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Final Report
Maximising efficiency in psychological professions' training routes

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This report is part of the project on "Maximising efficiency in psychological professions' training routes". It should be read in conjunction with the accompanying report undertaken by the NCCMH (Annex 1.0 and 1.1).

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Glossary

CPD	Continued Professional Development
CWP	Children and Young People Wellbeing Practitioner
CYP	Children and Young People
EMHP	Education Mental Health Practitioner
HEE	Health Education England
HEI	Higher Education Institution
HIT	High Intensity Therapy
IAPT	Improving Access to Psychological Therapies
MHST	Mental Health Support Team
NCCMH	National Collaborating Centre for Mental Health
PWP	Psychological Wellbeing Practitioner

Executive summary

This report provides findings and recommendations on the project "Maximising efficiencies for psychological professions' training routes", commissioned by Health Education England (HEE). The scope of this project was to investigate whether efficiencies of psychological professions' training routes for Children and Young People Wellbeing Practitioners (CWPs), adult Psychological Wellbeing Practitioners (PWPs) and Education Mental Health Practitioners (EMHPs) could be increased. We also looked at career opportunities and challenges (see Background for further information). Increasing efficiencies of training routes could have meant:

- Topping up routes to switch more easily between adult and children and young people (CYP) trainings
- A "Hub and spoke" model with a common set of core competencies (hub) spanning adult and child roles on which further building blocks (spoke) or specialized areas could be added

Project scope

This project looks at the workforce within current service structures. It does not look at future service models including the NHS Long Term's plan for comprehensive service models reaching across children, young people and adults (0-25 years). However, findings from our work could help with investigating how new CWP and EMHP workforces might contribute to addressing service gaps for young people undergoing transition from children and young people's mental health services to adult services.

Project elements

The project consists of the following pieces of work:

National Collaborating Centre for Mental Health (NCCMH) research

A research report by the National Collaborating Centre for Mental Health (NCCMH), identifying commonalities and differences across training routes for adult PWP, EMHP and CWP and making recommendations on ways to improve efficiency (Annex 1.0 and 1.1).

Final report

This report provides a summary of the findings and recommendations and further analysis on the retention and career progression of CWPs and EMHPs. Stakeholders identified this as a key issue throughout our project "Supporting promotion of MH careers and developing psychology graduate career pathways" which mapped out mental health roles/professions and identified issues in career pathways.

Method

For this report, we used a mix of data and discussions with stakeholders. The data used in this report is limited because:

- We did not have access to a centrally collected data set on EMHPs and CWPs
- CWP and EMHP are both new roles

To supplement the data, we spoke to key CYP IAPT stakeholders in addition to those consulted for the NCCMH research piece. These mainly consisted representatives from the CYP Improving Access to Psychological Therapies (IAPT) collaboratives[1] who have reviewed this report (see Appendix 1). The report reflects the issues and concerns raised as of 2019/2020.

Findings and recommendations

The NCCMH report, our analysis and discussions with stakeholders found that:

- Although all three courses (adult PWP, CWP and EMHP) have a broadly similar overall structure, there are fundamental differences between adult and CYP courses with regards to knowledge, skills and service contexts. A shortened training to move more easily between adult and children is therefore not recommended.
- CWP and EMHP training programmes share many similarities. However, a key difference between both roles is the setting, both in training and upon qualification. EMHPs are exclusively based in educational settings whereas CWPs work across a range of settings.
- Due to the similarities between CWP and EMHP training, a top-up training could be considered. Some CYP IAPT collaboratives[2] have indicated that there is already interest in this.
- Despite available job descriptions, there is a lack of role clarity between CWPs and EMHPs. For example, CWPs sometimes also work in education, potentially alongside EMHPs.
- Retaining the new EMHP and CWP workforce needs to be a priority
- Existing work on career progression for CWPs and EMHPs needs to be continued and developed to ensure retention of the trained workforce:
    - Initial data analysis on CWP retention of the first cohort has shown that many trainees are no longer working as CWPs and some have left to work in adult settings. To prevent this, Clinical Commissioning Groups (CCGs) should be commissioning posts to ensure job opportunities for CWPs
    - It is too early to assess EMHP retention but consideration to progression and career opportunities should be given. HEE is working with NHSE/I to develop a new role to provide career progression.
- Stakeholders can learn from the challenges and successes of the adult PWP role. This includes ensuring that the CWP and EMHP recruitment pipelines are broadened to ensure diversity, avoiding issues leading to high staff turnover and the role being seen as steppingstone into other careers. This is being explored by HEE.

[1] CYP IAPT collaboratives are regional collaboratives that manage local delivery of the CYP IAPT programme. They consist of partnerships between training providers and CYP MH services.
[2] CYP IAPT collaboratives are regional collaboratives that manage local delivery of the CYP IAPT programme. They consist of partnerships between training providers and CYP MH services.

Recommendation	Who?
Consider top-up modules between CWPs and EMHPs	CYP IAPT collaboratives, HEE, HEIs, Services
Clarify role distinction between EMHPs and CWPs	CYP IAPT collaboratives, HEE, HEIs, NHSE/I
Consider how the new roles and adult PWPs fit into 0-25 year service provision	HEE, HEIs, CYP collaboratives, National IAPT Programme
Work towards professional accreditation of CWPs and EMHPs	HEE, HEIs, accrediting bodies
Map out clinical and managerial/supervisory career pathways for CWPs and EMHPs based on existing examples, comparison to adult PWPs and address barriers	HEE national and regional, CYP IAPT collaboratives, commissioners and services
Unify EMHP and CWP cohort data collection including retention and career destinations to track the new workforce and identify issues early	HEE, CYP IAPT collaboratives
Ensure that recruitment and selection processes for CWP and EMHP training roles are widened	Commissioners and services, HEIs
Ensure that CWPs are not recruited into adult PWP positions without further appropriate training	HEE, services

Background

The mental health and wellbeing of Children and Young People (CYP) has become a strategic priority in recent years.[3] In response, two new roles specific to CYP have been created: Children and Young People Wellbeing Practitioners (CWPs) and Education Mental Health Practitioners (EMHPs). Both provide early intervention for common mental health problems for children and young people. EMHPs are based in the newly created Mental Health Support Teams (MHSTs) working solely in education settings whereas CWPs can work in different settings (primary care, specialist CAMHs teams etc.).

While they focus on different populations (child vs. adult), there are similarities between both CYP roles and the adult Psychological Wellbeing Practitioner (PWP) role (see "Annex 1.0 - Maximising efficiency in psychological professions training routes - NCCMH research report" for further information) Despite the similarities, trainees completing an adult PWP course would need to start again if they wished to work with CYP and vice-versa. CWP and EMHP programmes have three modules in common, with EMHPs doing another three on top. This has led to questions around the efficiency of the training model and whether top-up routes, or a hub and spoke model might be considered to facilitate CYP/adult and vice-versa transition or transition between both CYP roles.

This project called "Maximising efficiencies for psychological professions' training routes" addresses these questions. The project was partly initiated by the Psychological Professions New Roles Task & Finish Group who have provided comment, guidance and oversight.

The initial objectives were:

1. Investigate whether efficiencies of psychological professions training routes for CWPs, adult PWPs and EMHPs can be increased
2. Understand career pathways and opportunities for selected roles both within roles as well as across roles
3. If possible/effective, understand how to best increase efficiencies by creating a "hub and spoke" model for different roles as well as potentially different settings (education, health, tier 3 etc.)
4. Consider whether there are low intensity competencies relevant for potential future roles or that could augment existing roles

The objectives are addressed in two reports:

- To look at training efficiencies, we commissioned the National Collaborating Centre for Mental Health (NCCMH) to identify commonalities and differences across adult PWPs, CWPs and EMHPs training programmes. The NCCMH's final report is appended to this report (Annex 1.0 and 1.1) and a summary of findings can be found below.
- We simultaneously looked at career progression for the two new roles, which emerged as an urgent issue from stakeholder discussions, research and our other

[3] See Implementing the Five Year Forward View for Mental Health; Transforming Children and Young people's Mental Health Provision: A Green Paper (December 2017), Department of Health, Department for Education;

project reviewing mental health careers. This report provides analysis and makes recommendations.

The original assumption of this piece of research was that a hub and spoke model might be the best way to increase efficiencies. However, our research for this project and notably the report undertaken by the NCCMH showed that the “hub and spoke” approach was unlikely to increase efficiencies. This therefore meant that objectives 3. And 4. became redundant as they were tied to the outcomes of the first objective.

The NHS long term plan is committed to creating comprehensive service offers for 0-25 year olds. An integrated approach will therefore be necessary. This question was beyond the scope of this project, which focuses on current service structure. However, findings from this project, such as competency analysis, is likely to offer a helpful starting point when considering the contribution this workforce can make.

Training pathways

Analysis, findings and recommendations on adult PWP, CWP and EMHP training pathways are covered in-depth in the NCCMH report appended to this document. The key findings from the report are summarised below.

Findings

- Although all three courses have a broadly similar overall structure, adult PWP training differs significantly from that undertaken by CWPs and EMHPs owing to fundamental differences in the knowledge and skills required to work with adults and children, and differences in service contexts, which shape the ways that these skills are practised. These differences are most marked in:
    - assessment skills
    - communication and engagement skills
    - outcome monitoring
    - safeguarding
    - the care models employed.
- While CWP and EMHP training programmes share many similarities in their teaching content and skills, there are distinct areas of difference that reflect the service context associated with each role.
- Differences between adult- and child-focused programmes are too substantial for movement between roles to be facilitated by a shortened training programme.
- The two child-focused programmes are similar enough to consider ‘top-up’ training that allows practitioners to transition between roles; such training would likely centre around the different contexts in which CWPs and EMHPs operate.
- The CWP and EMHP roles are very new and continue to develop; the distinction between them should be explicitly clarified.
- Before developing training that facilitates easier movement between the roles, there is first a need to investigate whether there is sufficient demand to make this a

worthwhile endeavour. There would also need to be an extensive consultation with training providers and funding available to do so.

Recommendations

Based on these findings and initial recommendations made by the NCCMH report as well as our discussions with stakeholders, we make the following recommendations:

M.1 *Consider top-up modules between CWPs and EMHPs* – The analysis has shown that there is significant overlap between both trainings with EMHPs completing the same three modules as CWPs and that the key difference relates to service setting. Trainings could be further aligned by for example creating top-up routes constituted by training in, and experience of, work in the other setting. This may contribute to improving staff retention by providing career development opportunities

- The demand for and logic behind top-up training between CWPs and EMHPs needs to be understood. Some CYP collaboratives have said that they have already had requests from services. CYP collaboratives and services need to be consulted further to understand this need
- It needs to be discussed with HEIs how this could practically be implemented

Who: CYP IAPT collaboratives, HEE, HEIs

M.2 *Clarify role distinction between EMHPs and CWPs* – The distinctions and differences in competencies between both roles need to be clarified. While person specifications and job descriptions exist for both roles, our research has shown that there is a lot of confusion around the distinctions. The key difference as identified by the NCCMH report is the setting and this is not always understood, particularly from commissioners. This can become even more confusing because some CWPs are already working in educational settings which will mean they will overlap with EMHPs. It's essential to distinguish competencies for staff, services and commissioners.

Who: CYP IAPT collaboratives, HEE, HEIs, NHSE/I

M.3 *Consider whether the new roles and adult PWPs fit into 0-25 year service provision* – NCCMH's analysis shows that top-up routes/hub and spoke to switch between adult and CYP are not recommended. However, this does not mean that their role in covering 0-25 services should not be considered. Additional modules for these roles to cover CYP/adult respectively might be an option. This would need to be investigated further. If curricula were to be reassessed to align CWP and EMHPs, this might also be an opportunity to consider additional training/module opportunities. These could also helpfully form part of potential career progression/Continual Professional Development (CPD). HEE is currently exploring service requirements for the 18-25 year old group.

Who: HEE, HEIs, CYP collaboratives, National IAPT Programme

M.4 *Work towards professional accreditation of CWPs and EMHPs* - Both CWP and EMHP courses should work towards obtaining professional accreditation for the roles, bringing them in line with the adult PWP role. The possibility of back-dating formal accreditation for CWPs and EMHPs who have already completed the training should be explored. Professional accreditation may also be a reason for trainees being drawn to one course over another. These options are currently being explored with professional bodies including the British Psychological Society (BPS).

Who: HEE, HEIs, accrediting bodies

Retention of CWPs and EMHPs

Both CWP and EMHP workforces are still new and therefore comparatively small. However, as a result of planned investment, EMHPs particularly are likely to see a substantial growth over the next years. Retaining this new workforce has emerged as a key stakeholders' concern and is supported by our other project on "supporting promotion of mental health careers and developing psychology graduate career pathways."

Total number of CWP trainees to date is 1,044 based on the cohorts below:

CWP cohorts	
Cohort	**Number of trainees**
September 2017	225*
April 2018	227*
January 2019	216
September 2019	155
January 2020	221
Total to date	**1,044**

* includes KSS- not centrally funded

HEE is currently exploring channels to secure ongoing funding from 2020 onwards to continue to provide a supply pipeline for all CYP roles. HEE plan to commission 300 Recruit to train (RtT) CYP IAPT training places and 245 CWP training places for January 2021. The September 2020 cohort has been cancelled due to the challenges arising from the Covid-19 crisis.

EMHPs

The total number of EMHP trainees to date is 690 based on cohorts below:

EMHP cohorts	
Cohort	**Trainees**
January 2019	190
September 2019	250
January 2020	250
Total to date	**690**

There are no specific cohort targets as the trainee numbers will vary each year according to the number of new MHSTs.

This workforce is likely to grow substantially. According to the Department of Health and Social Care (DHSC) impact assessment of the Green Paper, the government has allocated funding for 8,000 new staff to deliver MHSTs across the country. [4] While not all of these new staff will be EMHPS, it can be assumed that they will amount to a substantial share. According to the impact assessment of the green paper, each MHST will support a cluster of 20 schools with there being about 1,000 clusters in total. This would indicate that there might be up 1,000 MHSTs in the future and with four EMHPs per MHST[5] the workforce would be as big as 4,000 EMHPs.

In addition to newly trained EMHPs, MHSTs will also be comprised of other staff such as supervisors. Supervisors will be existing staff such as nurses and psychologists, who are likely to come from existing CAMHs services. These gaps will need to be filled. HEE and NHSE/I are working together to address this potential risk. There could be an opportunity here for qualified and experienced CWPs to fill some of these gaps.

Method

As part of the NCCMH research into analysing the overlap between CWPs, EMHPs and PWPs, regular consultations with stakeholders in form of meetings and discussions as well as consultation via email (see Annexe 1.0) were held. We were involved in this process which highlighted a series of career progression issues.

In addition to these discussions, we contacted CYP IAPT collaboratives to better understand problems around retention. The findings below reflect these discussions and stakeholder concerns. The report was then sent out for feedback and consultation to the CYP IAPT collaboratives.

To provide quantitative evidence we also asked CYP IAPT collaboratives to provide data on on retention and career destination. Data was obtained from the following CYP collaboratives:

- North West
- London & South East
- Central and South
- Midlands
- South West

We then analysed the data. The analysis has the following limitations:

[4] Transforming children and young people's mental health provision: a green paper, Impact Assessment (IA), Department of Health and Social Care, 19/07/2018
[5] Briefing Paper – Mental Health Support Teams: How to maximise the impact of the new workforce for children and young people, The British Psychological Society

- Due to the recent development of both the CWP and EMHP roles, data available to understand retention is limited. There was no data available on EMHP retention because trainees have only recently started working in services.
- For CWPs, data for the first two cohorts is available but it is collected differently across CYP IAPT collaboratives. This makes it difficult to cross-compare and get an overall picture as:
    - Data is not necessarily collected at the same points in time
    - Survey questions and detail of data collection differ between collaboratives
    - Collaboratives have little influence over survey participation rate, particularly of staff that have left their position
- The data analysed was from the first cohort except for service retention data. Data from the second cohort is available but trainees will only have completed the course less than a year at the point of collection and findings on retention are therefore not likely to be indicative

Findings

Bearing the limitations as outlined above in mind, findings are indicative. However, they reflect conversations we've had with CYP IAPT collaboratives and stakeholders as part of the NCCMH research.

- There are strong regional differences on the numbers of CWPs surveyed from the first cohort who continue their employment as CWPs, with the retention percentage ranging from 24% to 73%. It should be noted that the exact time the surveys were conducted may not be the same across collaboratives but are mostly from 2019.
- The surveys tracking destination of staff no longer working in their CWP position found that many staff were still working in mental health. Some of these may be in adult mental health:
    - A percentage of CWPs have moved into adult PWP roles across collaboratives (for collaboratives who have specified destination of CWPs leaving their role). The share is as high as 20% for the first cohort.
- A proportion of trained CWPs have gone onto further training. It was not always reported what the training was, but it is likely to be either clinical or educational psychology based on the collaboratives who have collected specific data. There were some geographical differences out of those reporting, with the percentage of CWPs going on to further training being highest in London & South East (at around 20% for the first cohort), and some trainees have also gone onto working as clinical associate psychologists in the South West.
- Upon completion of training, CWPs do not necessarily remain within their training services. Service retention varies between regions. For the second cohort, between 33% to 74% of surveyed trainees have remained in the service they trained in. Retention in services depends on various factors.

While it was not possible to analyse any EMHP data so far, stakeholders have indicated that these issues are also likely to be relevant for EMHPs.

Career progression opportunities

Question marks around career progression both vertically and horizontally are likely to impact retention. To better understand the opportunities and limitations in terms of career progression, we are comparing the new roles to adult PWPs in this section. While there are differences between how PWPs and EMHPs/CWPs have been set up, a lot can be learned from the PWP experiences.

- Supervisory and managerial career opportunities: There may be an opportunity for CWPs and EMHPs to go into senior roles, which have been created for adult PWPs under the form of Senior adult PWPs (Band 6).
    - Lack of qualified supervisors to CWPs and EMHPs is an issue for these roles. The South West IAPT collaborative has therefore trialled fast tracking CWPs into supervisory roles and has reported positive outcomes. The most recent data shows that 9% of the first two CWP cohorts were working in CYP wellbeing supervisor/lead positions. To address this, HEE has led a working group to review supervision for CWP programmes and continues to work on this issue.
    - This may also be an option for EMHPs. A brief review of Band 6 roles, such as Specialist Educational Mental Health Practitioner and Senior Mental Health Practitioner MHST on NHS jobs, have shown that an essential criterion is holding a core profession. This would have to be adapted to allow for qualified EMHPs with experience to move into supervisory roles.
- Clinical career progression: Opportunities for CWPs and EMHPs to progress clinically need to be considered. For adult PWPs, clinical career progression consists of training to become HITs. A similar career option is being considered for CWPs/EMHPs where the next clinical step could be relevant CYP IAPT training
    - To qualify for CYP IAPT training, applicants need to have a core profession or complete a Knowledge, Skills and Attitudes (KSA) framework. Through KSA, applicants must evidence how they meet the requirements for further training. Stakeholders have stated that they are aware of CWPs having gone onto CYP IAPT training indicating that this route is possible and desirable.
    - In adult IAPT, the role of HIT is similar to what CYP IAPT training is to CWPs/EMHPs. One difference is that HIT is a role in itself. In comparison, in the past upon completion of CYP IAPT training, professionals were still employed under their core profession. For example, a nurse having completed a CYP IAPT training will still be employed as a nurse. EMHPs and CWPs do not have core professions and can therefore not be employed as such but will need to have new roles/titles created. Stakeholders have indicated that in some areas, there are already new titles/roles emerging for CWPs having completed the training such as CBT Therapist.
    - Qualified CYP IAPT staff are usually working at a Band 6. The equivalent role in adult IAPT (HIT) is at a Band 7. Stakeholders have indicated that they have seen staff move from CYP IAPT into adult IAPT roles at Band 7 due to better pay. This is possible when courses are BABCP accredited. There is therefore a continued risk to losing CYP staff into adult.
- Horizontal career progression: Career progression should not only be seen as progression through AfC banding. Horizontal career progression opportunities also need to be considered. In addition to progressing into CYP IAPT roles or supervisory

roles, EMHPs and CWPs could be offered opportunities to acquire new skills and potentially specialist skills in their sphere of expertise.

Profile of trainees

Discussions with CYP IAPT collaboratives suggest that CWP and EMHP trainees have a similar profile to other psychological professions such as clinical and counselling psychologists - they are predominantly white, female and academically high achieving. While a psychology degree is not a requirement, evidence on trainee background from some collaboratives indicates that many applicants have a psychology degree. The roles therefore run the risk of becoming a steppingstone for people interested in a career in clinical psychology. HEE is currently exploring the development of a programme specifically preparing people to move into clinical psychology which might alleviate some of these issues. For now, figures obtained from CYP IAPT collaboratives who have tracked cohorts seem to indicate that a proportion of CWP staff has progressed onto clinical psychology.

Discussion with CYP IAPT collaboratives on the number of applications compared to actual trainee posts suggest that both roles are competitive. We do not have application vs. acceptance figures for each region and it is possible that this is not the case across regions. One collaborative suggested that for 30 EMHP trainee places they had 600 applicants. In the face of high application rates, academic qualification is often likely to become an exclusion criterion. People who might be well qualified but academically not as highly achieving may therefore be put at a disadvantage. HEE has asked HEIs to ensure they provide both level 6 and 7 training routes to support widening participation.

These are the same issues encountered in adult PWP roles with staff being young, white, female and academically high achieving. Recommendations are therefore being made to increase the recruitment pool which is likely to bring greater diversity to the role, better represent the patient population and potentially reducing the “steppingstone” problem previously outlined.[6] One of the responses has been to develop an apprenticeship role for adult PWPs. Commissioners and services need to learn from these challenges to not encounter the same issues with EMHPs and CWPs.

Lack of role clarity

As identified in the NCCMH research, there are large overlaps in terms of competencies between CWPs and EMHPs. Commissioners and service providers will not necessarily be clear on the different roles, particularly CWPs. CWPs are also known under different names – CYP Wellbeing Practitioners, WP-CYP and CWPs which should be unified.

Role clarity is even more important for CWPs who unlike EMHPs do not sit within their own service. It is also possible that CWPs, some of whom already work in educational settings, will be working with EMHPs creating further confusion. The issue of role clarity had been

[6] Centre for Outcomes Research and Effectiveness University College London, *Widening participation to Psychological Wellbeing Practitioner training* (October 2017)

highlighted by most stakeholders involved in the NCCMH research and in our discussions with CYP IAPT collaboratives.

Recommendations

M.5 *Map out clinical and managerial/supervisory career pathways for CWPs and EMHPs based on existing examples, comparison to adult PWPs and address barriers* – Commissioners, services as well as newly trained CWPs and EMHPs need to be aware of career progression opportunities which is likely to reduce turnover:

- With some areas already looking into fast track supervisory career trajectories and CWPs also undertaking CYP IAPT training, these opportunities should be shared across collaboratives and their feasibility to implement on a larger scale needs to be explored. A repertoire of case studies could be put together and shared to support the dissemination of learning. It also needs to be understood how this can apply to EMHPs
- Trainees and people interested in a career as a EMHP/CWP should have accessible information on ways to support and promote career progression. NHS Health Careers has a profile for EMHPs but not for CWPs. Once career progression opportunities have been clarified, they need to be listed on the EMHP profile. A profile for CWPs needs to be set up.
- Career progression also needs to be understood as horizontal progression by offering staff development opportunities. This could be achieved through the top-up routes for EMHPs and CWPs as mentioned in the recommendation above.

Who: HEE national and regional, CYP IAPT collaboratives, commissioners and services

M.6 *Unify EMHP and CWP cohort data collection including retention and career destinations to track the new workforce and identify issues early* – CYP IAPT collaboratives are already collecting data on the new workforces. A standard data collection format with agreed variables could be used across all regions and collected centrally by HEE. The national HEE team is in the process of collating quarterly data for all CYP programmes. This data could then be analysed for retention and career destination. This could then in turn be shard across collaboratives to gain a common understanding of the progression of the workforce

Who: HEE, CYP IAPT collaboratives

M.7 *Ensure that recruitment and selection processes for CWP and EMHP training roles are widened* – Anecdotal evidence indicates that the workforce profile for both roles is similar to adult PWPs – white, female and academically high achieving. To avoid the issues encountered by adult PWP recruitment (lack of diversity, roles being steppingstones, high turnover) it needs to be ensured that staff are recruited from a variety of backgrounds.

- Academic achievements should not be a limiting factor. In the case of PWPs, an apprenticeship route has been developed.
- HEE has asked HEIs to provide level 6 and 7 training routes to support widening participation and is reviewing the recruitment process

Who? Commissioners and services, HEIs

M.8 *Ensure that CWPs are not recruited into adult PWP positions without further training* – The evidence suggests that some CWPs have gone onto working into adult PWP roles and that this has occurred without further training. This practice should not happen. There may be reasons beyond lack of CWP career progression as to why this has taken place and these need to be understood further.

Who: HEE, Services

Conclusion

This project has analysed overlap in training pathways of adult PWPs, CWPs and EMHPs as well as potential issues around career progression for the two new roles of CWP and EMHP.

The NCCMH report has found that while there are similarities in training between the three roles, the differences between adult and child pathways are too substantial to justify a shortened training. CWP and EMHP courses share significant overlap. The work context is the key difference here. Top-up options to transition between both roles could therefore be considered if there is demand for this. It is also important to establish role clarity between CWP and EMHP.

While both roles are still in their relative infancy, preliminary data from CWPs shows that there might be retention issues. EMHPs and CWPs need supervisory/managerial, clinical as well as horizontal career progression opportunities. Answers to these might be supervisory roles, CYP IAPT training and top-up routes between both roles. Diverse recruiting is another essential element that needs to be addressed to ensure that the workforce is representative of the population, and to avoid the role being a steppingstone to other careers as has been seen in the case of adult PWPs.

This project has focussed on how services are currently structured. However, the CYP landscape is changing quickly and it is important to consider how the new CYP workforce as well as the adult PWP workforce might contribute to addressing the 0-25 transition. Competencies analysed in this project could be a starting point for further work.

Appendix 1 – project stakeholders

NCCMH research

Details on the stakeholders involved and method used can be found in Annex 1.0 p.12-13 and p.24.

Final report

In addition to the stakeholders consulted as part of the NCCMH report, we have consulted stakeholders from the CYP IAPT collaboratives:

- London & South East
- South Central
- South West
- North West
- Midlands
- North East

We held conversations with stakeholders to discuss the issues they experienced regarding CWPs and EMHPs. Most collaboratives also shared data with us. The final report was sent to them for consultation and their feedback has been incorporated.