

# Accreditation renewal report

Standards 1-8

Association of Child Psychotherapy

September 2024



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# About accreditation

The Professional Standards Authority (the Authority) accredits registers of people working in a variety of health and social care occupations that are not regulated by law. To become an Accredited Register, organisations holding registers of unregulated health and social care roles must prove that they meet our *Standards for Accredited Registers* (the Standards).

Initial accreditation decisions and Full Renewal of accreditation decisions are made by an Accreditation Panel following an assessment of the organisation against the Standards by the Accreditation team. The Panel decides whether to accredit or continue to accredit an organisation or not. The Panel can also decide to accredit with Conditions and provide Recommendations to the organisation.

- **Condition** – Issued when a Panel has determined that a Standard has not been met. A Condition sets out the requirements needed for the Accredited Register to meet the Standards, within a set timeframe. It may also reduce the period of accreditation subject to a review or the Condition being met.
- **Recommendation** – Actions that would improve practice and benefit the operation of the Register, but which is not a current requirement for accreditation to be maintained.

This assessment was carried out against our Standards for Accredited Registers<sup>1</sup> (“the Standards”) and our minimum requirements for the Standards as set out in our Evidence framework<sup>2</sup>. More about how we assess against Standard One can be found in our Supplementary Guidance for Standard One<sup>3</sup>.

We used the following in our assessment of the ACP:

- Documentary review of evidence of benefits and risk supplied by the ACP and gathered through desk research
- Documentary review of evidence supplied by the ACP and gathered from public sources such as its website
- Due diligence checks
- Share your experience responses
- Site visits including discussions with members of staff

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<sup>1</sup> [https://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-for-accredited-registers.pdf?sfvrsn=e2577e20\\_8](https://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-for-accredited-registers.pdf?sfvrsn=e2577e20_8)

<sup>2</sup> [https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/standards-for-accredited-registers/accredited-registers-evidence-framework-for-standards.pdf?sfvrsn=55f4920\\_9](https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/standards-for-accredited-registers/accredited-registers-evidence-framework-for-standards.pdf?sfvrsn=55f4920_9)

<sup>3</sup> [https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/standards-for-accredited-registers/accredited-registers-supplementary-guidance-for-standard-one.pdf?sfvrsn=3e5f4920\\_6](https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/standards-for-accredited-registers/accredited-registers-supplementary-guidance-for-standard-one.pdf?sfvrsn=3e5f4920_6)

- Observation of a Board Meeting on 26<sup>th</sup> April 2024
- Assessment of ACP's complaints procedures.

# The Outcome

The Accreditation Panel met on 30 July 2024 to consider the Association of Child Psychotherapy (ACP). The Panel was satisfied that the ACP met all the Standards for Accredited Registers.

## We therefore decided to accredit the ACP without Conditions

We noted the following **positive findings**:

- The ACP takes Safeguarding issues very seriously, with a requirement for mandatory training of its registrants every three years
- The ACP's Statement on Conversion Therapy, which espouses the organisation's support for banning the practice
- The ongoing good work of the ACP in EDI: it has an EDI-friendly recruitment policy, a position Statement on EDI, a progressive Equality and Diversity Policy, and gradual embedding of EDI in all aspects of its work
- The potential impact of the ACP's updated Risk Matrix and Risk Register to consider the serious risk of suicide or self-harm. This is a welcome development as we expect that this issue will receive the constant attention of the Board through their regular reviews of risks.

We issued the following Recommendations to be considered by the next review:

<b>Recommendations</b>	
<b>Standard 5</b>	1. The ACP should revisit its decision on setting the periods of suspension (up to three years) and the period before an application for restoration can be made after erasure (two years) to consider if there is an inconsistency in the appropriateness of sanctions.

## About the Register

This section provides an overview of the ACP and its register.

<b>Name of Organisation</b>	Association of Child Psychotherapy (ACP)
<b>Website</b>	<a href="#">ACP Website</a>
<b>Type of Organisation</b>	Private Company Limited by Guarantee
<b>Role(s) covered</b>	Child and Adolescent Psychoanalytic Psychotherapists
<b>Number of registrants</b>	<b>751 as of 1 January 2024</b>
<b>Overview of Governance</b>	The day to day running of the <a href="#">organisation</a> is undertaken by a small staff team led by the Chief Executive ( <a href="https://childpsychotherapy.org.uk/about-us/organisation-governance/executive-structure">https://childpsychotherapy.org.uk/about-us/organisation-governance/executive-structure</a> ) and overseen by a Board of Directors ( <a href="https://childpsychotherapy.org.uk/about-us/organisation-governance/board-directors-0">https://childpsychotherapy.org.uk/about-us/organisation-governance/board-directors-0</a> ). There are 10 to 14 Directors on the Board, of which two to four are lay, all of the Directors have a specific area of responsibility.
<b>Overview of the aims of the register</b>	<p>The ACP's objects are laid out in its Rules, these state that:</p> <p>The Association's objects shall be:</p> <ul style="list-style-type: none"> <li>• To raise, maintain and regulate professional standards in relation to child and adolescent psychoanalytic psychotherapy in the UK, in order to ensure that the public are protected and to support ACP members to achieve and maintain the highest standards of professional practice.</li> <li>• To keep a register of those persons whom the Association has recognised as qualified Child and Adolescent Psychoanalytic Psychotherapists and the publicly accessible register (or set of registers) described at Rule 11 and accredited by the Professional Standards Authority (PSA).</li> <li>• To set standards for the training of Child and Adolescent Psychoanalytic Psychotherapists, and to accredit and approve training schools.</li> <li>• To support the development of the profession of child and adolescent psychoanalytic psychotherapy within the UK by facilitating the scientific life of its members, including publication of its scientific journal and other publications, affording opportunities for the sharing of ideas and experiences and facilitating research.</li> </ul>

	<ul style="list-style-type: none"> <li>• To promote the profession through developing a public voice for child and adolescent psychoanalytic psychotherapy.</li> <li>• To support increased access to child and adolescent psychoanalytic psychotherapy within public and third sector services and independent practice.</li> </ul> <p>To ensure that child and adolescent psychoanalytic psychotherapy meets the needs of a diverse population, and that child and adolescent psychoanalytic psychotherapy is an equal opportunity profession.</p>
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### Inherent risks of the practice

This section uses the criteria developed as part of the Authority’s *Right Touch Assurance tool*<sup>4</sup> to give an overview of the work of child and adolescent psychotherapists.

Risk criteria	
<p><b>1. Scale of risk associated with Child and Adolescent Psychotherapist</b></p> <p><i>a. What do Child and Adolescent Psychotherapists do?</i></p> <p><i>b. How many Child and Adolescent Psychotherapists are there?</i></p> <p><i>c. Where do Child and Adolescent Psychotherapists work?</i></p> <p><i>d. Size of actual/potential</i></p>	<p>The ACP is the professional body for psychoanalytic child and adolescent psychotherapies in the UK. They hold a register of Child and Adolescent Psychotherapists all of whom have met its standards for registration. ‘</p> <p>A child and adolescent psychotherapist (CAPT) are trained to help children and young people aged 0 to 25 with severe mental health problems. Their members are trained to work with children and young people from birth to age twenty-five (up to 26th birthday) as well as parents, carers, and other professionals.</p> <p>b. As of the 1 Jan 2022, ACP had a total of <b>751</b> members on the Register within the four nations of the UK (England, Scotland, Northern Ireland, and Wales). Registrants working in the NHS, third sector and independently with children and young people up to age 25.</p> <p>c. In addition to community mental health services, ACP registered CAPTs work in other NHS or local authority commissioned services including in-patient services, hospitals, early years centres, schools, looked after children’s services and the youth justice system.</p>

<sup>4</sup> [https://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/right-touch-assurance---a-methodology-for-assessing-and-assuring-occupational-risk-of-harm91c118f761926971a151ff000072e7a6.pdf?sfvrsn=f537120\\_14](https://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/right-touch-assurance---a-methodology-for-assessing-and-assuring-occupational-risk-of-harm91c118f761926971a151ff000072e7a6.pdf?sfvrsn=f537120_14).



<i>service user group</i>	d. The ACP stated that ‘We do not collect this data, and it would be difficult to estimate given the variety of work in different settings and in different roles undertaken by members.
<b>2. Means of assurance</b>	<p>The ACP Register includes counsellors and psychotherapists who have met ACP’s standards for registration.</p> <p>The means of assurance will depend on the practise setting. For managed premises such as NHS settings and schools, there will be criminal records and other pre-employment checks required.</p>
<b>3. About the sector in which Child and Adolescent Psychotherapists operate</b>	<p>As per its strategic objectives, ‘The Association of Child Psychotherapists has been working to improve the mental health of infants, children, young people, and families since 1949’.</p> <p>They work as a vital part of multi-disciplinary teams in the NHS and other public services to assess and treat infants, children and young people with severe and complex mental health problems and work with their families, carers and networks of professionals surrounding them.</p> <p>Child and Adolescent Psychotherapists may see children and young people individually or with other family members and can support these relationships as well as those with carers and professionals. Concurrent work with the parents or carers of children in therapy is an important part of the child psychotherapy approach.</p> <p>Child and adolescent psychotherapy are the only mental health specialist training to focus exclusively on work with children and young people (0-25) and their families. It is a six-year training comprising a two-year pre-clinical course and an NHS funded four year full-time doctoral level clinical training.</p> <p>Mental health provision within the NHS is generally provided across three main settings: care in the community, inpatient care, and secure care. Services can broadly be categorised as adult services, children and young people’s services, urgent and crisis care, and forensic services<sup>5</sup>. Although there are differences in the four UK models, these categorisations tend to broadly apply across all.</p>
<b>4. Risk perception</b>	

<sup>5</sup> [The state of the NHS provider sector](#)

- *Need for public confidence in Child and Adolescent Psychotherapists?*
- *Need for assurance for employers or other stakeholders?*

Registrants are likely to work independently or in private practice, it is important that members of the public have confidence in the practitioners they choose to deliver therapy.

The specific approach of the ACP, which may not always be available as part of mainstream NHS services, makes it important that the public are aware of what to expect from practitioners. Since registrants are working with children, it is important that the public can have confidence there are appropriate safeguards in place.

# Assessment against the Standards

## Standard One: Eligibility and ‘public interest test’

### Summary

The Accreditation Panel found it is in the public interest to accredit the ACP. The Accreditation Panel found that Standard One is met.

### Accreditation Panel findings

- 1.1 Standard One assessment of current Accredited Registers was introduced in July 2021. Decisions about Standard One are made separately by the Accreditation Team if no concerns are identified.
- 1.2 A full Standard One assessment of the ACP was carried out in October 2023. We found that the ACP’s register falls within the scope of the Accredited Register programme. We considered that the work of child and adolescent psychotherapists can be beneficial. We found it is in the public interest to have registers of practitioners who meet appropriate standards of competence, conduct, and business practice, as required by the ACP.
- 1.3 A Standard One review of the ACP was, therefore, not yet due. However, the Register wished to update its standing with the PSA by reinforcing its evidence base on the effectiveness of the approach of its registrants. We consequently carried out a check (rather than a detailed review) of the ACP’s Standard One status as part of this full renewal assessment.
- 1.4 We reconfirmed that the ACP holds a voluntary register of child and adolescent psychotherapists, currently numbering 751, all of whom meet the Register’s criteria for registration. Registrants of the ACP practise Psychoanalytic and Psychodynamic approaches. As the ACP’s accredited register of Child and Adolescent Psychotherapists falls within the scope of our powers of accreditation, we noted no change in the eligibility status of the ACP. We also reconfirmed that Child and Adolescent Psychotherapists continue to be included in the Psychological Professions NHS Taxonomy.
- 1.5 There is, furthermore, no change in the roles the ACP registers since its last assessment in 2023. Child and Adolescent Psychotherapists are one of the 12 Psychological Professions in the NHS. The evidence continues to suggest that users derive benefits from the activities of ACP registrants, and these outweigh any harms. Not surprisingly, given the ACP’s stringent Code of Practice and guidelines for independent practitioners, we found no concerns with any of the ACP members checked for advertising. The ACP’s risk matrix had been updated to include suicide or self-harm, which is fully addressed under Standard 7.

1.6 The Accreditation Team did not identify during this assessment of Standards Two to Eight any new information that could affect Standard One being met. The Accreditation Panel accordingly decided that Standard One was fully met.

## Standard 2: Management of the register

### Summary

The Accreditation Panel found that Standard Two was met. It issued no Conditions and Recommendations.

### Accreditation Panel findings

2.1 We found that the ACP has a published Register which is easily accessible, accurate and maintained in an exemplary manner. Information on all routes to registration is clear; the process for appealing registration decisions is clear; and membership registration requirements are clearly explained.

2.2 The Panel noted that the explanatory note on the ACP's membership categories and the roles it registers was particularly helpful. The Panel was specifically interested in the membership category of Friends of the Register, and this was discussed accordingly. The Accreditation Team had found that this category of members of the ACP were not able to practise under this designation and, therefore, posed no risk to the public. The Panel was satisfied with this explanation and did not consider it a matter that required any condition or recommendation.

2.3 Of interest to the Accreditation Panel in relation to Friends of the Register, however, was whether they posed an element of risk to the ACP's registrants arising from the latter's supervision of Friends of the Register, and whether Friends of the Register are regarded as ordinary members of the public in terms of indemnity cover. **The Panel agreed that this would be a useful point to raise with the ACP in the cover letter accompanying this report.**

2.4 The Accreditation Team also found that the ACP has a robust continuous professional development (CPD) policy to ensure continued practice competence and that there is a process in place for recognising decisions made by other regulators. The information displayed on the register is constantly checked and updated for accuracy; and the register has all the basic information (a Directory) required by members of the public searching for a therapist. The Panel had no issues with these.

2.5 The Panel was also satisfied that restrictions on practice are clearly displayed for public access. The Sanctions page is easy to access and clearly explains the grounds on which a sanction may be imposed. The ACP has a clearly explained restoration policy for re-entry into the Register following disciplinary action.

2.6 The Accreditation Panel decided that the Standard was fully met.

### **Standard 3: Standards for registrants**

#### **Summary**

The Accreditation Panel found that Standard Three was met. It issued no Conditions and Recommendations.

#### **Accreditation Panel findings**

3.1 We found that the ACP has robust policies and procedures in place to ensure appropriate standards of competence, professional behaviour and business practice for registrants. Through its processes of initial registration and annual re-registration, the ACP commits registrants to comply with all its significant processes, policies and procedures. It has a Code of Professional Practice and Ethics as well as Rules which provide for what registrants must or must not do. In addition, the ACP has in place detailed Disciplinary Procedures that provide for fair and consistent outcomes.

3.2 We also found that ACP processes compel registrants to take Safeguarding issues seriously, with a requirement for all members to undertake training in this area once every three years. Also viewed with seriousness is the issue of Conversion Therapy. Accordingly, the ACP's Statement on Conversion Therapy espouses the organisation's unequivocal position on the ban of the practice.

3.3 Furthermore, there is provision in the ACP's Code of Professional Conduct and Ethics for registrants to comply with information sharing requirements, noting that the ACP is a signatory to the Accredited Registers Information Sharing Protocol. ACP registrants are all required to hold indemnity cover and its Code of Professional Conduct and Ethics forbids unwarranted advertising.

3.4 The Accreditation Panel consequently decided that this Standard was fully met.

### **Standard 4: Education and training**

The Accreditation Panel found that Standard Four was met. It issued no Conditions and Recommendations.

## Accreditation Panel findings

4.1 The Accreditation Team found that the ACP does not provide training, but has five Training Schools across the country, all linked to universities, that provide training for prospective registrants. Through its Quality Assurance Framework (QAF), the ACP ensures that the training curriculum is in line with national education standards. The ACP oversees all training standards, and these are reviewed regularly for purposes of quality assurance. The Panel agreed that the ACP has robust processes in place to quality assure the courses and training it accepts for entry into its Register.

4.2 All details of the ACP's education and training courses are published on its website. However, the Panel identified that the link to the CPD policy on the ACP website was inactive (although the Panel also recognised that they had access to the policy through the PSA's records). **The Panel agreed to notify the ACP of the dead link in the cover letter accompanying this report.**

4.3 Through its Accreditation of Prior Learning (APL) process, the ACP ensures that an equivalence route exists to enter its register, especially for overseas qualified registrants and other applicants who have not gone through the ACP's training schools.

4.4 ACP registrants are trained to care for a diverse population in health and social care, and the education and training of its registrants encompasses those core competency standards. Its training providers have embraced the practice of equality, diversity and inclusion (EDI) and are gradually embedding it in their delivery of training.

4.5 The Accreditation Panel was satisfied that this Standard was fully met.

## Standard 5: Complaints and concerns about registrations

The Accreditation Panel found that Standard Five was met. It issued the following Recommendation:

### Recommendation One:

- The ACP should revisit its decision on setting the periods of suspension (up to three years) and the period before an application for restoration can be made after erasure (two years) to consider if there is an inconsistency in the appropriateness of sanctions.

## Accreditation Panel findings

5.1 The Accreditation Team found that the ACP has Disciplinary Procedures, and this is published on its website. At the ACP, a process exists for all disciplinary decisions to be appealed. These processes are accessible and provide for support throughout the complaints process.

5.2 The ACP has an EDI-friendly recruitment policy and has issued a position Statement on EDI. Both ensure that EDI is gradually being embedded in all aspects of the work of the ACP.

5.3 The ACP's disciplinary and complaints processes ensure that decisions are both quality-assured and consistent, thus enabling the equitable dispensation of justice and fairness in the adjudication process. Restrictions on practice is also covered by its Disciplinary Procedures.

5.4 We additionally found that the ACP has a clear separation of bodies and individuals in the adjudication of complaints process, which is overseen by the Ethical Practice Group. A clear process also exists for managing conflicts of interests and there is evidence of lay involvement in the entire complaints process. In the interest of public protection, all complaints outcomes are both published and shared with other stakeholders.

5.5 The Accreditation Panel debated for some time the issue of the duration of the period before an application for restoration after erasure will be accepted. The Panel noted that for the ACP, this was set at two years, while the maximum duration of a suspension was set at three years. The Panel debated the implications of this thoroughly, citing a scenario where on the one hand, a more serious allegation can lead to erasure from the register and a subsequent application for restoration within three years while, on the other, a suspension (presumably for a less serious allegation) may still be in force. The Panel felt that this was not a public protection issue, and that the Standard was met, but noted that the time limits might be contradictory. The Panel consequently issued the following **recommendation**:

- **Recommendation One:** The ACP should revisit its decision on setting the periods of suspension (up to three years) and the period before an application for restoration can be made after erasure (two years) to consider if there is an inconsistency in the appropriateness of sanctions.

## Standard 6: Governance

The Accreditation Panel found that Standard Six was met. It issued no Conditions and Recommendations.

## Accreditation Panel findings

6.1 The Accreditation Team found that the ACP is a company limited by guarantee, with Articles of Association as its governing instrument. We also found that the ACP's primary focus is public protection, and that conflict of interest is well managed both through the governing document and a dedicated conflict of interest policy.

6.2 We found that from a governance perspective, the structure of the ACP makes a clear separation between the various bodies dealing with regulatory matters, education, and management of the Register. The ACP maintains a high level of transparency by ensuring that its Board minutes and all other major governance documents are accessible to the public through publication on its website. Its complaints policy provides for a process that enables anyone to raise a complaint against the Register or its registrants. The totality of the ACP's governance arrangements has the effect of ensuring high levels of transparency, integrity, and accountability in the management of the Register.

6.3 The Accreditation Team found that at the ACP, processes exist for ensuring that all registrants have liability insurance cover. We also found that its fiscal policies are adequate for ensuring financial transparency, coupled with a robust data protection policy. We confirmed that the ACP is registered with the Information Commissioner's Office (ICO).

6.4 Similarly, we found that there is in place business continuity arrangements and that the Board routinely discusses risks to clients and to the organisation. Above all, Board members are clear about what is expected of them. Our Companies House search confirmed that the ACP is a well-managed institution. They have filed their returns to Companies House consistency without query since incorporation in 2015.

6.5 The Accreditation Panel, following a thorough review of the submission of the Accreditation Team, decided that the Standard was fully met.

## Standard 7: Management of the risks arising from the activities of registrants

The Accreditation Panel found that Standard Seven was met. It issued no Conditions and Recommendations.

## Accreditation Panel findings

7.1 The ACP submitted both a Risk Matrix and a Risk Register for review. These identify several risks relating to public protection, organisational sustainability, professional reputation, and risks emanating from problems with the therapy



process. In both documents, the ACP has also identified the likely impacts of each of the risks and the mitigation measures they will take if any of them occurred.

7.2 The Accreditation Team found that risk is routinely discussed at ACP Board meetings. The risk matrix and risk register in effect serve as tools the ACP uses to identify, assess, monitor and take action on risks. We found that the ACP is clear about the benefits of the practice of its registrants and sufficiently aware of the risks to clients associated with the practice of its registrants.

7.3 The Accreditation Panel revisited, and debated at reasonable length, the risk of suicide or self-harm and the implications of its initial absence from the ACP's risk matrix and register until the Accreditation Team raised it. A submission prior to the Panel's meeting of an updated risk matrix and risk register by ACP gave sufficient information and assurance that meant a condition was not required.

7.4 In view of this, the Panel decided that the minimum requirement was met and issued no condition or recommendation. However, **the Panel agreed to encourage the ACP, in the cover letter accompanying this report, to consider:**

- those instances where its risk ratings do not change after mitigation, because it implies that those mitigations are not effective
- how the serious risk of suicide was omitted from the risk matrix and risk register until the PSA raised it, and whether it is appropriate to conduct a broader assessment of risk to identify any other potential gaps

## Standard 8: Communications and engagement

The Accreditation Panel found that Standard Eight was met. It issued no Conditions and Recommendations.

### Accreditation Panel findings

8.1 The Accreditation Team found that the ACP has a clear and accessible organisational website and several other channels through which it communicates with and engages its members, registrants, service users and the public. All its published statements, such as those on Conversion Therapy and EDI, are in conformity with the aims, aspirations and purposes for which the organisation was established. For greater impact of its work, the ACP collaborates with other Accredited Registers and its website has detailed information about accreditation, although we found no evidence that it requires its registrants to do the same.

8.2 We also found that the ACP's key processes, such as those relating to complaints and registration, are all published on its website. The ACP similarly maintains several channels through which it solicits feedback and input from its registrants and other stakeholders.

8.3 The Accreditation Panel discussed the low levels of use of our Quality Mark (QM) by ACP registrants, and whether there was any action that could be taken by the PSA. After careful consideration, the Panel felt that the right course of action was to encourage the ACP to make use of the toolkit that the PSA produces to raise the profile and increase the usage of our Quality Mark. The Accreditation Panel, therefore, issued no condition or recommendation as the Standard was fully met.

8.4 Consequently, **the Panel agreed that in the cover letter accompanying this report, we would encourage use by ACP registrants of the Quality Mark toolkit when it is shared with the ACP.**

## Share your experience

9.1 We ran a public consultation for the ACP between early May and the end of June 2024 and received no responses. We have also received no responses since the ACP's last assessment that needed to be considered at this full renewal. The Standards and minimum requirements are, therefore, unaffected by any third-party view.

## Impact assessment (including Equalities impact)

10.1 We carried out an impact assessment [240705 ACP Impact Assessment .docx](#) as part of our decision to accredit the ACP. This impact assessment included an equalities impact assessment as part of the consideration of our duty under the Equality Act 2010.

10.2 We identified the impact of the ACP's embedding of two significant issues into the training of registrants and its other work. These are the issue of Safeguarding, on which registrants receive training every three years, and its ongoing work on EDI. The latter is gradually being promoted and embedded in all aspects of ACP work. It has a position Statement on EDI, an EDI-friendly recruitment policy, and a progressive Equality and Diversity Policy.

10.3 We noted the potential impact of the ACP's open support for banning Conversion Therapy, by issuing a public Statement that espouses its unequivocal opposition to the practice. The ACP's Disciplinary Procedures also prohibit inappropriate advertising and/or adjunctive therapy.

10.4 We have taken cognisance of the potential impact of the ACP's updated Risk Matrix and Risk Register to include the serious risk of suicide or self-harm. Our initial assessment was that there was no direct reference to suicide or self-harm as a risk to young people in the ACP's analysis of risks. We needed to be re-assured that the serious risk of suicide or self-harm is accorded due attention. The ACP's submission of both an updated Risk Matrix and Risk Register is a welcome development. We expect that this issue will receive the constant attention of the Board through their regular reviews of risks.