives such as CYP-IAPT, adult IAPT national reports and CYPMH outcomes reported from the MHSDS.

Outcomes reported here are organised by age so that outcomes for primary school children are based on parent reports and for secondary school children by self report of young person. Findings from research are typically organised by diagnostic group. One comparator would be outcomes expected from the Coping Cat programme for childhood anxiety which is a very well researched structured CBT intervention appropriate for mild, moderate anxiety problems. A recent meta-analysis of outcomes for Coping Cat by Renz (2015) reported an average effect size of 0.67. Although a direct comparison cannot be made with effect sizes reported here, this review provides a reasonable baseline by which the CW programme could be judged and suggests that outcomes are promisingly in line with research expectations around this type of need.

CWP outcomes can also be compared with other national datasets such as CYP-IAPT and the MHSDS dataset. Improvements in goal based outcomes in the WP programme (4.3 points) were very similar to those reported in the CYP-IAPT programme (3.73) with similar large effect size (1.73 versus 1.61). In contrast, goal based outcomes reported to date for CYP in the MHSDS reported reliable improvement in goals for only 31% of cases where the CW programme reported 72% reliable improvement on this measure.

Reliable improvement rates were lower in the WP programme than in CYP-IAPT. For symptom based measures, child reported reliable improvement rates using the

RCADS were 38% compared with 52% in CYP-IAPT. On the parent-reported measures, 15% showed reliable improvement in the CW programme compared with 40% in CYP-IAPT. In contrast, child reported **recovery rates were higher in the CW programme for child reported measures (6**1% versus 36%) and for parent report (33% versus 28%). These differences may reflect the less severe level of difficulty for the CW client group than mainstream CYPMH so that recovery (crossing the measurement threshold) is more easily achieved. Similarly, the CW intervention may not produce the size of change that was achieved by more experienced practitioners in CYP-IAPT.

The adult IAPT programme annually reports outcomes for young people under 18 who come through their programme. The programme shares many features with the CW programme in that it is CBT based with strong emphasis on guided self help. The average number of sessions was similar to CWP at 6.9 sessions. Reported reliable improvement rates for completed cases was 62% which is higher than for the CW Programme.

## Conclusions

The CW programme has produced very promising outcomes in the first two years of the programme. Measurable clinical benefit has been shown that is at least comparable to other programmes, some of whom have more highly trained and experienced staff. These results support the continuing roll out of this programme in order to make this form of help available across the country. On-going, comprehensive outcome monitoring is needed to learn further about what works for whom in this programme.

# Appendix 2. Module Aims and Content of Wellbeing Practitioner for Children and Young People Curriculum (CWP)

## Background Context

The Five Year Forward View report (2016) provided an indicative trajectory for increased access to services recognising that this will require a significant expansion of the workforce. It made clear that the CYPMH workforce needed an additional 1700 practitioners over the next four years to close the gap between demand and provision for evidence-based mental health treatments for children and young people.

The NHS Long Term Plan and Implementation plan (2019) and Mental Health Implementation Plan further outline this need for the ongoing expansion of the CYPMH workforce.

These reports challenge us to ensure there is step-change in the accessibility of support for children young people and their families, to tackle mild to moderate presentations in a timely and effective manner and to accelerate the identification and triaging of more complex cases for appropriate treatment.

## The Wellbeing Practitioner for Children and Young People (CWP) Role

A new training scheme has been developed to create a new cadre of psychological practitioners capable of delivering high-quality, evidence-based interventions for mild to moderate difficulties in a way that can be efficiently brought to scale.

The initiative proposes to make more effective use of the large cohorts of very able graduates in Psychology and related disciplines – as well as those with equivalent training and experience - to deliver and support, under supervision, brief, outcome-focused evidence-based interventions for children's mental health difficulties. They will be trained to deliver low intensity interventions both face to face and remotely with children, young people and their parents / carers for common mental health problems (anxiety, low mood and behavioural difficulties).

## A New Service Model within CYPMH Services

It is essential that the planning for this training and workforce development programme considers the long-term structure of services providing psychological support to children and young people, so that the CWP practitioners, and the service pathways in which they operate are integrated, sustainable and responsive to the wider service context.

A vital feature of the proposed model of training and subsequent delivery is that CWPs provide a defined clinical service within CYPMH services, working within a team under supervision. The primary objective is to facilitate access to support from community services, reduce waiting lists to wider CYPMH services, offer evidence-based help to children and young people with mild to moderate difficulties, and optimise the referral mix to the rest of CYPMH services through stepping up or down, and through appropriate triaging of more complex cases.

The training will help provide a specific psychological identity with on-going training and developmental opportunities so as to expand and extend the role over time. This programme aims to cultivate competent, knowledgeable and skilful practitioners whilst also recognising that practitioners will require more than a prescribed set of competencies.

The need for skilled and reflective practitioners is not mutually exclusive – the programme therefore needs to ensure space for developing skills, critical thinking, therapeutic use of self and emotional literacy, whilst also supporting existing services to accommodate such thinking.

*Additional key elements to support implementation and sustainability of this role will be:*

- *Clarity of role - with service development leadership and support within NHS and non-NHS services, including wider participating community services*
- *A good understanding of, and preparation for, the role by wider agency partners – in schools & colleges, multi-agency support teams and general practice as appropriate.*
- *Trainee preparation and service support to work in 'outreach' settings*

*Role identification*

The CWP role will align with national policy in the development of new models that support integration and collaborative working. A key challenge will be for existing services – both within CYP MH and across the wider wellbeing context - to have a level of confidence in the ability of new staff to deliver effective help to children, young people & families. If this is not achieved, the new role will not be accepted by existing staff or commissioners, and therefore may achieve little in improving outcomes for CYP.

*Reference and consideration will be needed in relation to the NHS Career Framework. This framework provides a guidance for role extension and improves the transferability of roles and skills. It is anticipated that CWPs will initially occupy an intermediate position below qualified staff but above those non-professionally affiliated workers (in line with Equity and Excellence white Paper 2010).*

| | |
|---|---|
| *Band 4* | *Studying at foundation degree, BTEC or higher Equivalent. Some element of remit will involve delivery of protocol-based care/intervention under the direction and supervision of a registered practitioner.* |
| *Band 5* | *Registered practitioner, in first/second post qualifying/registration role.* |

*Note: Much focus will be placed on the development of the curricula to support the development of this new role, in particular the role and function. It is anticipated that this will be a dynamic process in line with the development of mental health services for children and young people over time.*

*The effect of this will be that guidance offered to support this role will be subject to revision in the light of experiences which will include lessons from early implementation and from the audit and evaluation. Whilst it is recognised that there will always be some element of local application and decision making the development of agreed frameworks should be developed.*

The emotional labour and risk involved in being part of a new project - a new role in a well-established environment/culture is arduous and demands personal qualities including self-determination, confidence, diplomacy. It will mean managing feeling special and unique but also excluded and marginalised. Being part of a change process inevitably requires managing anxieties and resistance arising from the change process. This needs to be considered in recruitment and in the training programme and in the supervision and service development support needed alongside implementation of CWPs.

These CWP workers will enter with lots of enthusiasm and high expectations – they need to be prepared for how their high expectations may become frustrated or disappointed. The gaps between professions or services are available to be filled with many different emotions – denigration, competition, prejudice.

In CYPMH services, each group represents something ‘good/special’ and other groups represent something inferior/less good. This ingroup/outgroup dynamic is something that will need to be managed – perhaps through service MDT meetings in order to move to collective change.

*Organisational Readiness*

CYPMH: The CWP role will need to be implemented within the context of whole service transformation. It is critical that these practitioners are not viewed as replacing complex work that existing CYP MH professionals already do; it must represent, to a significant degree, new capacity to reach child and young people not currently seen by CYP MH for whom less highly qualified interventions are appropriate.

Wider System: The CWP role will deliver significant elements of their contribution in the context of other community agencies or 'platforms' which also need to be readied for this new role - what it is and, importantly, what it is not. There will be a need for ongoing support and focusing for the practitioner in the external community organisation.

Note: A point previously made; existing staff within organisations will need to feel secure within their own roles and functions. This would help to ensure that the introduction of new roles are welcomed into services, rather than being seen as a threat to professional practice and job security.

The organisational behaviour needs to ensure that practitioners are not isolated and receive active support of a team. The project management will ensure that consideration and action is given to what need to be done to prepare the existing workforce and organisation for the introduction of this proposed new role. This will be further supported through the development of clinical educator roles, ensuring formalised links between HEI and services.

## Facilitators to implementation

Clarification of supervision and accountability relationships will be crucial. Supervisors should be trained to specifically facilitate the implementation of this new role. The supervisors will need to have an awareness of the education and training of the CWP programme to enable verification and delegation of competence and to learn both from the experience of the adult PWP IAPT programme as well as the unique context of CYP MH – child development, families & carers, statutory and legislative context and the context of schools and wider CYP services. Understanding of the service delivery context and culture will be of significant importance.

Identification of potential positive and beneficial impact of the implementation of new roles: allow greater flexibility and free up existing practitioners to expand and extend their practice, the introduction of a new role will impact on existing roles and will allow movement the workforce in - diversification, specialism, horizontal substitution, vertical substitution.

Key areas of focus to mitigate concerns will be:

1. **Training Programme** - so that trainees enter their clinical placements with a good, and growing level of competence. Ensure curricula has a strong practice focus which aims for a practice/theory fit, including for example Action learning sets – to support reflective practice.

2. **Governance -** clarity about governance arrangements; management, reporting, and accountability
3. **Supervision** - commitment to ongoing supervision during and beyond training is essential. *Life-long learning approach required to ensure sustainable competence development*
4. **Role & Function** - ensure the remit of the clinical work is commensurate with the abilities of the trainees and the scope of the intervention models are working to and systems are in place for step up/step out. *Clarity of role based on a clear job description and job plan*
5. **Organisational readiness – NHS CYP MH services:** development of this new role within existing services will involve significant management challenges to minimise impact on services as much as possible.
6. **Organisational readiness – wider CYP MH and wellbeing services:** preparation and support for the role within receiving host agencies.
7. Clarity about **evaluation** responsibilities, so that services generate reliable data on the implementation and cost-effectiveness of the model

The successful implementation will require effective communication so that existing services, external partners and the workforce understand:

- Level of training the CWPs undertake
- Level of competence – to ensure delegation of appropriate tasks
- That the role is perceived as necessary by the workforce and not imposed by external/higher management

**Note:** A threat to implementation will be if existing staff see this to be a cost cutting exercise to registered practitioners as this threatens professional identity and job security.

## Service Transformation

Project support role: to ensure effective communication, engagement and discussion between, and across, organisations, prior to and throughout the project.

The team and /or organisation these new workers will be going to work in will need to be supported and communicated with. Previous attempts at introducing new roles into CYP MH services has shown that where there has been no prior discussion with teams, problems have occurred. Anxieties can be overcome successfully with effective prior engagement and discussion.

## Framework for integration

Key to successful implementation will be the establishment of a *framework for integration*.

- Senior management support - will be crucial for legitimising the integration of new roles and ways of working that will enable practice to develop and for the model to be sustainable.
- Clarity of role and responsibilities based on a clear JD.
- Clarity about the management, reporting, accountability and supervision arrangements. The intention is to avoid isolation and ensure these trainees have the active support of the team;
- Identification of boundaries
- Clarity that role will not erode or trespass onto existing skills and competencies/ functions
- Clarity of expectations with the team
- Identification of how best to achieve joined up working
- Understanding of working across organisational boundaries
- Understanding of education and training programme
- Commitment to on-going supervision
- Clarity of effective supervision – structure, management, case- management
- Monitor recruitment and turnover of staff and continuously seeking to widen the representation of the PWP workforce to reflect communities and that of specific groups.
- Maintain close collaboration between the HEI, services, trainee practice mentors, service based supervisors and managers – practice link role 1:15/service supervisor & mentor
- Time – for the process to work

## Supervision

A key challenge in implementing and sustaining these CWP roles will be in providing supervision during training, and on an ongoing basis post-qualification. Training can play a major role in developing knowledge and skills for this workforce, the application of these skills will be determined to a large degree by individual circumstances and service contexts.

High quality supervision is central to the development of a workforce that can achieve good outcomes for CYP. If these workers are to provide personalised approaches to care and high-quality evidence-based interventions, it will be essential for ensuring long-term commissioning of the role and the support and buy-in of existing service providers.

It is important to avoid unintended consequences of professional alignment when considering who is supervisor, by thinking less about profession, but rather related to supervisor’s competencies.

Supervision is critical to the success of this programme; covering two key tasks:

1) Supervisor-level staff within existing services will need to provide significant input to supervise new practitioners during training, which will take them away from other core tasks and post qualification

2) The substantial increase in workforce envisaged by Future in Mind and subsequent MH policy documents requires a concomitant expansion in the supervisory workforce generally. Without a plan for increasing the numbers of supervisors, the long-term sustainability of the workforce vision will be jeopardized.

## Module 1: Children & Young People's Mental Health Settings: Context and Values (20 Credits)

CWPs will operate at all times from an inclusive values base which promotes recovery, focusses on wellbeing, and recognises and respects diversity. Diversity represents the range of cultural norms including personal, family, social and spiritual values held by the diverse communities served by the service within which the worker is operating. Practitioners must respect and value individual differences in age, sexuality, disability, gender, spirituality, race, and culture.

They must be able to respond to children and young people's needs sensitively with regard to all aspects of diversity. The CWPs will learn to demonstrate a commitment to equal opportunities for all and encourage children and young people's active participation in every aspect of care and treatment. They will also demonstrate an understanding and awareness of the power issues in professional/student/client relationships and take steps in their clinical practice to reduce any potential for negative impact this may have.

This module will, therefore, expose them to the concept of diversity, inclusion and multi-culturalism and equip them with the necessary knowledge, attitudes, and competencies to operate in an inclusive, values driven service.

They will also learn to manage caseloads, operate safely and to high standards and use supervision to aid their clinical decision-making. They will need to recognise the limitations to their competence and role and direct children, young people, and families to resources appropriate to their needs, including step-up to high-intensity therapy, when beyond competence and role.

This module will develop the CWPs knowledge in the core principles of CYP IAPT (see below) and in becoming skilled in enhancing their work with children, young people and their families/parents. This module underpins modules 2 and 3, and will provide the CWPs with the necessary knowledge, attitude and competence to operate effectively in an inclusive, values

| Module | Module Aims | Content / Learning Objectives |
|---|---|---|
| Module 1: Children & Young People's Mental Health Settings: Context and Values<br><br>See Appendix A for a full breakdown of learning objectives | To equip the worker with the necessary knowledge, attitude, and competence to operate effectively in an inclusive, values driven service. | **Key Learning Outcomes:**<br>1. Engage and involve children, young people and parents / carers in a way that maximises their collaboration and engagement in mental health services and related settings and contexts<br>Understand and effectively convey the 5 core principles below and the active outcomes frames and use of routine outcome measures:<br>• Accessibility<br>• Awareness<br>• Evidence-Based Practice<br>• Participation<br>• Accountability<br>2. Support access to child and adolescent mental health services and support to the whole population and minimise disadvantage and discrimination<br>3. Be able to explain the key principles of core, evidence-based therapies<br>4. Effective use self-refection and supervision to enhance their clinical work<br>Content:<br>• CYP services context & principles – local & national<br>• Service role of the CWP & overview of other relevant mental health roles<br>• Multi agency working & navigation (including context of service delivery)<br>• Legal/professional issues, (incl. legal framework, ethics, confidentiality, capacity/consent, safeguarding etc.)<br>• Overview of CYP MH therapies & evidence base<br>• Diversity and Culture, social inclusion<br>• Caseload & clinical management, use of supervision, liaison & clinical decision-making.<br>• Child, youth and family development and transitions/ Working with families and systems<br>• Service user involvement<br>• CYP mental health policy<br>• Collaborative practice/working and participation<br>• Outcomes-informed practice. |

## Module 2: Assessment & Engagement (20 credits)

CWPs will assess children, young people and families with a range of mental health problems. This assessment must reflect the child and their family's perspective and must be conducted with the child's and family's needs paramount. The assessment should reflect a shared understanding of the child or young person's current difficulties and inform how decisions are made with the family about the best next steps for the child and the family.

Possible next steps include giving advice and psychoeducation, referral to another agency, care within the wider multidisciplinary CAMHS team (e.g., for medication or formal psychological therapy) or a low intensity intervention (e.g., guided self-help, brief behavioural activation) delivered by the practitioner themselves.

A CWP practitioner must be able to undertake a child-centred interview which identifies the child's / young person's current difficulties, their goals and those of their family/parents, their strengths and resources and any risk to self or others. They need to understand the child in the context of their family, culture, wider social environment, developmental stage and temperament. They need to effectively engage the child or young person and their parents/carer(s) and other family members and to establish therapeutic alliances.

They will need to gather appropriate information from relevant sources, be able to make sense of this and with the family develop a shared understanding. They also need to understand how the child's difficulties fit within a diagnostic framework, identify other physical, developmental or psychological difficulties (e.g., epilepsy, red flags for possible autistic spectrum disorders, attachment history) and know what evidence-based interventions are likely to be appropriate.

The module will therefore equip the CWP with a good understanding of the incidence, prevalence and presentation of common mental health problems experienced by children and young people and evidenced-based treatment choices. Skills teaching will develop core competences in active listening, engagement, alliance building, patient/carer-centred information gathering, information giving and shared decision-making. The module will develop the CWP's competencies in assessing and identifying areas of difficulty (including risk assessment) and establishing main areas for change.

The CWP will therefore be able to effectively and collaboratively establish the main areas for change (Goals); develop and maintain a working therapeutic alliance; engage the child/young person/family to support them in self-management of recover; identify and differentiate between common mental health problems in CYP; navigate and signpost to appropriate interventions and use routine outcome measures and standardised assessment tools effectively as part of the assessment and engagement process.

| Module | Module Aims | Content / Learning Objectives |
|---|---|---|
| **Module 2: Assessment & Engagement**<br><br>**See Appendix B for full breakdown of learning Objectives** | 1. To be able to assess and identify areas of difficulty (including risk) and establish main areas for change.<br>2. Establish and maintain a working therapeutic alliance & engage the child/young person/family to support them in self-management of recovery<br>3. Identify and differentiate between common mental health problems in CYP<br>4. Navigate & signpost to appropriate interventions<br>5. Use Routine Outcome measures and standardized assessment tools effectively<br>6. To be able to deliver aims 1-5 working remotely via a telephonic or digital platform. | **Key Learning Outcomes:**<br>• Safely and effectively conduct MH assessments including risk assessments under supervision, face to face or remotely in line with service policy.<br><br>• Demonstrate knowledge, understanding and critical awareness of concepts of mental health and mental illness, diagnostic category systems in mental health and a range of social, medical and psychological explanatory models.<br>• Demonstrate knowledge of, and competence in applying the principles, purposes and different types of assessment undertaken with CYP with common mental health disorders<br>• Demonstrate knowledge of, and competence in using 'common factors' to engage CYP, gather information, build a therapeutic alliance with people with common mental health problems, manage the emotional content of sessions and grasp the client's perspective or "world view".<br>• Demonstrate knowledge of, and competence in 'CYP-centred' information gathering to arrive at a succinct and collaborative definition of the CYP's main mental health difficulties and the impact this has on their daily living.<br>• Demonstrate knowledge of, and competence in recognising patterns of symptoms consistent with diagnostic categories of mental disorder from a CYP-centred interview.<br>• Demonstrate knowledge of, and competence in and protective factors for risks associated for mental disorder and risks to the absence of positive health or wellbeing. Understanding of the cumulative nature of risk, the age specificity of risk and ability to advise on risk mitigation and reduction.<br>• Demonstrate knowledge of, and competence in the use of standardised assessment tools including symptom and other |

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| | | psychometric instruments to aid problem recognition and definition and subsequent decision-making.<br>• Demonstrate knowledge, understanding and competence in using behaviour change models in identifying intervention goals and choice of appropriate interventions.<br>• Demonstrate knowledge of, and competence in giving evidence-based information about treatment choices and in making shared decisions with CYP.<br>• Demonstrate competence in understanding the CYP's attitude to a range of mental health treatments including prescribed medication and evidence-based psychological treatments.<br>• Therapeutic relationship skills, ability to engage and communicate across the age range. Developmental stages and background, working with difference.<br>• Cultural diversity awareness - cultural competence<br>• Engagement of CYP and families.<br>• Using creativity to engage children & young people<br>• Interviewing and questioning skills<br>• Risk assessment, safeguarding and related management<br>• Common mental health problems in CYP<br>• How to use routine outcome and feedback measures, goal setting and goal based outcomes<br>• Knowledge of support interventions and giving evidence based information (psychoeducation)<br>• Pharmacology - awareness of medication that may be prescribed for CYP for common mental health problems<br>• How to make best use of platforms of digital platforms for assessment and clinical engagement for remote working. |

## Module 3: Evidence based interventions for common mental health problems with children and young people (Theory and Skills) (20 credits)

CWPs aid clinical improvement through the provision of information and evidence-based low-intensity psychological interventions. Low intensity psychological treatments and psycho-education places a greater emphasis on self-management and are designed to be less onerous to CYP undertaking them than traditional psychological treatments. The overall delivery of these interventions is informed by behaviour change models and strategies.

This will include providing a range of low-intensity self-help interventions (often with the use of written self-help materials) informed by cognitive-behavioural and social learning principles, such as behavioural activation, exposure, cognitive restructuring, problem solving, CBT-informed sleep management, parent training and computerised cognitive behavioural therapy (cCBT) packages, as well as supporting physical exercise.

Support is specifically designed to enable children and young people and parents/carers to optimise their/their child's use of self-management recovery information and may be delivered individually to children and young people or to their parents / carers through face-to-face work, telephone, email, or other contact methods. CWPs must also be able to manage any change in risk status.

This module will equip CWPS with a good understanding of the process of therapeutic support and the management of individual children and young people and parents/carers experiencing anxiety, low mood, or behavioural difficulties. Skills teaching will develop general and disorder-defined 'specific factor' competencies in the delivery of low intensity treatments informed by cognitive-behavioural and social learning principles.

| Module | Module Aims | Content / Learning Objectives |
|---|---|---|
| **Module 3: Evidence based interventions for common mental health problems with children and young people (Theory and Skills)**<br><br>***Please see Appendix C for a full breakdown of CWP Intervention competencies*** | 1. To acquire knowledge and skills in effective brief (low intensity) interventions for children, young people and family systems experiencing anxiety, low mood, and behavioural difficulties, based on the most up to date evidence.<br><br>2. To acquire knowledge of a range of interventions (including written and computerised interventions) and services available to CYP & families across CYP agencies | Learning Objectives:<br><br>1) Critically evaluate a range of evidence-based interventions and strategies to assist CYP and their parents manage their / their child's emotional distress and disturbance.<br><br>2) Demonstrate knowledge of, and competence in developing and maintaining a therapeutic alliance with CYP and their parents / carers during their treatment programme, including dealing with issues and events that threaten the alliance.<br><br>3) Demonstrate competence in planning a collaborative low-intensity psychological treatment programme for common mental health problems, including managing the ending of contact.<br><br>4) Demonstrate in-depth understanding of, and competence in the use of, a range of low-intensity, evidence-based psychological interventions for common mental health problems with CYP and their parents / carers |

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| | | 5) Demonstrate knowledge and understanding of, and competence in using behaviour change models and strategies in the delivery of low intensity interventions.<br><br>6) Critically evaluate the role of case management and stepped care approaches to managing common mental health problems including ongoing risk management appropriate to protocols.<br><br>8) Demonstrate competency in delivering low-intensity interventions using a range of methods including face-to-face, telephone and electronic communication in community settings.<br><br>Content:<br><br>• Behaviour change: Theories and models<br>• Critical evaluation of the evidence base<br>• Functional analysis & formulation of presenting difficulties<br>• Goal setting and monitoring<br>• Collaborative working<br>• Guided self-help – content and suitability. Signposting: when & how<br>• Problem solving |

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| | | • Pharmacology –awareness of medication that may be prescribed for CYP for common mental health problems<br>• Health promotion<br>• Behavioural activation –theoretical principles & application in practice<br>• Exposure – theoretical principles & application in practice.<br>• Working with parents / carers: to include 1:1 supported self-help with parents / carers in the context of behavioural difficulties / parent led CBT for anxiety<br>• To be able to assist with Parenting training for conduct problems – social learning theory & application in practice.<br>• Therapeutic endings<br>• Delivery of interventions for anxiety, depression, behavioural difficulties, and low-level regulatory issues via a range of communication methods.<br>• Content in relation to remote working<br>• Benefits of remote working<br>• Effectiveness of remote working including adapting communication<br>• Good practice and developmental adaptations<br>• Suitability at both individual and service level<br>• Experience and expectations of remote working (users, therapists)<br>• TA and common factors and remote working<br>• Safe practice and professional conduct (information governance, consent,<br>• boundaries, working space, familiarity with relevant platform)<br>• Involving parents / carers<br>• Managing attendance<br>• Preparation and starting sessions<br>• Use of supporting resources<br>• Using ROMS remotely<br>• Modification of CBT techniques<br>• Engagement and assessment and creative techniques<br>• Remote risk assessment and management<br>• Adapting interventions |

## Taught days

The Certificate will be delivered over 30-35 taught days in addition to service-based learning (including service supervision and observation / shadowing) and private study:

- **Module 1:** To include approximately 9 days teaching.
- **Module 2:** To include approximately 9 days teaching
- **Module 3:** To include approximately 17 days teaching

## Clinical Practice and Supervision Requirements (across all three modules):

- 80 hours of clinical practice
- 8 completed cases with a spread of difficulties to include working with anxiety, low mood, and behavioural difficulties
- Need to evidence working with parents
- Completed cases are defined as:
  - Client seen from assessment to achieving goals set in as few sessions as needed (no set number), or
  - Termination of treatment (according to agreed ending or withdrawal DNA) seen for a minimum of 5 sessions.

- 40 hours of clinical supervision (ideally split as 20 case management, 20 clinical skills)

## Assessments:

Please note these assessments are for guidance only – each HEI may specify individual requirements however at least one video assessment for Modules 2 and 3 is compulsory demonstrating skills in planning and implementing a low-intensity treatment.

A service-based portfolio should cover clinical work in modules 1-3. The portfolio should include details of number of contacts and 'intervention' sessions for each, including evidence of engaging education staff in the design, delivery and evaluation where appropriate.

The list below represents options for assessment that courses may wish to use, using all of them is considered excessive in terms of assessment burden. However, supervisors' evaluation and sign off is considered a critical part of the evaluation process.

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| **Module 1: Children & Young People's Mental Health Settings (20 credits):** | Multi choice / short answer examination<br><br>Presentation of service related problem based leaning task in groups with a project reflective analysis |
| ***Module 2: Assessment & Engagement (20 credits):*** | Video assessment of client demonstrating engagement, assessment, information giving and shared decision making<br>A 1000 word reflective analysis.<br>2000 word case report |
| **Module 3: Evidence based interventions for common mental health problems with children and young people (Theory and Skills) (20 credits)** | Up to two video recordings demonstrating skills in planning and implementing a low-intensity treatment: one of behavioural activation for depression and / or one of either a parenting intervention or a behavioural treatment for anxiety.<br>A 1000 word reflective video analysis<br>2000 word case report |

## Children and Young People's Wellbeing Practitioner (CWP) Post Graduate Diploma

| **Module Number** | **Module** | **CWP**<br><br>120 credits (G/PGDip) Level 6/7 |
|---|---|---|
| 1 | Fundamental Skills: Children and Young People's Mental Health Settings: Context and Values | (20credits) |
| 2 | Fundamental Skills: Assessment and Engagement | (20 credits) |
| 3 | Evidence based interventions | (20 credits) |
| 4 | Working, assessing and engaging in community based and primary care settings | (20 credits) |
| 5 | Mental health Prevention in community and primary care settings | (20 credits) |
| 6 | Interventions for emerging mental health difficulties in community and primary care settings | (20 credits) |

## Module 4: Working, assessing and engaging in community based and primary care mental health service settings (20 credits)

CWPs provide support and evidence based interventions community based and primary care mental health services. Successful implementation of this requires the CWP to be fully cognisant of the health care systems and mental health practice within these settings

This module consists of two main areas: the community and primary care context and assessment and engagement of children, young people, and their families specific to these settings and has been designed as counterparts to modules 1 and 2.

First, CWPs will understand the community and primary health care settings, and the context in which they will be working, including legislative and policy frameworks, how services are organised and challenges working with mental health issues in these settings. CWPs will then learn assessment and engagement skills particular to these settings, including an emphasis on supporting co-production and expert by experience involvement. This includes engagement skills with Children and Young People, families and health care staff, assessment, diagnosis and signposting skills and neurological development.

In addition, while based in and working with statutory and third sector community based and primary care mental health services, CWPs will establish links and well-being related knowledge exchange with community organizations and civic institutions used by children, young people and families, such as faith based settings (Mosques, churches, synagogues), voluntary sector organisations focused on violence prevention, social care organisations, homeless youth, domestic violence organizations, refugee resettlement settings, ethnic community organisations, lesbian, gay, bisexual, transgender (LGBT) organizations and populations, minoritized groups in rural settings, organisations for individuals with disabilities but also youth clubs, scouts, primary care settings, play centres, in fact anywhere where children spend time out of school (in fact when they are absent from school). We anticipate that there will be regional differences in the nature of CYP MH service outreach as there are significant differences between trusts about implementing transformation plans for enhancing community mental health offers. The role of CWPs are designed to meet the profound mental health needs in the community which we are often not reaching via the statutory sector which CWPs working in the community in VCSs could readily do. Development of working relationships with organizations that access children, families and young people in populations that CAMHS finds hard to reach, and vice versa, are of particular importance in achieving equity of access to mental health services and reducing health inequalities. Where suitable local partnerships and supervisory arrangements exist, placements of trainees in community organisations may be considered as a learning opportunity.

CWPs will operate at all times from an inclusive values base which promotes recovery and recognises and respects diversity. Diversity represents the range of cultural norms including personal, family, social and spiritual values held by the diverse communities served by the service within which the practitioner is operating. Practitioners must respect and value individual differences in age, sexuality, disability, gender, spirituality, race, and culture. They must be able to respond to children and young people's needs sensitively with regard to all aspects of diversity. This module will, therefore, expose them to the concept of diversity, inclusion and multi-culturalism and equip them with the necessary knowledge, attitudes, and competences to operate in inclusive values-driven services and settings.

| Module | Module Aims | Content / Learning Objectives |
|---|---|---|
| **Module 4: Working, assessing and engaging community based and primary care settings**<br><br>**20 credits** | 1. To equip the CWP with the necessary knowledge, attitude, and competence to operate effectively in an inclusive value driven CYP mental health and community context.<br>2. To possess the relevant knowledge and ability to assesses and engage mental health difficulties in the context of community MH and primary care environments in collaboration with CYP, their families and voluntary sector, primary care, and social care staff.<br>3. To be able to recognize and work with existing expertise in these settings using the framework of community psychology and systems theory<br>4. To work alongside community workers and support them to assess and identify areas of difficulty (including risk). | • Understanding community , voluntary sector, primary care and social care contexts: professional practice and boundaries specific to these settings, and the how the role of CWPs matches these variations.<br>• Understanding of relevant operating environment within GP surgeries, local authority children's services, voluntary sector settings, and also schools/colleges<br>• Understanding specialist CYP MH roles and interventions<br>• Working as part of wider team and multi-disciplinary and multiagency working.<br>• Professional practice and boundaries in community and primary health care settings<br>• Relevant initiatives and polices to mental health including polices related to diversity and inclusion as these apply to community psychological work<br>• Understanding the organisation and principles of practice of community services including, VCSs, primary health care providers, children's services and other community based religious and social groups<br>• Education and introduction to roles and responsibilities of key individuals and relevant policies, procedures and ethos |

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| | 5. Establish and maintain good working relationships with community workers such as youth workers, volunteers, peer workers, and other individuals working to support the wellbeing of children/young people/families<br>6. Implement and support the implementation of self-management interventions in non-traditional health-care environments<br>7. To acquire the skills to acquire knowledge to better understand the nature of the priorities of community groups, networks, faith groups, self-help organisations etc.<br>8. Navigate & signpost to appropriate social and psychological interventions to address mental health issues<br>9. Use routine outcome measures and standardised assessment tools effectively in community and primary care settings<br>10. Knowledge and awareness of social epidemiology, social determinants of health and health inequalities as it relates to child and adolescent mental health<br>11. Knowledge and awareness of associations between ethnicity, socio-economic factors, and health disparities | associated with community based services (local councils, social services. charities, shared interest, self-help and support groups, etc)<br>• Specific issues working with CYP, families and staff within community and primary care settings<br>• Engagement of young people and engagement of community organisations to establish mental wellbeing programmes including working with diversity and special interest<br>• An ability to work from a position that assumes that the difficulties experienced and expressed by children/young people can usually be understood in the context of their life experiences, values and background.<br>• An ability to hold in mind the whole person, their context, their aspirations and values, and their individual cultural and spiritual preferences (not just focusing on their immediate presentation)<br>• Support access to Children and Young Peoples' Mental Health community and voluntary services in a way that minimises disadvantage and discrimination.<br>• Risk assessment, safeguarding & management of risk specific to community settings<br>• Awareness or developmental issues including language and speech, typical and atypical neurological development as these manifest in community settings<br>• How to use measures, goal setting & goal based outcomes in community settings<br>• An ability to incorporate health promotion principles into all clinical activities<br>• Understanding how LA public health departments construct models of local community health and health inequalities, |

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| | 12. Knowledge and awareness of patterns of access to CAMHS by populations with diverse heritage<br>13. Awareness of the range of voluntary sector organizations and civic institutions that communities use, especially those that access populations that access CAMHS (and possibly education) less | especially application to child and adolescent mental health<br>• Understanding how to scope protective and risk factors for child and adolescent mental health in a locality.<br>• Understanding how to scope local statutory and voluntary sector provisions relevant to child and adolescent mental health. |

## Module 5: Mental health Prevention in community and primary care settings (20 credits)

CWPs will be trained in two primary prevention approaches within community settings:

**Training others:** To identify and have awareness of common mental health difficulties, available resources and how to signpost within community settings. To support and provide structured workshops and training, based on principles of cognitive behaviour therapy, to children, young people parents / carers and health care staff

**Participation Engagement Activity:** CWPs will be able to review, understand and support the development of participation of CYP and their families in community settings to improve access and effectiveness to mental health support in these settings using evidenced based approaches to participation work.

| Module | Module Aims | Content / Learning Objectives |
|---|---|---|
| **Module 5: Mental Health Prevention in community and primary care setting**<br><br>**20 credits** | 1. To understand what steps are being taken by local community organizations to help their children and young people reduce the risks of low well-being (however that is construed) and to provide opportunities for them to increase their well-being.<br>2. To understand the challenges that local communities face in supporting the well-being of their children and young people.<br>3. To understand how to work with local communities to co-produce aims and strategies for increasing opportunities of well-being for local children, families, and young people<br>4. To train others in basic mental health intervention skills | • **Training others** – To identify and have awareness of common mental health difficulties, available resources and how to signpost within community settings. Where appropriate to support and provide structured workshops and training, based on principles of cognitive behaviour therapy, to help children, young people parents / carers and staff in community settings to manage anxiety and stress.<br>• To **develop relationships** with community groups, leaders and organisers to scope how local community services construe mental health difficulties and respond to them, including attitude to CAMHS - being sensitive to potential cross cultural differences. To understand how to find common languages for common purposes. To scope what communities are already doing to prevent mental health problems in children and young people and how CWPs might be able to support or add value.<br>• **Meaningful activities**: To understand how meaningful activities are related to wellbeing and mental health in children and young people. To be able to support CYP in accessing meaningful activities to support wellbeing.<br>• **Participation Engagement Activity**: To review, understand and support the development of participation of CYP and their families in community settings. To critically evaluate the evidence for the effectiveness of participation as a vehicle to improve access and effectiveness of mental health support. See for example HART participation model |

## Module 6: Interventions for emerging mental health difficulties in community and primary health care settings (20 credits)

CWPs will need to develop an awareness of emerging mental health difficulties in community and health care settings and be able to intervene with parents / carer and staff in these settings. Two key intervention skills will be taught in this module:

The first core skill will be **Psychoeducation.** CWPs will be able to provide evidence based information and psycho education to children and young people, parents / carers and health care staff**.** Psychoeducation and other preventative measures when working with communities in localities should be responsive to local and potentially diverse views of distress and activity limitations and their relation to mental health problems.

CWPs will be taught intervention skills in the delivery of training and psychological support to **groups** both face to face and digitally (of Children and young people, parents/carers). Key principles of working with groups (classes) will be addressed so that the CWP is able to prepare appropriate materials, manage group processes, deliver training and/or support confidently, work in partnership with other professionals, and critically evaluate their own performance. CWPs will need to evidence competency in one of these two intervention areas i.e., group work with children or young people OR/ group work with parents.

This module will therefore equip CWPs with a good understanding of the process of psychoeducation and group work in community and health care settings in face to face and virtual settings. They will acquire a framework of key skills and knowledge through teaching, experiential learning, role play, observation and supervised practice.

| Module | Module Aims | Content / Learning Objectives |
|---|---|---|
| **Module 6:**<br><br>**Interventions for emerging mental health difficulties community and health care settings**<br><br>**20 credits** | 1. To develop competence in addressing early indicators of emerging mental health problems in a community and primary health care settings<br>2. To develop skills and knowledge to parents / carers and children and young people anticipate and manage common problems and support those who are experiencing them.<br><br>3. Provide Interventions to support and manage common problems in community and primary health care settings with a particular focus on how equality, diversity and inclusion and community considerations / adaptations apply to workshops and group work.<br><br>4. To acquire skills of particular value in these contexts working with large numbers of at risk children and young people<br><br>5. To apply knowledge of understanding and co-working with local communities from Modules 4 and 5 to further co-work with local communities, local community organization leaders and local children, families, and young people to provide an offer – that is likely to be acceptable and accessible – of assessment and possible treatment for children and young people who may have emerging mental health difficulties. | **The CWP must develop an understanding of all of these intervention approaches, they will need to deliver psychoeducation and then <u>either</u> Group work with children or young people <u>OR/</u> Parenting Groups. It will be important to make sure that these different areas of intervention competency are fully represented across individual CYMHS in which the CWPs are embedded:**<br><br>• **Psychoeducation:** To be able to provide evidence based information and psycho education to children and young people, parents / carers, and staff**.**<br>Then either:<br><br>• **Evidence Based Group work –** Specialist skills required for working with children and young people in groups. Key principles of working with groups (classes) will be addressed so that the CWP is able to prepare appropriate materials, manage group processes, deliver training and/or support confidently and critically evaluation their own performance<br>**Or/**<br><br>• **Parenting Groups**: To be able to lead Parenting Groups in community settings and work alongside other staff and parents e.g. transition parenting groups, parenting groups that are universally available for working with behavioral difficulties. |

## Taught Days

The diploma will be delivered of approximately 64 taught days in addition to service-based learning (including service supervision and observation / shadowing) and private study. Modules 1-3 will account for 30-35 taught days. The remainder will be spread across modules 4, 5 and 6:

- **Module 4:** To include approximately 7 days teaching
- **Module 5:** To include approximately 11 days teaching
- **Module 6:** To include approximately 11 days teaching

## Clinical and Supervision Requirements for Modules

Across Modules 4-6, **t**rainees will need to evidence working with systems in community settings. This will include evidence of:

- Supporting participation  or providing staff training or running a psycho-education workshop
- Conducting group work (with children and young people or parents) or providing a psycho-education workshop
- Networking with community leaders / Primary Care Networks and other community groups (e.g., youth groups, young carers)

  The portfolio should include details of number of contacts and 'intervention' sessions for each, including evidence of engaging CYP and staff in the design, delivery, and evaluation where appropriate.

## Assessments

A service-based portfolio should cover clinical work in modules 1-3 and 4-6. The portfolio should include details of number of contacts and 'intervention' sessions for each, including evidence of engaging CYP and staff in the design, delivery and evaluation where appropriate. The list below represents options for assessment that courses may wish to use, using all of them is considered excessive in terms of assessment burden. However, supervisor's evaluation and sign off is considered a critical part of the evaluation process.

| | |
|---|---|
| **Module 4: Working, assessing and engaging in community settings** | Report and/or presentation with written account of piece of engagement / focus group work and recommendations in relation to mental health access and provision in a community setting (2000 words). |
| **Module 5: Mental Health Prevention in community and primary care setting** | 2000 word clinical or participation report and / or presentation with written account of interventions supporting staff training or participation development activity within community settings |
| **Module 6: Interventions for emerging mental health difficulties in community settings** | 2,000-word clinical report and / or presentation with written account on the development, delivery and evaluation e.g., outcomes, of a group intervention  group or psycho-education workshop |

## Appendix 3. CWP Supervisors Curriculum and Competency Framework

# CWP Supervisor Training Competency Assessment and Development Framework and Curriculum

With grateful thanks to:

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# SECTION 1 – INTRODUCTION AND OVERVIEW

## Introduction

The Children's Wellbeing Practitioner (CWP) role was developed in direct response to the Government's Five Year Forward View report (2016) which provided an indicative trajectory for increased access to services, recognizing that this would require a significant expansion of the workforce. It made clear that the CYPMHS workforce needed an additional 1700 practitioners up to 2020/21 to close the gap between demand and provision for evidence-based mental health treatments for children and young people. The NHS Long Term Plan and Implementation plan (2019) further outlines this need and the ongoing expansion of the CYPMHS workforce.

These reports challenge us to ensure there is step-change in the accessibility of support for children young people and their families, to tackle mild to moderate presentations in a timely and effective manner and to accelerate the identification and triaging of more complex cases for appropriate treatment.

A new training scheme was therefore been developed to create a new cadre of psychological practitioners capable of delivering high-quality, evidence-based interventions for mild to moderate difficulties in a way that could be efficiently brought to scale. They are trained to deliver low intensity interventions both face to face and remotely with children, young people and their parents / carers for common mental health problems (anxiety, low mood and behavioural difficulties).

Specialist supervisor roles are needed to support safe and effective practice during both the CWP training year and once qualified. As part of the CWP programme, participating Higher Education Institutions (HEIs) are commissioned to deliver CWP supervisor training and assurance and challenge support to facilitate effective and robust supervisory practice.

The CWP supervisor programme is a key element in developing the knowledge and practice of the new CWPs and their supervisors, providing a critical function in developing effective and sustainable theory to practice connections in their local context.

For prospective CWP supervisor candidates, the current entry criteria for the CWP supervisor training has been specified to best support the understanding and application of the clinical competencies for the CWP trainees; they represent an ideal of what should be identified in a prospective candidate. We would strongly encourage services to liaise and work collaboratively with HEIs in regard to recruitment processes as they are able to offer further guidance and support at the stage of advertising, shortlisting and interviews.

A generic job description for CWP supervisors is under development and will be available Please note that currently CWP and CWP supervision are considered separately.

It is anticipated that validation requirements by individual HEIs may necessitate small deviations from the generic specification of the training programme.

In summary the aims of the supervisor training are to enable supervisors:

- To develop competency in supervising CWP evidence-based interventions set out in the CWP curriculum.
- To evidence a critical knowledge of the theoretical, research and implementation literature that underpins the supervision of trainees on the CWP programme.
- To develop sustainable skills in supervising CWPs in order to drive the ongoing development of these quality-driven, outcomes-informed services.

### Pre-requisites for entry into the training (experience / competencies):

The entry criteria below indicate the ideal experience and competency profile of an individual undertaking training as a CWP supervisor:

3. Supervisors will need to be experienced MH professionals/practitioners as evidenced by normally 2 or more years working therapeutically, clinically or consultatively within a CYP Mental Health Setting, with children and young people with mental health difficulties.
4. They will need to supervise low intensity cognitive behavioural interventions and will therefore need to demonstrate clinical knowledge, experience and competencies in delivering CBT interventions / technique (please see Section 2 for examples).

A minimum of 2 years' experience in a CYP mental health setting post-qualification is **desirable**, but experience of delivering CBT is **essential**.

- Where there are gaps in competence, trainee supervisors must be able to make this up in the course of supervisor training. This is a supplement to the existing curriculum and may involve joint attendance with CWP trainees at curricular events or additional teaching opportunities.
- For supervisor training programmes delivered as PG Certificates, supervisors will need to demonstrate the ability to study at a Post-Graduate level.

**Please note**: it is expected that HEIs will draw up individual training pathways for candidate supervisors, drawing on existing modules within the current portfolio as appropriate. Scope to develop specific skills will be provided through practice tutor groups.

In recognition of the workforce challenge it is expected that supervisor trainings will develop and the CWP initiative is an expanding programme, a CWP supervisor competency development framework has been developed to support access onto the training and provide a robust and effective training solution that responds to these recruitment difficulties and allows for the training offer to be fit for purpose.

## Two facets of supervision

The supervision of CWP practice is separated in to two core aspects of supervision: Clinical Skills Supervision (CSS) and Caseload Management Supervision (CMS). Supervisees on the CWP training programme, will therefore receive these two types of supervision in the workplace. In implementing the supervision process, CWPs will receive weekly individual case management supervision (between 30mins and one hour depending on caseload size) and fortnightly group clinical skills supervision with their service supervisor (2 hours per group of 2-4 supervisees), which could be from two appropriately qualified supervisors. Note that CWPs need to receive a minimum of 40 hours of supervision over the course to include ideally a minimum of 20 hours of case management and 20 hours of clinical skills supervision.

It is expected that in CSS, the focus is on clinical skills delivery and treatment fidelity and engagement in clinical skills rehearsal with their supervisor, e.g. role-plays. Clinical skills supervisors are responsible for assessing supervisees' clinical competences in accordance with the course curriculum outcomes. This requires the supervisee to have demonstrated (mainly via the recordings of sessions taken to supervision) the clinical skills taught on the programme.

In CMS, the focus will be on discussing risk, changes in presentation, clinical outcomes (e.g. ROMs) and appropriate care-planning (discharge, continued work on clear goals, step up or down to alternative intervention).

In addition to the specific competences of supervisors in relation to the CWP curriculum, it is expected that supervisors will have generic capacities to provide a learning environment that enables trainees to thrive, this will be permeate through both facets of supervision in order to provide appropriate support for CWP trainees (this could include the ability to support trainees to 'self-reflect' on how their settings may affect them)

## Purpose

As a Programme, we wholly acknowledge the workforce challenges present in the system that can result in it being very difficult for services to recruit a 'model' supervisor candidate. Therefore, we expect supervisor training programmes to develop pathways and resources to equip CWP supervisors with the core competencies required to effectively supervise trainee CWPs. This additional bespoke training will sit alongside the core CWP supervisor PG Certificate and focus on the additional required competencies

that may be missing or are limited from the candidate's experience in relation to Low Intensity CBT.

**PLEASE NOTE:** This framework and the delivery of training assumes that all candidates meet the essential criterion of experience as professional / practitioners as evidenced by MH professionals/practitioners as evidenced by normally 2 or more years working therapeutically, clinically or consultatively within a CYP Mental Health Setting, with children and young people with mental health difficulties. Candidates should not be accepted on to the training without this essential criterion being met. The Roth and Pilling (2007) Competence Framework for Workers in CYPMH settings is a useful framework for supporting the assessment of this criterion (http://www.ucl.ac.uk/clinicalpsychology/CORE/competenceframeworks.htm%20)

## Framework Overview

The CWP supervisor competency assessment and development framework has been established in response to the emerging supervisor workforce challenges. The framework offers the trainee supervisor the opportunity to assess their current competency in relation to the entry criteria for the CWP supervisor training programme. This assessment, completed in collaboration with the HEI tutor, will then form the basis of a joint competency development plan, drawing on resources and additional teaching days delivered by the HEI. This will subsequently provide a roadmap towards the appropriate level of knowledge and understanding to effectively practice as an CWP supervisor.


## Framework Guidance and Process

Upon application, the HEI is expected to liaise with the prospective candidate (and their Line Manager) to interview them and collaboratively assess if the relevant CBT **knowledge and experience** falls below the required competency level.

Following this joint assessment, the Programme Tutor and trainee supervisor will agree what additional training input is required. The additional training and any related formative assessment will be a prescribed portfolio of study and teaching engagement and will enable the trainee supervisor to log and evidence how they have now met these required competencies. In order to facilitate this offer, the HEI teaching team will provide a set of up to 5 top up days of teaching ( on Low intensity approaches some of which can be remotely delivered) which can be accessed in addition to the provision of support materials, padlets and reflective group spaces. This will be complemented by the core training provision and support structures

## Assessing Levels of Competence

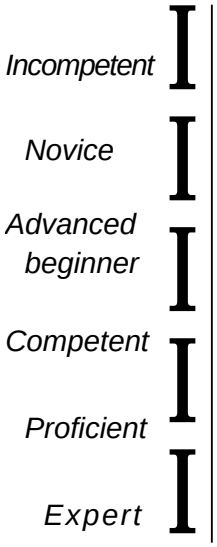
When assessing knowledge, skill and experience in Low Intensity, CBT informed Interventions, please refer to:

- The Roth and Pilling CBT Competence Framework (https://www.ucl.ac.uk/clinicalpsychology/competency-maps/cbt-map.html)[5]
- CWP Practitioner curriculum

Further evidence to support the competency assessment can include:

- Personal statements on competency assessment form (essential)
- Evidence of professional qualifications (essential)
- Evidence of ongoing commitment to CPD
- CV (essential)
- Job descriptions (current and historical)
- Professional reference

The follow scale adapted from the Dreyfus system (Dreyfus, 1989) for denoting competence, is used to guide the collaborative assessment of knowledge and competency.




| | |
|---|---|
| 0 | absence of knowledge and competence |
| 1 | Some evidence of knowledge and competence but major problems evident |
| 2 | evidence of knowledge and competence, but numerous problems or lack of consistency |
| 3 | Sound knowledge and competent, but some problems and/or inconsistencies |
| 4 | good level of knowledge and competence, but minor problems and/or inconsistencies |
| 5 | very good knowledge and competence, minimal problems and/or inconsistencies |
| 6 | Excellent knowledge and competence, or very good even in the face of difficulties |

Evidence in support of successful knowledge and competency development includes:

- Registered attendance and engagement at relevant teaching day or completion of online learning
- Signed statement of record in evidence of related additional self-directed study
- Reflective log in relation to attendance of training and relevant additional self-directed study
- Completion of formative assignment as agreed in competency development plan. This includes a record of clinical practice.
- CPD Certificate

CWP Supervision training should be assessed using a portfolio approach to assessment. PLEASE NOTE: As part of the PG Cert in Supervision trainee supervisors will also have to evidence knowledge and competency in the supervision of low intensity approaches (both face to face and remote). Please refer to CWP supervisor curriculum assessment requirements.

## SECTION 2 – COMPETENCY ASSESSMENT

| JOINT TRAINEE / TUTOR ASSESSMENT | |
|---|---|
| **LOW INTENSITY INTERVENTIONS** | **NOT YET COMPETENT - COMPETENT - PROFICIENT/EXPERT**<br>**0 - 1 2 - 4 5 - 6** |
| **ITEM** | **Score and Evidence** |
| Assessment and Risk Monitoring | |
| Behavioural Activation | |
| Brief CBT for anxiety (including psycho. Ed.) | |
| Parent-Led CBT. | |
| Exposure therapy | |
| Exposure Response Prevention for OCD | |
| Cognitive Restructuring | |
| Lifestyle management (sleep hygiene, stress management) | |
| Worry Management | |
| Behavioural parenting interventions | |
| Behavioural Experiments | |
| Adaptations of practice to ASD | |
| Adaptations of practice to LD | |
| Adaptations of practice to ADHD / neurodiversity. | |
| Adaptions to practice (remote delivery) | |
| **ADDITIONAL COMMENTS AND EVIDENCE** | |

## SECTION 3 - COMPETENCY DEVELOPMENT PLAN

| COMPETENCY DEVLOPMENT PLAN | |
|---|---|
| **LOW INTENSITY INTERVENTIONS**<br>**ITEM** | **DETAILS AND TIMESCALES OF HOW KNOWLEDGE AND COMPETENCY REQUIREMENTS WILL BE ACHIEVED AND** |
| Assessment and Risk Monitoring | |
| Behavioural Activation | |
| Brief CBT for anxiety (including psycho. Ed.) | |
| Parent-Led CBT. | |
| Exposure therapy | |
| Exposure Response Prevention for OCD | |
| Cognitive Restructuring | |
| Lifestyle management (sleep hygiene, stress management) | |
| Worry Management. | |
| Behavioural parenting interventions | |
| Behavioural Experiments. | |
| Adaptations of practice to ASD | |
| Adaptations of practice to LD | |
| Adaptations of practice to ADHD / neurodiversity. | |
| Adaptations to practice (remote delivery) | |
| Additional Comments | |

## SECTION 4 – RECORD OF EVIDENCE

| COMPETENCY DEVELOPMENT - RECORD OF EVIDENCE | |
|---|---|
| **LOW INTENSITY INTERVENTIONS** | **Please provide details of teaching or CPD events attended, additional reading undertaken and relevant formative assignment outcomes** |
| **ITEM** | **EVIDENCE AND COMMENTS** |
| Assessment and Risk Monitoring | |
| Behavioural Activation | |
| Brief CBT for anxiety (including psychoed) | |
| Parent-Led CBT | |
| Exposure therapy | |
| Exposure Response Prevention for OCD | |
| Cognitive Restructuring | |
| Lifestyle management (sleep hygiene, stress management) | |
| Worry Management. | |
| Behavioural parenting interventions | |
| Behavioural Experiments. | |
| Adaptations of practice to ASD | |
| Adaptations of practice to LD | |
| Adaptations of practice to ADHD / neurodiversity. | |
| Adaptations to practice (remote delivery) | |
| Additional Comments | |

## SECTION 5 - CURRICULUM: COURSE STRUCTURE AND CONTENT

### General learning outcomes

At the end of the course supervisor graduates will:

- Understand the aims, objectives and structure of CYP mental health settings (CYPMHS)
- Understand the importance of supervision as a key clinical activity within CYPMHS
- Understand the importance of the supervisor as a change agent offering leadership and support to colleagues
- Evidence awareness of models of supervision applied within CYPMHS
- Be able to describe and evidence the supervision competencies outlined by Roth and Pilling (2007), published at: http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm. [6]
- Demonstrate practical understanding in the application of clinical supervision competencies within CWP practice
- Understand the role of CWPs in the wider CYPMHS infrastructure.
- Understand the specific service structures used in the CYPMHS where the supervisee is placed.
- In addition to the specific competences of supervisors in relation to the CWPs curricula, it is expected that supervisors will have generic capacities to provide a learning environment that enables trainees to thrive.

### Course Structure

It is anticipated that validation requirements by individual HEIs may necessitate small deviations from the generic specification of the training programme. The programme can either be delivered as CPD or as a PG Certificate, using a portfolio approach to assessment:

- The training of supervisors will need to be for a minimum of **15 days** spread across a 9-12 month period

[6] Each HEI will have their own approach to assessing CBT supervision competency. One such approach is the SAGE scale for competency assessment.

- The training programme will need to contain workshops on theoretical / clinical skills in relation to supervision and then a minimum of 6 supervision or supervising sessions / implementation groups to support the supervisors with their developing supervisory skills and overcoming implementation challenges.
- The training may be delivered remotely or face to face but ideally a combination of both. Supervisors will have a clear learning plan with specific objectives and will access online teaching sessions accordingly. Practice tutor groups often benefit from face to face support, but where travel restrictions or other factors limit this, they can be delivered remotely.
- Content will need to focus on both generic knowledge and competencies to support effective supervision in the CYPMHS and then CWP specific supervision knowledge and competencies (e.g. supervision approaches of low intensity interventions)
- Within the CWP training programme, core intervention skills will be taught in relation to 1:1 direct work (face to face and remote delivery), group work with CYP and Parents / Carer, and psychoeducation. If supervisors do not have existing knowledge of and competencies in these approaches and models, they will either have to attend the CWP relevant training days (in person or remotely) or the supervision training will need to be expanded to include these. Please note: it is expected that HEIs will draw up individual training pathways for candidate supervisors, drawing on existing modules within the current portfolio as appropriate. Scope to develop specific skills will be provided through practice tutor groups.

Note that the course structure must accommodate the mandated supplementary supervision workshops to ensure minimum competency of the trainee supervisor in low intensity interventions.

While knowledge, facts, theories, and approaches to problems and solutions will be taught, an equal weighting will be given in the course to learning through reflection on the process of supervision itself, underpinned by a peer support and coaching/mentoring process. Supervisors should also be encouraged to bring tapes of their own supervision to these smaller supervision of supervision groups. Tapes can be viewed remotely or in person depending on the format of the session. Each module should therefore contain a combination of direct teaching, discussion, group work and experiential learning via:

- Workshops covering relevant theory and practice
- Clinical skills practice
- Supervision of supervision / implementation groups

A generic job description for CWP supervisors is under development and will be available prior to adoption of the revised CWP supervisor curriculum. Please note that currently CWP and CWP supervision are considered separately.

**Workshops (See Table 1 for full learning objectives)**

The content of the workshops below should be delivered over at least 6 days:

- ***Principles of supervision***: The aim of this session is to ensure that supervisor graduates will understand the process of supervision in relation to CWP practice / CYPMHS.
- ***Promoting psychological knowledge in supervision***: The aim of this session is to develop supervisor skills in broadening trainee therapists' understanding of psychological theory directly relevant to CWP practice, psychological knowledge in the context of working with children, young people, parents and families, and service-related issues.
- ***The use of outcomes data in supervision:*** The aim of this session is to introduce supervisors to the use of outcomes data as part of routine supervision with an emphasis of using routine outcomes monitoring to enhance the use of outcomes information for clinical decision making shared between CWPs and the child, young person and or family.
- ***Facilitating therapeutic processes in supervision:*** This session aims to equip supervisor trainees with the knowledge of how to guide trainee therapists in the core processes of the CWP programme. With an emphasis on a number of key characteristics central to delivering effective CWP therapeutic interventions.
- ***Delivering modality-specific supervision***: These sessions focuses on enabling supervisor trainees to understand and develop skills in providing direct modality-specific supervision to trainee CWPs.
- ***Supervising Low Intensity Interventions:*** These sessions focus on the specific competencies needed to supervise low intensity interventions.

**Table 1: Workshop Learning Objectives**

| Topic area | Learning Objectives |
|---|---|
| **Principles of supervision** | Supervisors will develop knowledge of:<br>• The core purpose of supervision, exploring the differences between clinical supervision, case management and clinical governance.<br>• The Core Competency framework for supervision (Roth & Pilling, 2007), and understanding of the importance of the four levels.<br>• The focus on clinical supervision of trainee CWPs within the first year of training<br>• The use of self-reflection in exploring the advantages and disadvantages of different styles of supervision.<br>• The importance of supervision as a space for support, teaching, clinical discussion, problem solving and reflection with trainees, in addition to considering how to give constructive advice, direction and critical analysis to aid trainee therapists.<br>• How to problem-solve dilemmas, including:<br>  ○ Challenges presented by clinical casework<br>  ○ Concerns regarding the competency of trainees<br>  ○ Issues in the supervisor/supervisee relationship<br>  ○ Understanding of learning models and processes and adapting supervision in line with trainee learning styles / zone of proximal development<br>  ○ Assessing trainee competency<br>  ○ How supervision is important in preventing staff burnout<br>• The importance of treatment fidelity in relation to the CWP curriculum.<br>• The importance of how to set up supervision to maximize the learning of trainee CWPs, attending to the setting, regularity and timing of supervision sessions<br>• The importance of contracting with trainee CWPs to allow for clarity, both between supervisor/supervisee and also in order to comply with course requirements<br>• The importance of the course requirements around client contact, recording, and other formal requirements of the course<br>• The mechanisms for providing feedback to the trainee and course, including placement visits.<br>• The adaptations required to provide supervision and support to the trainee when working remotely.<br>• The importance of including consideration of protected characteristics within the supervision space (those of the supervisor, supervisees and the clients/families) |
| ***Promoting psychological*** | Supervisor trainees will develop strategies for helping supervisees to develop and apply knowledge in the following areas: |

| | |
|---|---|
| ***knowledge in supervision*** | • How to guide supervisees on appropriate literature/reading/evidence-based thinking relevant to CWP practice<br>• The core principles of the main theoretical approaches adopted in CWP practice, in particular the following:<br>  ○ Social Learning Theory<br>  ○ Cognitive science/social development<br>  ○ Behavioural models<br>  ○ Cognitive behavioural interventions.<br>• The importance of integrating psychological theory in the process of generating shared understandings with children, young people and families.<br>• The importance of holding multiple conceptualisations of presenting issues, as well as the necessity to employ pragmatic, evidence-based interventions, as matched to collaboratively agreed goals.<br>• The additional models/interventions appropriate to the CWP context, but not necessarily delivered as part of the curriculum.<br>• The importance of family systems for all children and young people, and how supervision can enhance trainee CWPs' understanding of systemic factors influencing treatment approaches.<br>• How to enhance trainee CWPs' understanding of the broader CYPMH and education context, and how CWP specific interventions may complement other approaches<br>• How supervision can enhance trainee CWPs' knowledge of the broader CYPMH and education context, its range and scope, local organisational structures and the multiagency context. |
| ***The use of outcomes data in supervision*** | Supervisors will develop the ability to:<br>• Supervise CWPs on how to determine collaboratively with service users the main areas to work on, and how to record and monitor this each session.<br>• Guide CWPs in:<br>  ○ Introducing outcomes evaluation to children and families and CYPMH staff<br>  ○ Making use of information from measures to identify the degree and nature of improvement<br>  ○ Discussing this with children and families and CYPMH staff<br>• Incorporate regular and consistent discussion of outcomes data into supervision.<br>• Help CWPs to develop an awareness of the strengths and limitations of different forms of outcomes data, and to use this to interpret measures.<br>• Help CWPs to use outcomes data and other sources of information to decide whether a change of intervention or service is needed. |

| | |
|---|---|
| | • Use outcomes data along with other information to evaluate the therapeutic effectiveness of CWPs and services, so that appropriate action can be taken, such as specific training.<br>• Have clear protocols on how to access outcomes data in a timely way to make use of in supervision.<br>• An ability to monitor and support the supervisee's collection and clinical use of routine outcome measurement.<br>• An ability to monitor and support the supervises use of routine outcome measures to evaluate the overall outcomes of the service provided.<br>• An ability to support trainee CWPs to use outcome measurement when working online / remotely. |
| ***Facilitating therapeutic processes in supervision*** | The Supervisor trainees will develop strategies for helping supervisees to develop their skills in the following areas:<br>• Importance of treatment fidelity and how to guide trainee CWPs in the following:<br>o Agenda setting in both individual and group therapeutic sessions, and how to guide trainee CWPs to appropriately provide structure and direct each session<br>o Therapeutic structure across a given intervention, in order to guide trainee CWPs in planning the number and content of sessions appropriately<br>o Treatment protocols and their importance in providing coherence and direction to treatment.<br>o How to adapt protocols for online / remote delivery.<br>o How to adapt protocols to deliver culturally responsive interventions.<br>• The importance of consent and confidentiality, and how to guide trainee CWPs in ensuring these are appropriately considered and sought where applicable, e.g. permission for videotaping.<br>• The importance of non-specific therapeutic factors, and how to guide trainee CWPs in developing appropriate skills in listening, warmth and genuineness.<br>• The importance of group processes as they relate to Parenting Training, and how to guide trainees in attending to, managing and utilising group dynamics in the development of behaviour change.<br>• The importance of engagement, assessment, and collaboration and how to guide trainee CWPs in maximising treatment outcomes via careful attention to building a therapeutic alliance both individually and in groups.<br>• The importance of safeguarding, risk assessment and risk management, and how to guide trainee CWPs in making appropriate, timely decisions about risk and safeguarding, including providing information regarding local and national protocols. |

| | |
|---|---|
| | • How to guide trainee CWPs in working with resistance, passivity and poor attendance in young people and parents.<br>• How to guide trainee CWPs in decision making around therapeutic interventions, in particular when and how to consider alternative approaches to treatment outside of the CWP models. |
| ***Supervising CWP Practice*** | Supervisor trainees will develop knowledge of:<br>• The importance of theory–practice links in the delivery of low intensity CBT, parenting interventions with CYP and parents in CYPMHS, and how to guide trainee CWPs to articulate and explain these links throughout their work.<br>• The importance of assessment as a key skill for trainee CWPs in gathering salient information to guide future interventions.<br>• The importance of developing shared understandings as a key skill for trainee CWPs in understanding and communicating psychological ideas to young people and parents and CYPMH staff.<br>• The importance of being creative and confident in developing teaching methods to enable trainee CWPs to understand the links between theory and practice, and in turn promote creativity in the work of trainee CWPs<br>• Teaching trainee CWPs in a range of therapeutic change methods in low intensity CBT for children and adolescents with anxiety and depression, and cognitive and behavioural change methods in individual and group parenting training and interventions supporting whole school approaches.<br>• How to use Socratic dialogues to guide trainee CWPs in developing solutions to clinical casework.<br>• How to use their own clinical experience to illustrate and develop themes in the work of trainee CWPs.<br>• How to rehearse, model and role play condition-specific scenarios, enabling trainee CWPs to practice techniques in supervision prior to clinical sessions.<br>• How to rehearse, model and role play discussions with clients regarding race, ethnicity, gender, sexuality, disability and other protected characteristics.<br>• How to effectively use video-feedback methods to enable trainees to critically evaluate their own work, understand and identify dynamics in individual and group sessions, and identify areas for modification in ongoing therapeutic work.<br>• How to assist trainee therapists in designing and implementing relapse prevention protocols, including therapeutic blueprints. |
| ***Supervising Low Intensity Interventions*** | Supervisor's Expertise:<br>• An ability to draw on knowledge of the principles underpinning low intensity interventions. |

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| | • An ability to draw on personal experience of the clinical applications of low intensity interventions.<br>• An ability to recognize (and to remedy) any limitations in knowledge and/or experience which has implications for the supervisor's capacity to offer effective supervision.<br>• An ability to ensure that supervision integrates attention to generic therapeutic skills (e.g. the ability to maintain a positive therapeutic alliance, an ability to respond appropriately to client's distress) while also focusing on the development and /or maintenance of skills specifically associated with low intensity interventions.<br><br>Adapting supervision to the supervisee's training needs<br>• An ability to identify the supervisee's knowledge of, and experience with, low intensity interventions.<br>• An ability to identify and discuss any misconceptions that the supervisee may hold regarding the rationale for, and application of, low intensity interventions.<br>• An ability to help the supervisee draw on knowledge of the rationale for low intensity interventions, and on the evidence base for their use.<br>• An ability to help the supervisee deliver remote interventions effectively.<br><br>Ability to support the supervisee in assessing suitability for low-intensity interventions<br>• An ability to help the supervisee assess the appropriateness of a low intensity intervention for the client's identified problem.<br>• An ability to help the supervisee develop their capacity to deliver evidence-based clinical and risk assessment tools (including routine outcome measures).<br><br>Ability to support the supervisee's delivery of low intensity interventions<br>• An ability to assess the supervisee's capacity to deliver and adhere to protocol-driven low intensity CBT interventions.<br>• An ability to give advice and guidance on the conduct of specific low-intensity CBT techniques (e.g. guided self-help, CCBT, exposure and behavioural activation).<br>• An ability to identify any difficulties the supervisee has working within a protocol-driven low intensity service and support them in overcoming these difficulties.<br>• An ability to support and develop the supervisee's capacity to communicate effectively with other professionals about the outcome of the intervention. |

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| | • An ability to support and develop the supervises capacity to alert relevant colleagues when there are any significant concerns about the client<br><br>Ability to support decisions about the appropriateness of interventions<br>• An ability to help the supervisee decide when it is appropriate to maintain a client on a low-intensity intervention. |

***Assessment of trainees on the CWP supervisors' course:***

Success of the supervisor trainees on the course will be assessed on a portfolio approach, using a range of assessments. It must include direct observation of supervision in the form of video recordings of supervision sessions:

Supervisor trainees will be assessed by a combination of:

- An essay on the theoretical underpinnings of delivering supervision in CYPMHS
- Video tape of supervision session of supervision of low intensity supervision session
- Supervision portfolio – to be presented at the end of the course detailing an overview of supervision given and received and evidence of meeting supervision competencies. To include report by training supervisor.
- Implementation project which outlines a CWP approach and the supervisory skills and support provided to the CWP.

## SECTION 6 – EXAMPLE OF WORKSHOP TITLES (C/O KINGS COLLEGE LONDON)

**Learning Objectives for CWP Supervisor Teaching/ Training**

| Topic area | Learning Objectives |
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| Introductory Day (1 day) | • To have a knowledge of the University support and administrative induction<br>• To understand the aims and objectives of the supervisor course including course assignments<br>• To have a wider understanding of the political history and context of CYP IAPT training/services and the development specifically of CWPs |

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| | • To understand the CWP trainee objectives and overview of the course including case selection, timetable overviews, procedures, common arising issues and trouble shooting<br>• To reflect as a group on specific challenges and troubleshooting for supervisors |
| Supervising low Intensity models (3 days) | • To have good knowledge of the low intensity parent led models of anxiety and parenting common behavior problems<br>• To have good knowledge of the low intensity models for low mood and anxiety with the young person<br>• To be aware of how to further own knowledge including signposting to manuals and resources (Wiki) of these approaches<br>• To be aware of how to develop skills in application in own clinical practice<br>• To understand case selection of mild to moderate cases<br>• To have knowledge and skills in supervising the low intensity models via a range of modalities including individually, through parents, group work, workshops and over the phone.<br>• To have knowledge and skills in supervising CWPs in developing competency in supporting safe and professional practice; collaborative practice; supporting development of assessment and formulation skills; support tracking and responding to change; developing psychoeducation skills; supporting trying out new things including more effective coping/ changing behaviours/ exploring ways of thinking/ working in groups; supporting relapse prevention work.<br>• To have knowledge and skills in supervising likely challenges and an ability to trouble shoot<br>• To have knowledge and skills in adapting the above interventions for online working. |
| The Use of outcomes in supervision (1 day) | • To have knowledge and skills in using POD<br>• To understand the importance of regular and consistent discussion of outcomes data in supervision<br>• To have knowledge and skills in clinically using the recommended outcome tools<br>• To have knowledge and skills in supervising CWPs to determine the best outcome and feedback tools to use, understanding their strengths and limitations and considering the presenting concern and format of delivery including individual/ group/ universal interventions<br>• To consider how to evaluate and track changes in Whole School Approach |

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| | • To have an ability to guide CWPs in introducing, using and discussing outcome tools with children and families (individual/ groups/ workshops) and with CYPMH staff<br>• To have an ability to help CWPs to use outcomes data and other sources of information to decide whether a change of intervention or service is needed To have an ability to use outcome data along with other information to evaluate the therapeutic effectiveness of CWPs and services, so that appropriate action can be taken, such as specific training<br>• To have knowledge and skills in using feedback tools to evaluate and monitor the usefulness of supervision sessions (e.g. the HASQ)<br>• To have an ability to help CWPs to use outcome measures when working online. |
| Supervision Skills: Models & Contracting (1 days) | • To define and discuss the purpose and different roles of supervision<br>• To reflect on the different styles of supervision and adaptations for individual trainee learning needs<br>• To have knowledge of several supervision models as applied to individual and group supervision<br>• To have knowledge and signposting to appropriate literature/reading/evidence-based thinking relevant to CWP supervision practice<br>• To have knowledge and skills in setting up a supervision contract to maximize the learning of trainees, attending to the setting, regularity, timing, rights and responsibilities in individual and group supervision<br>• To understand the social graces and how these apply in supervision<br>• To understand the importance of consent and confidentiality, and how to guide trainees to consider and use these appropriately e.g. permission for videotaping.<br>• Attend to how issues in the supervisor/supervisee relationship are considered and resolved. |
| Supervision Skills: Supervision processes and competences (1 day) | • To reflect on own supervision journey with consideration to what elements make supervision effective<br>• To be familiar with the Roth and Pilling supervision competency framework (2008, including generic competences, specific competences including direct observation and group supervision and specific to certain models of low intensity work, and meta-competences<br>• To have knowledge and competency in using the SAGE, including practicing in teaching using examples of good supervision of CWPs<br>• To be aware of the importance of treatment fidelity and how to guide supervisees in developing a warm practitioner relationship; agenda setting in individual and group therapeutic sessions; guiding |

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| | CWPs in providing structure and directing sessions according to the model; in planning the number and content of sessions appropriately<br>• To be familiar in the trainee CWP competences for low intensity work and whole school approaches and how to assess trainee competency<br>• To be aware of trainee competency gaps and how to support trainee development within supervision<br>• To identify own competency gaps as a supervisor and agreed plans on how to address these gaps |
| Sessions joint with Supervisor and trainees (2-3 days) | • Different according to University and identified needs but to include key issues of safeguarding and risk, referral pathways, using supervision effectively and developing groups in schools. |
| Supervision of supervision (8 days) | • To support supervisors to develop their supervision practice in line with CYP IAPT principles (co-production with CYP, use of outcome tools, evidence-based practice, increasing access, reducing stigma).<br>• To support supervisors in bringing challenges and dilemmas from supervision and in the wider context for group support<br>• To develop skills in problem solving and reflecting (e.g. using action learning sets)<br>• To develop skills in working with group processes even when working online /remotely during supervision<br>• An ability to draw on personal experience and the principles underpinning the clinical applications of low intensity intervention<br>• To develop supervisor skills in line with Roth and Pilling competencies/ SAGE through observation of supervision videos in small groups<br>• To recognize (and to remedy) any limitations in knowledge and/or experience which has implications for the supervisor's capacity to offer effective supervision.<br>• To develop skills in supporting trainee development using competency measures for low intensity work and for whole school approaches<br>• To develop skills in supporting trainee CWPs in working with resistance, passivity and poor attendance in young people and parents.<br>• To develop skills in guiding trainee CWPs in decision making around therapeutic interventions, in particular when and how to consider alternative approaches to treatment outside of the CWP models. |

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| | • An ability to support and develop the supervisee's capacity to communicate effectively with other professionals about the outcome of the intervention or to alert colleagues about concerns when required<br>• To support trainee CWPs to complete service project/ audit and in how to effectively evaluate evidence |

# Appendix 4. Children's Wellbeing Practitioners System of Care

**The context:**

- The primary objectives of the Children's Wellbeing Practitioner (CWP) role are to:
  1. Facilitate access to, and provide support from and to, community services
  2. Offer evidence-based help to children and young people with mild to moderate difficulties
  3. Reduce waiting lists to specialist and wider children and young people's mental health services (CYPMHS)
- It is expected that the CWPs will:
  1. Provide direct work with children and young people, working with the whole family where appropriate, (noting that in some settings, and with older young people, this might not be the case).
  2. Deliver brief, focused interventions
  3. Where feasible, work with others to deliver group interventions
- CWPs must have trained on a British Psychological Society (BPS)-accredited (from January 2022) or Health Education England (HEE) quality-assured (prior to January 2022) CWP training course.
- Qualified CWPs are intended to practice as autonomous practitioners in a service context with regular case management and clinical supervision with an experienced child and young person's mental health professional (including a qualified and experienced CWP who is registered with either of the professional bodies providing individual registration for CWPs). All CWP supervisors should have completed the CWP supervision training programme and be competent in the core interventions delivered by CWPs, to overview case load and agreed actions to ensure efficiency and safety. CWPs ideally practice in the context of an Electronic Patient Record (EPR) that flags risk.

**The Service:**

- CWPs provide a defined clinical service within a CYPMHS, working as a team member under supervision. The primary objective is to facilitate access to early intervention support from community services, reduce waiting lists to wider CYPMHS (including CYPMH), offer evidence-based help to children and young people with mild to moderate difficulties, and optimise the referral mix to the rest of CYPMHS through stepping up or down (or onwards referral within a Thrive-like, needs based triage system), and through appropriate triaging of more complex cases. To fulfil these objectives CWPs may be attached to primary care practices and VCS organisations as long as supervision and case load management are assured.
- CWPs may work into education settings and may also, as a CWP, comprise part of the MHST establishment but cannot work as equivalents to EMHPs without further training and/or assessment of their knowledge and competency.

- CWPs primarily support children and young people from the ages of 5 to their 18th birthday, though some sites with appropriate governance and supervision will support young people up to 25. CWPs, with appropriate supervision, also support adults in their roles as parent, carer or guardian of the child or young person who is primarily being supported.
- CWPs may be employed and supervised within a statutory CYPMH service where those supervising CWPs have the necessary clinical skills, knowledge, and experience. CWPs may equally be employed and supervised within other agencies that contribute to children's mental health such as Voluntary, Community and Social Enterprises (VCSEs), Local Authorities or independent sectors on the same basis.
- CWP supervisors for any employing agency should have knowledge about short-term, CBT-informed low intensity interventions, and caseload management of the same. Senior practitioners and case managers should have knowledge of the potential breadth and severity of mental health presentations and the local pathways to divert or escalate cases where required. It is therefore important for employing organisations and local partnerships that CWP's practice, context and supervision arrangements can be met in line with criteria for accreditation.
- Regardless of the employing agency, CWPs can be deployed from any relevant organisation working with children and young people's mental health and wellbeing. Partnerships are encouraged to actively consider the deployment of the posts into universal services, particularly, youth, healthcare, justice settings and GP practices - within the context of the CYPMH services and their governance and supervision processes - as places where low level issues are most likely to be first identified and addressed.
- Employing services should ensure that practitioners are not isolated and receive active support from their mental health and wellbeing team.
- Where CWPs are new to the team, service management will ensure that consideration and action is given to preparing the existing workforce and organisation for the introduction of this new role.
- The service should provide ongoing and appropriate CPD that is responsive to the needs of the communities using the service and the CWPs. CPD should be either commissioned by HEE or sourced locally from reputable, ideally accredited providers.

**Working with whom and in what way:**

- CWPs are trained in the skills and knowledge based on NICE Guidance and practice-based evidence of what works best for children, young people, and their parents and carers to deliver brief, CBT informed low-intensity, single-strand outcome focused interventions for mild to moderate anxiety, low mood, and behavioural difficulties.

- Caseloads of CWPs must be 100% under 26 years of age and cases must not be seen in the context of employment in a mental health service for adults, e.g. not in an Adult Community Service, or Adult IAPT Service, etc.
- CWP interventions are of a short duration (typically 6-8 weekly sessions), goal-focused, and follow the principle of providing the least intrusive and lightest touch intervention required - building self-management skills in the children and young people and/or caregiver.
- CWPs are well versed in outcomes-informed practice and will monitor the outcomes of their interventions in all the settings they are working in. This will be undertaken in a manner that maximises collaboration with children and young people and where appropriate their caregivers. CWPs will operate at all times from an inclusive value base that promotes recovery and recognises and respects diversity. Diversity represents the range of cultural norms including personal, family, social and spiritual values held by the diverse communities served by the service within which the worker is operating.
- CWPs are trained to undertake a child and young person-centred assessment in support of identifying the presenting difficulties, strengths, goals and available resources as well as identifying any risk to self or others. They are required to understand the child/young person in their context and consider developmental, physical and other psychological factors. Effective engagement and the development of a therapeutic alliance are core aspects of the training with the requirement to gather information from a range of appropriate sources. From this foundation, CWPs are able to engage collaboratively with the young person / family and to develop a shared understanding of the difficulty and options of what evidence-based interventions are likely to be appropriate.
- CWPs will manage caseloads, operate safely and to high standards and use supervision to aid their clinical decision-making. They will recognise the limitations of their competence and role and direct children, young people and families to resources appropriate to their needs, including step-up to high-intensity therapy, when beyond competence and role.
- Whilst CWPs are not intended to support those services that are working with serious and enduring mental health problems, CWPs are able to offer the core interventions they are trained in as part of a package of care for a child, young person or their parents or carers for whom another professional (who may also be providing an intervention) is the care coordinator/responsible clinician and risk manager, for example, within the secure estate. Outside of such an arrangement, CWPs should not work with those with high levels of risk to themselves or others, or who need a more specialist level of care.
- With additional training in evidence-based interventions and with the appropriate supervision, CWPs may extend the range of cases they work with, addressing additional mild to moderate presentations or, the same issues in cases with more complexity or intensity. This includes supporting children and young people with SEND including learning disabilities, as well as those who are neurodiverse, who will inevitably make up a good proportion of their caseload. In some instances, it

will be more appropriate for these children and young people to be referred for specialist support.

- CWPs work within a mental health and wellbeing service (system of care) which has clear pathways to escalate or refer children and young people to more appropriate specialist support, for example, because of the nature of their difficulties or the severity, complexity or risk presented by these difficulties.

# Appendix 5. Senior Wellbeing Practitioner Role (for EMHPs and CWPs) Graduate/Post-Graduate Diploma Training

## Final version, December 2022

**Professor Peter Fonagy, Professor Catherine Gallop**

**Chairs of the HEE/NHSE Senior Wellbeing Practitioner (SWP) Curriculum Development Group**

Acknowledgements and Thanks

This curriculum has been drafted between January and December 2022. The development process has been commissioned by HEE on behalf of NHSE, and led by Professor Peter Fonagy, Children and Young People's Mental Health National Clinical Advisor, who chaired the Curriculum Development Group meetings, with Dr Catherine Gallop, acting as co-chair and main author.

HEE and NHS England (NHS E) would like to extend their gratitude to all members of the Curriculum Group, with special thanks to the chairs, main authors, and key contributors to the document, who gave of their time to participate in the discussions at monthly meetings, explored key issues outside of the meetings, and provided expertise in authoring the content of this document.

With special thanks to:

Professor Peter Fonagy (Chair), NHS E

Professor Catherine Gallop, (co-chair), University of Exeter

Dr Jonathan Parker, University of Exeter

Dariush Salehi

Dr Adrian Wittington, HEE, NHS E

Dr Markku Wood, Northumbria University

# Contents

## Overall Structure:

| Module 1 (30) | Module 2 (30) | Module 3 (30) | Module 4 (30) |
|---|---|---|---|
| **Supervision I:**<br><br>Supervising Evidence-Based Psychological Interventions in Child and Adolescent Mental Health or Education Settings | **Supervision II:**<br><br>Clinical Supervision Practice (Wellbeing Practitioner for Children and Young People or Education Mental Health Practitioner) | **Enhanced Practice in Early Intervention** | **Adapting Low Intensity Practice with CYP (& families) with neurodiversity including AUTISM/LD** |
| Generic Supervision (generic knowledge and competencies to support effective supervision) | CWP *or* EMHP specific supervision knowledge and competencies (e.g., supervision of low intensity interventions and whole school approaches). | Low intensity / Early Intervention support for:<br><br>• Traumatic events<br>• OCD<br>• Self-harm<br>• Tics<br>• School Anxiety | • Adaptations to practice<br>• LI interventions<br>• Adapted LI CBT for anxiety and low mood<br>• Interventions for behaviours of concern (functional analysis)<br>• Problem-Solving and executive function |

N.B. The delivery of Modules 1 and 2 should also be mapped to:

**https://www.hee.nhs.uk/sites/default/files/documents/EMHP%20supervision%20curriculum.pdf**

and,

**https://www.hee.nhs.uk/sites/default/files/documents/CWP%20supervision%20curriculum.pdf**

## Background and Context

Ensuring the supply of staff trained to deliver high quality care for children and young people's mental health (CYP MH) is critical to delivering the NHS Long Term Plan (LTP) commitments. The availability of appropriate CYPMH supervision is emerging as a key limiting factor for any options of expansion of MHSTs and other CYP MH services beyond current plans. It is also becoming increasingly clear that in order to reach the access target of 345,000 by 23/24, and 100% coverage by the end of the LTP period, we will need to equip our workforce to offer a broader range of interventions to children, young people and families from a wider range of backgrounds and in spaces beyond the clinic and educational settings. The CYP MH low intensity psychological professions workforce is critical to achieving these commitments.

For the purposes of this curriculum, Low Intensity Practice is defined as:

- Inclusion of guided self-help resources, worksheets and/or manualised interventions.
- Interventions delivered face-to-face, remotely or through an evidenced based / approved technological medium e.g., mobile phone 'app'.
- Predominantly drawing on cognitive behavioural theory and approaches.
- A brief course of intervention of 4 to 8 sessions.
- Shorter duration of intervention sessions of 30 to 45 minutes.
- Interventions are informed by evidence-based practice principles and delivered by correspondingly trained low-intensity practitioners

This proposal has been developed through a sub-group of the National Psychological Professions Core Group, focussing on New Roles, jointly led by NHSEI and HEE. From that group a national Curriculum Group was convened, chaired by Professor Peter Fonagy, and with representation from HEE, NHSEI, DfE, HEIs, services and experts by experience contributing to the curriculum development.

The focus of the group's work has been the development of a sustainable career progression pathway for qualified EMHPs and CWPs. The development of Senior Wellbeing Practitioner training opportunities aims to extend the clinical skillset of these roles, enhance their specialisation for community and educational settings respectively, expand supervisory capacity, support workforce retention within the low intensity profession and enable widened participation and social mobility within this workforce.

The benefits of this training and role would include:

1. Robust supply and optimisation of supervision for CWPs and EMHPs.
2. Increased specialisation in either community or educational settings and clear differentiation between pathways, also supported by accreditation of CWPs/EMHPs.
3. Increased access to support for a broader range of CYP and families across educational and community settings including:
    a. Interventions for moderate to severe anxiety, including trauma informed interventions, and for Obsessive Compulsive Disorder, and Social Anxiety.
    b. Working with neuro-diverse CYP with and their families, including those with ASC and LD
4. Improved staff retention through transparent career progression prospects within low intensity pathways.

The training will support delivery of NHS LTP and Green Paper commitment in relation to access to CYP MH services and extending support to all children and young people. It will enable clearer distinctions between the roles of CWPs in community settings, and EMHPs in MHSTs, so that career pathways/skill sets can be developed to best meet the needs of these audiences.

For implementation of the first cohort of SWPs, the recommendation from NHSEI is that services should provide salary support funding at NHS Agenda for Change (AFC) Band 6 where possible, during training and must allow protected time for academic and practical study and application, alongside requirements of their role in the service. The training is designed to be delivered as a Graduate or Post-graduate Diploma level training offered on a part-time basis, over 2 years. Those who have previously qualified through Children's Wellbeing Practitioner (CWP) training at Graduate or Post-Graduate Certificate level will be supported by HEIs to attend the training, alongside a competency assessment and development framework.

The first cohort of Senior Wellbeing Practitioner (SWP) training will commence at HEIs across the country in January 2023.

In the initial cohorts / implementation phase, it is likely that a proportion of SWP trainees will have already undertaken the PG Cert in Supervision (either via EMHP or CWP pathway). HEIs are strongly encouraged to develop processes that acknowledge this previous study and pre-awarded credits.

Cross reference should also be made to the pre-existing CWP and EMHP training curriculum including entry criteria / processes found here:

https://www.hee.nhs.uk/sites/default/files/documents/EMHP%20supervision%20curriculum.pdf

https://www.hee.nhs.uk/sites/default/files/documents/CWP%20supervision%20curriculum.pdf

Please note credit structures are provided in this curriculum as guidance as long as modules cover the Intended Learning Outcomes (ILOs), to acknowledge that individual HEIs may have different structures in place. However, overall, the weighting of the modules should reflect approximately 50% supervision modules, and 50% enhanced practice modules.

## Introduction to the Supervision Modules:

The aims of the supervisor modules are to enable Senior EMHPs/CWPs:

- To develop competency in supervising CWP / EMHP evidence-based interventions set out in the CWP/EMHP curricula.
- To evidence a critical knowledge of the theoretical, research and implementation literature that underpins the supervision of trainees on the CWP/EMHP programme.
- To develop sustainable skills in supervising CWPs/EMHPs in order to drive the ongoing development of these quality-driven, outcomes-informed services.

## Module 1: Supervising Evidence-Based Psychological Interventions in Child and Adolescent Mental Health or Education Settings

Across all psychological interventions in child mental health or education settings, it is increasingly recognised that clinical supervision plays a fundamental role in improving clinical outcomes, supporting practitioners and ensuring safe and effective practice. In this module you will develop advanced skills and mastery of the supervision competencies associated with clinical supervision of Evidence-Based Psychological interventions for Child and Young Persons' mental health / emotional difficulties. Considerable opportunity for supervision and reflection on your supervisory practice will be afforded to enhance learning and ongoing action planning.

| Module | Module Aims | Content / Learning Objectives |
|---|---|---|
| **Module 1: Supervising Evidence-Based Psychological /Interventions in Child and Adolescent Mental Health or Education Settings: Theory and context**<br><br>**30 credits** | 1. The aim of this module is to develop advanced practice skills in clinical supervision of children and young peoples' mental health practitioners and to support reflective practice.<br><br>2. To evidence a critical knowledge of the theoretical, research and implementation literature that underpins the supervision of trainees on the CWP/EMHP programmes. | **Intended Learning Outcomes:**<br>• Understand the aims, objectives and structure of the CYP-MH low intensity training programmes and mental health settings (CYPMHS), including MHSTs<br>• Develop critical knowledge of the theoretical, research and implementation literature that underpins the supervision of trainees / practitioners on the training programmes / these settings<br>• Understand the importance of supervision as a key clinical activity within CYPMHS/MHSTs<br>• Understand the importance of the supervisor as a change agent offering leadership and support to colleagues during the development and sustainability of CYPMHS/MHSTs<br>• Evidence awareness of models of supervision applied within CYPMHS<br>• Be able to describe the supervision competencies outlined by Roth and Pilling (2007), published at: http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm. [7]<br>• Understand the theory and practice of disseminating the model of supervision using the fundamental principles of Evidence-based Practice; Increasing service user participation; Increasing accessibility of services; Increasing awareness of MH problems in CYP; and Accountability in practice using routine outcome measures<br>• Understand the role of CWPs/EMHPs in the wider CYPMHS/MHST infrastructure.<br>• Understand the specific service structures used in the CYPMHS/MHSTs where the supervisee is placed. |

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| | | • Synthesise theory and competencies in planning, delivering and reflecting on clinical supervision across relevant Children and young peoples' settings<br>• Demonstrate generic competencies in clinical supervision of evidence-based psychological interventions for children and young people<br>• Evidence how reflection on your clinical supervision skills influences your practice<br>• Identify how you meet the relevant national competency standards for clinical supervision in child mental health practice<br>• Address systematically complex supervision problems which may be framed within unpredictable contexts, think critically, creatively, and independently, and fully appreciate the complexities of the issues<br>• Describe the wider ethical and professional issues encountered within clinical supervision<br>• Appraise your personal strengths and weaknesses in training and experience, and reflect upon the implications for your further training needs<br>• Give accurate and constructive feedback<br>• In addition to the specific competences of supervisors in relation to the CWP/EMHP curricula, it is expected that supervisors will have generic capacities to provide a learning environment that enables trainees to thrive<br><br>**Content:**<br>• **Principles of supervision**: The aim of this session is to ensure that supervisor graduates will understand the process of supervision in relation to CWP/EMHP practice.<br>• **Promoting psychological knowledge in supervision**: The aim of this session is to develop supervisor skills in broadening trainee practitioners' understanding of psychological theory directly relevant to CWP/EMHP practice, psychological knowledge in the context of working with children, young people, parents and families, and service-related issues.<br>• **The use of outcomes data in supervision:** The aim of this session is to introduce supervisors to the use of outcomes data as part of routine supervision with an |

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| | | emphasis of using routine outcomes monitoring to enhance the use of outcomes information for clinical decision making shared between CWPs/EMHPs and the child, young person and or family.<br>• **Facilitating therapeutic processes in supervision:** This session aims to equip supervisor trainees with the knowledge of how to guide trainee practitioners in the core processes of the CWP/EMHP programme. With an emphasis on a number of key characteristics central to delivering effective CWP/EMHP therapeutic interventions.<br>• **Delivering modality-specific supervision**: These sessions focus on enabling supervisor trainees to understand and develop skills in providing direct modality-specific supervision to trainee/practitioner CWPs/EMHPs.<br>• **Supervising Low Intensity Interventions:** These sessions focus on the specific competencies needed to supervise low intensity interventions.<br>• **Supervising Whole School Interventions** (for EMHPs): These sessions focus on the supervision of interventions at whole school level which include consulting classroom and general mental health and wellbeing advice. The sessions incorporate providing a foundational understanding of the educational system both at primary and secondary education levels.<br>• **Supervising Community Based Interventions (CWPs):** These sessions focus on the supervision of interventions at the community level e.g., group work, participation work, staffing training, psychoeducation etc. |

## Module 2: Clinical Supervision Practice (Children Wellbeing Practitioners and Young People or Education Mental Health Practitioner)

Within CYP mental health settings and education settings, it is becoming increasingly recognised that clinical supervision plays a fundamental role in improving clinical outcomes, supporting practitioners and ensuring safe and efficient practice.

In this module you will develop advanced skills and mastery of the supervision competencies associated with clinical and case management supervision in relation to CWP or EMHP practice. Considerable opportunity for supervision and reflection on your supervisory practice will be afforded to enhance learning and ongoing action planning.

| Module | Module Aims | Content / Learning Objectives |
|---|---|---|
| **Module 2: Clinical Supervision Practice (Children's Wellbeing Practitioner or Education Mental Health Practitioner)**<br><br>**30 credits** | 1. The aim of this module is to develop advanced practice skills in clinical and case management supervision for evidence based low intensity practice and to support reflective practice.<br><br>2. To develop competency in supervising CWP/EMHP evidence-based interventions set out in the CWP/EMHP curriculum.<br><br>3. To develop sustainable skills in supervising CWPs/EMHPs in order to drive the ongoing development of these quality-driven, outcomes-informed services. | **Intended Learning Outcomes:**<br><br>• Be able to describe and evidence the supervision competencies outlined by Roth and Pilling (2007), published at: http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm. [8]<br>• Evidence awareness of models of supervision applied within CYPMHS, relevant to the EMHP and CWP roles<br>• Demonstrate practical understanding in the application of clinical supervision competencies within CWP / EMHP practice<br>• In addition to the specific competences of supervisors in relation to the CWPs/EMHP curricula, it is expected that supervisors will have generic capacities to provide a learning environment that enables trainees and qualified low intensity practitioners to thrive.<br>• Synthesise theory and competencies in planning, delivering and reflecting on clinical supervision of low intensity interventions<br>• Demonstrate modality specific competencies in clinical supervision of low intensity psychological interventions<br>• Evidence through the portfolio how your reflection on your clinical supervision skills influences your practice<br>• Identify how you meet the national competency standards for clinical supervision practice of low intensity psychological interventions<br>• Address systematically complex supervision problems which may be framed within unpredictable contexts, think critically, creatively, and |

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| | | independently, and fully appreciate the complexities of the issues, supporting practitioners to understand the remit and limitations of Low Intensity practice<br>• Support practitioners to maintain high caseloads through competencies in structured case management supervision<br>• Support practitioners to maintain fidelity to the low intensity model, whilst being able to adapt materials to suit a wide range of developmental ages and abilities<br>• Describe the wider ethical and professional issues encountered within clinical skills supervision of low intensity practice<br>• Appraise your personal strengths and weaknesses in training and experience, and reflect upon the implications for your further training needs<br>• Give accurate and constructive feedback in the context of low intensity supervision<br>• Support EMHP / CWP trainees / practitioners in gathering, analysing and reflecting on evidence for the appropriateness and effectiveness of low-intensity interventions for children, young people and families from different ethnicities, cultural and / or other backgrounds.<br>• Support EMHP / CWP trainees / practitioners to adapt their practice in accordance with the needs and perspectives of young people and families from different ethnic, cultural and/or other backgrounds, as well as those with protected characteristics. |

## Module 3: Enhanced Practice in Early Intervention

The CYP LI specialist workforce is proving invaluable in working with mild to moderate mental health conditions. This module aims to expand the scope and breadth of the conditions that CYP LI practitioners can work with.

This module will therefore enhance competency across a range of early interventions and expand the breadth of low intensity support available for children, young people and families experiencing the impact of common mental health difficulties. Specifically, practitioners will develop an understanding of, and interventions for, advanced anxiety presentations, trauma informed practice principles and approaches and difficulties relating to school anxiety.

The practitioner will develop the knowledge and understanding of the key characteristics of these presentations before establishing and demonstrating clinical competency in delivering the appropriate, evidenced based early intervention support. Whilst there is an increase in the breadth of conditions, it is critical that the focus remains on the fidelity to mild/moderate conditions aimed at the Thrive stages of Getting advice and getting help.

The guidelines below set out the national expectations for the conditions that are recommended to expand in to, however, small variations to meet to idiosyncratic needs of local service pathways may be needed and evaluated.

| Module | Module Aims | Content / Learning Objectives |
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| **Module 3: Enhanced Practice in Early Intervention**<br><br>**30 credits** | 1. To acquire knowledge and skills in effective brief (low intensity) interventions for children, young people and family experiencing advanced anxiety presentations, based on the most up to date evidence.<br><br>2. To acquire knowledge and skills in assessment of, psychoeducation and trauma informed practice/principles in relation to traumatic events.<br><br>3. To understand and implement low intensity interventions for self-harm | **Low Intensity interventions for traumatic stress:**<br><br>• Assessment of YP who have experienced difficult/potentially traumatic events<br>  ○ Understanding diagnostic criteria (understanding DSM/ICD)<br>  ○ Understanding potentially Traumatic and stressful events and similarities in presentations (overview of differential diagnosis)<br>• Identification of traumatic events and their impact including Acute stress reactions and PTSD.<br>• Awareness and use of validated measures (e.g., CRIES-8).<br>• Understanding of the way that traumatic experiences can shape subsequent difficulties.<br>• Identifying when NICE recommended psychological therapy (Trauma-focused CBT) is indicated and appropriate signposting and referral to this.<br>• Understand how to create the environment following a potentially traumatic event that will best help recovery (to support schools or carers) – whole school approach – community (e.g., UKTC resource to inform schools response).<br><br>• Awareness of availability of evidence-based (group) intervention for use after large scale events (e.g., Teaching Recovery Techniques (TRT) https://childrenandwar-uk.org/<br>• Delivery of psychoeducation about trauma reactions<br>• Adaptation of other EMHP/CWP interventions to be trauma-informed<br><br>**Working with OCD:**<br><br>• To understand and identify the symptoms of OCD as part of a low intensity assessment<br>• To understand the casual mechanisms in OCD |

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| | 4. To acquire knowledge and skills in working with school anxiety | • To support CYP and the parents / cares understand how OCD is maintained (vicious cycle) and the impact on their lives, including psychoeducation<br>• To collaboratively set and monitor goals to break down the vicious cycle<br>• To understand and support effective guided self-help interventions for OCD for mild to moderate OCD<br>• To understand and support effective relapse prevention strategies<br><br>**Low intensity interventions/community and school support/signposting for self-harm:**<br><br>• To understand definitions and the nature of self-harm including prevalence, common presentations, predictors, common course.<br>• To understand the impact of self-harm<br>• To understand links between self-harm, emotion regulation and avoidance<br>• To understand common maintaining factors including positive and negative reinforcement mechanisms (intra and interpersonal)<br>• To understand and implement low intensity interventions for the treatment for self-harm to include building motivation, emotion regulation, goal setting etc.)<br><br>**Tics:**<br><br>• To understand and identify tics as part of a low intensity assessment.<br>• To understand the range of co-morbidities that co-occur with tics.<br>• To understand evidence to support treatment planning and whether tics or comorbidity should be prioritised in a stepped model of care.<br>• To provide psychoeducation information and support for parents on tics (including course/prevalence, causes, role of premonitory urges, resources, what behavioural interventions involve and what aids their success)<br><br>***Optional**: To provide exposure and response prevention (ERP) and Habit Reversal Training (HRT) as behavioral interventions for tics in children and young people with Tourette Syndrome or Tic disorder.* |

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| | | ***Optional**: To support parent coping strategies e.g., how to support their child in applying ERP/HRT and functional analysis, relaxation training, learning and environmental support/adaptations relating to tics*<br><br>***Optional**: Where available, to utilise internet delivered, therapist supported, and parent assisted ERP/HRT.*<br><br>Link to related paper and NHS 2016 Systematic Review<br>**School Anxiety:**<br><br>• To understand the epidemiology of school anxiety as opposed to truancy<br>• To understand the specifics of a school anxiety LI assessment<br>• To build a shared understanding of what is the central problem for the YP & parents which contribute to the development and maintenance of the YPs refusal to attend school<br>• To provide psychoeducation to staff and support whole school approaches to wellbeing, to consider the wider context of the education environments to support wellbeing<br>• To deliver a developmentally sensitive, modular based LI CBT approach (to include setting goals, problem solving, managing stress, reducing maintenance factors)<br>• To provide Low Intensity anxiety interventions where appropriate, based on what maintains the refusal, e.g., social anxiety, separation anxiety, Parent led CBT, behavioural/parenting interventions to support management of behaviour.<br>• To understand that school anxiety can be complex and further support and advice may be required outside of the LI CBT approach, which may need to be sought from other professionals. |

## Module 4: Adapting Low Intensity Practice with CYP (and families) with neurodiversity including AUTISM / LD

This module will provide an appropriate introduction to working with CYP with Autism and Learning Disability within the context of low intensity practice. CWPs/EMHPs will need to extend low intensity support where a child or young person has autism, ADHD or a learning disability.

They will develop an understanding of the core features of Autism, Learning Disabilities and associated conditions. They will also need knowledge of relevant legislation, medical and social models of disability and practice as well as the types of reasonable adjustments required in low intensity practice to meet the needs of this group. They will learn to deliver effective low intensity interventions with this client group.

| Module | Module Aims | Content / Learning Objectives |
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| **Module 4: Adapting Low Intensity Practice with CYP (and families) with neurodiversity including AUTISM / LD (15 credits)**<br><br>**30 credits** | 1. To acquire knowledge and skills in supporting CYP and their parents / carers with AUTISM within a low intensity framework<br><br>2. To acquire knowledge and skills in supporting CYP and their parents / carers with LD within a low intensity framework<br><br>3. To provide effective Low Intensity support / interventions for CYP with Autism and Learning difficulties in relation to anxiety, depression, behaviour of concern and cognitive difficulties. | **Knowledge of Autism and Learning Disabilities:**<br><br>• A knowledge of diagnostic criteria for Autism (ICD and DSM) and clinical specifiers and placing these within an historical context<br>• A knowledge of the historical context to the development of diagnostic systems and their uses/limitations<br>• A knowledge of diagnostic criteria for Learning Disabilities (ICD and DSM) and clinical specifiers and placing these within an historical context<br>• An awareness of 'red flags' for the identification of possible Autism and where to seek help/advice<br>• An awareness of signs for identification of possible Learning Disabilities and where to seek help/advice<br>• An understanding of presentations of Autism at different chronological ages, at different levels of ability, at different levels of severity and possible gender differences in presentation.<br>• An understanding of the trajectory of development within Learning Disabilities and associated needs<br>• A knowledge of how the core features of Autism present, why this occurs, and an understanding of current theoretical concepts used<br>• A knowledge of how the core features of Learning Disabilities present, why this occurs and an understanding current theoretical concepts used<br>• A knowledge of the prevalence of Autism<br>• A knowledge of the prevalence of Learning Disabilities<br>• A knowledge of the risk factors for Autism<br>• A knowledge of the risk factors for Learning Disabilities<br>• A knowledge of typical development – details are covered in Core CYP IAPT Module<br>• An understanding of the impact of trauma/abuse/loss on an individual with Autism or Learning Disabilities and how these might have an impact on presentation<br>• A knowledge of common co-morbidities in Autism (mental health, physical health, neurodevelopmental and functional |

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| | | • A knowledge of common co-morbidities in Learning Disabilities (mental health, physical health, neurodevelopmental and functional<br><br>**Relevant Aspects of Legislation and context, for example:**<br><br>• A knowledge of the Autism Act, 2009<br>• A knowledge of the Children Act, 1989<br>• A knowledge of the Mental Capacity Act, 2005<br>• A knowledge of the Mental Health Act, 1983 (amended 2007)<br>• A knowledge of the Equality Act, 2010 and disability rights<br>• A knowledge of the United Nations Convention on the Rights of Persons with Disabilities<br>• A knowledge of the United Nations Convention on the Rights of the Child<br>• A knowledge of the Special Educational Needs and Disability Code of practice, 2014<br>• A knowledge of Education, Health and Care plans<br>• A knowledge of Care Treatment Reviews, 2015<br>• A knowledge of educational levels and provisions<br>• A knowledge of specialist CAMHS, Intellectual Disability/Learning Disability CAMHS and Autism services<br>• A knowledge of the multiagency/multidisciplinary context<br>• A knowledge of the current terminology used in Learning Disabilities and Autism and how these differ between Physical Health, Mental Health, Education and Social Care<br><br>**Social models of disability and practice:**<br><br>• An understanding of the current concept of disability/handicap, the historical context and current models<br>• An understanding of the impact of a disability on development and everyday functioning<br>• An understanding of the 'lived experience of a disability'<br>• An understanding of the neurodiversity in Autism debate<br>• An understanding of why to recognise strengths as well as difficulties in Autism Spectrum, Disorders and Learning Disabilities and why not to stereotype<br>• An understanding of atypical developmental profiles and the impacts of this on learning and skills development. |

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| | | **What to modify in low intensity assessment and practice:**<br><br>• An understanding of the reasonable adjustments required to work with children and young people with Autism and Learning Disabilities and their families, carers and involved services within low intensity framework<br>• A knowledge of working with multiple impairments e.g., sensory, physical, intellectual, speech, language and communication.<br>• A knowledge of use of language and communication and how to adapt to meet the needs of children and young people for communication differences (complexity, concreteness, rate, use of augmented methods throughout low intensity practice<br>• Awareness of the impact of the environment (colours, lighting, stimulation, noise, distractions) on children and young people with Autism Spectrum, Disorders and Learning Disabilities.<br>• An understanding of the types of modification required when working with these groups of young people e.g., processing, duration of intervention, frequency of contact, location of work, time of work, working through a proxy e.g., a parent/carer/teacher.<br>• An understanding of difficulties in generalisation of therapeutic work/concepts within Autism.<br>• An understanding of how to work with parents of a CYP with Autism or Learning Disabilities.<br><br>**LI approaches / Interventions:**<br><br>• Knowledge and skills in adapting low intensity assessments and low intensity interventions for those with AUTISM/LD<br>• Implement and facilitate AUTISM/LD low intensity interventions targeting core deficits<br>• Translate awareness to offer information/ psycho education to others with the CYPs wider system<br>• To co-deliver group-based, parent/carer training programme providing understanding, insight and behavioural management strategies for children and young people presenting with neurodiversity e.g., ADHD and Autism as well as LD and co-existing conditions (NICE, NG87, September 2019) |

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| | | **Adapted LI CBT for anxiety and low mood:**<br><br>• To understand the evidence of LI interventions in relation to anxiety and depression with CYP with LD/AUTISM<br>• To understand and apply adaptations of LI CBT (assessment and interventions) for AUTISM and LD presentations including emotion recognition training, greater use of written and visual information and structured worksheets, a more cognitive concrete and structured approach, simplified cognitive activities, involvement of parents / carers, maintaining attention, incorporating special interests into intervention, strategies to support generalisation<br>• To understand and be able to apply (via assessment and intervention process) low intensity behavioural approaches to anxiety and depression, including graded exposure and behavioural activation<br><br>**Interventions for behaviours of concern (functional analysis):**<br><br>• To understand common behaviours of concern<br>• To understand the role of precipitating and perpetuating factors<br>• To understand and apply principles of reinforcement and functional analysis<br>• To understand and apply behavioural theory and the fundamentals of behavioural assessment and interventions for behaviour of concern<br>• To understand the evidence base and values underpinning positive behaviour support<br>• To develop skills in the use of behavioural techniques including positive reinforcement, differential reinforcement of alternative behaviour, distraction, desensitization, relaxation and distress tolerance support<br>• To be able to reduce the likelihood of behaviour via antecedent approaches and the use of differential reinforcement and extinctions strategies within a positive behaviour support framework. |

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| | | **Problem-Solving and executive function:**<br>• Understand the everyday executive function needs of CYP with AUTISM/LD and how these interact with the mental health and social functioning of CYP with AUTISM/LD, and the family's levels of stress.<br>• Know how to assess, deliver, and supervise the delivery, of problem-solving approaches to CYP with LD/AUTISM (to include to include training in inhibition, self-monitoring, emotion regulation and effective communication strategies<br>• To understand and know how to support the CYP and their families select intervention content based on their own individual needs.<br>• To be able to deliver sessions on problem solving, organisation skills, social communication, emotion and behaviour regulation strategies, managing anger and worries as appropriate<br>• To know how to support the CYP and their families to implement the strategies that they have learnt in their everyday life. |

## Course Structure and teaching and learning strategies

The diploma will be delivered over approximately 64 taught days (to include supervision of practice and supervision of supervision) in addition to service-based learning and private study. The training may be delivered ideally in a blended format including both remote and face to face training. HEIs are encouraged to provide the G/PG DIP as a part time training programme over 2 years to support release of EMHPs / CWPs from their clinical settings. Consideration will be needed as to the appropriate pulsing and ordering of the modules to meet local workforce and service need and national commissioning.

**Indicative taught days**:

Modules 1 and 2: To include approximately 20 days teaching (to include supervision of supervision) over a 9–12-month period.

Module 3: To include approximately 24 days teaching (to include supervision of clinical practice)

Module 4: To include approximately 20 days teaching (to include supervision of clinical practice)

The training programme will need to contain workshops on theoretical / clinical skills in relation to supervision / enhanced practice and then a minimum of 6 supervision of supervision sessions / implementation groups to support the developing supervisory skills and overcoming implementation challenges.

Further supervision of enhanced practice and practice with CYP and families in the context of enhanced practice and neurodiversity should be offered by HEIs if the knowledge and skills do not exist within the existing MHST or CYPMH workforce. Local and Regional approaches to supervision, delivered by appropriately trained and experienced supervisors, may be needed in the early stages of implementation/training.

While knowledge, facts, theories, and approaches to problems and solutions will be taught, an equal weighting will be given in the course to learning through reflection on the process of supervision / learning itself, underpinned by a peer support and coaching/mentoring process. Trainees should also be encouraged to bring tapes of their own supervision / practice to the smaller supervision of supervision groups. Tapes can be viewed remotely or in person depending on the format of the session. Each module should therefore contain a combination of direct teaching, discussion, group work and experiential learning via:

- Workshops covering relevant theory and practice (modules 1-4)
- Clinical / supervision skills practice (modules 1 to 4)
- Supervision of supervision / implementation groups (modules 1 and 2)
- Supervision of clinical practice (modules 3 and 4)

## Supervision and Clinical practice:

Modules 1 and 2: Senior trainees will need to oversee 80 hours of clinical practice if they are supervising trainee CWPs / EMHPs and 8 completed cases with a spread of difficulties to include working with anxiety, low mood and behavioural difficulties, including working with parents.

This will involve the provision of 40 hours of clinical supervision (ideally split as 20 case management, 20 clinical skills). In addition, they will need to evidence supervision of supervision in relation to their case management and clinical skills supervision (a minimum of 6 sessions).

Modules 3: Trainees will be required to apply at least four of the topics / interventions covered in module 3. They will therefore need to evidence a minimum of four completed cases. Completed cases are defined as: clients seen from assessment to achieving goals set in as few sessions as needed or termination of treatment (according to agreed ending or withdrawal) seen for a minimum of 5 sessions.

Module 4: Trainees must work with a minimum of three cases in module 4. The CYP seen as part of module 4 must have a suspected or given diagnosis of Learning Disability, Autism or ADHD. At least one case must be a low intensity intervention (e.g., group work for ADHD) or adapted LI CBT for anxiety or depression and the other case must be working with behaviours of concern or problem solving for executive functioning.

They will therefore need to evidence a minimum of three completed cases. Completed cases are defined as: clients seen from assessment to achieving goals set in as few sessions as needed or termination of treatment (according to agreed ending or withdrawal) seen for a minimum of 5 sessions.

**Assessments:**

Success of the Senior EMHP/CWP trainees on the course will be assessed using a range of assessments. Please note these assessments are for guidance only – each HEI may specify individual requirements however:

- At least one video assessment is compulsory for Modules 1 or 2 demonstrating skills in delivering low intensity clinical or case management supervision
- At least one video assessment is compulsory for Module 3, demonstrating skills in planning and implementing an enhanced low-intensity intervention.
- At least one video assessment is compulsory for Module 4, demonstrating skills in planning and implementing an adapted low-intensity intervention for CYP with neurodiversity.
- A supervision Portfolio should be included in modules 1 and 2
- A service-based portfolio / Practice Outcomes Document should cover clinical work in modules 3 and 4 and demonstrate competence in clinical practice outcomes. The portfolio should include details of the number of contacts and 'intervention' sessions for each. Supervisor evaluation and sign off is considered a critical part of the evaluation process. Different sources of evidence can be used to demonstrate completion of each POD competency (direct observation by clinical supervisor, discussion and questioning by the clinical supervisor in supervision, testimony from other colleagues, written case records, use of video recordings of clinical encounters and feedback from clinical supervisor on these, reflective accounts of how the outcome(s) was achieved, drawing upon the research evidence base and feedback volunteered by YP and families).

**Modules 1 and 2**

Modules 1 and 2 must include direct observation of supervision in the form of video recordings of supervision sessions. Trainees will also be assessed by a combination of:

An essay on the theoretical underpinnings of delivering supervision in CYPMHS/MHSTs in relation to CWP / EMHP practice

- A video tape and reflective commentary (2000 words) of a supervision session of either or both:
  - Supervision of low intensity supervision session (case management supervision)
  - Supervision of whole school / community-based approach
- A Supervision portfolio should be presented at the end of the course detailing an overview of supervision given and received and evidence of meeting supervision competencies. This should include a report by the training / service supervisor and include feedback from supervisees.
- MHST / CYP Community implementation project which outlines a whole school / community approach and the supervisory skills and support provided to the EMHP / CWP (3000 words).

**Module 3**

- A video recording demonstrating skills in planning and implementing a low-intensity treatment in relation to enhanced practice and a 1000-word reflective video analysis
- 2,000-word clinical report and / or presentation with written account on the implementation of an enhanced practice intervention.

N.B. two different types of enhance practice intervention need to be represented in the two assessments above

- Practice Portfolio / Practice Outcomes Document

**Module 4**

- 2,000-word clinical report and / or presentation with written account on the implementation of an adapted intervention.
- Video recording of competency skill in adapted intervention and reflective analysis (1000 words)

N.B. two different types of intervention (e.g., Group for ADHD/LI CBT or behaviour of concern / problem solving interventions need to be represented in the two assessments above (i.e., the same case cannot be written up for both assessments)

- Practice portfolio / practice outcomes document