

# Annual review of accreditation 2020/21

The Association of Child Psychotherapists (ACP)

July 2021

# Contents

|   |    |
|---|----|
| Background .....  | 3  |
| Outcome.....  | 4  |
| Assessment against the Standards for Accredited Registers ..... | 5  |
| Share your experience .....                                     | 9  |
| Impact assessment.....  | 11 |
| Equality duty under the Equality Act 2010 .....                 | 11 |

## **About the Association of Child Psychotherapists (the ACP):**

The ACP registers:

- Child and Adolescent Psychoanalytic Psychotherapists in the United Kingdom
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Its work includes:

- Setting and maintaining standards of practice and conduct
- Maintaining a register of qualified professionals
- Assuring the quality of education and training
- Requiring registrants to keep their skills up to date through continuing professional development
- Handling complaints and concerns raised against registrants and issuing sanctions where appropriate.

The ACP was first accredited on 20 November 2014. This is the ACP's seventh annual review, and this report covers 20 June 2020 to 20 June 2021.

## Background

The Professional Standards Authority accredits registers of people working in a variety of health and social care occupations not regulated by law. To be accredited, organisations holding such registers must prove that they meet our demanding [Standards for Accredited Registers](#) (the Standards). Accreditation is reviewed every 12 months.

Accreditation can be renewed by a Moderator in cases where all Standards are evidenced to be met. A Moderator can issue Recommendations and note Achievements.

Where concerns do exist, or information is not clear, a targeted review will be initiated by a Moderator. The outcome of this review is assessed by an Accreditation Panel, who can decide to renew accreditation, renew accreditation with conditions, suspend accreditation or remove accreditation. Panels may also issue Recommendations and note Achievements.

- **Condition** – Changes that must be made within a specified timeframe to maintain accreditation
- **Recommendation** – Actions that would improve practice and benefit the operation of the register, but do not need to be completed for compliance with the Standards to be maintained. Implementation of recommendations will be reviewed at annual renewal
- **Achievement** – Areas where a register has demonstrated a positive impact on one of the four pillars of the programme: protection, choice, confidence and quality.

## Outcome

Accreditation for the ACP was renewed for the period of 20 June 2021 to 20 June 2022.

Accreditation was renewed a Moderator following a review of evidence gathered by the Accreditation team and supplied by the ACP.

The following Recommendations were issued to be implemented by submission of annual renewal documentation:

1. The ACP should consider explaining in the plain-English summary of its Disciplinary Procedure that Disciplinary Panel decisions may be 'set aside' in exceptional circumstances. (Paragraph 11.9)
2. The ACP should consider how it can highlight its profile to ensure that employers and service users are aware of the ACP's public protection role and routes for raising concerns. (paragraph 11.12)

This report provides detail supporting the outcome.

# Assessment against the Standards for Accredited Registers

## Standard 1: the organisation holds a voluntary register of people in health and/or social care occupations

- 1.1 The ACP reported a slight increase of registrant numbers over the previous year of accreditation (from 681 to 700).
- 1.2 The Authority found that this Standard continued to be met.

## Standard 2: the organisation demonstrates that it is committed to protecting the public and promoting public confidence in the occupation it registers

- 2.1 The ACP reported that its Diversity and Equality Working Group (DEWG) had developed an organisational Diversity and Equality Plan. Development took account of findings from its diversity survey that had been issued during ACP's 2021 registration processes and the issues raised in its BAME (Black, Asian, and minority ethnic) Forum. The ACP reported that the 'actions from the plan have now been incorporated into the Business Plan for 2021/22 with an expectation that all committees will incorporate this into their work'.
- 2.2 The ACP 'sets the standards for training as a Child and Adolescent Psychotherapist, the competences achieved through the training and quality assures training providers' as set out at: [Standards of Training | Association of Child Psychotherapists \(childpsychotherapy.org.uk\)](#). The ACP recorded in its [November 2020 Board minutes](#) that 'Health Education England had let the ACP know that they had successfully bid for money to support students doing pre-clinical courses, to support people in the regions and from BAME backgrounds. The money is associated with NHS England's People Plan and developing the workforce.'
- 2.3 The Authority noted that the ACP has produced information for the benefit of families during the Covid-19 pandemic. The ACP also published [other information](#) including links [Digital safety and wellbeing kit from the Children's Commissioner for England](#) and links to other external resources.
- 2.4 The Authority found that this Standard continued to be met.

## Standard 3: risk management

- 3.1 When applying for Accreditation and at annual review, registers provide a risk matrix demonstrating their identification and mitigation of risks to the public associated with their registrants' practice, including their personal behaviour, technical competence, and business practice. Registers detail the likelihood and impact of risks and any mitigations.
- 3.2 The ACP had incorporated actions taken to mitigate risks related to the Covid-19 pandemic into its risk matrix. The ACP had for example, added to its mitigating actions for risk of sexual boundaries violations: 'Members need to ensure that careful consideration is given to the setting of the therapy when working by video, particularly their own setting but also that of the patient to the extent that can be controlled and that boundaries are maintained. Advice

on this was given as part of ACP Covid-19 guidance which will now be incorporated into ongoing guidance on digital working.'

- 3.3 The ACP added a risk regarding 'concerns about the 'burnout' of staff in over-stretched services or working on their own and which has been accentuated by the pandemic.' The ACP was addressing this through additional CPD to support members, work discussion groups for supervisors, and its increased member engagement through regional networks and supported clinical networks.
- 3.4 ACP registrants may work in the NHS or in other services where risks are managed by the employer, or in independent practice. The ACP demonstrated awareness of risks that may occur in independent practice such as the use of 'Clinical Trustees' to assure that continuity of therapy should a registrant be unable to practice, for example due to serious illness. The ACP has an Independent Practice Group that reports to its Professional Standards Committee and Operations & Liaison Committee. The ACP's Board stated that independent practice would be on the Board agenda regularly as well.
- 3.5 The Authority found that this Standard continued to be met.

**Standard 4: the organisation demonstrates that it has sufficient finance to enable it to fulfil its voluntary register functions effectively including setting standards, education, registration, complaints and removal from the register**

- 4.1 The ACP reported it had not increased registration fees due to financial challenges for registrants arising from the Covid-19 pandemic. The ACP had permitted registration fees to be paid by instalment for registrants with financial difficulties.
- 4.2 As part of its due diligence, the Accreditation team reviewed records from Companies House and noted the ACP appeared to be financially sustainable.
- 4.3 The Authority found that this Standard continued to be met.

**Standard 5: the organisation demonstrates that it has the capacity to inspire confidence in its ability to manage the register effectively**

- 5.1 There were no significant changes reported or noted in the past year.
- 5.2 The Authority found that this Standard continued to be met.

**Standard 6: the organisation demonstrates that there is a defined knowledge base underpinning the health and social care occupations covered by its register or, alternatively, how it is actively developing one. The organisation makes the defined knowledge base or its development explicit to the public**

- 6.1 The ACP commissioned the Anna Freud National Centre for Children and Families and UCL (University College London) to conduct a new systematic review of the evidence-base for psychoanalytic and psychodynamic psychotherapy with children and adolescents. This was set out on the [Evidence Base | Association of Child Psychotherapists \(childpsychotherapy.org.uk\)](https://www.childpsychotherapy.org.uk) page of ACP's website.

- 6.2 The systematic review and a [‘Brief Summary of Systematic Review of Evidence of Effectiveness’](#) stated: ‘the research reviewed in this study makes it possible to identify some tentative indications about who is likely to benefit most (or least) from psychodynamic child psychotherapy, and to indicate which forms of psychodynamic therapy might be most effective.’
- 6.3 The summary also highlighted an ‘increasing need to pay attention to the findings of qualitative research, including studies of client experience and service-user preferences’ to ‘help to identify helpful and unhelpful aspects of therapy and puts the needs and experiences of children, young people and families at the heart of evidence-based practice.’
- 6.4 The ACP’s [Scientific Development Annual Report 2020](#) highlighted that the research brief of ACP’s Scientific Development Committee is to ‘promote and support research activity within the profession and to equip our membership with ‘research literacy ‘ skills’ which would allow it to support a growing engagement with research within the child psychotherapy profession.
- 6.5 The Authority found that this Standard continued to be met.

#### **Standard 7: governance**

- 7.1 ACP’s Board has six Executive Directors, five Lay Non-Executive Directors, one practitioner Non-Executive Director and two Deputy Directors. The ACP reported recent changes to its Board: two Lay Non-Executive Directors stated in July 2020. ACP’s new Chair, Vice Chair and Director of Finance started in January 2021.
- 7.2 The ACP’s January 2021 Board minutes noted that it had agreed changes to its rules to hold general meetings online, to allow electronic voting by ballot in advance, and to clarify the procedure by which its Chair is appointed.
- 7.3 The Authority noted that minutes of ACP Board Meetings, Annual General Meeting, Chair and Committee reports remain available for download on the ACP website.
- 7.4 The ACP’s Scrutiny Group composed of the Board’s Vice Chair and three lay Non-Executive Directors) had conducted a review on how the ACP adheres to four of the Standards for Accredited Registers (6, 7.c, 7.e and 7.f). The Authority checked the report and noted conclusions and recommendations, which included developing its communication strategy to assure aligned with its public protection role.
- 7.5 The ACP’s communications are managed by its Operations and Liaison Committee. The Committee’s 2020 Annual Report highlighted social media work to ‘promote the activities of our members to the public, reiterating some of our key campaign messages, as well as engaging with content from partner organisations and supporting their campaigns’.
- 7.6 At the previous annual review, the Authority had noted a suggestion by the ACP’s Scrutiny Group recommending that complaints information be added to the front page of the ACP website. The ACP had advised it had considered this to be unnecessary as its updated website made complaints information easier to find. In line with previous decisions for other Accredited Registers, the Authority issued a Recommendation that the ACP consider how

complaints information be made more accessible, for example by adding links to the website-footer and/or general contact page.

- 7.7 The ACP advised it had added a [How to Complain | Association of Child Psychotherapists \(childpsychotherapy.org.uk\)](https://childpsychotherapy.org.uk) link to the footer of the register website, which is accessible from all pages. This link is also available from the [ACP Register & Standards | Association of Child Psychotherapists \(childpsychotherapy.org.uk\)](https://childpsychotherapy.org.uk) dropdown, also available from all pages. This leads to the [Complain about an ACP Member | Association of Child Psychotherapists \(childpsychotherapy.org.uk\)](https://childpsychotherapy.org.uk) which includes full and 'plain English' complaints information.
- 7.8 The Authority found that the Recommendation had been considered.
- 7.9 The Authority found that this Standard continued to be met.

### Standard 8: setting standards for registrants

- 8.1 At the previous annual review, the Authority had checked the ACP's approach to registrants' advertising and social media. The ACP provided information about 'How to Advertise' but did not provide guidance on Advertising Standards Authority (ASA) guidelines or UK Code of Non-broadcast Advertising and Direct & Promotional Marketing (CAP) Codes. The Authority considered that it would be of benefit for registrants working independently to be aware of such requirements. The Authority issued a Recommendation for the ACP to consider including information within its guidelines that could assist independent practitioners (registrants working outside of NHS settings) to ensure their advertising was in-line with ASA/CAP codes.
- 8.2 The ACP added test to its [Independent Practice Guidelines](#):  
'When advertising on social media/and or through a website Independent Practitioners need to be aware of the Advertising Standards Authority (ASA) guidelines and to ensure their advertising is in line with ASA/CAP (Code of Advertising Practice). The code states that 'advertisements are required to be legal, decent, honest and truthful'. Further information about the ASA and the CAP Codes can be found at [www.asa.org.uk](http://www.asa.org.uk)'.
- 8.3 The Authority found that the Recommendation had been considered.
- 8.4 The Authority found that this Standard continued to be met.

### Standard 9: education and training

- 9.1 The ACP's September 2020 Board Minutes set out that the Board had agreed to join the [Scope of Practice and Education \(SCoPEd\)](#) project to develop shared standards for counselling and psychotherapy with individual adults.
- 9.2 The ACP's [September 2020 Board Minutes](#) noted developments in the [National Child and Adolescent Psychotherapy Training Scheme](#). Increased funding had led to 25% increase of training places. The ACP had also worked on alignment of the CAPT curriculum with the NHS Long Term Plan, which applies to England only.



- 9.3 The Authority asked the ACP if the alignment of the CAPT curriculum with the NHS Long Term Plan could result in significant changes to training standards for existing or future registrants. The ACP responded that the implications of the review such as changes to the ACP competence framework and training standards were under consideration. The Authority highlighted that proposed changes should be reported should they potentially affect our understanding of how the ACP sets appropriate standards for education and training.
- 9.4 The ACP reported that its Quality Assurance Framework for Training and the Competence Framework had been amended to clarify that adjunctive therapies are not part of the qualifying competences of CAPTs. The ACP had previously advised that registrants practicing outside its defined scopes of competence were expected to register with appropriate bodies.
- 9.5 The ACP highlighted its [Statement of Variance](#) setting out how it would assure competence of trainees whose courses had changed due to the Covid-19 pandemic. The statement advised that it was for 'training school to evaluate each trainee's readiness' through use of the ACP competence framework.
- 9.6 The Authority found that this Standard continued to be met.

#### **Standard 10: management of the register**

- 10.1 The Authority checked a sample of ACP registrants' websites as part of its regular assessment and noted that no concerns were raised.
- 10.2 The Authority had considered the ACP's approach to the Covid-19 pandemic at the previous annual review. The ACP website had produced guidance for Child and Adolescent Psychotherapists and other professionals working during the COVID-19 pandemic. The ACP had linked to [Resources from Child and Adolescent Mental Health Services \(CAMHS\) to help young people](#), government guidance on [How to support young people's mental health and wellbeing during the COVID-19 crisis](#), and produced its own guidance on [Helping your child with coronavirus questions and worries](#)
- 10.3 The ACP reported that it had aligned the dates of annual re-registration with annual CPD returns, from January to December. CPD audit outcomes are reported in the ACP's [Professional Standards Annual Report](#).
- 10.4 The ACP's [January 2021 Board minutes](#) noted that approved, non-registrant 'Supervising Associates' could provide supervision of ACP registrants and authorise their CPD returns. The ACP's [CPD Guidelines November 2020 .pdf \(childpsychotherapy.org.uk\)](#) set out that 'a Supervisory Associate is expected to be a professional who is registered with an appropriate professional body, who has a psychoanalytic training (which would have included intensive cases in training) and substantial experience of supervising and clinical work with children and adolescents.
- 10.5 The Authority found that this Standard continued to be met.

#### **Standard 11: complaints and concerns handling**

- 11.1 The ACP reported that three complaints against registrants had been received. None had escalated past ACP's screening or Investigation Panels.

- 11.2 The Authority noted the ACP Board's requirement to be made aware of new, outstanding, and resolved complaints. This was stated to be in the interest of monitoring complaints for the protection of the public, and awareness of potential financial risks resulting from complaints processes. It was not suggested the Board would have any influence on complaints processes or outcomes.
- 11.3 At the previous annual review, the Authority noted that ACP's currently published 'Summary of ACP Complaints Process' was outdated – it had not mentioned ACP's 'Practice Review process' and website links were broken. The Authority noted it would be helpful to complainants and registrants to provide a plain-English description of complaints routes, including the aims of the Practice Review process. The Authority issued a Recommendation for the ACP to consider implementing these actions.
- 11.4 The ACP published its [Disciplinary Procedure, March 2021 - plain English](#) summary alongside its full [disciplinary procedure](#) at [Complain about an ACP Member | Association of Child Psychotherapists \(childpsychotherapy.org.uk\)](#). The summary broadly explains the complaints process and provides a flowchart showing procedures and timings from receipt of the complaint to potential outcomes.
- 11.5 The team checked the ACP's updated [Complain about an ACP Member | Association of Child Psychotherapists \(childpsychotherapy.org.uk\)](#) page which explains its approach, links to the relevant documents, and discusses the support it can provide to those raising concerns against registrants.
- 11.6 The Authority found that the Recommendation had been considered.
- 11.7 The Authority had also asked the ACP at the previous annual review if complainants had the ability to appeal complaints decisions or ask the ACP to review a decision if felt it to be inadequate. The ACP confirmed that complainants could petition to have Disciplinary Panel decisions set aside if suitable new evidence was available or could provide evidence that a decision was procedurally unfair. Complainants could also provide their feedback on whether referring a registrant to the Practice Review was appropriate. The Authority had issued a Recommendation for the ACP to ensure routes of appeal were made clear within its Disciplinary Procedures and supporting guidance.
- 11.8 The ACP advised that its Ethical Practice Group and Professional Standards Committee considered the Recommendation and decided not to update its procedures or highlight the ability to appeal further. The ACP set out the robustness of its process and risks posed from adding to its procedures or guidance. Grounds for the ACP to exercise its [Power to set aside in response to concerns](#) were set out in the Disciplinary Procedures.
- 11.9 The Authority noted that the [plain English summary](#) stated that the 'member against whom a complaint is made can appeal a decision made by the Disciplinary Panel or the Practice Review' but did not refer to the ACP's power to set aside. The ACP had confirmed that the complete Disciplinary Procedures were provided to all parties to a complaint.
- 11.10 The Authority noted the ACP's consideration of the Recommendation. The Authority also noted a concern received by the Authority through the 'Share

Your Experience' process regarding a request by a complainant to investigate the way ACP's panel had carried out its role. The ACP had considered this a request to 'set aside' and not accepted the request as it had been received outside the 21-day timeframe set out in its Disciplinary Procedures.

- 11.11 The Authority issued a new Recommendation for the ACP to consider explaining in the plain-English summary of its Disciplinary Procedure that Disciplinary Panel decisions may be 'set aside' in exceptional circumstances. (Recommendation One). This could assure fairness within ACP's complaints procedures by providing relevant information for all parties.
- 11.12 When considering the ACP's compliance with this Standard the Authority noted that where registrants worked within the NHS, there was a risk that employers and service users may not be aware that the ACP should be advised if concerns were raised. ACP registrants are required to inform the ACP if they are subject to disciplinary investigations by their employer or other regulatory body however there was a risk of this not occurring. In line with decisions issued to other Accredited Registers, the Authority issued a Recommendation for the ACP to consider how it can highlight its profile to ensure that employers and service users are aware of the ACP's public protection role and routes for raising concerns. (Recommendation Two)
- 11.13 The Authority found that this Standard continued to be met.

### Share your experience

- 12.1 The Authority received one response to the Share Your Experience process.
- 12.2 The submission raised a concern about the handling of complaint against an ACP registrant. The complainant had alleged that the registrant made a diagnosis outside of their training, and ACP registrants' scope of competence, which had a harmful effect. The complainant then raised concerns about the handling of the complaint but felt they had not received a satisfactory resolution.
- 12.3 The Authority considered the submission and the ACP's comments on how it handled this matter. The Authority noted that the complainant's request for a review was considered by the ACP as a 'request to set aside' and refused as it was received outside the allowed timeframe. The Authority addressed this within Standard 11, above.

### Impact assessment

- 13.1 The Authority considered the impact of its decision to renew the ACP's accreditation.

### Equality duty under the Equality Act 2010

- 14.1 The Authority had due regard to its duty under the Equality Act 2010 when considering its decision to reaccredit.
- 14.2 The Authority noted that the ACP had developed its Diversity and Equality Plan and incorporated this into its 2021-2022 business plan. The ACP reported it had worked with CAPT training providers in England 'to secure funding from Health Education England to increase access to the training from

BAME communities and also under-served regions. This is being used to fund bursaries and also a national Equality, Diversity and Inclusion Lead.'