

# **NEW WAYS OF WORKING**

## **The Contribution of Child and Adolescent Psychotherapy to New Ways of Working for Child and Adolescent Mental Health Services (CAMHS)**

**ACP submission to the National Workforce Programme as evidence of good practice**

**April 2008**

This document has been produced by the Association of Child Psychotherapists as our submission to the NIMHE National Workforce Programme's New Ways of Working workstreams for both CAMHS and psychotherapy and counselling. The ACP is working with colleagues from other professions in these groups to support the implementation of New Ways of Working as a fully multi-disciplinary development and this document is intended to be a starting point for that process by providing evidence of some of the work currently being undertaken nationally by Child and Adolescent Psychotherapists.

## FOREWORD

A number of professional groups have an important and distinctive contribution to make to improve the lives of children and their families. However it is only by working together across professional and organisational boundaries that we can make the necessary changes to services that will have a real impact. Child and Adolescent Psychotherapists have demonstrated the capacity to think in innovative ways and broaden the application of their skills. This document shows how the specific skills of Child and Adolescent Psychotherapists can be used to improve services delivered to children and young people. New Ways of Working is about having the right people, with the right skills in the right place doing the right job at the right time and most importantly working together.

**Dr Tim Morris**  
**NWW CAMHS Project Lead**

NWW represents a cultural change in the delivery of mental health services. The future is a person-centred values-based approach where services and roles are responsive and flexible. The policy context includes the White Paper, *Our Health, Our Care, Our Say* and proposals for improving access to psychological therapies and social inclusion, as well as mental health legislation.

New Ways of Working is about developing new and enhanced roles for staff<sup>1</sup>. It is about designing systems and processes to support staff to deliver effective, person centred care in a way that is personally, organisationally and financially sustainable. NWW supports the development of a flexible workforce, with relevant capabilities, prepared to adapt to a changing service delivery context and to a modernised mental health service. This, in turn, needs to be reflected by children, young people and families being offered choices of psychological and social support, provided closer to home.

A programme of work in CAMHS is underway which explores models of innovative practice nationally based upon the implementation of New Ways of Working.

New Ways of Working is an important development for Child and Adolescent Mental Health Services and is central to the development of effective services focused on the needs of children, young people and their families. Child and Adolescent Psychotherapists should be, and are, a key contributor to this development at both local and national level.

The role of the Child and Adolescent Psychotherapist encompasses not only individual psychotherapy with children, young people and parents but supervision, teaching and consultation in support of workers with less specialist trainings who will be in contact with children and adolescents. Child and Adolescent Psychotherapists work across many sectors and settings including health, education, social services, primary care, secondary

---

<sup>1</sup> DH (2007) *Mental Health: New Ways of Working for Everyone: Developing and sustaining a capable and flexible workforce. Progress Report April 2007*. London: DH

care, the independent and voluntary sectors. Their particular skills and expertise can be a significant factor in helping children, young people and families.

NWW for Child and Adolescent Psychotherapists will ensure that, as a profession, they continue to work towards being at the heart of modern mental health service for children, young people and families and continue to deliver services that are needed and that children and young people deserve.

This report illustrates how Child and Adolescent Psychotherapists have enhanced and evolved their practice to meet the needs of working in a modern mental health service and ensure wider social inclusion of children, young people and families. It demonstrates and provides examples of how Child and Adolescent Psychotherapists utilise their skills and knowledge to work across and between organisations.

A number of cross cutting themes have emerged throughout this document which are replicated in other NWW workstreams in CAMHS, including: improving access to psychological therapies, regulation, preceptorship, social inclusion, and complexity and children and young people's participation.

**Barry Nixon**  
**National Workforce Lead CAMHS**

## EXECUTIVE SUMMARY

The aim of this document is to provide information for service commissioners, providers, managers and clinicians about the important role that Child and Adolescent Psychotherapists are able to take in developing New Ways of Working in child and adolescent mental health services and to give examples from around the country of where this is happening. The intention is that these good practice examples will provide models for utilising the distinctive contribution of child and adolescent psychotherapy in multi-disciplinary specialist CAMHS and other services. They show that in many areas Child and Adolescent Psychotherapists are involved in extended practice and the development of new roles that are essential to the cultural shift required by New Ways of Working.

The document has been written from the standpoint that Child and Adolescent Psychotherapists are a core NHS profession engaged in the delivery of children's services alongside a number of other professional groups. Most of the examples are therefore from services provided by multi-disciplinary teams of which CAPt is one component. The aim is to highlight the distinctive and significant contribution made by Child and Adolescent Psychotherapists within this multi-disciplinary context.

This document is a snapshot of the ways in which Child and Adolescent Psychotherapists are developing New Ways of Working and contributing to the provision of services that meet the needs of children, young people and families. The range of issues covered includes:

### Key Issues

- Extending the role of experienced and specialist staff to meet the needs of children, young people and their families. Examples include working in schools and in paediatric liaison.
- Working in a multi-disciplinary and multi-agency way that focuses on the needs of the patient. Examples include multi-agency training and services for children who are looked-after or in the youth justice system.
- Early intervention to transform infant mental health. Examples include work with Children's Centres and parent-infant psychotherapy.
- The development of services in different settings to provide care where it is needed. Examples include primary care, community and voluntary sector settings.
- Improving Access to Psychological Therapies including access for black and minority ethnic children.
- Developing the Children's Workforce including a training skills escalator and new roles such as assistant and practitioner grades.

## CONTENTS

	Page
1. Introduction	5
2. New Ways of Working	5
3. About Child and Adolescent Psychotherapy	6
4. The Extended Role	7
5. Patient Centred Care	11
6. Transforming the Early Years: Infant Mental Health Work	16
7. Different Settings: Providing Services Where They Are Needed	18
8. Improving Access to Psychological Therapies	20
9. Developing the Children's Workforce	22
10. Next Steps	24
11. Acknowledgements	25
12. Further Information	25
Appendix: About the ACP	26

## INDEX OF GOOD PRACTICE EXAMPLES

1. The Extended Role of One CAPt	8
2. Tavistock Outreach to Primary Schools	9
3. Paediatric Radiotherapy and Adolescent Haematology	10
4. Renal Project at Great Ormond Street Hospital	11
5. Multi-Agency Training in the Solihull Approach	12
6. Youth Justice	13
7. Multidisciplinary Training in the North of England	13
8. LAC Services in Manchester and Salford	14
9. The Monroe Young Family Centre	15
10. Cheltenham "Secure Start"	16
11. The Parent-Infant Project at the Anna Freud Centre	17
12. Consultation and Training Project with Nurseries	17
13. Different settings: Children's Centres, Primary Care, Schools, Day Units, Community Settings, Voluntary Sector	18
14. An Audit of Patients Seen in One Inner-City CAMHS	20
15. Psychological Therapies Training Resource Project	22
16. Child and Adolescent Mental Health Training Skills Escalator	23
17. Practitioner Grade Training	23
18. Assistant Psychotherapists in the SW of England	24

# The Contribution of Child and Adolescent Psychotherapy to New Ways of Working for CAMHS

## 1. INTRODUCTION

The Association of Child Psychotherapists welcomes the development of New Ways of Working in Mental Health and the work being undertaken by the NIMHE National Workforce Programme, the CAMHS National Workforce Programme and New Ways of Working in CAMHS.

This document provides examples of some of the many ways in which Child and Adolescent Psychotherapists across the country are responding to New Ways of Working and supporting the development of effective services focused on the needs of children, young people and their families. It is hoped that these examples will provide models for how commissioners and service providers can use Child and Adolescent Psychotherapists in ways that make best use of their distinctive contribution; within multi-disciplinary targeted and specialist CAMHS and working into universal services.

## 2. NEW WAYS OF WORKING

The New Ways of Working (NWW) programme within CAMHS is one strand of work within a CAMHS National Workforce Programme aimed at enhancing the delivery of services in order to meet the standards referred to in other important initiatives such as Every Child Matters<sup>2</sup>, the Children's Plan<sup>3</sup> and the Children's National Service Framework (NSF)<sup>4</sup>. The targets set out in Standard 9 of the NSF are a very good marker of the areas that services would need to meet in order to deliver comprehensive CAMHS. Achievement of these targets needs the right number of people in the workforce with the core competences represented in the recent draft *Core Functions for Specialist CAMHS* (CSIP & Skills for Health 2007) but also the way these people work together and make best use of the specialist input of a small number of highly trained professionals with high level skills and competences.

NWW is about making the best use of the current workforce to provide cost effective services that meet the needs of children, young people and families. It recognises the need to concentrate on workforce development, education and training to ensure that CAMHS provide the mix of skills and capabilities required to meet identified needs of children, young people and their families.

This document gives examples of where Child and Adolescent Psychotherapists are enhancing effective, person-centred services through New Ways of Working in multi-disciplinary and multi-agency contexts. The work described demonstrates how Child and Adolescent Psychotherapists are helping to meet the aim of NWW to: "*Enable those with*

---

<sup>2</sup> See <http://www.everychildmatters.gov.uk/> for ECM documents.

<sup>3</sup> DCSF (2007) *The Children's Plan: Building brighter futures*. London: HMSO

<sup>4</sup> DH/DfES (2004) *National Service Framework for Children, Young People and Maternity Service*. London: DH

*the most experience and skills to work face to face with those with the most complex needs and to supervise and support other staff to undertake less complex or more routine work.”* This enables qualified staff to extend their practice and will provide opportunities for new people to come into the workforce at various levels.

### 3. ABOUT CHILD AND ADOLESCENT PSYCHOTHERAPY

Child and Adolescent Psychotherapists make a distinctive contribution to children's services and are most effective when they provide a specialist service as part of a multi-disciplinary team. Psychoanalytic child and adolescent psychotherapy, whether with individuals, families or groups, is based on the detailed observation and understanding of conscious and unconscious communication.

Child and adolescent psychotherapy is a graduate entry profession and applicants must already have substantial experience of working with children, adolescents or families. The pre-clinical training includes two years of close observation of infants and young children and the clinical training is based on one 4-year full-time training post in CAMHS. This enables the trainees to develop skills in a multi-disciplinary setting from the outset. As well as the core study of individual psychoanalytic work with children and young people, work is undertaken with parents, groups, families, and consultation and supervision of other trainees and professionals.

Child and Adolescent Psychotherapists are trained to provide high-level competencies in the assessment of children and their families and are specifically able to sustain long-term individual psychotherapy with children and young people when difficulties are severe, complex or chronic. Child and Adolescent Psychotherapists offer supervision, teaching and consultation across all agencies and professions and their skills can support workers with less specialist trainings who will be in contact with highly disturbed and disturbing children and adolescents.

At the same time the breadth and depth of their training gives them the ability to provide expertise in specialist areas of work and to extend their practice into new service areas where this is required to meet the needs of service users. Examples of specialist areas of work can include:

- Brief work with adolescents
- Brief work with families with very young children
- Consultation to parents
- Group work
- Autistic spectrum disorders
- Children with physical disabilities
- Work with children in the care system
- Foster care support and training
- Post-adoption support
- Family Court assessments
- Forensic services
- Learning disabilities

- Eating disorders
- School based therapeutic services
- Therapy and consultation in hospitals including neo-natal units
- Consultation to institutions
- Practice based research

The provision of child and adolescent psychotherapy is limited nationally with many districts across the country having no, or limited, provision. Significant numbers of children and young people do not have access to this service. It is therefore crucial that services make best use of limited resources, and New Ways of Working provides the opportunity for them to review their workforce and consider whether their current mix of skills and competences enables them to deliver comprehensive CAMHS.

Where commissioners, managers and clinicians have not had the experience of working alongside a Child and Adolescent Psychotherapist there can be an outmoded view of their role as only relating to long-term work with a small number of cases, possibly in isolation from the multi-disciplinary team. The examples in this document show that Child and Adolescent Psychotherapists are actually at the forefront of the extended practice and new roles that are essential to the cultural shift required by New Ways of Working to secure effective, person-centred services that meet the needs of children, young people and their families.

## 4. THE EXTENDED ROLE

Extending the role of experienced and specialist staff is central to the ability of services to meet the needs of children, young people and their families. For example, New Ways of Working for Everyone includes the following key recommendations for Allied Health Professions<sup>5</sup>:

- Demonstrate to commissioners the cost-effective contribution their specialist skills can make to improving the health and well-being of service users and their carers<sup>6</sup>;
- Extend links with local authority and other services to ensure clinical protocols and care pathways for service delivery across organisational boundaries are in place;
- Take advantage of their transferable skills in order to lead service development across mental health services.

This is only possible if staff have the training and experience to enable them to work outside the more supported and structured setting of a specialist mental health service; often with limited supervision and in contact with children and young people whose difficulties may be as severe as those seen in “Tier 3”. The following examples show that CAPts are one of the professions who are taking a lead in this area of work and have the

<sup>5</sup> DH (2007) *Mental Health: New Ways of Working for Everyone: Developing and sustaining a capable and flexible workforce. Progress Report April 2007.* (p 65). London: DH

<sup>6</sup> See for example: NSCAP (2008) ***Invest to Save: The cost-effectiveness of developing child and adolescent psychotherapy services.*** Available from [www.nscap.org.uk](http://www.nscap.org.uk).

skills to extend their roles and scope of practice beyond the core work within multi-disciplinary CAMHS.

The first example is from an individual CAPt in Hackney which demonstrates a range of extended and applied work in different settings. This is followed by a more detailed look at two important but quite different areas where CAPts' skills are increasingly being employed: schools and paediatric medicine.

### Example 1: The Extended Role of One CAPt

**Consultation to local Children's Centre:** facilitation of group supervision for staff at the Centre who work in the community with hard to reach families, provision of individual supervision, staff training, provision of "up-to-5's" Counselling Service which may include home visits when a family is particularly hard to reach;

**Consultation to local Nurseries:** class observations, consultation with staff, attendance at review meetings for a particular child, referring of child to a specialist service;

**Donald Winnicott Centre** (for children with special educational needs) – extended role includes: applied work with families of children with autism and learning disabilities, attendance at the weekly Autism Clinic, attendance at the Centre's multi-disciplinary meeting, attendance at Paediatric Patch Clinic, when necessary, to support paediatrician with particular families.

**Contact:** Sara Leon at [sara.leon@elcmht.nhs.uk](mailto:sara.leon@elcmht.nhs.uk)

## Working in Schools

Child and Adolescent Psychotherapists have shown themselves to be adept at applying their core skills in complex community settings such as schools. Child and Adolescent Psychotherapists have been instrumental in developing and delivering innovative ways of working in schools in many areas of the country, relying on their core skills but utilizing them to adapt to the needs of working in universal services. In schools this has included managing and delivering services which contain the following elements:

- Consultation and work discussion groups for staff
- Formal training in emotional development and child mental health for staff
- Working with children in groups, including alongside school staff, thereby extending the range of skills and understanding available to staff
- Working with parents in groups
- Offering direct therapeutic work to children and parents in school contexts
- Offering support and training sessions to parents
- Offering whole family work in schools
- Making specialist assessments and ongoing referrals to other professionals, according to current clinical pathways and best practice
- Using infant observation skills to undertake thorough observations of children to feed back important information to staff, parents and the network
- Undertaking child psychotherapy 'state of mind' assessments in school settings and similarly feeding information back.

- Working with whole systems

The Child and Adolescent Psychotherapist is especially well-placed for such work. They have knowledge of core areas such as child development and psychopathology. They are trained to manage and contain high levels of anxiety, whether in patients, staff or systems. Their experience with intensive psychotherapy cases, personal analysis and in-depth supervision mean that they are able to retain their capacity to think under pressure and to offer supportive and thoughtful help when it is easy to resort to a punitive or blaming response, or to act precipitately. The Child and Adolescent Psychotherapist in many educational settings has become a trusted and much relied upon member of the school team, sought out for advice on vital matters by heads, senior managers, teachers and support staff.

The skilled psychotherapist can retain a balance between direct therapeutic work of many varieties, and indirect and informal support and thinking about children and families. Such thinking can make all the difference to the attitudes of school staff to specific pupils, or to kinds of pupil groups, and hence to how both staff and pupils feel about themselves. A child psychotherapy approach can often moderate staff attitudes towards children, as well as helping spot and provide early intervention for cases that otherwise might slip through the net, such as emergent ADHD or autism, or psychotic or depressive symptoms and much more. Regular support to school staff by Child and Adolescent Psychotherapists has been shown to reduce staff sickness levels, as well as facilitating staff to feel more confident about their capacity to manage complex children appropriately, both with and without specialist help<sup>7</sup>.

One example of Child and Adolescent Psychotherapists providing services to schools is the Tavistock Outreach to Primary Schools (TOPS) which is part of the Camden Children's Fund Primary Schools Project and has been subject to evaluation.

### **Example 2: Tavistock Outreach to Primary Schools**

The Tavistock Clinic has developed a psychotherapy outreach service in primary schools (TOPS), which bases specialist CAMHS Child and Adolescent Psychotherapists in 5 primary schools in the London Borough of Camden. The project recruits volunteer assistant therapists from Tavistock clinical training programmes to work alongside the Child and Adolescent Psychotherapists. The project is currently funded by the Camden Children's Fund and the Tavistock Clinic.

The five schools in which the Tavistock outreach project is based are in areas of long-term deprivation and disadvantage. A significant proportion of the school populations are from refugee backgrounds or families where English is the second language. Having specialist CAMHS clinicians working within the schools is an effective way of addressing some of the health inequalities linked to access to services and distribution of resources.

**Contact:** Katie Argent at [kargent@tavi-port.nhs.uk](mailto:kargent@tavi-port.nhs.uk)

---

<sup>7</sup> See for example: JACKSON E (2002). Mental health in schools: what about the staff? *Journal of Child Psychotherapy*. 28 (2), 129-146.

## Paediatric Liaison

Standard 9 of the Children's NSF highlights the importance of paediatric liaison and CAMHS input to hospital-based children's services. It includes the following marker of good practice:

*"It is essential for a hospital with a children's service to ensure that staff have an understanding of how to assess and address the emotional wellbeing of children, and are able to identify significant mental health problems, and that there are robust liaison arrangements in place to secure CAMHS input, including psychiatry, psychology, individual and family psychotherapy, social work and CAMHS trained nurses."*

New Ways of Working for Everyone also identifies the importance of the integration of care for mind, body and emotion. The input of Child and Adolescent Psychotherapists is highly valued in aspects of paediatric liaison such as:

- A&E services including deliberate self harm and acute psychiatric presentations;
- Child protection;
- Neonatal Intensive Care Units (NICU) and Paediatric Intensive Care Units (PICU);
- Complex, impairing, life threatening and long-term illness.

There are many examples of this type of work by Child and Adolescent Psychotherapists. The first is from a CAPt who is part of the Child & Adolescent Psychological Medicine team in a large London teaching hospital and has particular responsibilities in the areas of Paediatric Radiotherapy and Adolescent Haematology. The CAPt describes the particular contribution she brings to the service, alongside colleagues from other disciplines.

### Example 3: Paediatric Radiotherapy and Adolescent Haematology

In the hospital where I work in central London the department of Child and Adolescent Psychological Medicine [also known as the Liaison Team] works as an integral part of the Paediatric Department. Our team is made up of Child and Adolescent Psychiatrists, Child and Adolescent Psychotherapists and Clinical Psychologists. Each discipline has its own skills and there are also times when we work together with a family or undertake teaching together.

Child and Adolescent Psychotherapists' training with distressed and emotionally traumatised children and families is key to finding a way to understand and support families who are going through traumatic life events with a diagnosis of a terminal illness, or a chronic condition requiring regular hospital procedures and clinic visits. Our task is to listen to, observe, and to try to contain some of the unbearable and frightening feelings, which are often raw and unprocessed in the alien hospital setting. We attempt to try to name the unspoken anxieties and thereby aid the child's understanding of his/her situation and hopefully the resilience of the child and family to endure the treatment and sometimes the unknown outcome. In these circumstances the desire to rush to action, or to offer false comforts, is felt by the psychotherapist but is resisted. The consistent and reliable presence of the psychotherapist who can stay with the distress is all important in these circumstances. We could not attempt this work without the background offered

by our own analysis, our pre-clinical learning from observation and the meaning of what we observed, and our extensive clinical training.

**Contact:** Jane Elfer at jane.elfer@uclh.nhs.uk

The second example is of a project run by a Child and Adolescent Psychotherapist from the Anna Freud Centre:

#### **Example 4: Renal Project at Great Ormond Street Hospital**

The Anna Freud Centre Renal Project is based at Great Ormond Street Hospital and serves young people and families attending the haemodialysis unit. The project, which is in its second year, consists of the development of group sessions serving young people and their parents.

The groups run for 10-12 weeks. During this time, young people are invited to think about the impact that illness has in their capacity to think about their feelings and how they affect their capacity to comply with the medical regime. Moreover, the project seeks to develop interventions and assessment tools that help doctors, nurses and parents to support the emotional needs of young people experiencing end stage renal disease. The group sessions are semi-structured but lively and seek to adapt to the specialised needs of the haemodialysis unit.

**Contact:** Norka Malberg at norka.malberg@annafreud.org

## **5. PATIENT CENTRED CARE**

### **Multi-Agency Working**

The ability of professionals and organisations to work in a multi-disciplinary and multi-agency way that focuses on the needs of the service user, rather than the needs of the worker or service, is even more important for children and young people than it is for adult mental health services. Emotional and behavioural problems, as well as child protection issues, may be identified in a range of settings from school to primary care. Meeting the needs of children for physical and mental health care, education, housing and welfare services requires a co-ordinated multi-agency response that puts the needs of the child at the centre. For this reason the Children's NSF and Every Child Matters stress the importance of developing partnerships between all agencies. The NSF identified a range of areas as requiring multi-agency working, including but not exclusively: children in care, youth justice services, paediatric liaison, early intervention for psychosis, highly complex and challenging young people and services for black and minority ethnic groups.

The Children's Workforce Strategy<sup>8</sup> also emphasises the importance of workers in all settings having the appropriate skills to recognise mental health and learning difficulties and promote the mental health and psychological well-being of children and young people. This in turn relates to the aim of New Ways of Working to enable those with the most

---

<sup>8</sup> DfES (2005) Children's Workforce Strategy: A strategy to build a world-class workforce for children and young people. London: DfES

experience and skills to supervise and support other staff either within specialist CAMHS or in universal services.

Multi-agency working and the training and supervision of other professionals is an area that Child and Adolescent Psychotherapists are particularly well placed to undertake as they have an understanding of the highly complex processes within and between institutions and an ability to hold networks together around patients, particularly those who create significant anxiety for professionals and agencies. The CAPt's training, including observational skills, in-depth knowledge of child development, and experience gained through undertaking long-term intensive psychotherapy enables them to:

- Represent the child's experience in relation to his/her family placement, special educational needs and therapeutic needs;
- Support the emotional well-being of staff in all agencies working with children and young people with mental health problems, some of which may be severe;
- Understand and address the complex emotional consequences for the parents of children and young people in crisis;
- Offer long-term therapy, including intensive therapy, to children in the care system, and supervision and consultation to their carers and professionals;
- Provide treatment for young people whose difficulties result in contact with the youth justice system.

The first example highlights not only the role of CAPts in joint working with Health Visitors and provision of training and supervision that supports the well-being of infants and their parents; but also demonstrates their ability to work across psychological modalities where this meets the needs of patients.

#### **Example 5: Multi-Agency Training in the Solihull Approach**

The Solihull Approach was originally developed by Child and Adolescent Psychotherapists. It is designed to be used as a brief intervention for those working with children, young people and their families and is supported by a comprehensive resource pack. It offers an integrated psychodynamic/ psychotherapeutic and behavioural approach for professionals working with children and families who are affected by behavioural and emotional difficulties.

Child and Adolescent Psychotherapists within the Gloucestershire Partnership NHS Trust have trained as trainers for the Solihull Approach and helped roll it out across the county. This has been a joint project between CAMHS and Health Visitors.

**Contact:** Moira Keyes at [moira.keyes@glos.nhs.uk](mailto:moira.keyes@glos.nhs.uk)

The following examples from Birmingham show two interesting ways in which CAPts can use their specialist skills and knowledge to bring a new perspective to work with troubled young people who have ended up in the youth justice system.

### Example 6: Youth Justice

The Birmingham Trust for Psychoanalytic Psychotherapy have been part of the local Youth Inclusion and Support Panel (YISP) and have had very positive feedback from the police who have said that their involvement has revolutionised the way they use and administer ASBOs.

Another Youth Offender Team project was one-off sessions for youngsters and parents, prior to their going to panel for sentencing: writing a one-page report or speaking to panel about what factors in their internal worlds' were involved in the misdemeanour. The panel, ordinary local people, said they found this "an eye-opener" and "extremely helpful, particularly with uncommunicative, withdrawn and surly kids".

**Contact:** Shirley Truckle at shirleytruckle@btp.co.uk

The combination of skills from a range of disciplines and professionals is at the heart of creating the capable teams that are required to deliver effective CAMHS. One of the best ways of developing New Ways of Working is through encouraging training that is multidisciplinary, and inter-agency, in its setting and context. The following example from the north of England shows that CAPTs are delivering training to support the MDT.

### Example 7: Multidisciplinary Training in the North of England

The Northern School of Child and Adolescent Psychotherapy (NSCAP) is a multidisciplinary training organisation. The majority of our activity is aimed at extending the skills and competencies of professionals working with children, young people and their families in the full range of settings and organisations. A recent audit showed that the professional background of students on just one of the programmes included:

#### **Professional Background of Students**

Health Visitors, Residential Social Workers, Foster Care Worker, Specialist Registrars in Child and Adolescent Psychiatry, Clinical Psychologists, SureStart Nursery Nurse, Paediatric Staff Nurse, Behaviour Support Worker, Youth Worker, Genetic Counsellor, Teachers, Midwife, Learning Mentors, CAMHS Social Workers, Mental Health Practitioners, Art Psychotherapists, Teaching Assistant, Family Outreach Worker, Nurses, Occupational Therapists, Community Paediatrician, Nurse Manager in CAMHS, Voluntary Sector Manager, Counsellors

Training is most effectively delivered in multidisciplinary groups where members can share their experiences with each other and learn how colleagues from different backgrounds may view or approach a particular issue. NSCAP's training programmes are aimed at supporting and developing the skills of people within their existing profession, whether that be teaching, nursing, social work, psychology or medicine. Evidence suggests that courses such as these make a significant contribution to workforce recruitment and retention.

One recent example was a three day course in Working Therapeutically with Young People. This is part of our training programme in adolescent mental health and was intended for professionals working in a range of roles with adolescents as an effective

learning opportunity in its own right as well as providing an access point to the PG Cert programme.

The programme is designed for those whose main interest or workload consists of work with young people. It covers the adolescent developmental process from a broad psychoanalytic perspective as well as taking into account biological and social influences on development. The programme provides an introduction to the problems and disturbances of adolescence. It is a distinctive, multidisciplinary training for professionals who will be equipped to work across the adolescent age range and think across service boundaries.

**Contact:** Lydia Hartland-Rowe at [l.hartland-rowe@leeds.ac.uk](mailto:l.hartland-rowe@leeds.ac.uk)

## Looked-After Children

Children who are in the care of local authorities, described as 'looked-after children' are one of the most vulnerable groups in society. The majority of children who remain in care are there because they have suffered abuse or neglect. At any one time around 60,000 children are looked after in England, although some 90,000 pass through the care system in any year. The Every Child Matters: Change for Children programme aims to improve outcomes for all children. To date the outcomes achieved by looked-after children have been unacceptably poor, and the government is committed to addressing this disparity.

A considerable amount of the work of Child and Adolescent Psychotherapists in all services now involves looked-after children and many work in specialist looked-after children (LAC) services. CAPts also work in residential settings providing long-term care and others are closely involved with the family courts providing assessments. As set out above the contribution of CAPts to these services can be the ability to hold networks together around patients and offer long-term therapy where this is needed.

As the following example shows the role for the Child Psychotherapists in these specialist teams is constantly being adapted and extended in order to maximise the possibilities of engaging with difficult to reach children, and with the complex and sometimes fragmented system in which they are held.

### Example 8: LAC Services in Manchester and Salford

The number of looked-after children in Manchester and Salford is considerably higher than the national average. These are children for whom the Local Authority maintains a level of parental responsibility and who are placed in foster care, residential placements or in the supervised care of family members. Both authorities have dedicated specialist CAMHS LAC services aimed at meeting the mental health needs of these children, jointly commissioned by health and social services commissioners, and consisting of a range of professionals from both health and social services. Commissioners have recognised the importance of the role for Child and Adolescent Psychotherapists in work with Looked After Children and their carers, and there are 3 senior Child Psychotherapists (a total of 1.6 WTE) working within the two specialist LAC teams.

There is often a pressure from the courts and from the professional network to respond immediately to the vulnerability and deprivation of these children with direct therapeutic work. However, this is not always the most helpful response in the first instance for children for whom the development of any new relationship is often fraught with anxiety, uncertainty and a self-protective resistance to contact. The Child Psychotherapists in these services have therefore needed to develop a range of ways of working within the networks surrounding these children in order to find a way to address their deep and often fundamental psychological difficulties. While each of the Child Psychotherapists has a core caseload of children in long-term once or twice-weekly psychoanalytic psychotherapy, much of their clinical work is also directed towards carers and the professional network. The Child Psychotherapists work regularly, for example, with carers and children together, undertake observations and consultations in schools, and provide clinical consultation to carers and to social workers, where the emphasis is on an attempt to think about the meaning underlying what can often be very distressing or anxiety-provoking behaviour. Distorted ways of relating to carers (and other concerned adults), are often repetitions of patterns developed in earlier neglectful and abusive situations. Child Psychotherapists are particularly alert to the emotional meaning and impact of such interactions for both child and carer, and can help carers to feel that their responses within these relationships have meaning and can be helpfully understood.

**Contact:** Simon Cregeen at [simon.cregeen@cmmc.nhs.uk](mailto:simon.cregeen@cmmc.nhs.uk)

The following example shows a different kind of service and ways in which CAPTs are involved with the safeguarding of children at risk.

### **Example 9: The Monroe Young Family Centre**

The Monroe Young Family Centre provides a specialist resource to families with children who are considered to be at risk, or have been subjected to abuse or neglect. It is a multi-disciplinary assessment and treatment service for children aged up to 6 years and their families where serious abuse has occurred or is suspected.

The MYFC attempts to involve families with the whole professional network, so that multiple perspectives can highlight what needs to be explored and understood and how we might discover what we need to know – family meetings, individual sessions, sibling groups, home visits, observations of breaks, and observed family sessions. The child psychotherapy perspective can help to make specific contributions to the work.

Child Psychotherapists are particularly well suited due to their training to do the assessments of the individual child's needs, to give a view on the child's wishes and feelings, the internal world, how this is communicated and how this links up with the "facts" of the external world. The individual child's assessment contributes to conclusions the team as a whole can come to, when linked up with all the clinicians who have worked with the children and their parents over the course of the family's assessment. Child Psychotherapists are often able to speak about seeing things from the child's point of view, about representing the child's perspective.

**Contact:** Lynne Amidon at [lamidon@tavi-port.nhs.uk](mailto:lamidon@tavi-port.nhs.uk)

## 6. TRANSFORMING THE EARLY YEARS: INFANT MENTAL HEALTH WORK

Attachment difficulties in pre-school children can lead to impairments in personality development that impact on their learning and behaviour. Specialist services need clinicians trained and skilled in the identification and treatment of infant mental health problems and who are able to work within universal services to provide help to families where they most need it. This is an area where the specialist training of CAPts in personality development along with their observational skills can be used to support vulnerable families in developing stronger relationships.

One example of this way of working is the infant mental health service, known as ‘Secure Start’, provided by Child and Adolescent Psychotherapists in the Gloucestershire Partnership NHS Trust. This began under the auspices of Cheltenham Sure Start and continues to provide a clinical service brought in by a consortium of Children’s Centres covering roughly the same area in north Cheltenham. The aim of the service is to accept referrals on the basis of families at high risk for being vulnerable, as well as ones where a difficulty has developed. The team ideally work in the home (except when considered too difficult) and also help move these ‘hard to reach’ families into their nearest Children’s Centre provision. The CAPt and a CAMHS nurse, who is also qualified as an adult counsellor, are now brought in for 2 days a week, working alongside community workers from two Children’s Centres and suitably qualified volunteers under supervision.

### Example 10: Cheltenham “Secure Start”

We have been offering a dedicated service to vulnerable and “hard to reach” families where there is a child of two or under, while also encouraging them to access other resources in the area, primarily the Children’s Centres. In addition to our own direct work with families, done mostly within the home, we also offer consultation and teaching to others working in related professions.

This is a “strength-based” service which sets out to improve the relationship between parent and infant by helping the parent to become more in tune with their child. We aim to promote emotional overlap. One of our goals has been to introduce the idea of making a referral on the basis of the presence of certain risk factors, which means that we have been able to frequently offer help before anything has gone radically wrong. We use a variety of different ways of working, including video feedback. The baby or toddler is always present, as the “patient” needs to be thought of as the relationship between child and parent; their shared intersubjective space. All referrals are seen as soon as an appointment can be organised, usually within two weeks, and these come from a range of professionals and services.

One can only hypothesise about what might have occurred within the families we have seen if they had not had the service – and this applies to all early interventions since longitudinal research on early intervention has shown that many effects are only demonstrated over a considerable period of time (e.g. less take up of services, better school performance, children who break the cycle of stressed parenting when they

become parents in turn, etc.). However, a large body of research demonstrates the importance of secure attachment for later resilience, while also making it clear that early stressed parent-baby relationships contribute to creating children at high risk for later mental health problems and also with a tendency to become inappropriately violent.

**Contact:** Robin Balbernie at [robin.balbernie@glos.nhs.uk](mailto:robin.balbernie@glos.nhs.uk)

A different example is the Parent-Infant Project which builds on the practice, research and training in child psychotherapy at the Anna Freud Centre. The Parent-Infant Project has outreach programmes in the community, working with Sure Start, homeless families and mothers and babies in prison.

### **Example 11: The Parent-Infant Project at the Anna Freud Centre**

The Parent Infant Project (PIP) offers specialist and easily accessible help to families who might be struggling to find their feet in their relationship with their infant(s) aged 0-12 months. The focus is on the first year of life when development is most critical and fluid. The service works with parents and their babies to help them understand their relationships by talking together about strengths and concerns, and reflecting on what the baby is trying to communicate and how the parents want to respond. Parents are seen in parent-infant psychotherapy sessions either one-to-one with their baby or within a mother-baby group.

The PIP model has been adapted for use in community settings with high risk populations – such as hostels for homeless families who do not normally access mental health services, and HM Prison Mother-Baby Units. Evaluation of these programmes using standardised measures of infant development (the Bayley Scales of Infant and Toddler Development) and of the parent's capacity to think about the infant's communications (Reflective Functioning measured within the Parent Development Interview) show they are effective in helping children to develop in more healthy and less problematic ways.

**Contact:** Tessa Baradon at [tessa.baradon@annafreud.org](mailto:tessa.baradon@annafreud.org)

The final example is concerned with training that has been provided to nurseries in Bristol, Hammersmith and Fulham. Under the auspices of Roehampton University a multi-disciplinary group of professionals involved with nurseries, facilitated by a Child and Adolescent Psychotherapist, has piloted a training programme focussed on the emotional well being of babies and young children.

### **Example 12: Consultation and Training Project with Nurseries**

This training is based on the premise that if attention is given to the anxieties and concerns of staff about intimate emotional contact with children, this will enable staff to make close individual relationships with children, be more responsive to their states of emotion and more tuned into their individual learning needs. Phase 1 comprises the training of the Heads of Nurseries in infant observation, attention to group processes and child development theory. In Phase 2, the Heads are asked, with continuing support from the trainers, to deliver a modified version of the training to nursery staff using their understanding of group processes developed in Phase 1.

In September 2008, the new Early Years Foundation Stage (birth to five) will be implemented as a statutory requirement. It emphasises the importance of attachment relationships between nursery staff and children. Yet there is a growing body of evidence that the anxiety, pain and frustration of close emotional contact with children often causes institutional defences and detached behaviour by staff. The involvement of a Child Psychotherapist in this training, enabling the containment of some of the primitive states of mind that babies and young children routinely expose nursery staff to, has been crucial in enabling real shifts in nursery practice.

**Contact:** Peter Elfer at p.elfer@roehampton.ac.uk

## 7. DIFFERENT SETTINGS: PROVIDING SERVICES WHERE THEY ARE NEEDED

The White Paper “*Our Health, Our Care, Our Say: a new direction for community services*” says:

*‘We need strategies for workforce development that support radical shifts in service delivery and equip staff with the skills and confidence to deliver excellent services, often in new settings. Staff will increasingly need to bridge hospital and community settings in their work.’*

There is recognition that sometimes the traditional “mental health clinic” can be seen as off-putting and stigmatizing by some families and this may be one reason why certain groups have unequal access to services and be seen as “hard to reach”. Particularly in the case of children and young people with often complex emotional needs the setting in which services are offered can be crucial to their ability to access appropriate care and treatment. The following are brief examples of where Child and Adolescent Psychotherapists have been able to work within universal or primary care settings to provide care direct to patients or to support staff with the emotionally challenging aspects of their work.

### Example 13: Different Settings

#### **Children’s Centres**

Camden CAMHS has used a Child and Adolescent Psychotherapist to provide an under 5's Early Years Intervention Service by working in Children's Centres to assess children's emotional functioning and help staff cope with them in the Centres through increased understanding. The CAPt also provides consultation to the more behaviourally oriented staff in the Early Years Intervention Team, including Speech and Language Therapists and Educational Psychologists, to help them understand and work with the emotional aspects of the children they are trying to support.

#### **Primary Care**

Camden also has Child and Adolescent Psychotherapists providing short-term work and consultations in GP practices in the borough. They offer direct work in surgeries following informal referrals from the GPs.

## **Schools**

One Camden CAPt has set up a service in a school for severely disabled children providing treatment for these children using CAPts in training at the Tavistock Clinic. These children have never had this kind of opportunity before as they are seriously disabled and so psychotherapy on site was a necessity. The service is highly valued by the school.

**Contact** (for 3 examples above): Ricky Emanuel at ricky.emanuel@camdenpct.nhs.uk

CAPts in Birmingham have provided emotional literacy groups in local schools for nursery, first year primary, and Year 6 leavers of 5 children in a group for 25 minutes each for 5 sessions. All children in the class were seen and the teaching staff felt, according to the Head, that the groups made a difference, especially to the Reception Class (now 8 years old) who they felt were more relaxed, verbal and mutually supporting. They also noticed that the boys and girls talked to each other more.

**Contact:** Shirley Truckle at shirleytruckle@btp.co.uk

## **Day Units**

The Mulberry Bush Day Unit is an integrated therapeutic and educational service for primary school children with complex emotional and behavioural difficulties. Most of the children have been excluded from mainstream schools and Pupil Referral Units. Staff in the day unit consist of teachers, teaching assistants, an educational psychologist, a social worker, child psychotherapists and trainees from a variety of disciplines. A Consultant Psychiatrist heads the unit together with the head teacher and the senior management team. Individual psychotherapy is available to children in the unit.

**Contact:** Kate Robertson at krobertson@tavi-port.nhs.uk

## **Community Settings**

Staff from the Birmingham Trust for Psychoanalytic Psychotherapy, the NHS funded child psychotherapy training school for the West Midlands, have been working in an outer city area of extreme deprivation where, in one school, 74% of the children have free school meals. The Child Psychotherapists have been piloting a very informal approach where they are known by their first names and accept informal referrals from schools, parents and police. This has meant that youngsters who would never normally be seen can (with parental agreement) be brought by the school, or by themselves, to a room within the school for required help.

**Contact:** Shirley Truckle as above.

## **Voluntary Sector**

Open Door is a voluntary sector (tier two) counselling and psychotherapy service provided for young people aged 12-24. The service has two locations, the main one in Crouch End and a satellite service based at the Laurels Healthy Living Centre in Tottenham.

The Open Door team are professionally trained psychotherapists who specialise in working with and supporting young people. The services provided include:

- brief time-limited therapy
- medium-term time limited therapy
- longer term psychotherapy for up to 2 years.

In addition to the Young People's Consultation Service Open Door provides a separate service for the parents of teenagers and young adults. It aims to help and support parents whose teenage children feel unable or unwilling to access help themselves.

**Contact:** *to follow*

## 8. IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES

Improving Access to Psychological Therapies (IAPT) is an important aim for mental health services and this can be delivered through investment in services and New Ways of Working.

### Access to Services for Black and Minority Ethnic Children

One key area is improving access to CAMHS for vulnerable young people, particularly those from black and minority ethnic communities. Reducing inequalities in access to services is fundamental if CAMHS are to meet the needs of black and minority ethnic children. In order to establish what practicable steps need to be taken, data is needed on current levels of access and this is particularly true of Child and Adolescent Psychotherapy.

Ethnic monitoring may act as an 'early warning system' that can raise questions and – when used in conjunction with other forms of evidence – may form the basis of action to reduce inequalities in access to psychological therapies for black and minority ethnic children. This has important implications for ethnic minority groups, who are more likely to live in deprived areas and experience poverty – both factors highly correlated with mental health problems. The following summary of a recent audit shows that the background of children seen by Child and Adolescent Psychotherapists is broadly similar to overall CAMHS.

#### Example 14: An Audit of Patients Seen in One Inner-City CAMHS

**Method:** An audit investigating the ethnicity of children seen for one particular type of treatment (child psychotherapy) within a large NHS Mental Health Trust was carried out over a one-year period, and findings compared to overall CAMHS figures.

**Data:** During the period from January 1st – December 31st 2005, the CAPts in the Trust had 563 open cases. This is equivalent to 38.3 open child cases per full-time equivalent CAPt, although overall caseload would be greater than this, as the audit did not include work with adults or parents in their own right or record consultation, supervision, 'sibling work' and 'brief work'.

**Results:** Data from ethnic monitoring of the 563 children seen by CAPts in the Trust during 2005 show that the largest group of children seen by CAPts are categorised as 'White', although this group is still less than half of the overall number of children seen (45%). The second largest group is 'Black' children (23%), followed by 'Mixed' (13%) and 'Asian' (7%).

The ethnicity of children seen by CAPts was compared to the ethnicity of children seen overall by CAMH services in this area. Child Psychotherapy was found to be, broadly speaking, in a similar position to other mental health disciplines within CAMHS in terms of the range of children seen from different ethnic communities. CAPts see slightly less 'Asian' children and children from 'Other ethnic backgrounds' compared to overall CAMHS, but work with a slightly greater proportion of 'Black', 'White' and 'Mixed' children.

**Conclusions:** Child Psychotherapists work with children from a broad range of ethnic backgrounds, with the proportion of children from different ethnic groups fairly comparable to overall CAMHS figures. However specific differences to overall CAMHS were identified, and these require further investigation.

**Contact:** Nick Midgley at [nickmidgley@btconnect.com](mailto:nickmidgley@btconnect.com)

## Psychological Therapies Training

The provision of psychological therapies is central to the delivery of health services, social care and education. The need to increase access to a range of effective psychological therapies is an important aspect of many national initiatives and policies. At the same time there is increasing demand from service users for "talking therapies" and also increasing evidence of their effectiveness<sup>9</sup>. The demand for therapeutic provision and for a psychologically informed workforce, able to work with people with mental health and learning difficulties, spans agencies and services for children, adolescents, families, working-age adults and older people. There is an identified need for high quality training in psychological therapies that develop the skills and competencies of the workforce and leads to improved provision of services.

NHS Yorkshire and the Humber is sponsoring a project to:

*"Support the delivery of high quality training in a range of psychological therapies for professionals working with children, adolescents, families, working-age and older adults, including people with learning disabilities, in health, social care, education and criminal justice services."*

Child Psychotherapists from the Northern School of Child and Adolescent Psychotherapy and the Tavistock and Portman NHS Foundation Trust are key members of a partnership

---

<sup>9</sup> See for example: KENNEDY, E (2004). *Child and Adolescent Psychotherapy: A Systematic Review of Psychoanalytic Approaches*. London: North Central London SHA. A pdf version is available at [www.nscap.org.uk](http://www.nscap.org.uk)

of local commissioners and providers of training who have come together to develop resources in psychological therapies training.

#### **Example 15: Psychological Therapies Training Resource Project**

The project will develop a psychological therapies training resource centre that will co-ordinate existing training activity and ensure that services have access to a workforce able to deliver an appropriate range of evidence-based psychological therapies. It will facilitate the commissioning of programmes that fill identified gaps and respond to the needs of service providers and commissioners as well as individual professionals.

The project will: provide a map of current resources; develop ways of improving access to training; and support the commissioning of new programmes by engaging with the various stakeholders to ensure planning and priorities for training are linked to pathways and packages that work. This new way of working will potentially have many other benefits including: clear priorities linked to evidence based practice; the development of a network of mentors and clinical educators; a focus for research activity; and ultimately improved access to psychotherapy for patients.

**Contact:** Nick Waggett at [nwaggett@btopenworld.com](mailto:nwaggett@btopenworld.com)

## **9. DEVELOPING THE CHILDREN'S WORKFORCE**

Good quality training and education that is specific to the needs of children, young people and their families is essential to the future development of the children's workforce and the development of New Ways of Working, as it enables some individuals to extend their skills and other to take on new roles.

### **Training Skills Escalator**

There is a pressing need to meet the training requirements of the workforce to address the concern expressed in the Children's NSF and Every Child Matters with supporting emotional well-being and increasing the availability of appropriate and accessible early interventions where there are difficulties. There is a particular need to ensure that staff offering services to families properly reflect the diverse range of communities they serve.

Child and Adolescent Psychotherapists in London have developed a child and adolescent mental health 'Training Skills Escalator' (TSE) with the support of the North Central London SHA and now NHS London. The TSE is a training route for frontline support staff who want to develop their capacities and their contribution to the workforce. The TSE seeks to recruit from black and minority ethnic communities, and mature members of the workforce, who wish to develop their potential for a career in this field. The TSE offers a training opportunity which meets the needs of those who have practical abilities in working with children and adolescents but who do not have the formal educational attainments needed to access other trainings.

### Example 16: Child and Adolescent Mental Health Training Skills Escalator

The Training Skills Escalator is a series of linked trainings which at each level offers something of value in itself while at the same time providing a stepping stone into professional mental health training for those who have the potential to benefit. The trainings are designed to develop the skills of the workforce from those employed in support worker roles through to those who may wish to pursue a career as Generic Mental Health Workers with children and adolescents or as Child and Adolescent Psychotherapists.

The TSE is aimed at frontline support staff working in London in voluntary, NHS, education and social care settings such as:

- Social Care Assistants
- Community Support Workers
- Learning Support Assistants
- Learning Mentors
- Nursery Nurses
- Play Leaders
- Youth Workers
- Family Centre Assistants

The Training Skills Escalator consists of three linked courses:

- A ten week Awareness Course (half day per week)
- A one year Foundation Course (half day per week)
- A two year Observational Course (one day per week)

**Contact:** Judy Shuttleworth at [judy.shuttleworth@whittington.nhs.uk](mailto:judy.shuttleworth@whittington.nhs.uk)

### New Roles

In addition to training that supports personal and professional development the modern CAMHS workforce needs a career structure and the development of new roles to bring new people into the workforce. *New Ways of Working* is about “*having the right people in the right place doing the right job at the right time*”. This means having the right number of people, with the right skills and competences, working at the right level in each organisation. The CAMHS Workforce Planning Model and Use of the Creating Capable Teams Approach (CCTA) are mechanisms for achieving this and may involve the introduction of new roles such as assistant and associate mental health practitioners.

### Example 17: Practitioner Grade Training

The Association of Child Psychotherapists is aware of the need to create an increased supply of effective therapeutic workers in Agenda for Change bands 5 to 7. As well as improving access to psychoanalytic psychological therapies for more children, young people, parents and families, this would provide a career pathway for professionals who want to work therapeutically with children. The ACP, and the child psychotherapy training institutions, are therefore seeking to develop a practitioner grade training in psychoanalytically informed approaches that would guarantee quality standards and offer

clarity about levels of knowledge and skills. The proposed training would assist CAMHS in providing the full range of treatments and improve access to psychological therapies without compromising standards.

**Contact:** Sue Sherwin White at [acp@dial.pipex.com](mailto:acp@dial.pipex.com)

One area where Child and Adolescent Psychotherapists already have considerable experience is in the use of Assistant Psychotherapist posts. The following example demonstrates some of the complexity of introducing new roles and how this has developed in the south west of England.

### **Example 18: Assistant Psychotherapists in the SW of England**

In establishing Assistant Child Psychotherapist posts in the NHS in the South West of England it was important to clarify entry criteria and the support structure to ensure Assistants were not working beyond their capabilities. The requirements for entry were: acceptance or attendance on the Observation Course (the pre-clinical training for child psychotherapy); a previous qualification in and experience of work with children; and an understanding and interest in basic psychodynamic thinking.

Assistants were appointed to posts in CAMHS clinics. The support structure involved weekly supervision from a Child Psychotherapist in situ and the restriction of the work to time limited or focussed interventions with children, young people and their families. The posts were used to provide psychodynamically informed treatment. There was a substantial supply of applicants who wanted experience of work in CAMHS or who were intending to continue to train as CAPTs but had insufficient experience of children over the necessary age range.

The posts were popular with clinics as they were low cost, often providing high quality staff bringing particular skills from previous employment. They were popular with assistants and clinics alike because the assistants were able to learn from other treatment modalities such as Family Therapy or CBT. Many of the applicants had degrees already, others used the time and experience to acquire the Masters degree available through the Observation Course. A number went on to the full training in the same clinic and benefited enormously from the early contact with colleagues and patients.

**Contact:** David Hadley at [david.hadley@awp.nhs.uk](mailto:david.hadley@awp.nhs.uk)

## **10. NEXT STEPS**

This document demonstrates how Child and Adolescent Psychotherapists are using their skills to contribute significantly to New Ways of Working. Child and Adolescent Psychotherapists have the training and skills to extend their roles and scope of practice beyond the core work within multi-disciplinary CAMHS. The core therapeutic work with children and young people with complex emotional and mental health difficulties will remain: in fact it needs to grow and develop and take advantage of the latest research. At the same time service commissioners and providers across the country need to recognise the distinctive contribution that child and adolescent psychotherapy makes to

services and its role in developing – new ways of working, new roles, extended roles, patient-centred care and improved access to psychological therapies – that meet the needs of children, young people and their families.

New Ways of Working demonstrates the benefits of getting the right numbers of staff, with the right skills, in the right location. This may mean increases in the number and quality of mental health professionals within the children's workforce. At the heart of this there will always need to be a small number of highly trained and experienced staff, such as Child and Adolescent Psychotherapists, with the competencies to manage, supervise and train, and also to contribute to the proper functioning of the organisations within which they work. There also needs to be more emphasis on the training and structures that support the emotional well-being of generic workers who are seeing some very disturbed and disturbing children and young people, sometimes with a background of only limited training. The inability to bear the emotional consequences of this work is a major contributor to problems of worker ill-health and poor retention levels.

## 11. ACKNOWLEDGMENTS

This document has been produced by Nick Waggett of the Northern School of Child and Adolescent Psychotherapy on behalf of the Association of Child Psychotherapists. The material used in the document was contributed by: Nick Midgley, Judy Shuttleworth, Jane Elfer, Kate Robertson, Shirley Truckle, Robin Balbernie, Sara Rance, Katie Argent, Graham Music, Ricky Emanuel, David Hadley, Lydia Hartland-Rowe, Lynne Amidon, Tessa Baradon, Norka Malberg, Sara Leon, Susan Sherwin-White, Peter Elfer, Katie Dearnley, Jenifer Wakelyn. Many other examples have been kindly provided but there was insufficient space to include them all. Thanks are also due to the members of the NIMHE National Workforce Programme who have supported the development of this document, in particular Roslyn Hope, Barry Nixon and Dr Tim Morris.

## 12. FURTHER INFORMATION

If you would like further information about any of the good practice examples mentioned in this document please contact Nick Waggett at NSCAP who will be able to direct you to specific services or individuals:

Tel: 0113 343 4868 or email: [nwaggett@btopenworld.com](mailto:nwaggett@btopenworld.com)

Further Information about New Ways of Working in CAMHS

Contact Tim Morris, National NWW CAMHS Project Lead: [timothy.morris@elht.nhs.uk](mailto:timothy.morris@elht.nhs.uk)

Further Information about Workforce Development in CAMHS

Contact Barry Nixon National Workforce Lead CAMHS: [barry.Nixon@wwl.nhs.uk](mailto:barry.Nixon@wwl.nhs.uk)

## APPENDIX: ABOUT THE ACP

The Association of Child Psychotherapists, established in 1949, is the professional organisation for Child Psychotherapists in the United Kingdom. It is recognised by the Department of Health as the body which accredits United Kingdom trainings in child and adolescent psychotherapy and is the Designated Authority for the recognition for the qualifications of Child and Adolescent Psychotherapists from European Union countries who wish to work in the United Kingdom.

### **The Association of Child Psychotherapists**

120 West Heath Road  
London, NW3 7TU  
tel: 0208 458 1609  
web: [www.acp-uk.eu](http://www.acp-uk.eu)

Enquiries should be addressed to the ACP Communication and Public Relations Managers, as follows:

Tom Thorpe - 07779 269 182, [tomthorpe@acp.uk.net](mailto:tomthorpe@acp.uk.net)  
Laura Smith - 07811 218 621, [laurasmith@acp.uk.net](mailto:laurasmith@acp.uk.net)

There are six Training Institutions recognised by the Association.

### **Anna Freud Centre**

21 Maresfield Gardens  
London  
NW3 5SD  
Tel: 020 7794 2313  
[www.annafreudcentre.org](http://www.annafreudcentre.org)

### **Northern School of Child & Adolescent Psychotherapy**

71-75 Clarendon Road  
Leeds  
LS2 9PL  
Tel: 0113 343 4868  
[www.nscap.org.uk](http://www.nscap.org.uk)

### **Birmingham Trust for Psychoanalytic Psychotherapy**

Queen's College  
Somerset Road  
Edgbaston  
Birmingham  
B15 2QH  
Tel: 0121 455 9393  
[www.btpo.co.uk](http://www.btpo.co.uk)

### **Scottish Institute of Human Relations**

SIHR Edinburgh  
172 Leith Walk  
Edinburgh  
EH6 5EA  
Tel: 0131 454 3240  
[www.sihr.org.uk](http://www.sihr.org.uk)

### **British Association of Psychotherapists**

37 Mapesbury Road  
London  
NW2 4HJ  
Tel: 020 8452 9823  
[www.bap-psychotherapy.org](http://www.bap-psychotherapy.org)

### **Tavistock and Portman NHS Foundation Trust**

120 Belsize Lane  
London  
NW3 5BA  
Tel: 020 7435 7111  
[www.tavi-port.org](http://www.tavi-port.org)