#

**Module Aims and Content of Wellbeing Practitioner for Children and Young People Curriculum (CWP)**

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**Background Context**

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

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

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

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

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

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

## A New Service Model within CYPMH Services

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

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

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

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

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

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

## Role identification

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

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

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

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

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

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

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

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

## Organisational Readiness

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

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

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

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

## Facilitators to implementation

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

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

Key areas of focus to mitigate concerns will be:

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

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

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

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

## Service Transformation

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

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

## Framework for integration

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

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

## Supervision

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

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

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

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

1. Supervisor-level staff within existing services will need to provide significant input to supervise new practitioners during training, which will take them away from other core tasks and post qualification
2. The substantial increase in workforce envisaged by Future in Mind and subsequent MH policy documents requires a concomitant expansion in the supervisory workforce generally. Without a plan for increasing the numbers of supervisors, the long-term sustainability of the workforce vision will be jeopardized.

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

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

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

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

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

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

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| Module | Module Aims | Content / Learning Objectives |
| Module 1: Children & Young People’s Mental Health Settings: Context and Values See Appendix A for a full breakdown of learning objectives | To equip the worker with the necessary knowledge, attitude, and competence to operate effectively in an inclusive, values driven service.  | **Key Learning Outcomes:**1. Engage and involve children, young people and parents / carers in a way that maximises their collaboration and engagement in mental health services and related settings and contexts Understand and effectively convey the 5 core principles below and the active outcomes frames and use of routine outcome measures:
* Accessibility
* Awareness
* Evidence-Based Practice
* Participation
* Accountability
1. Support access to child and adolescent mental health services and support to the whole population and minimise disadvantage and discrimination
2. Be able to explain the key principles of core, evidence-based therapies
3. Effective use self-refection and supervision to enhance their clinical work

Content: * CYP services context & principles – local & national
* Service role of the CWP & overview of other relevant mental health roles
* Multi agency working & navigation (including context of service delivery)
* Legal/professional issues, (incl. legal framework, ethics, confidentiality, capacity/consent, safeguarding etc.)
* Overview of CYP MH therapies & evidence base
* Diversity and Culture, social inclusion
* Caseload & clinical management, use of supervision, liaison & clinical decision-making.
* Child, youth and family development and transitions/ Working with families and systems
* Service user involvement
* CYP mental health policy
* Collaborative practice/working and participation
* Outcomes-informed practice.
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## Module 2: Assessment & Engagement (20 credits)

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

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

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

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

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

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

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| Module | Module Aims | Content / Learning Objectives |
| **Module 2: Assessment & Engagement** **See Appendix B for full breakdown of learning Objectives** | 1. To be able to assess and identify areas of difficulty (including risk) and establish main areas for change. 2. Establish and maintain a working therapeutic alliance & engage the child/young person/family to support them in self-management of recovery 3. Identify and differentiate between common mental health problems in CYP 4. Navigate & signpost to appropriate interventions 5. Use Routine Outcome measures and standardized assessment tools effectively 6. To be able to deliver aims 1-5 working remotely via a telephonic or digital platform.  | **Key Learning Outcomes:*** Safely and effectively conduct MH assessments including risk assessments under supervision, face to face or remotely in line with service policy.
* Demonstrate knowledge, understanding and critical awareness of concepts of mental health and mental illness, diagnostic category systems in mental health and a range of social, medical and psychological explanatory models.
* Demonstrate knowledge of, and competence in applying the principles, purposes and different types of assessment undertaken with CYP with common mental health disorders
* Demonstrate knowledge of, and competence in using ‘common factors’ to engage CYP, gather information, build a therapeutic alliance with people with common mental health problems, manage the emotional content of sessions and grasp the client’s perspective or “world view”.
* Demonstrate knowledge of, and competence in ‘CYP-centred’ information gathering to arrive at a succinct and collaborative definition of the CYP’s main mental health difficulties and the impact this has on their daily living.
* Demonstrate knowledge of, and competence in recognising patterns of symptoms consistent with diagnostic categories of mental disorder from a CYP-centred interview.
* Demonstrate knowledge of, and competence in and protective factors for risks associated for mental disorder and risks to the absence of positive health or wellbeing. Understanding of the cumulative nature of risk, the age specificity of risk and ability to advise on risk mitigation and reduction.
* Demonstrate knowledge of, and competence in the use of standardised assessment tools including symptom and other psychometric instruments to aid problem recognition and definition and subsequent decision-making.
* Demonstrate knowledge, understanding and competence in using behaviour change models in identifying intervention goals and choice of appropriate interventions.
* Demonstrate knowledge of, and competence in giving evidence-based information about treatment choices and in making shared decisions with CYP.
* Demonstrate competence in understanding the CYP’s attitude to a range of mental health treatments including prescribed medication and evidence-based psychological treatments.
* Therapeutic relationship skills, ability to engage and communicate across the age range. Developmental stages and background, working with difference.
* Cultural diversity awareness - cultural competence
* Engagement of CYP and families.
* Using creativity to engage children & young people
* Interviewing and questioning skills
* Risk assessment, safeguarding and related management
* Common mental health problems in CYP
* How to use routine outcome and feedback measures, goal setting and goal based outcomes
* Knowledge of support interventions and giving evidence based information (psychoeducation)
* Pharmacology - awareness of medication that may be prescribed for CYP for common mental health problems
* How to make best use of platforms of digital platforms for assessment and clinical engagement for remote working.
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## Module 3: Evidence based interventions for common mental health problems with children and young people (Theory and Skills) (20 credits)

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

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

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

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

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| Module | Module Aims | Content / Learning Objectives |
| **Module 3: Evidence based interventions for common mental health problems with children and young people (Theory and Skills)** ***Please see Appendix C for a full breakdown of CWP Intervention competencies*** | 1. To acquire knowledge and skills in effective brief (low intensity) interventions for children, young people and family systems experiencing anxiety, low mood, and behavioural difficulties, based on the most up to date evidence. 2. To acquire knowledge of a range of interventions (including written and computerised interventions) and services available to CYP & families across CYP agencies  | Learning Objectives:1) Critically evaluate a range of evidence-based interventions and strategies toassist CYP and their parents manage their / their child’s emotional distress and disturbance.2) Demonstrate knowledge of, and competence in developing and maintaining atherapeutic alliance with CYP and their parents / carers during their treatment programme, including dealing with issues and events that threaten the alliance.3) Demonstrate competence in planning a collaborative low-intensity psychologicaltreatment programme for common mental health problems, including managing the ending of contact.4) Demonstrate in-depth understanding of, and competence in the use of, a rangeof low-intensity, evidence-based psychological interventions for common mentalhealth problems with CYP and their parents / carers5) Demonstrate knowledge and understanding of, and competence in usingbehaviour change models and strategies in the delivery of low intensityinterventions.6) Critically evaluate the role of case management and stepped care approaches tomanaging common mental health problems including ongoing riskmanagement appropriate to protocols.8) Demonstrate competency in delivering low-intensity interventions using a rangeof methods including face-to-face, telephone and electronic communication in community settings.Content:* Behaviour change: Theories and models
* Critical evaluation of the evidence base
* Functional analysis & formulation of presenting difficulties
* Goal setting and monitoring
* Collaborative working
* Guided self-help – content and suitability. Signposting: when & how
* Problem solving
* Pharmacology –awareness of medication that may be prescribed for CYP for common mental health problems
* Health promotion
* Behavioural activation –theoretical principles & application in practice
* Exposure – theoretical principles & application in practice.
* Working with parents / carers: to include 1:1 supported self-help with parents / carers in the context of behavioural difficulties / parent led CBT for anxiety
* To be able to assist with Parenting training for conduct problems – social learning theory & application in practice.
* Therapeutic endings
* Delivery of interventions for anxiety, depression, behavioural difficulties, and low-level regulatory issues via a range of communication methods.
* Content in relation to remote working
* Benefits of remote working
* Effectiveness of remote working including adapting communication
* Good practice and developmental adaptations
* Suitability at both individual and service level
* Experience and expectations of remote working (users, therapists)
* TA and common factors and remote working
* Safe practice and professional conduct (information governance, consent,
* boundaries, working space, familiarity with relevant platform)
* Involving parents / carers
* Managing attendance
* Preparation and starting sessions
* Use of supporting resources
* Using ROMS remotely
* Modification of CBT techniques
* Engagement and assessment and creative techniques
* Remote risk assessment and management
* Adapting interventions
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## Taught days

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

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

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

* 80 hours of clinical practice
* 8 completed cases with a spread of difficulties to include working with anxiety, low mood, and behavioural difficulties
* Need to evidence working with parents
* Completed cases are defined as:
* Client seen from assessment to achieving goals set in as few sessions as needed (no set number), or
* Termination of treatment (according to agreed ending or withdrawal DNA) seen for a minimum of 5 sessions.
* 40 hours of clinical supervision (ideally split as 20 case management, 20 clinical skills)

## Assessments:

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

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

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| **Module 1: Children & Young People’s Mental Health Settings (20 credits):**  | Multi choice / short answer examination Presentation of service related problem based leaning task in groups with a project reflective analysis  |
| ***Module 2: Assessment & Engagement (20 credits):*** | Video assessment of client demonstrating engagement, assessment, information giving and shared decision makingA 1000 word reflective analysis.2000 word case report  |
| **Module 3: Evidence based interventions for common mental health problems with children and young people (Theory and Skills) (20 credits)** | Up to two video recordings demonstrating skills in planning and implementing a low-intensity treatment: one of behavioural activation for depression and / or one of either a parenting intervention or a behavioural treatment for anxiety.A 1000 word reflective video analysis2000 word case report  |

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

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

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

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

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

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

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

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

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| **Module** | **Module Aims** | **Content / Learning Objectives** |
| **Module 4: Working, assessing and engaging community based and primary care settings****20 credits** | 1. To equip the CWP with the necessary knowledge, attitude, and competence to operate effectively in an inclusive value driven CYP mental health and community context.
2. To possess the relevant knowledge and ability to assesses and engage mental health difficulties in the context of community MH and primary care environments in collaboration with CYP, their families and voluntary sector, primary care, and social care staff.
3. To be able to recognize and work with existing expertise in these settings using the framework of community psychology and systems theory
4. To work alongside community workers and support them to assess and identify areas of difficulty (including risk).
5. Establish and maintain good working relationships with community workers such as youth workers, volunteers, peer workers, and other individuals working to support the wellbeing of children/young people/families
6. Implement and support the implementation of self-management interventions in non-traditional health-care environments
7. To acquire the skills to acquire knowledge to better understand the nature of the priorities of community groups, networks, faith groups, self-help organisations etc.
8. Navigate & signpost to appropriate social and psychological interventions to address mental health issues
9. Use routine outcome measures and standardised assessment tools effectively in community and primary care settings
10. Knowledge and awareness of social epidemiology, social determinants of health and health inequalities as it relates to child and adolescent mental health
11. Knowledge and awareness of associations between ethnicity, socio-economic factors, and health disparities
12. Knowledge and awareness of patterns of access to CAMHS by populations with diverse heritage
13. Awareness of the range of voluntary sector organizations and civic institutions that communities use, especially those that access populations that access CAMHS (and possibly education) less
 | * Understanding community , voluntary sector, primary care and social care contexts: professional practice and boundaries specific to these settings, and the how the role of CWPs matches these variations.
* Understanding of relevant operating environment within GP surgeries, local authority children’s services, voluntary sector settings, and also schools/colleges
* Understanding specialist CYP MH roles and interventions
* Working as part of wider team and multi-disciplinary and multiagency working.
* Professional practice and boundaries in community and primary health care settings
* Relevant initiatives and polices to mental health including polices related to diversity and inclusion as these apply to community psychological work
* Understanding the organisation and principles of practice of community services including, VCSs, primary health care providers, children’s services and other community based religious and social groups
* Education and introduction to roles and responsibilities of key individuals and relevant policies, procedures and ethos associated with community based services (local councils, social services. charities, shared interest, self-help and support groups, etc)
* Specific issues working with CYP, families and staff within community and primary care settings
* Engagement of young people and engagement of community organisations to establish mental wellbeing programmes including working with diversity and special interest
* An ability to work from a position that assumes that the difficulties experienced and expressed by children/young people can usually be understood in the context of their life experiences, values and background.
* An ability to hold in mind the whole person, their context, their aspirations and values, and their individual cultural and spiritual preferences (not just focusing on their immediate presentation)
* Support access to Children and Young Peoples’ Mental Health community and voluntary services in a way that minimises disadvantage and discrimination.
* Risk assessment, safeguarding & management of risk specific to community settings
* Awareness or developmental issues including language and speech, typical and atypical neurological development as these manifest in community settings
* How to use measures, goal setting & goal based outcomes in community settings
* An ability to incorporate health promotion principles into all clinical activities
* Understanding how LA public health departments construct models of local community health and health inequalities, especially application to child and adolescent mental health
* Understanding how to scope protective and risk factors for child and adolescent mental health in a locality.
* Understanding how to scope local statutory and voluntary sector provisions relevant to child and adolescent mental health.
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## Module 5:Mental health Prevention in community and primary care settings (20 credits)

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

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

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

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| **Module** | **Module Aims** | **Content / Learning Objectives** |
| **Module 5: Mental Health Prevention in community and primary care setting****20 credits** | 1. To understand what steps are being taken by local community organizations to help their children and young people reduce the risks of low well-being (however that is construed) and to provide opportunities for them to increase their well-being.
2. To understand the challenges that local communities face in supporting the well-being of their children and young people.
3. To understand how to work with local communities to co-produce aims and strategies for increasing opportunities of well-being for local children, families, and young people
4. To train others in basic mental health intervention skills
 | * **Training others** – To identify and have awareness of common mental health difficulties, available resources and how to signpost within community settings. Where appropriate to support and provide structured workshops and training, based on principles of cognitive behaviour therapy, to help children, young people parents / carers and staff in community settings to manage anxiety and stress.
* To **develop relationships** with community groups, leaders and organisers to scope how local community services construe mental health difficulties and respond to them, including attitude to CAMHS - being sensitive to potential cross cultural differences. To understand how to find common languages for common purposes. To scope what communities are already doing to prevent mental health problems in children and young people and how CWPs might be able to support or add value.
* **Meaningful activities**: To understand how meaningful activities are related to wellbeing and mental health in children and young people. To be able to support CYP in accessing meaningful activities to support wellbeing.
* **Participation Engagement Activity**: To review, understand and support the development of participation of CYP and their families in community settings. To critically evaluate the evidence for the effectiveness of participation as a vehicle to improve access and effectiveness of mental health support. See for example HART participation model
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## Module 6: Interventions for emerging mental health difficulties in community and primary health care settings (20 credits)

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

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

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

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

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| **Module** | **Module Aims** | **Content / Learning Objectives** |
| **Module 6:** **Interventions for emerging mental health difficulties community and health care settings****20 credits** | 1. To develop competence in addressing early indicators of emerging mental health problems in a community and primary health care settings

To develop skills and knowledge to parents / carers and children and young people anticipate and manage common problems and support those who are experiencing them. Provide Interventions to support and manage common problems in community and primary health care settings with a particular focus on how equality, diversity and inclusion and community considerations / adaptations apply to workshops and group work. To acquire skills of particular value in these contexts working with large numbers of at risk children and young people1. To apply knowledge of understanding and co-working with local communities from Modules 4 and 5 to further co-work with local communities, local community organization leaders and local children, families, and young people to provide an offer – that is likely to be acceptable and accessible – of assessment and possible treatment for children and young people who may have emerging mental health difficulties.
 | **The CWP must develop an understanding of all of these intervention approaches, they will need to deliver psychoeducation and then either Group work with children or young people OR/ Parenting Groups. It will be important to make sure that these different areas of intervention competency are fully represented across individual CYMHS in which the CWPs are embedded:** * **Psychoeducation:** To be able to provide evidence based information and psycho education to children and young people, parents / carers, and staff**.**

Then either:* **Evidence Based Group work –** Specialist skills required for working with children and young people in groups. Key principles of working with groups (classes) will be addressed so that the CWP is able to prepare appropriate materials, manage group processes, deliver training and/or support confidently and critically evaluation their own performance

**Or/*** **Parenting Groups**: To be able to lead Parenting Groups in community settings and work alongside other staff and parents e.g. transition parenting groups, parenting groups that are universally available for working with behavioral difficulties.
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## Taught Days

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

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

## Clinical and Supervision Requirements for Modules

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

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

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

## Assessments

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

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