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NORTHERN IRELAND FRAMEWORK FOR PSYCHOLOGICAL PROFESSIONS

Embedding Psychological Knowledge and Expertise into Policy, Planning, Services and Communities



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Foreword

I am delighted to introduce the first Northern Ireland Framework for Psychological Professions.

As Chief Psychological Professions Officer, one of my priorities has been to bring the psychological professions together and raise their profile.

Across Northern Ireland, practitioner psychologists, psychological therapists, and psychological practitioners make a vital contribution every day in mental health, physical health, and social care services; primary and community care; schools and universities; the justice system; and the voluntary and community sector. Yet that contribution has too often been fragmented and underused. This Framework aims to change that.

Psychology is the science of how people think, feel, behave and relate to one another. Its value goes well beyond the therapy room, helping to shape policy, design services, support our workforce and build compassionate, trauma-informed communities. Northern Ireland's challenges demand that we make full use of this expertise.

The Framework sets out a shared direction built around six strategic objectives: promoting psychological knowledge and expertise; strengthening professional identity and collaboration; developing a sustainable workforce; building leadership and influence; improving access and outcomes; and supporting psychologically informed systems and communities. It places psychology firmly within the Department's Reset programme and the move towards neighbourhood-based care, with prevention and early intervention at its heart.

Respecting each profession's distinct identity, the Framework also provides, for the first time, a shared understanding of the knowledge and skills of our psychological workforce, supporting effective workforce planning, safe and effective care, and robust governance.

I want to thank the members of the Northern Ireland Psychological Professions Forum, our professional and regulatory bodies, colleagues in HSC Trusts and the voluntary and community sector, our academic partners, and people with lived experience. Your insight has shaped every part of it.

Publication is a beginning, not an end.

The next step is to agree an implementation plan and outcomes framework that turn these ambitions into funded, accountable commitments. I look forward to working with you to deliver them for individuals, families and communities across Northern Ireland.

Executive Summary

The Northern Ireland Framework for Psychological Professions sets out a shared strategic direction for the psychological professions and for the wider application of psychological knowledge across Northern Ireland.

It recognises that psychological expertise has relevance far beyond the delivery of psychological therapies and specialist services, extending into policy development, strategic planning, commissioning, service design, organisational leadership, workforce development, prevention, community development and population health.

The Framework aims to embed psychological knowledge and expertise across policy, strategy, planning and service delivery; to strengthen the identity, visibility and collective contribution of psychological professions; and to support a workforce that is sustainable, skilled and appropriately deployed.

It also seeks to improve equitable access to evidence-based, person-centred psychological care, and to promote psychologically informed services, organisations, neighbourhoods and communities.

In addition, it aims to strengthen professional leadership and strategic influence, support research, innovation, evaluation and quality improvement, and ultimately improve outcomes for individuals, families and communities.

For the purposes of this Framework, psychological professions are grouped into three broad and complementary categories:

HCPC-regulated Practitioner Psychologists, Psychological Therapists and Psychotherapists, and Psychological Practitioners.

The Framework does not seek to diminish individual professional identities, scopes of practice or regulatory arrangements. Rather, it provides a common strategic platform through which the collective contribution of psychological professions can be understood, developed and strengthened.

The Framework is organised around six strategic objectives:

1. promoting psychological knowledge and expertise;
2. strengthening professional identity and collaboration;
3. developing a sustainable workforce;
4. building leadership and influence;
5. improving access and outcomes; and
6. supporting psychologically informed systems and communities.

These objectives are underpinned by practical mechanisms for embedding psychological advice in policy, commissioning, and service redesign (see Chapter 7 and Appendix E) and a proposed Draft Implementation Plan (Appendix C) and Outcomes and Performance Framework (Appendix D), which, once agreed, will provide the basis for translating the Framework's vision into measurable action.

Chapter 1: Introduction

1.1 Context

Northern Ireland faces significant and complex challenges affecting mental health, wellbeing and wider population outcomes[1][2].

These include high and enduring levels of mental health need, the continuing impact of conflict, trauma and adversity, increasing demand and complexity across services, persistent health and social inequalities, unequal access to psychological support, and workforce capacity, recruitment and retention challenges.

These challenges cannot be addressed through specialist mental health services alone. Improving health and wellbeing requires action across the life course and across the environments in which people live, learn, work and receive care.

Psychological knowledge has an important contribution to make to this agenda. It helps us understand behaviour, relationships, cognition, emotion, development, motivation, resilience and the impact of social context. Applied effectively, this knowledge can improve how services are planned and delivered and how organisations and communities respond to need.

Psychological professions therefore contribute across a broad range of settings, including health and social care, public health, education, justice, community and voluntary services, universities and research.

Their contribution spans prevention and early intervention, psychological assessment and formulation, psychological therapies and interventions, and rehabilitation and recovery.
It also includes consultation and multidisciplinary working, supervision and workforce development, research, evaluation and quality improvement, policy, strategy and service development, organisational and system leadership, and the development of psychologically informed environments and communities.

This Framework provides a strategic basis for strengthening that contribution and ensuring that psychological knowledge and expertise inform policy, planning, commissioning and service delivery.

1.2 Purpose

This Framework provides a shared strategic direction for psychological professions across Northern Ireland.

[1] https://www.mentalhealthchampion-ni.org.uk/news/new-mental-health-champion-report-lays-bare-state-mental-health-northern-ireland
[2] https://www.niauditoffice.gov.uk/publications/html-document/mental-health-services-northern-ireland

It seeks to promote a shared understanding of the psychological professions' workforce, clarify the distinct and complementary contributions of the professions, and strengthen professional identity, leadership and collaboration. It also aims to support workforce planning, development and sustainability, promote the integration of psychological knowledge across policy, strategy and services, improve access to evidence-based, equitable and person-centred psychological care, and support psychologically informed organisations, services and communities.

The Framework is intended to complement, not replace, existing professional standards, regulatory requirements, service specifications, and regional strategies.

1.3 Scope

The Framework applies to psychological professions working across Northern Ireland and recognises their contribution across Health and Social Care, public health and population wellbeing, primary and community care, and maternity services.

It also recognises their contribution to physical health and long-term conditions, children and young people's services, mental health services, learning disability and neurodevelopmental services, and older people's services.

Beyond health and social care, the Framework recognises their contribution to education, justice and criminal justice services, the voluntary, community and social enterprise sector, universities, higher education institutions and training providers, and other settings in which psychological knowledge and expertise contribute to health, wellbeing and social outcomes.

It recognises the contribution of psychological professionals across statutory, voluntary, community, academic and independent sectors.

Chapter 2: Vision, Mission and Strategic Objectives

2.1 Vision

A Northern Ireland where psychological knowledge informs policy, planning and service delivery, enabling people and communities to thrive through accessible, equitable, evidence-based and person-centred care.

The vision places psychological knowledge at the heart of a whole-system approach to health and wellbeing. It recognises that psychology has a contribution to make at every level—from policy and strategy through to individual care and community development.

2.2 Mission

The Framework supports the mission of the **Northern Ireland Psychological Professions Forum (NI-PPF):**

"To provide a unified platform for psychological professionals across Northern Ireland, with the aim of ensuring that psychological knowledge and expertise is embedded throughout the health and social care system."

The Framework provides the strategic context within which this mission can be delivered. It seeks to create the conditions in which psychological professionals can work collectively, influence policy and practice, develop the workforce and contribute to the transformation of health and social care.

The mission and vision are deliberately complementary: the mission describes the collective role of the Forum, while the vision describes the future Northern Ireland that the Framework seeks to help create.

2.3 Strategic Objectives

Objective 1: Promote Psychological Knowledge and Expertise

Strengthen the use of psychological knowledge and expertise in policy, strategy, commissioning, service design and delivery.

This will include embedding psychological perspectives within prevention, treatment, recovery and rehabilitation, strengthening access to psychological formulation and intervention within multidisciplinary teams, and applying psychological knowledge to behaviour change, population health and prevention.

It also means supporting psychologically informed policy and service development and promoting the contribution of psychology to organisational and community development.

Objective 2: Strengthen Professional Identity and Collaboration

Increase the visibility, recognition and collective contribution of psychological professions while respecting the distinct expertise, training and professional identity of individual professions.

This will include improving understanding of the different psychological professions and promoting their distinct and complementary roles.

It also means strengthening collaboration across professional groups, supporting multidisciplinary and cross-sector working, and providing opportunities for shared learning, knowledge exchange and professional development.

Objective 3: Develop a Sustainable Workforce

Develop a skilled, diverse, resilient and appropriately distributed psychological workforce capable of responding to current and future population needs.

This will include strengthening regional workforce intelligence and planning, aligning education and training with population and service needs, and developing clear career pathways.

It also means supporting recruitment, retention and succession planning, strengthening supervision and continuing professional development, and promoting workforce wellbeing and psychologically healthy workplaces.

Objective 4: Build Leadership and Influence

Strengthen psychological leadership and enable psychological professionals to contribute to policy, service development and delivery, organisational transformation and system improvement.

This will include developing leadership pathways across all career stages, strengthening professional leadership, and increasing psychological representation within strategic planning and decision-making. It also means supporting psychological professionals to influence policy and service redesign, and applying psychological expertise to organisational culture, workforce development and change.

Objective 5: Improve Access and Outcomes

Promote equitable access to evidence-based psychological care and improve outcomes for individuals, families and communities.

This will include strengthening prevention and early intervention, developing accessible and appropriately matched psychological interventions, and reducing

unwarranted variation in access and outcomes. It also means supporting integrated pathways across community, primary and specialist services, using meaningful outcomes and experience measures, and addressing barriers experienced by underserved or marginalised communities.

Objective 6: Support Psychologically Informed Systems and Communities

Apply psychological knowledge to create compassionate, responsive, and inclusive organisations, services, neighbourhoods and communities.

This will include promoting psychologically healthy organisations and workplaces, developing psychologically informed services and environments, and embedding psychological expertise within integrated and neighbourhood-based models of care.

It also means supporting trauma-informed approaches and applying psychological knowledge to prevention and population wellbeing.

2.4 Core Principles

The following principles underpin the Framework:

Person-Centred and Relational
Services should be designed around people's strengths, needs, goals, relationships and lived experience.

Evidence-Informed
Policy, practice and service development should draw on the best available evidence, professional expertise and lived experience.

Equitable and Inclusive
Psychological knowledge and care should be accessible, culturally sensitive and aimed at mitigating inequalities.

Trauma-Informed
Services should recognise the impact of trauma, adversity and social context and promote safety, trust, choice, collaboration and empowerment.

Preventative and Early Intervention Focused
Psychological knowledge should support wellbeing, resilience and prevention as well as treatment, recovery and rehabilitation.

Collaborative and Co-Produced
People with lived experience, carers, communities and partner organisations should have meaningful opportunities to contribute to the design, delivery and evaluation of services.

Whole-System
Psychological knowledge should inform policy, leadership, commissioning, workforce development, service design and community development.

2.5 From Vision to Action

The Framework's strategic objectives provide the foundation for the chapters that follow.

Psychological knowledge and expertise provide the central thread connecting:

Policy and Strategy → Workforce → Organisations → Services → Neighbourhoods → Communities → Population Wellbeing

The Framework therefore moves beyond a traditional workforce model. It recognises that the value of psychological professions lies both in the specialist expertise they provide, and in their ability to strengthen the wider system.

The following chapters describe the contributions of psychological knowledge and leadership to psychologically informed care, and the actions required to develop a sustainable workforce to achieve system-wide impact.

The proposed Draft Implementation Plan (Appendix C), the Outcomes and Performance Framework (Appendix D) and the Mechanisms for Embedding Psychological Advice in Policy and Service Decisions (Appendix E) set out how the Framework's ambitions could be translated into action and how progress will be monitored, once agreed.

Chapter 3: Embedding Psychological Knowledge Across Health and Social Care

3.1 Introduction

Psychological knowledge contributes to every level of the health and social care system.

While psychological professions provide specialist assessment and intervention for people experiencing psychological distress, mental health difficulties, and intellectual and developmental disabilities[3][4], their contribution extends considerably further. Psychological knowledge and behaviour science should inform how policy is developed, how services are designed, and how communities and individuals are supported and empowered.

The ambition of this Framework is therefore not simply to expand psychological services, but to also ensure that psychological expertise is used wherever it can improve understanding, decision-making, relationships, behaviour, service design, organisational functioning and outcomes.

3.2 Psychology in Policy and Strategy

Policy is ultimately concerned with people and how they behave, interact with systems, respond to change, and experience the environments in which they live.

Psychological knowledge strengthens policy by providing evidence about behaviour and behaviour change, motivation and engagement, development across the life course, and relationships and social connectedness.

It also provides evidence about trauma and adversity, decision-making, resilience and coping, communication, organisational change, and the psychological impact of inequality and social circumstances.

3.3 Psychology in Prevention and Population Health

Improving population health requires action before people become unwell, and greater attention to the factors that protect wellbeing.

Psychological knowledge contributes to prevention through understanding health behaviours, motivation, habits and social relationships, as well as resilience, child and adolescent development, responses to adversity, and the interaction between individual and environmental factors.

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[3] Gaskell, et al. (2023). *The effectiveness of psychological interventions delivered in routine practice: Systematic review and meta-analysis. Administration and Policy in Mental Health and Mental Health Services Research, 50*(1), 43-57. https://doi.org/10.1007/s10488-022-01225-y

[4] https://www.nice.org.uk/guidance/indevelopment/gid-hub10005

Psychological professions, in addition to providing specialist psychological therapy services, contribute to population health through health promotion, public health early intervention programmes, behaviour change strategies, community development and the design and evaluation of preventative approaches.

3.4 Psychologically Informed Services

Services must therefore consider the needs, strengths and experiences of the people who use them, how trauma and adversity may affect engagement, and the quality of communication and trust.

They must also consider the environment in which care is provided, staff wellbeing and organisational culture, and how services can promote autonomy, hope and recovery.

Psychological professionals support the delivery of psychologically informed services through consultation, training, supervision, formulation, service development and organisational/team interventions.

3.5 Psychologically Informed Environments and Organisations

Psychologically informed environments and organisations create conditions that promote psychological and physical safety, trust, compassion and dignity, as well as inclusion, meaningful relationships, participation, recovery and staff wellbeing.

Psychological professions play a key role in enabling and sustaining these environments by bringing psychological knowledge, formulation, evidence and expertise into the way services are designed, led and delivered.

This includes working directly with individuals, as well as providing consultation, supervision, training, workforce development and organisational support to help staff understand behaviour, relationships, trauma, risk and psychological need.

The aim is to ensure that psychological thinking is embedded not only in individual interventions, but across teams, services, cultures and organisational systems.

3.6 Psychologically Informed Neighbourhoods and Communities

People's health and wellbeing are shaped by their families, relationships, communities, workplaces and wider social environments.

Neighbourhood approaches provide an opportunity to apply psychological knowledge beyond organisational and professional boundaries. This requires psychological expertise to be integrated within neighbourhood teams and partnerships where appropriate, rather than being viewed solely as a specialist service that sits outside the wider system.

The contributions of psychological knowledge to neighbourhood approaches include population needs assessment, prevention and early intervention, and community engagement.

They also include strengthening resilience and protective factors, consultation with multidisciplinary teams, and evaluation of new models of care.

3.7 Psychology and Health Inequalities

Psychological wellbeing is closely connected to social circumstances.

Poverty, discrimination, social exclusion, trauma, insecure housing, unemployment, isolation and unequal access to services may all affect psychological health and influence engagement with health and social care services.

Psychological knowledge contributes to reducing inequalities by informing policy and service responses to the wider determinants of health, identifying barriers to access, and designing inclusive services.

It also does so by supporting culturally sensitive practices, improving engagement with underserved communities, and working with community organisations to develop preventative approaches.

3.8 Trauma-Informed Practice

Northern Ireland's history and the experiences of individuals and communities mean that trauma-informed practice is of particular relevance.

Trauma-informed approaches recognise that experiences of trauma and adversity can affect emotional wellbeing, relationships, behaviour, physical health and engagement with services. They seek to understand people's responses and behaviours in the context of their experiences, rather than viewing these in isolation or solely as symptoms or problems to be managed.

Psychological professions bring expertise to understanding the psychological impact of trauma and adversity, including through assessment, formulation and evidence-based psychological interventions.
This expertise can help identify trauma-related needs, understand how trauma may influence behaviour, relationships, coping and engagement, and determine when specialist psychological intervention is required.

Trauma-informed practice also requires attention to the potential for services and interventions themselves to cause distress or re-traumatisation.

Psychological expertise can support practitioners and organisations to recognise these risks and to develop approaches that promote safety, choice, control and appropriate therapeutic responses, while recognising the different needs of individuals and staff.

For staff working with people affected by trauma, psychological professions can contribute specialist advice, consultation, supervision and training, helping staff to understand trauma-related presentations and respond appropriately while maintaining professional boundaries and their own wellbeing.

3.9 Psychology in Service Transformation

Health and social care transformation involves changes to systems, services, professional roles and ways of working.

Psychological knowledge contributes to transformation by helping organisations understand organisational culture, how people respond to change, and the barriers and facilitators to implementation. It also helps them understand leadership, teamworking and relationships, communication and engagement, workforce wellbeing, and how new models of care are experienced by service users and staff.

3.10 Research, Evidence and Innovation

Research and innovation should be viewed as core components of psychological practice and service development, rather than activities separate from frontline care. In particular, the application of psychological knowledge should be grounded in evidence and strengthened through research, evaluation and continuous learning.

Psychological professions have an important role in ensuring that evidence is not only generated, but translated into practice, policy and service development.

They contribute to research, service evaluation and implementation science, as well as quality improvement, outcome measurement, knowledge translation and innovation.

Psychological professions' contributions include identifying unmet need, evaluating the effectiveness and experience of interventions, testing new models of care, and supporting the adoption and spread of evidence-based practice.

Psychological professions should work in partnership with people with lived experience, practitioners, academics and other system partners to develop and evaluate services. This includes using routine outcome and experience data to understand what works, for whom and in what circumstances, and using this learning to improve access, quality and outcomes.

3.11 Digital and Emerging Technologies

Digital technologies provide opportunities to extend access to psychological support and improve service delivery. Digital development should remain person-centred and address issues of accessibility, inclusion, privacy, safety and professional accountability.

Psychological knowledge and expertise contribute to the development and evaluation of digital psychological interventions, remote and hybrid models of care, online assessment and support, behavioural change technologies, and emerging applications of artificial intelligence.

3.12 Organisational and Patient Safety

Psychological knowledge makes a significant contribution to organisational and patient safety, an area in which it is currently underused. Safety is shaped not only by systems and procedures but also by human behaviour, group dynamics, authority, fear and organisational culture. Psychological expertise can help organisations understand why concerns are not raised, why decision-making becomes defensive, and why harm is not always recognised or acted upon.

Building on the Framework's emphasis on psychological safety, organisational culture and trauma-informed practice, psychological expertise should be connected more explicitly to:

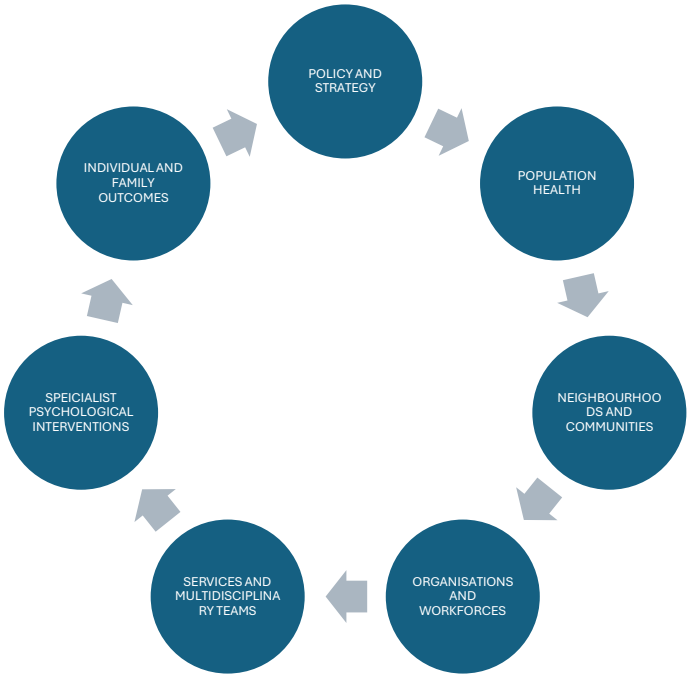
- speaking up, and the conditions in which staff feel able to raise concerns and be heard;
- defensive decision-making and the pressures that lead to it;
- responses to complaints and concerns raised by people using services, families and carers;
- understanding and reducing restrictive practice, including through consultation, formulation and the development of alternatives; and
- learning after harm, ensuring that reviews consider psychological and cultural factors and that learning leads to sustained change.

Psychological expertise should therefore be included in selected safety reviews, culture programmes and improvement work, with a clear route for findings to reach accountable executives and Board committees (see Appendix E, Mechanism 7).

3.13 A Whole-System Contribution

The contribution of psychological knowledge can therefore be understood across a continuum

Diagram 1



This continuum illustrates why psychological knowledge and interventions should not be viewed solely through the volume of clinical activity undertaken by the psychological professions.

Their contribution includes direct care but also extends to improving the psychological capability of the wider system[5].

3.14 Strategic Implications

Embedding psychological knowledge across Northern Ireland requires meaningful professional input into relevant policy and strategy, appropriate psychological representation within planning and transformation structures, and investment in psychologically informed workforce development.

It also requires the integration of psychological expertise within neighbourhood and community approaches, stronger partnerships between psychological professions and other sectors, support for research, evaluation and innovation, and outcome measures that capture contribution at individual, service, system and population levels.

3.15 Conclusion

Psychological knowledge is a resource for the whole health and social care system and for the wider community. Embedding psychological knowledge across policy, strategy, services, organisations and communities will enable Northern Ireland to

[5] https://pmc.ncbi.nlm.nih.gov/articles/PMC8542273/

make fuller use of the expertise of its psychological professions workforce and support a more preventative, compassionate, equitable and effective system of care.

Chapter 4: The Psychological Professions Workforce

4.1 Introduction

The Psychological Professions comprise a diverse workforce with complementary specialist knowledge, skills and professional identities. They work across Northern Ireland in a wide range of health and social care settings, contributing to prevention, assessment, intervention, rehabilitation and recovery. Outside of therapeutic work, they may engage in consultation, supervision, research, education, policy development and service transformation.

While all professions provide psychological interventions, the breadth and depth of training, professional scope, and responsibilities differ. These differences are important and should be recognised within appropriate governance arrangements.

The taxonomy includes three broad groupings of Psychological Professions:

- HCPC-regulated Practitioner Psychologists,
- Psychological Therapists and Psychotherapists, and
- Psychological Practitioners.

This taxonomy is not a hierarchy, and the professions within it are not interchangeable. Each brings distinct specialist knowledge and skills, built on a shared foundation of applying psychological knowledge to improve health, wellbeing and social outcomes.

Its objective is to ensure that services are provided so that people receive the right psychological support, from an appropriately trained professional, at the right time and in the right setting.

Effective services should therefore deploy the different professional groups according to complexity and clinical need, professional competence, and evidence base and professional knowledge. They should also consider the level and type of therapeutic intervention required, individual preference, governance requirements, and service context.

4.2 The Psychological Professions in Northern Ireland

Table 4.1 summarises the three groupings, the professions within each and their principal contribution. Profiles of each profession, with training routes and accreditation arrangements, are set out in Appendix A.

Table 4.1 The Psychological Professions: Roles, Type of Work and Professional Bodies

Grouping	Profession	Type of work	Professional body and regulation
HCPC-regulated Practitioner Psychologists	**Clinical Psychologist**	Assessment, psychometric testing and psychological formulation across the lifespan; delivers a range of evidence-based therapies (e.g. CBT, systemic, psychodynamic, ACT) with people with complex and severe presentations; consultation, supervision, service development, research and leadership.	Statutory: HCPC (protected title) Professional body: British Psychological Society (BPS), Division of Clinical Psychology
	Counselling Psychologist	Relational, pluralistic and integrative therapy grounded in the therapeutic relationship; assessment and formulation; works mainly in adult mental health, primary and secondary care.	Statutory: HCPC (protected title) Professional body: BPS, Division of Counselling Psychology
	Educational Psychologist	Assessment and intervention for the learning, development and emotional wellbeing of children and young people, working with schools, families and education services; consultation, training and statutory advice on special educational needs.	Statutory: HCPC (protected title) Professional body: BPS, Division of Educational and Child Psychology
	Forensic Psychologist	Risk assessment, offending-behaviour and rehabilitation interventions and court reports; works in prisons, secure services, probation and youth justice.	Statutory: HCPC (protected title) Professional body: BPS, Division of Forensic Psychology
	Health Psychologist	Psychological aspects of physical illness and long-term conditions; adjustment, self-management, treatment adherence and health behaviour change; public health programmes.	Statutory: HCPC (protected title) Professional body: BPS, Division of Health Psychology
	Occupational Psychologist	Workplace wellbeing, organisational development, leadership, selection and assessment, and management of change.	Statutory: HCPC (protected title) Professional body: BPS, Division of Occupational Psychology
	Sport and Exercise Psychologist	Motivation, performance and wellbeing in sport and physical activity; promotion of exercise for physical and mental health.	Statutory: HCPC (protected title) Professional body: BPS, Division of Sport and Exercise Psychology
Psychological Therapists and Psychotherapists	**Adult Psychotherapist**	Longer-term or time-limited psychotherapy (psychoanalytic/psychodynamic, humanistic or integrative) exploring unconscious processes, early relationships and recurring patterns; often with complex trauma and personality-related difficulties.	Registration: British Psychoanalytic Council (BPC) or UK Council for Psychotherapy (UKCP) No statutory regulation (PSA-accredited registers)

Grouping	Profession	Type of work	Professional body and regulation
	Child and Adolescent Psychotherapist	Psychoanalytic psychotherapy with infants, children, young people up to age 25 and their families, including looked-after children and those affected by complex trauma; consultation to professional networks.	Registration: Association of Child Psychotherapists (ACP) No statutory regulation (PSA-accredited register)
	Cognitive Behavioural Psychotherapist	Structured, time-limited, high-intensity CBT for anxiety disorders, depression, PTSD, OCD, eating disorders, psychosis and other presentations, using standardised outcome measures.	Accreditation: British Association for Behavioural & Cognitive Psychotherapies (BABCP) No statutory regulation (PSA-accredited register)
	Counsellor	Talking therapy, short, medium and long-term, for life difficulties and transitions, bereavement, trauma, stress, mild to moderate mental health problems, identity and relationships and more depth-oriented work; widely delivered in primary care and the community and voluntary sector.	Registration: British Association for Counselling & Psychotherapy (BACP) or National Counselling & Psychotherapy Society (NCPS) No statutory regulation (PSA-accredited registers)
	Family and Systemic Psychotherapist	Therapy with families, couples and wider networks, focusing on relationships, communication and patterns between people rather than the individual alone.	Registration: Association for Family Therapy and Systemic Practice (AFSP); also UK Council for Psychotherapy (UKCP) No statutory regulation (PSA-accredited registers)
	Psychosexual Psychotherapist	Therapy for sexual difficulties and relationship and intimacy problems, with individuals and couples.	Accreditation: College of Sexual and Relationship Therapists (COSRT) No statutory regulation (PSA-accredited register)
	Arts Therapists (Art Therapist, Dramatherapist, Music Therapist)	Use of art, drama or music as the main medium of therapy; particularly valuable where verbal therapy is difficult, e.g. learning disability, trauma, dementia and work with children.	Statutory: HCPC (protected titles) Professional bodies: British Association of Art Therapists (BAAT), British Association of Dramatherapists (BADth), British Association for Music Therapy (BAMT)
	Medical Psychotherapist	Psychiatrist with specialist psychotherapy training; combines medical and psychological care, often for personality disorder and complex presentations; leads and supervises psychotherapy services.	Statutory: General Medical Council (GMC) Professional body: Royal College of Psychiatrists (RCPsych), Faculty of Medical Psychotherapy
Psychological Practitioners	**Psychological Wellbeing Practitioner (PWP)**	Low-intensity, CBT-informed guided self-help, psychoeducation and behavioural activation for mild to moderate anxiety and depression, under supervision within stepped-care pathways.	Accredited postgraduate training (PGCert/PGDip) Registration: BABCP or BPS Wellbeing Practitioner Register No statutory regulation

Grouping	Profession	Type of work	Professional body and regulation
	Clinical Associate in Psychology (CAP)	Structured assessment, formulation and evidence-based interventions within a defined scope of practice, under the supervision of an HCPC-registered Practitioner Psychologist.	BPS-accredited Master's-level training Supervision and governance by HCPC-registered Practitioner Psychologists BPS CAPs Register No statutory regulation

Note: The HCPC and GMC are statutory regulators, and the titles they regulate are protected in law. "Psychotherapist" and "counsellor" are not protected titles in the UK; practitioners in these roles are usually registered or accredited with professional bodies whose registers are accredited by the Professional Standards Authority (PSA). Further Psychological Practitioner roles may be added in future.

4.2.1 HCPC-Regulated Practitioner Psychologists

Practitioner Psychologists are regulated by the Health and Care Professions Council (HCPC), with protected professional titles and defined standards of education, training, conduct and proficiency. The seven specialisms are listed in Table 4.1.

Not all specialisms have the same level of representation within Health and Social Care in Northern Ireland, but each contributes distinct psychological expertise.

Practitioner Psychologists contribute specialist assessment and formulation, psychological interventions, consultation, clinical and professional supervision, and professional development.

They also contribute to wider service, workforce, and organisational development, alongside research and evaluation, and advice to government policy and strategy. They have an important role in the development of psychologically informed environments, as well as advising on behavioural science approaches to community and population health.

4.2.2 Psychological Therapists and Psychotherapists

Psychological Therapists and Psychotherapists comprise a diverse group of professionals who provide psychological interventions across a range of theoretical approaches, settings and levels of complexity. The group includes psychotherapists, counsellors and family and systemic psychotherapists, together with members of other professions, such as AHPs (Art Therapists, Music Therapists and Dramatherapists) and Medical Psychotherapists, who deliver psychological therapies (see Table 4.1).

The contribution of Psychological Therapists and Psychotherapists includes psychological assessment, formulation, and the provision of specialist psychological therapies, as well as supporting recovery.

It also includes group and family work, multidisciplinary working, consultation, and staff and team support.

The diversity within this group means that each profession must align with profession-specific educational, accreditation and governance arrangements.

4.2.3 Psychological Practitioners

Psychological Practitioners provide an important contribution to the wider psychological workforce, particularly through structured, evidence-based interventions and psychologically informed approaches.
The group currently comprises Psychological Wellbeing Practitioners (PWPs) and Clinical Associates in Psychology (CAPs), and further practitioner roles are expected to be added in future.

Under supervision, and as a member of a multidisciplinary team, psychological practitioners work across primary care, community, mental health and other settings, supporting people with common psychological difficulties and contributing to prevention and early intervention.

They increase the reach and capacity of psychological approaches while enabling specialist practitioners to focus on people with greater complexity or need.

The contribution of Psychological Practitioners includes the delivery of evidence-based structured psychological interventions, such as guided self-help, psychoeducation, low-intensity psychological intervention, health and wellbeing support, group interventions, and signposting and supported referral.

4.3 A Complementary and Sustainable Workforce

Effective psychological care depends upon understanding how the contributions of the various Psychological Professions complement one another and, through better integration, enhance access to appropriate evidence-based psychological care.

A sustainable workforce should therefore enable professionals to work at the appropriate level of complexity, within clearly defined scopes of practice, and with access to appropriate supervision. It should also enable them to work as part of multidisciplinary teams, across organisational and professional boundaries where appropriate, and in partnership with people, families and communities.

4.4 Professional Standards and Governance

The diversity of the psychological professions requires clear and proportionate governance.

All psychological professionals should practise within their education, training and competence, maintain appropriate professional standards, and undertake continuing professional development.

Where roles develop or new psychological practitioner roles are introduced, employers and Psychological Services managers should ensure that responsibilities, competencies, supervision and governance are clearly defined. Detailed

arrangements for regulation, supervision and scope of practice are set out in Appendix B.

4.5 Developing the Future Workforce

Future workforce planning should consider not only the number of psychological professionals required, but also the mix of professional skills, population need, geographical distribution, and changing models of care.

It should also take account of specialist and advanced practice, leadership requirements, research and academic capacity, digital transformation, and the psychological capability of the wider workforce.

The objective should be a balanced and sustainable psychological workforce, capable of meeting both current and emerging needs.

4.6 Current Workforce Evidence and Data Development

The following figures in Table 4.2 are extracted from the *Mental Health Workforce Review Implementation and Delivery Report (2026).* They relate to the rebasing exercise conducted in 2025, regarding staff in post and vacancies across Trust CAMHS and adult mental health services; they are not a comprehensive census of psychological professions across Northern Ireland.

Table 4.2

Professional category	CAMHS staff in post (WTE)	Adult staff in post (WTE)	Total staff in post (WTE)	Vacancies (WTE)	Vacancy rate	Staff in post + vacancies (WTE)
Psychologist	18.13	95.94	114.07	33.70	22.8%	147.77
Psychotherapy	3.70	31.70	35.40	11.74	24.9%	47.14
Counsellor	3.00	20.86	23.86	3.83	13.8%	27.69
Arts therapist	1.00	1.00	2.00	0.00	0.0%	2.00
Mental Health Practitioner	21.98	27.36	49.34	13.04	20.9%	62.38

*Important interpretation notes
The report uses the category “Psychologist” and it does not break this category into specialisms. Unqualified staff in assistant/associate roles are included.
“Mental Health Practitioner” is shown separately because the report lists it as a distinct category; it should not automatically be treated as a psychological profession without checking role definitions.

The Department of Health Northern Ireland’s Mental Health Workforce Review (2025) provides an important source of information about workforce capacity within

mental health services. However, the workforce figures presented in that Review relate specifically to Health and Social Care (HSC) Trust staff working in mental health services. They should not be interpreted as a complete count of the psychological professions workforce across Northern Ireland.

Table 4.3 summarises figures for Practitioner Psychologists, Psychological Therapists and Psychological Practitioners provided by Heads of Psychology Services in the five HSC Trusts. This, together with the data above, forms the beginning of a useful workforce baseline.

Table 4.3

Trust	Practitioner Psychologists		Psychological Therapists		Psychological Practitioners		All	All
	Headcount	WTE	Headcount	WTE	Headcount	WTE	Headcount	WTE
BHSCT	104	90.91	36	30.26	14	13.83	**154**	**135.00**
NHSCT	74	62.81	30	25.45	0	0	**104**	**88.26**
WHSCT	53	44.19	33	30.12	0	0	**86**	**74.31**
SHSCT	47	38.63	43	38.23	8	7.74	**98**	**84.60**
SEHSCT	61	51.15	19	17.40	0	0	**80**	**68.55**
All	**339**	**287.69**	**161**	**141.46**	**22**	**21.57**	**522**	**450.72**

The figures do not capture all psychological professionals or psychological practitioners working in other relevant settings. This includes staff working in other health services, looked-after children and related services, the community and voluntary (C&V) sector, prisons and criminal justice settings, and other statutory, independent, academic or community services outside the defined mental health service workforce. Consequently, the Review provides a useful but partial picture of the workforce available to deliver psychological knowledge, assessment, interventions, consultation and support across Northern Ireland.

A priority in implementing this Framework will therefore be to establish a more accurate and comprehensive record of the psychological professions workforce across Northern Ireland. This will require collaboration with statutory organisations, HSC Trusts, community and voluntary organisations, and other relevant services outside health to identify staff, roles, settings and workforce capacity consistently. The aim is to develop a clearer regional baseline that supports workforce planning, identifies gaps and duplication, and informs future decisions about education, training, recruitment, retention and deployment.

Work is also being undertaken with EQUIP to improve how psychological professions staff are recorded. The intention is to record staff according to their current job titles and roles, rather than relying on historical professional backgrounds. This will provide a more accurate picture of the work people do, support more consistent workforce intelligence, and reduce the risk of misclassifying staff because of their original qualification or previous role.

Until this broader data-development work is completed, workforce figures should be accompanied by a clear statement of their scope, source and limitations. A comprehensive, consistently defined workforce dataset is essential to implementing

the Framework, understanding current capacity, and planning a sustainable psychological professions workforce across all relevant sectors.

4.7 Conclusion

Northern Ireland benefits from a diverse Psychological Professions workforce with specialist knowledge and complementary expertise.

The future challenge is to adequately identify the professional resources and ensure that this expertise is deployed effectively across the system, to provide specialist therapeutic interventions where they are needed while also contributing to policy, organisational and workforce development, service transformation, and community wellbeing.

Recognising and strengthening the contribution of all three workforce groupings is essential to achieving the vision of this Framework.

Chapter 5: Developing a Sustainable Psychological Workforce

5.1 Introduction

A sustainable psychological workforce is essential to achieving the ambitions of this Framework.
Workforce sustainability is not simply a question of increasing numbers. It requires the right combination of professional expertise, skills, roles and levels of practice, distributed according to population need and aligned with changing models of care.

The workforce must also be supported to develop throughout its career, work safely and effectively, and contribute to the wider transformation of health and social care. Workforce planning should therefore consider both capacity and capability and should extend beyond individual professions and organisations to reflect the contribution of the psychological workforce across Northern Ireland.

5.2 Regional Workforce Planning

Effective workforce planning requires a shared understanding of current and future need. It should take a comprehensive, system-wide approach that encompasses every sector in which psychological expertise is found, including HSC Trusts, voluntary and community organisations, academic institutions and independent providers.

Workforce data capture only part of this provision, so workforce mapping should be paired with an assessment of unmet need, existing provision, inequalities and service gaps. Without this, planning could reproduce the current distribution of services rather than redirect resources towards areas of greatest need.

Regional planning should take account of population need and demographic change, the prevalence and complexity of psychological need, health inequalities, and current workforce capacity and distribution.

It should also consider vacancies and turnover, retirement and succession, changing models of care (including integrated and neighbourhood-based care), prevention and early intervention, digital and technological developments, and future policy and service priorities.

Planning should be informed by reliable, consistent data and reviewed regularly, so that it identifies where workforce shortages, skills gaps or geographical inequalities need particular attention.

5.3 Workforce Capacity and Skill Mix

A sustainable psychological workforce requires an appropriate balance of professional groups, expertise and levels of practice, aligned with population need and the complexity of presenting difficulties.

Workforce planning should consider how Specialist Practitioner Psychologists, Psychological Therapists, Psychological Practitioners and the wider health and social care workforce can work collaboratively and complement one another to provide support at different levels of need.

This should enable expertise to be appropriately matched to complexity, ensuring that specialist skills are available where they are most needed, while strengthening the wider workforce's capacity to provide psychologically informed care.

Clear role definitions, effective supervision and appropriate governance should support this approach without creating unnecessary professional boundaries that restrict access to psychological support.

The Framework envisages the development of psychological capacity across clinical care, prevention, consultation, leadership and research. However, these ambitions cannot be delivered simultaneously or assumed to be achievable within existing workforce capacity.

A costed assessment is therefore required to identify the workforce, skills, infrastructure and protected time needed to deliver the Framework's priorities. Implementation should be phased and guided by explicit decisions about priorities, available resources and expected benefits.

Crucially, workforce and job planning must recognise the contribution of psychological professionals beyond direct clinical care.

Protected capacity for consultation, supervision, strategic advice, service development, leadership, research and evaluation should be explicitly incorporated into workforce plans and job plans.

Without this, immediate service pressures are likely to take precedence, limiting the ability of psychological professionals to influence service design, strengthen the wider workforce and deliver the broader system-level benefits envisaged by the Framework.

5.4 Education and Training

Education and training capacity must be aligned with the future needs of Northern Ireland.
This requires sustained collaboration between the Department of Health, Health and Social Care organisations, universities, professional bodies and other education and training providers.

Priority areas include sufficient commissioned training places, appropriate clinical and practice placements, and workforce planning informed by training pipelines. They also include the development of specialist and advanced practice, continuing

professional development, leadership development, research capability, and preparation for emerging models of care.

5.5 Recruitment

Recruitment strategies should reflect the diversity of the Psychological Professions and the different factors affecting individual professional groups.

Approaches should include promoting psychological professions as attractive career choices, developing career awareness and outreach, and strengthening links between education and employment. They should also include supporting the transition from training into employment, improving geographical recruitment, widening participation, and developing targeted approaches where persistent vacancies exist.

5.6 Retention and Career Development

Career pathways should enable professionals to develop without requiring a move away from psychological practice.
Clear progression opportunities can support retention while strengthening the expertise available within services.

Retaining experienced professionals is critical to workforce sustainability, service quality and professional leadership.

Organisations should provide opportunities for meaningful career progression, specialist and advanced practice, and leadership. They should also provide opportunities for research and academic activity, supervision, teaching, service development, portfolio careers, and continuing professional development.

5.7 Supervision and Professional Development

High-quality supervision is fundamental to safe practice, professional development and workforce wellbeing.

Supervision should support reflective practice, ethical decision-making, clinical development, risk management and continuing professional development.
Organisations should ensure that supervision is appropriately resourced and protected within workforce planning

All psychological professionals should have access to supervision appropriate to their professional role, level of competence, complexity of work, scope of practice, and professional and regulatory requirements.

5.8 Workforce Wellbeing

Psychological professionals work with people experiencing distress, complexity, trauma and significant life challenges. They may also experience substantial workload and organisational pressures.

Supporting workforce wellbeing is therefore both a professional responsibility and a workforce sustainability priority.

Workforce wellbeing should be considered as part of organisational design rather than as an issue addressed only after difficulties emerge.

Organisations should promote psychologically healthy working environments, manageable workloads, and effective supervision, alongside reflective practice and peer support. They should also ensure access to appropriate staff wellbeing resources, supportive leadership, and cultures in which staff can raise concerns safely.

5.9 Equality, Diversity and Inclusion

A sustainable workforce should reflect the population it serves and provide equitable opportunities to enter, develop and progress within the psychological professions.

Workforce planning should consider barriers associated with socioeconomic background, disability, ethnicity, geography, caring responsibilities, and other factors that may affect access to education, training and employment.

Equality, diversity and inclusion are regulatory expectations of practice. For example, HCPC Standards of Proficiency on Equality, Diversity and Inclusion (Practice standard 5.1[6]) expect registrants to "*respond appropriately to the needs of all different groups and individuals in practice, recognising this can be affected by difference of any kind including, but not limited to, protected characteristics, intersectional experiences and cultural differences"*

This Framework therefore expects equality, diversity and inclusion to be addressed:

- in the workforce, through monitoring of recruitment, progression and retention across protected characteristics and other relevant factors, and through inclusive recruitment, widening participation and accessible routes into training;
- in practice, through education, training, supervision and continuing professional development that prepare practitioners to work with difference, including intersectional experience, culture, language, disability and neurodiversity; and

[6] https://www.hcpc-uk.org/globalassets/standards/standards-of-proficiency/updated-standards-themes/fact-sheets/equality-diversity-and-inclusion.pdf

- in planning, using equality and population data alongside assessment of unmet need (see sections 5.2 and 6.19), so that workforce development is directed towards groups and areas that are currently underserved.

5.10 Leadership Capacity

Workforce sustainability also requires sufficient professional and strategic leadership.

Leadership development should be supported across career stages, from emerging professionals through to senior professional and organisational leadership.

Psychological leaders should be enabled to contribute to strategic planning, policy development, and service transformation. They should also be enabled to contribute to workforce planning, organisational development, research and innovation, and regional professional leadership.

5.11 Research and Academic Capacity

The future workforce requires the capacity to generate, evaluate and apply evidence. Research and academic careers should therefore form an integral part of workforce development.

This should include opportunities for psychological professionals to undertake research, contribute to service evaluation, and develop academic careers. It should also include opportunities to teach and supervise, participate in quality improvement, support the implementation of evidence, and translate research findings into policy and practice.

5.12 Digital Capability and Future Skills

The psychological workforce will increasingly work within digitally enabled services. Workforce development should anticipate rather than simply respond to technological change.

Professionals should therefore have opportunities to develop appropriate skills in digital service delivery, online and hybrid interventions, and digital assessment. They should also develop skills in information governance, outcome measurement, the use of emerging technologies, and the ethical application of artificial intelligence.

5.13 Workforce Across Sectors

The voluntary, community and social enterprise sector make an important contribution to prevention, early intervention, community wellbeing and engagement with groups who may experience barriers to statutory services.

Workforce planning should recognise that psychological expertise is distributed across statutory, voluntary, community, academic and other sectors.

Partnership working should support shared learning, professional development, and appropriate referral and care pathways. It should also support research collaboration, workforce mobility where appropriate, and stronger community-based provision.

5.14 Future Workforce Model

The future psychological workforce should be;

Sustainable, with sufficient capacity to meet population need;

Skilled, with the expertise required across levels of complexity;

Flexible, and able to respond to changing models of care and emerging need.

Integrated, and working effectively across professional, organisational and sector boundaries;

Inclusive, reflecting and responding to Northern Ireland's diverse communities;

Evidence-informed, using research, evaluation and lived experience to improve practice; and

Psychologically Healthy, supported by supervision, professional development and healthy working environments.

5.15 Strategic Priorities (2027-2032)

Over the lifetime of this Framework, workforce development should prioritise improved regional workforce intelligence, workforce planning linked to population need, and sustainable education and training capacity, alongside recruitment and retention and clear career pathways.

Further priorities include high-quality supervision and continuing professional development, leadership development, research and academic capacity, equality, diversity and inclusion, and digital and future workforce capability.

Strategic Priority	Intended Outcome
Develop regional workforce intelligence	Better workforce planning and commissioning
Increase education and training capacity	Sustainable workforce supply

Strategic Priority	Intended Outcome
Improve recruitment and retention	Reduced vacancies and improved workforce stability
Strengthen professional leadership	Greater strategic influence across Health and Social Care
Expand research and innovation	Improved evidence-informed practice
Improve workforce wellbeing	Healthy, resilient and productive workforce
Support integrated neighbourhood working	Better access and improved population outcomes
Embed psychological therapies across HSC, from prevention and early intervention to delivery of specialist Tier 4/5 services	Ensure early access to appropriate level of services while filling gaps in specialist services for severe and enduring mental ill health presentations

5.16 Conclusion

A sustainable psychological workforce is fundamental to achieving the vision of this Framework.

Northern Ireland needs sufficient numbers of psychological professionals, alongside the right mix of skills, strong professional leadership, high-quality education and training, effective supervision and supportive working environments. Workforce development should therefore be viewed as a long-term strategic investment rather than a response to individual vacancies or immediate service pressures.

By planning collectively across professions, organisations and sectors, Northern Ireland can develop a psychological workforce capable of meeting current need while adapting to the changing demands of health and social care.

This workforce will not only deliver psychological care but will also contribute to prevention, policy, service transformation, organisational development and healthier communities.

Chapter 6: Delivering Psychologically Informed Care

6.1 Introduction

The purpose of psychological expertise is ultimately to improve the lives of individuals, families and communities.

Psychological care should be accessible, evidence-based, person-centred and proportionate to need. It should be delivered in ways that recognise the interaction between psychological, physical and social factors and that promote recovery, resilience and participation.

The Framework takes a whole-system approach to psychological care. This includes specialist psychological assessment and intervention, but also the development of psychologically informed approaches across health and social care and wider community settings.

The following strategic priorities are identified for the delivery of effective psychological care:

- prevention and early intervention;
- accessible and equitable psychological care;
- evidence-based practice;
- matched care according to need and complexity;
- psychologically informed multidisciplinary working;
- trauma-informed approaches,
- community and neighbourhood-based psychological care;
- co-production and lived experience;
- digital innovation;
- equitable access; and
- outcome-focused practice and continuous improvement.

6.2 A Continuum of Psychological Support

Psychological support should be available across a continuum of need, from promotion and prevention through to specialist intervention and rehabilitation.

This continuum includes the promotion of psychological wellbeing and resilience, the prevention of psychological difficulties, and early identification and intervention, as well as accessible psychological support. It also includes specialist psychological assessment and intervention, support for people with complex or enduring needs, recovery and rehabilitation, and support for families, carers and communities.

Different psychological professionals and wider members of the workforce will contribute at different points according to their training, competence and scope of practice.

6.3 Person-Centred Psychological Care

Psychological care should begin with the person rather than the service.
This means understanding the person's goals and priorities, their strengths and resources, and their psychological and physical health.
It also means understanding their relationships and social circumstances, their cultural and community context, experiences of trauma and adversity, barriers to accessing support, and what matters to them in terms of recovery and quality of life.

Care should be developed collaboratively wherever possible, with people actively involved in decisions about their assessment, formulation, intervention and outcomes.

6.4 Evidence-Based and Evidence-Informed Practice

Psychological interventions should be grounded in the best available evidence and delivered by appropriately trained professionals.
Evidence should inform assessment, formulation, intervention, prevention, service design, workforce development, and evaluation.

Evidence-based practice should also take account of professional expertise, individual circumstances and lived experience. Where innovative approaches are introduced, appropriate evaluation should be undertaken to establish effectiveness, acceptability, equity and value.

6.5 Early Intervention and Prevention

Prevention and early intervention are central to improving population mental health and reducing pressure on specialist services. Early intervention should be available across the life course and adapted to the needs of different populations and communities.

Psychological professions can contribute through early identification of psychological need, targeted prevention, and psychoeducation and support for self-management, as well as behavioural and psychological interventions. They can also contribute through parenting and family approaches, resilience-building, community-based interventions, and consultation and training for the wider workforce.

6.6 Matched and Stepped Approaches

People should receive the least intensive intervention that is appropriate to their needs, with access to more specialist support when required.

A matched approach should consider complexity, severity, risk, and duration of difficulties, alongside individual preference, previous response to intervention, social and environmental circumstances, and professional judgement.
Stepped approaches should not become rigid pathways that prevent people from accessing the expertise they need.

The objective must be to ensure that people receive the right psychological support, from the right professional, at the right time and in the right setting.

6.7 Integrated and Multidisciplinary Care

Psychological needs cannot be separated from context and frequently occur alongside physical health, social, developmental and other difficulties.

Psychological professionals should therefore work closely with primary care, community services, and mental health and learning disability services, as well as physical health services and social care.

They should also work closely with education, justice, voluntary and community organisations, and other relevant partners.

6.8 Psychological Care Across the Life Course

Psychological needs change throughout life. Services should recognise developmental stage, relationships, and social circumstances.

Particular attention should be given to points where people may experience increased vulnerability or disruption, including transitions between childhood and adult services.

Psychological professions contribute across the life course, from early years and childhood through adolescence and the transition to adulthood, working-age adulthood, and later life. They also support families and carers, and people living with long-term conditions, disability or complex needs.

6.9 Psychologically Informed Practice Across the Workforce

Specialist psychological services cannot meet all psychological needs.
A key role for psychological professions is therefore to increase psychological capability across the wider workforce.

Building psychological capability should enable staff across health and social care to recognise psychological need, respond appropriately and know when specialist psychological input is required.

Psychological Professions can increase capability across the system through consultation, training, supervision, and reflective practice, as well as formulation and psychoeducation. They also do so by developing psychologically informed pathways and supporting teams managing complexity.

6.10 Psychologically Informed Environments

The environment in which care is provided can influence psychological wellbeing, engagement and recovery.

This requires attention not only to clinical interventions but also to organisational culture, communication, physical environments and relationships between staff and service users.

Psychologically informed environments should promote safety, dignity, trust, compassion and autonomy, together with meaningful relationships, participation, hope and recovery.

6.11 Trauma-Informed Care

Trauma-informed care should recognise the potential impact of adverse experiences without defining people solely by those experiences.

Psychological professionals can provide specialist expertise while also helping wider workforces develop trauma-informed capability.

Services should seek to promote physical and psychological safety, build trust, and offer choice and control, while strengthening collaboration. They should also recognise the effects of trauma and adversity, avoid unnecessary re-traumatisation, and support recovery.

6.12 Children, Young People and Families

Psychological care for children and young people should recognise the importance of development, family relationships, education and community.

Approaches should involve children and young people meaningfully, recognise family and carer perspectives, and support early intervention.

They should also strengthen transitions between services, promote resilience and protective factors, and address the wider context in which difficulties develop.

6.13 Physical Health and Long-Term Conditions

Psychological factors are relevant across physical health and long-term conditions.

Psychological professions contribute to adjustment to illness, self-management, treatment adherence, and health behaviour change, as well as pain management and rehabilitation.

They also support living with disability, preparation for and recovery from medical interventions, support for families and carers, and terminal illness and end-of-life issues.

6.14 Complex and Enduring Need

People experiencing significant complexity or enduring psychological difficulties may require specialist and coordinated psychological care.

Complexity should be understood in the context of the whole person rather than solely through diagnosis or service eligibility.

Services should ensure appropriate access to specialist assessment, psychological formulation, and evidence-based specialist interventions, as well as multidisciplinary working.

They should also ensure access to risk assessment and management, consultation, rehabilitation, and longer-term support where clinically appropriate.

6.15 Community and Neighbourhood-Based Psychological Care

Psychological care should increasingly be available within the communities in which people live.

Neighbourhood and community approaches provide opportunities to improve accessibility, support prevention, and identify need earlier. They also provide opportunities to strengthen community resilience, work with voluntary and community organisations, address barriers to engagement, and develop locally responsive models of care.

Psychological professionals should contribute to neighbourhood approaches alongside other health, social care and community partners.

6.16 Digital Psychological Care

Digital approaches can provide additional ways to access psychological support and can complement face-to-face care.

Digital care should be evidence-informed, safe, accessible and responsive to individual preference.

Appropriate digital approaches include guided self-help, online psychological interventions, remote consultations, digital monitoring, psychoeducation, and digitally enabled group interventions.

Digital exclusion should be recognised so that technology does not create additional inequalities in access.

6.17 Meaningful Co-production and the Role of Lived Experience

People with lived experience of psychological distress, mental health services and psychological interventions should have a meaningful and sustained role in shaping the design, governance, implementation and evaluation of psychological services across Northern Ireland.

Co-production means working in partnership with people who use, or may need to use, services as equal contributors to decisions, rather than limiting involvement to consultation or seeking feedback after decisions have already been made. It requires shared influence, transparency about constraints and a clear account of how people's contributions have affected decisions and practice.

The implementation of this Framework should therefore:

- Establish meaningful opportunities for people with lived experience and service-user representatives to participate in relevant governance, planning, commissioning, service design and evaluation arrangements.
- Ensure that involvement reflects the diversity of Northern Ireland's population and includes people who experience barriers to accessing services, as well as those whose care has been delayed, ineffective or discontinued.
- Provide accessible information, appropriate support and reasonable adjustments to enable participation, recognising that meaningful involvement requires time, resources and appropriate recognition.
- Involve service users at the earliest stages of decision-making, with clarity about which decisions are open to influence and how contributions will be considered.
- Demonstrate the impact of co-production by documenting what people said, what changed as a result, and where recommendations could not be adopted, explaining why.
- Ensure that lived experience informs the development of pathways, service standards, workforce education, staff training, quality improvement and outcome measures.
- Establish shared governance arrangements in which people with lived experience hold defined roles in decision-making, rather than advisory roles alone.
- Provide supported and, where appropriate, paid participation, and agree jointly owned priorities with people with lived experience and communities (see Appendix E, Mechanism 8).

6.18 Measuring Outcomes

Psychological care should focus on outcomes rather than activity alone.
Outcome measurement should be proportionate and meaningful and should support clinical practice and service improvement.

Relevant outcomes may include psychological wellbeing, symptom improvement, functioning, and quality of life, as well as recovery and the achievement of individual goals.
They may also include engagement, service-user experience, social participation, and reduced use of higher-intensity services where appropriate.
Appendix D sets out the proposed structure for the Outcomes and Performance Framework, to be developed as part of Implementation Plan delivery.

6.19 Equity of Access and Outcomes

Access to psychological care should reflect population need rather than ability to navigate services or geographic location.

Services should monitor who accesses psychological support and who does not, waiting times and pathways, and engagement and completion. They should also monitor outcomes, experience, and variation between population groups and geographical areas.

Where inequalities are identified, services should work with communities and partners to understand and address the underlying barriers.

6.20 Conclusion

High-quality psychological care requires more than expanding specialist services. It requires psychological knowledge to be embedded throughout the system so that people should be able to access appropriate psychological support through clear, accessible and coordinated pathways, regardless of where they first seek help or which service they approach.

The principle of “no wrong door” means that a person's initial point of contact should lead to an appropriate response. Where a service cannot meet an individual's needs, responsibility should not rest solely with that person to navigate complex systems, repeat their story or identify an alternative service. With appropriate consent and information governance, services should support timely onward referral, coordinated transitions and continuity of care.
Psychological pathways should:

- Provide clear information about available support, eligibility, waiting times and alternative options.
- Promote meaningful choice, involving people in decisions about their goals, preferred interventions and the form of support that best meets their needs.
- Match interventions to individual need, clinical complexity, preferences and circumstances, with opportunities to review and adapt the approach.

- Establish clear arrangements for referral, transition, follow-up and communication between services and sectors.
- Ensure that people whose needs fall outside a service's remit receive active support to identify and access appropriate alternatives.
- Recognise that an intervention may not work for everyone and that lack of improvement should prompt review, collaborative reconsideration of the care plan and, where appropriate, an alternative intervention or level of support.
- Services should establish proportionate ways to understand why people disengage, decline an intervention or report a poor experience. Feedback should be sought sensitively and without blame, recognising that people may not wish to participate or may not feel able to explain their experience.
- Learning from these experiences should inform service redesign, workforce development, accessibility, intervention choice and quality improvement. The objective is to create pathways that respond flexibly to people's needs rather than expecting people to adapt to fragmented services.

The psychological professions have a central role in providing specialist expertise while also developing the capability of wider workforces, supporting service transformation and contributing to healthier organisations and communities.

The ambition is a system in which psychological support is accessible, evidence-based and person-centred, while psychological thinking is routinely incorporated into the design and delivery of health and social care.

Chapter 7: Leadership, Governance and Strategic Influence

7.1 Introduction

The psychological professions make an important contribution to leadership and decision-making across Northern Ireland.

Their contribution extends beyond professional and clinical leadership to include policy development, strategic planning, service transformation, organisational development, workforce wellbeing, research and population health.

Effective psychological leadership enables psychological knowledge to inform decisions at every level of the system while ensuring that professional standards, evidence and lived experience remain central to service development.

This chapter sets out the principles and priorities for strengthening that contribution.

7.2 Professional Leadership

Strong professional leadership is essential to maintaining standards, supporting workforce development and ensuring that psychological expertise contributes effectively to strategic priorities.

Professional leaders should provide professional advice and assurance, strategic representation, and leadership of workforce development. They should also support quality and standards, provide professional advocacy, advise on service design and transformation, and maintain links between regional priorities and professional practice.

Leadership arrangements should recognise the distinct contributions of different psychological professions while promoting collective working where shared priorities exist.

7.3 Psychological Leadership Across the System

Psychological leadership should be visible at regional, organisational, service and team levels.

Psychological professionals should have opportunities to contribute to regional policy and strategy, workforce planning, and commissioning and service planning, as well as transformation programmes and integrated care. They should also have opportunities to contribute to neighbourhood models, organisational development, research and innovation, and population health initiatives.

7.4 Influencing Policy and Strategy

Psychological knowledge can strengthen policy by helping decision-makers understand the human factors that influence outcomes.

Psychological professionals can contribute to policy through expertise in behaviour and behaviour change, development across the life course, and trauma and adversity. They can also contribute expertise in relationships and social connectedness, organisational culture, workforce wellbeing, and evaluation.

Appropriate mechanisms should therefore be established to ensure psychological perspectives are incorporated into relevant regional policy and strategic programmes.

To ensure that advice is embedded, arrangements for seeking psychological advice should specify which decisions require it, when it should enter the process and how decision-makers are expected to respond.

It is important that psychological advice is built into policy appraisal, commissioning specifications, investment decisions and service redesign from the outset, rather than sought after key decisions have been made.

Section 7.12 and Appendix E set out proposed mechanisms for achieving this.

7.5 Workforce Leadership and Wellbeing

Psychological professions have a particular contribution to make to understanding workforce wellbeing and the organisational factors that influence how people experience work. Drawing on psychological evidence and expertise, they can help organisations understand the impact of workplace pressures, relationships, leadership behaviours and organisational culture on staff wellbeing, engagement and performance.

Psychological leadership can support organisations to develop environments that promote psychological safety, supportive leadership and reflective practice, alongside learning, healthy relationships, resilience and manageable workloads. This includes helping teams understand and respond constructively to stress, conflict and change; strengthening compassionate and inclusive leadership; and creating opportunities for reflection, feedback and continuous learning.

Importantly, workforce wellbeing should not be viewed solely as an individual responsibility or addressed primarily through interventions aimed at improving personal resilience. Sustainable wellbeing depends on the conditions in which people work, including workload, staffing, autonomy, role clarity, access to support and the quality of working relationships.

Psychological professions can help leaders and organisations identify and address these wider influences, ensuring that responsibility for improvement is shared across individuals, teams and the system.

This Framework promotes the use of psychological expertise in workforce wellbeing strategies, organisational development and service transformation. This should include evaluating the impact of organisational interventions on staff experience, psychological safety, sickness absence, retention and team functioning, where appropriate data are available.

In doing so, psychological professions can help create healthier working environments that support staff to deliver safe, compassionate and effective care while sustaining the workforce over the longer term.

7.6 Leadership Development

A coordinated approach to leadership development should provide opportunities for psychological professionals across career stages.

This should include established practitioners, supporting service leadership, supervision, education and quality improvement; emerging leaders, developing confidence, influence and improvement skills; senior leaders, developing strategic, organisational and system leadership capability; and regional leaders. Leadership development should be accessible across professional groups and should recognise different career pathways.

7.7 Governance and Professional Accountability

Governance should enable innovation while maintaining appropriate safeguards for people using services and the wider public.

Psychological practice must operate within clear governance arrangements. (See Appendix B for a more detailed description).

Governance should ensure appropriate professional accountability, safe and effective practice, and clear scopes of practice, alongside appropriate supervision and continuing professional development. It should also ensure adherence to professional and regulatory standards, quality assurance, the management of risk, and learning from incidents and outcomes.

Detailed arrangements relating to regulation, professional standards and governance are set out in Appendix B.

7.8 Whole-System Collaboration and Shared Accountability

Delivering the Framework's ambitions requires sustained collaboration across health and social care, education, justice, local government and the community and voluntary sectors.

This should be supported by clear arrangements for shared governance, jointly agreed priorities and defined responsibilities, including explicit commitments from partner organisations and clarity about decision-making and accountability.

People with lived experience, carers and community representatives should be enabled to participate meaningfully in shaping priorities, influencing decisions and evaluating progress, with appropriate support and clearly defined roles.

Partners should work together to identify shared population needs, coordinate resources and expertise, and develop and evaluate psychologically informed approaches across organisational boundaries.
Progress should be reviewed collectively, with agreed actions, named leads and transparent reporting of outcomes.

These arrangements will help translate the Framework's whole-system ambition into practical, coordinated action and support more equitable, person-centred and psychologically informed services and communities across Northern Ireland.

7.9 The Northern Ireland Psychological Professions Forum

The Northern Ireland Psychological Professions Forum provides an important platform for collective professional leadership and collaboration.

The Forum, chaired by the Chief Psychological Professions Officer, will work collaboratively with the Department of Health, HSC organisations, and relevant partners to raise the profile of Psychological Professions across Northern Ireland and the expertise they bring, while respecting existing professional, organisational and regulatory responsibilities.

The Forum can support the Framework by bringing together psychological professions, promoting shared priorities, and facilitating professional engagement. It can also support communication across sectors, identify workforce and service issues, share evidence and learning, contribute to policy and strategy, and support implementation of the Framework.

7.10 Research and Evidence in Decision-Making

Leadership should be informed by evidence.

Universities, professional networks and services should be encouraged to develop partnerships that strengthen the evidence base for psychological practice and system transformation.

Psychological Professions should contribute to a culture in which research informs policy, service evaluation informs improvement, outcome data inform decisions, lived experience informs design, and innovation is evaluated before wider adoption where appropriate.

7.11 Accountability for Impact

Impact should be considered across the whole system rather than measured solely through activity or service utilisation.

Psychological professions should be able to demonstrate their contribution by monitoring clinical outcomes, service-user experience, and workforce measures, alongside service improvement and policy influence.

They should also monitor research and innovation, organisational outcomes, and population-level contribution.

The Outcomes and Performance Framework (Appendix D) should distinguish measures of participation and activity from evidence of meaningful impact.

Evaluation should trace the contribution of psychological advice from the decisions it informs, through changes in policy, practice or service delivery, to the benefits achieved for individuals, communities and the wider system.

Recognising that outcomes may take time to emerge and that attribution can be complex, evaluation should consider both intended and unintended effects, impacts on inequalities, safety, lived experience and value for money. This will help ensure that success is judged not simply by the extent of psychological input, but by the difference it makes to decisions, services and outcomes.

7.12 Embedding Psychological Advice in Decision-Making

This Framework calls for psychological input into policy and for strategic representation. To ensure that this influence is secured in practice, the following arrangements are proposed:

- an agreed route into policy and major service decisions, with clear criteria for when psychological advice is required;
- named organisational responsibility for obtaining that advice and recording the response;
- protected expert capacity to support the Chief Psychological Professions Officer (CPPO) through access to a wider regional advisory network to provide targeted expertise that informs specific policy, commissioning, service-design and workforce decisions (see section 7.13)

Appendix E sets out mechanisms in more detail, with practical examples. They are proposals for development and agreement and should be introduced progressively and proportionately.

7.13 The Chief Psychological Professions Officer and a Regional Psychological Advisory Network

The Chief Psychological Professions Officer (CPPO) provides regional professional leadership, coordinating access to psychological expertise, brokering advice across sectors and identifying gaps in capacity or provision, with responsibility for decisions, resource allocation and implementation remaining with the policy, commissioning and service leaders who hold the relevant authority and accountability.

To support this role, the CPPO should have access to a regional psychological advisory network that complements the strategic and collaborative function of the Northern Ireland Psychological Professions Forum. While the Forum should provide a platform for partnership and collective influence and the shared priority of raising the profile of the psychological professions workforce, the advisory network should enable timely, targeted input into specific policy, commissioning, workforce and service-design decisions.

It should draw on the breadth of psychological expertise across health, occupational, educational, forensic and other relevant fields, alongside service-level knowledge and lived experience.

Clear arrangements should be established for requesting advice, identifying appropriate expertise, protecting the capacity required to contribute, and communicating recommendations to decision-makers.

Together with funded consultation and supervision within services (see Appendix E, Mechanisms 5 and 6), these arrangements would connect regional leadership and strategic advice with operational practice, helping ensure that psychological expertise informs decisions and supports improvements across the system.

7.14 Accountability for Delivery

The Forum's collaborative role is set out in section 7.9. Responsibility for delivery across the Department of Health, SPPG, HSC Trusts and partner organisations must also be explicit, because professional representation alone does not secure organisational action. Each priority should therefore have:

- an accountable owner within the organisation or organisations responsible;
- agreed delivery milestones; and
- a route for escalating stalled progress.

Where psychological advice has been sought, the responsible organisation should record the advice received, how it was addressed and any recommendations that remain unresolved.

7.15 Conclusion

Psychological leadership is essential to developing and sustaining a psychologically informed health and social care system. Its contribution extends beyond the leadership of psychological services to influencing policy, strategy, commissioning, workforce development, organisational change, research, innovation and population health.

By bringing psychological evidence and expertise into decisions at regional, organisational and service levels, leaders can help ensure that services are designed around the needs, experiences and behaviours of individuals, families and communities, while supporting prevention, reducing inequalities and improving the quality, safety and effectiveness of care.

The Chief Psychological Professions Officer (CPPO) has a pivotal role in providing strategic psychological advice and regional professional leadership, ensuring that psychological evidence, expertise and perspectives inform policy development, commissioning, service planning and system transformation.

This includes advising decision-makers on the psychological implications of strategic choices, brokering access to specialist expertise across organisational and sectoral boundaries, coordinating advice across the psychological professions, and identifying gaps in workforce capacity, service provision and the influence of psychological knowledge.

This requires more than professional representation. It requires the capacity to influence decisions, the accountability to act on advice and the evaluation of whether that influence delivers measurable benefits for people, services and the wider health and social care system.

In this way, psychological expertise can become an integral part of how Northern Ireland develops policy, plans services, supports its workforce and improves population health and wellbeing.

Chapter 8. Policy Context and Strategic Alignment

8.1. Introduction

The Psychological Professions Framework for Northern Ireland has been developed within a wider context of health and social care transformation, population health improvement and public service reform.

Psychological knowledge has an important contribution to make in achieving the ambitions of existing regional strategies by supporting prevention, early intervention, evidence-based care, workforce sustainability, organisational development and improved outcomes for individuals, families and communities.

This chapter outlines how the Framework aligns with key strategic priorities across Northern Ireland.

8.2. Northern Ireland Mental Health Strategy 2021–2031

The Mental Health Strategy 2021–2031[7] sets out an ambitious vision for improving mental health and wellbeing across Northern Ireland through prevention, early intervention, improved access to support and transformation of mental health services.

The Strategy recognises the importance of promoting positive mental health, preventing mental ill health, and improving access to effective interventions. It also recognises the importance of supporting recovery, addressing inequalities, strengthening community-based approaches, and developing a sustainable workforce.

Psychological professions contribute directly to these ambitions through the delivery of evidence-based psychological interventions, the development of psychologically informed services, and early intervention and prevention, as well as trauma-informed practice. They also contribute through workforce development, consultation and support to wider services, research and evaluation, and contribution to service redesign and transformation.

Embedding psychological expertise across the system supports the Strategy's ambition for mental health services that are accessible, person-centred, recovery-focused and evidence-informed.

[7] https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-mhs-strategy-2021-2031.pdf

8.3. Department of Health Reset Programme

The Department of Health Reset Programme[8] provides a framework for rebuilding and transforming health and social care following the pressures and learning arising from the COVID-19 pandemic and wider system challenges.

Reset emphasises innovation, transformation, and improved population health, alongside addressing inequalities. It also emphasises new models of care, partnership working, and making better use of workforce expertise.

Psychological professions support these ambitions by contributing knowledge about behaviour change, the implementation of change, and organisational culture, as well as workforce wellbeing. They also contribute knowledge about engagement with services, prevention, resilience, and psychologically informed approaches to transformation.

8.4. Integrated Care Systems

The development of Integrated Care Systems represents a shift towards greater collaboration, shared responsibility and population-focused planning.

Integrated care requires services to move beyond organisational boundaries and work collectively around the needs of individuals, families and communities. Psychological knowledge provides an important foundation for understanding how people interact with services and how systems can better respond to human needs.

Psychological professions contribute to integrated care through multidisciplinary working, a biopsychosocial understanding of need, and consultation across services, as well as supporting self-management. They also contribute by improving communication and engagement, addressing complexity, supporting prevention, and evaluating outcomes.

8.5. Neighbourhood Health and Care Models[9]

Neighbourhood-based approaches represent a significant opportunity to embed psychological thinking within community systems of care.

Neighbourhood models aim to bring services closer to communities, improve coordination and support earlier intervention.

Psychological expertise can help ensure that neighbourhood models consider not only what services people receive, but how services are experienced and how communities can be supported to thrive.

Psychological professions contribute by helping neighbourhood teams to understand population needs, identify protective factors and strengths, and develop psychologically informed approaches, as well as support community resilience. They

[8] https://www.health-ni.gov.uk/news/department-health-statement-reset-and-recovery-plan
[9] https://www.health-ni.gov.uk/publications/neighbourhood-model-health-and-wellbeing

also help teams improve engagement with underserved groups, address health inequalities, support carers and families, and develop preventative approaches.

8.6. Public Health and Prevention

Improving population health requires action on the wider determinants of health and greater emphasis on prevention[10].

Psychological professions support prevention across the life course, from early childhood through adulthood and older age.

Psychological knowledge contributes to public health priorities through understanding health behaviours, motivation and decision-making, and social connection, as well as resilience and behaviour change. It also contributes through understanding inequalities, developmental pathways, and community wellbeing.

8.7. Addressing Health Inequalities

Health inequalities remain a significant challenge across Northern Ireland.

Psychological approaches recognise that health outcomes are influenced by the interaction between individual experiences, relationships, communities and wider social conditions.

Psychological professions contribute by supporting trauma-informed approaches, improving the accessibility of services, and understanding barriers to engagement. They also contribute by promoting culturally responsive practice, supporting vulnerable populations, strengthening community partnerships, and contributing to evidence-based approaches to reducing inequality.

8.8. Trauma-Informed Approaches

The impact of adversity, trauma and social disruption continues to influence the health and wellbeing of individuals and communities across Northern Ireland.

Trauma-informed approaches seek to recognise the effects of trauma, avoid re-traumatisation and create safer, more supportive environments.

Working with the impact of trauma is core to the work of Psychological Professions. Embedding trauma-informed principles across services supports compassionate, person-centred care.

Psychological professions have expertise in understanding trauma responses, developing trauma-informed services, and supporting workforce capability. They also have expertise in consultation and supervision, specialist therapeutic interventions, and organisational change.

[10] https://www.publichealth.hscni.net/publications/pha-corporate-plan-2025-2030-preventing-protecting-improving-better-health-everyone

8.9. Workforce Transformation

The sustainability of health and social care depends upon developing a skilled, adaptable and supported workforce.

Psychological professions contribute to workforce transformation through professional leadership, education and training, and supervision, as well as workforce wellbeing. They also contribute through organisational development, research, quality improvement, and innovation.

The Framework supports the development of a workforce capable of responding to changing population needs and new models of care.

8.10. Digital Transformation and Innovation

Digital transformation provides opportunities to improve access, efficiency and outcomes.

Psychological expertise ensures that digital transformation remains focused on human experience, accessibility and quality.

Psychological professions contribute to digital transformation through the development and evaluation of digital interventions, digitally enabled care, and behavioural science approaches. They also contribute through digital inclusion, the ethical consideration of emerging technologies, and outcomes monitoring.

8.11. Patient Safety, Public Inquiries and Public Trust

Learning from public inquiries and rebuilding public trust in health and social care are important parts of the current policy context. Repeated inquiries and investigations across the UK and Northern Ireland have highlighted concerns not only about individual failures, but also about organisational culture, including poor communication, fragmented accountability, inadequate listening to patients and families, hierarchical working practices, reluctance to speak up, and difficulties translating lessons into sustained improvements.

These issues have a strong psychological dimension, as they relate to behaviour, relationships, leadership, group dynamics, power, psychological safety and how organisations respond to challenge, uncertainty and error.

Psychological professions have a distinctive contribution to make by helping organisations understand how leadership behaviours, power dynamics, group processes, stress and organisational pressures can shape decision-making and influence whether concerns are heard, challenged and acted upon.

They can support psychologically safe environments, and through organisational development, reflective practice, compassionate and trauma-informed approaches can help translate inquiry findings into sustained improvements in practice.

This is particularly important for rebuilding public trust, which depends not only on openness and accountability when things go wrong, but on demonstrable evidence

that people are heard, lessons are acted upon, and the same failures are less likely to recur. Northern Ireland's Being Open Framework[11], published in February 2026, provides an important policy context for this work.

8.12. Conclusion

Psychological professions are uniquely positioned to contribute across the full range of Northern Ireland's health and social care transformation agenda.

By embedding psychological knowledge within policy, planning, services, organisations and communities, this Framework supports the development of a system that is preventative, person-centred, evidence-informed and responsive to population need.

[11] https://www.health-ni.gov.uk/sites/default/files/2026-03/Being%20Open%20Framework%20-%20Revised%20Press%20office%20Version%20-%20Updated%20Word%20Doc%20FINAL%20%20Feb%2026%284%29.pdf

Chapter 9: Next Steps

This Framework sets the strategic direction for psychological professions in Northern Ireland. Translating that direction into action requires a detailed, resourced and agreed implementation plan.

A Proposed Draft Implementation Plan has been prepared to support this next stage of work.

It sets out proposed strategic commitments, implementation phasing and a five-year ambition statement, and is intended as a starting point for discussion rather than a finalised or approved plan.

It is included at C and should be reviewed, resourced, timetabled and agreed with the Department of Health, Health and Social Care organisations and other partners before formal adoption.

Alongside this, the suggested Outcomes and Performance Framework at Appendix D needs to be developed so that progress against the Framework's ambitions can be measured, reported and used to inform future priorities and investment.

The priority is to turn the broad ambition of this Framework into a small number of funded, accountable commitments that demonstrate how psychological expertise changes decisions and improves people's lives.

As immediate next steps, it is proposed that:

1. The proposed Draft Implementation Plan at Appendix C is reviewed and refined with key stakeholders;

2. Governance arrangements for overseeing implementation are agreed;

3. The proposed Outcomes and Performance Framework at Appendix D is developed and agreed;

4. A small number of priority commitments are selected, each with an accountable owner, protected expert capacity, delivery milestones and an evaluation plan (See Appendix E);

5. Resourcing and timescales for delivery are confirmed; and

6. A final Implementation Plan is brought forward for formal adoption alongside this Framework.

Appendix A: Taxonomy and Profiles of the Psychological Professions

A1. Purpose

This appendix provides a taxonomy and overview of the psychological professions within the Northern Ireland Psychological Professions Framework. It describes the principal professional groups, their training pathways, areas of expertise and contribution to psychological care, policy, services and wider systems.
For the purposes of this Framework, psychological professionals are considered under three broad groupings:

1. **HCPC-regulated Practitioner Psychologists**
2. **Psychological Therapists and Psychotherapists**
3. **Psychological Practitioners**

These groupings are intended to clarify the complementary contribution of different professional roles. They should not be interpreted as a hierarchy. Each profession and role have a distinct scope of practice, training pathway and contribution.

The detailed arrangements for regulation, professional standards and governance are addressed separately in **Appendix B**.

A.2 Practitioner Psychologists

Practitioner Psychologists are postgraduate psychological professionals regulated by the Health and Care Professions Council (HCPC). The Practitioner Psychologist professions bring distinct areas of psychological expertise to the wider system. These specialisms provide different but complementary perspectives. Their contribution extends beyond individual intervention to include strategic, organisational, population and system-level work.

The Practitioner Psychologist titles are protected and the professions require accredited education and training and registration with the regulator.

The seven Practitioner Psychologist specialisms are:

- Clinical Psychology
- Counselling Psychology
- Educational Psychology
- Forensic Psychology
- Health Psychology

- Occupational Psychology
- Sport and Exercise Psychology

Their training develops advanced psychological knowledge and skills, including assessment, formulation, intervention, research, evaluation, consultation and leadership, with the precise emphasis determined by professional specialism.

The Practitioner Psychologist workforce works across a range of settings, including health and social care, public health, education, justice and organisational contexts.

A.2.1 Clinical psychologists.

Clinical Psychologists undertake specialist psychological assessment, formulation and interventions. They:

- Deliver comprehensive psychological assessments using structured interviews, psychometric tests, neuropsychological tools, and behavioural analyses
- Integrate complex information into multifactorial formulations (biological, psychological, social, developmental)
- Work transdiagnostically, across multiple evidence-based therapies rather than within a single model or diagnostic category
- Identify and work with comorbidities such as cognitive/neurodevelopmental conditions, trauma patterns, complex trauma and personality difficulties, emerging psychosis, and severe mental illness
- Work across the lifespan and across multiple systems.

They carry out psychological research, measurement & evaluation, bringing expertise in:

- Psychometrics and neuropsychological assessment
- Research methodology and experimental design
- Outcome measurement
- Service evaluation and audit
- Data-driven improvement of services

They engage in supervision, leadership & consultation, and

- Provide supervision across therapeutic models
- Lead MDT formulations and psychologically informed care
- Offer expert consultation to teams, wards, and services
- Develop PIE (psychologically informed environments)
- Influence governance, pathways and service strategy
- Support healthy team dynamics and staff wellbeing through reflective practice

A.2.2 Counselling Psychologists

Counselling psychologists bring:

- A strong relational focus

- Expertise in integrative psychological therapies
- Advanced formulation and research skills
- Emphasis on identity, meaning, lifespan and relational wellbeing

They are trained to

- Conduct comprehensive psychological assessments with a strong focus on relational dynamics, identity, and subjective experience
- Integrate humanistic, psychodynamic, and cognitive-behavioural theories into flexible, person-centred formulations
- Work across the lifespan with an emphasis on meaning, values, emotional wellbeing, and interpersonal functioning
- Apply integrative, pluralistic, and relationally informed interventions tailored to client need
- Work effectively with relational trauma, attachment patterns, identity-related distress, and complex emotional presentations

Counselling psychologists bring expertise in:

- Practitioner-research methods including qualitative, mixed-methods, and idiographic approaches
- Evaluating therapeutic processes and outcomes in real-world settings
- Critically reflecting on practice, positionality, power, and cultural context
- Applying psychological theory to wellbeing, resilience and growth
- Providing integrative and relational supervision
- Promoting psychologically informed and relational approaches within teams
- Facilitating reflective practice to enhance staff wellbeing
- Supporting services in developing compassionate, client-centred systems and cultures

A.2.3 Educational Psychologists

Educational Psychologists apply psychological knowledge to the learning, development, emotional wellbeing and behaviour of children and young people, from the early years into young adulthood. In Northern Ireland they work mainly within the Education Authority, and also in health and social care, early years, community and independent settings, working with children and young people, their families, schools and other agencies.

Educational psychologists are trained to:

- Assess learning, cognitive, developmental, social, emotional and behavioural needs, using psychometric, dynamic and observational methods
- Formulate needs in the context of the child's family, school and community, drawing on developmental and systemic psychology
- Identify and support needs associated with learning difficulties, disabilities and neurodevelopmental conditions
- Design, deliver and evaluate evidence-based interventions at individual, group and whole-school levels

- Work collaboratively with children and young people, parents and carers, teachers and other professionals

Educational psychologists bring expertise in:

- Statutory psychological advice as part of the assessment of special educational needs
- Consultation with schools, families and multi-agency teams
- Early intervention and prevention, including emotional health and wellbeing in schools
- Inclusion, attendance and transitions, and support for children and young people who are care-experienced or affected by trauma and adversity
- Critical incident response and support to school communities

Educational psychologists also:

- Develop whole-school and systemic approaches to wellbeing, learning and behaviour
- Provide training and supervision for school staff and other professionals
- Contribute to research, service evaluation and education policy

A.2.4 Forensic Psychologists

Forensic psychology involves applying psychological knowledge within legal, health, and justice systems. Its primary aims are to support individuals involved with the justice system in developing more positive futures, promote safer communities, and facilitate recovery and social reintegration for those with complex mental health needs.

Forensic psychologists work across diverse settings, including prisons and probation services, NHS trusts, secure healthcare environments, children's services, courts and tribunals, universities, social services, police services, and government agencies. Their role is to apply psychological science to issues that impact individuals and society.

Forensic Psychologists undertake specialist psychological assessment and risk formulation by,

- Conducting specialist assessments of risk, offending behaviour, personality disorder, trauma, and cognitive functioning
- Using validated forensic assessment tools (e.g. for violence, sexual offending, stalking, or extremism risk)
- Developing psychological formulations of behaviour
- Delivering evidence-based psychological interventions (individual and group)
- Supporting multidisciplinary teams to deliver consistent, effective care
- Providing training to enhance psychological understanding in other professionals
- Contributing to evidence-informed policy and practice
- Evaluating and improving service delivery and care pathways

- Providing expert evidence in legal and quasi-legal contexts (e.g. parole boards, tribunals)
- Undertaking research in forensic psychology

Forensic Psychologists Core Knowledge and Skills include;

- Specialist Assessment and Formulation
- Integration of psychological, criminological, developmental, and environmental factors
- Understanding complex presentations, including personality disorder, trauma, psychopathy, and substance misuse
- Intervention and Behaviour Change
- Designing, delivering, and evaluating offence-specific interventions
- Applying evidence-based approaches (e.g. cognitive-behavioural, schema-focused, strengths-based)
- Working across custodial, secure, and community settings
- Consultancy and System-Level Influence
- Providing consultancy to justice and healthcare systems
- Delivering training to multidisciplinary professionals
- Offering expert opinion and structured professional judgement
- Influencing service pathways, risk management, and rehabilitation strategies
- Contributing to policy, safeguarding, and public protection

A.2.5 Health Psychology

Health psychologists work clinically with complex health issues such as long-term conditions management, chronic pain, psychological adjustment to illness, treatment non-adherence, and health-related anxiety with individuals experiencing physical health conditions and associated psychosocial challenges.

They design, deliver and evaluate evidence-based behaviour change psychological interventions (e.g., COM-B, motivational interviewing, CBT and ACT--based health approaches) across individual and group levels

Health psychologists are trained to;

- Assess psychological, behavioural, and lifestyle factors influencing physical health
- Formulate health-related difficulties using psychological, behavioural, and cognitive frameworks, while taking account of cognitive, emotional, social, cultural and environmental influences on health.
- Apply behaviour change theory and models to understand and influence health-related behaviour
- Design and evaluate public health initiatives, digital interventions, and self-management programmes
- Apply health behaviour theory to service design, policy, and prevention programmes
- Lead quality improvement, health promotion initiatives, and implementation projects

- Conduct rigorous research in healthcare settings, contributing to service evaluation and innovation

Health psychologists apply behavioural science to support the wider healthcare workforce and organisation by:

- Developing and delivering training for health and social care professionals to enhance patient communication and behaviour change skill sets.
- Providing behavioural consultation to multi-disciplinary healthcare teams in acute and community settings to help staff optimise how physical illness, patient symptoms, and treatment adherence are managed across the service
- Partnering with clinical leaders to improve patient safety metrics and healthcare quality by applying behavioural science to guideline adherence (such as infection control or safety checklist compliance)
- Advising healthcare leadership, commissioners and public health directors on population-level needs assessments and evidence base to inform public health campaigns
- Providing consultation on workforce wellbeing, helping services to enhance employee health, support professional practice, and optimise healthcare policy.
- Providing consultation on using the biopsychosocial model to improve service and system design and improvement.

A.2.6 Occupational Psychologists

Occupational Psychologists apply psychological knowledge to work, organisations and the people within them, with the aim of improving both organisational effectiveness and workforce wellbeing. They work in health and social care, the civil service and wider public sector, private organisations and consultancy.

Occupational psychologists are trained to:

- Assess individuals, teams and organisations, including through psychometric assessment and structured selection methods
- Analyse jobs, roles and competencies to inform recruitment, development and workforce design
- Apply evidence on motivation, learning, leadership and group behaviour to workplace challenges
- Design, deliver and evaluate interventions at individual, team and organisational levels
- Use research and evaluation methods to measure the impact of organisational change

Occupational psychologists bring expertise in:

- Leadership development, coaching and talent management
- Organisational culture, change and development
- Fair and inclusive recruitment, selection and assessment
- Workforce wellbeing, stress, burnout and psychologically healthy workplaces
- Human factors, safety culture and the design of work and systems

In health and social care, occupational psychologists can:

- Support workforce planning, retention and career development
- Advise on organisational culture, psychological safety and speaking up
- Design and evaluate staff wellbeing and leadership programmes
- Support teams and services through restructuring, integration and transformation

A.2.7 Sport and Exercise Psychology

Sport and Exercise Psychologists apply psychological knowledge to performance, exercise, physical activity and wellbeing.

Sport and exercise psychologists are trained to;

- Understand how thoughts, emotions, and motivation influence people's physical activity behaviours.
- Use psychological strategies and evidence- based behaviour change models to help individuals in the general population and clinical populations become more active and maintain healthier lifestyles.
- Assess psychological factors affecting performance, motivation, confidence, and wellbeing

- Formulate performance-related issues using cognitive, behavioural, motivational, and systemic models
- Understand the psychological demands of elite sport, coaching cultures, and injury-related distress

Sport and exercise psychologists bring expertise in:

- Promoting physical activity and sustained behaviour change in wider populations
- Performance-enhancing techniques (e.g., mental skills training, imagery, goal setting, attention control)
- Supporting athletes through injury, rehabilitation, burnout, and transition
- Working with teams, coaches, and organisations to optimise performance and wellbeing
- Mental health awareness and self regulation
- Understanding systems and performance cultures
- Using research and data to evaluate performance programmes and wellbeing interventions

A.2.8 Practitioner Psychologist Training Routes and Professional Pathways

Practitioner Psychologists typically undertake an undergraduate degree in psychology, followed by British Psychological Society and HCPC accredited doctoral-level postgraduate training.

The various training routes for the specific disciplines are summarised in Table A.1.

Table A.1 Practitioner Psychologist Training Routes and Pathways

Professional grouping / profession	Typical training route	Regulation / professional framework	Principal contribution
Clinical Psychologist	Psychology degree or equivalent eligibility → relevant experience and/or postgraduate study → BPS accredited Doctorate in Clinical Psychology (DClinPsy)	HCPC regulated; protected title	Advanced assessment (psychometrics, neuropsychology, structured interviews) Multifactorial formulation Work across lifespan with complexity, comorbidity, SMI, neurodevelopmental conditions. Delivery of single-modality and integrative psychological interventions. Research, evaluation, outcomes, audit Supervision, MDT leadership, consultation

Professional grouping / profession	Typical training route	Regulation / professional framework	Principal contribution
Counselling Psychologist	Undergraduate/Masters psychology degree (accredited by the BPS) + experience + DPsych (or equivalent doctorate)	HCPC regulated; protected title	Relational and phenomenological assessment Integrative, pluralistic therapy. Work with relational trauma, attachment, identity distress. Qualitative and mixed-methods research. Relational supervision and reflective practice
Educational Psychologist	Undergraduate psychology degree (accredited by the BPS) + relevant experience + Doctorate in Educational Psychology (DEdPsy)	HCPC regulated; protected title	Specialist learning, developmental and behavioural assessment. Neurodevelopmental and SEN formulation. Evidence-based interventions for childhood behaviour and emotional wellbeing. Systemic consultation and whole-school approaches. Provides statutory advice
Forensic Psychologist	Undergraduate psychology degree (accredited by the BPS) + supervised practice + BPS/ HCPC-accredited forensic training Masters/Doctorate	HCPC regulated; protected title	Specialist risk assessment (violence, sexual offending, reoffending). Formulation of offending behaviour Offence-specific interventions. Expert witness work. Systemic influence within justice settings
Health Psychologist	Undergraduate psychology degree (accredited by the BPS) + MSc/Stage 1 + Stage 2 Professional Doctorate or BPS Independent Route (or	HCPC regulated; protected title	• Behavioural and lifestyle assessment in physical health contexts. Psychological formulation and intervention. Long-term condition support

Professional grouping / profession	Typical training route	Regulation / professional framework	Principal contribution
	equivalent supervised practice)		Behaviour change interventions (COM-B, Motivational Interviewing, CBT and third wave approaches). Prevention, public health and Health promotion. Implementation science, quality improvement and service innovation, QI, digital health and self-management interventions. Research and evaluation Staff wellbeing and systems consultation
Occupational Psychologist	Psychology degree or equivalent eligibility → BPS accredited MSc in Occupational Psychology (Stage 1) + Stage 2 supervised practice for chartered status (BPS Qualification in Occupational Psychology or Professional Doctorate).	HCPC regulated; protected title	Assessment of individual, team and organisational functioning (Psychometrics, job analysis), evidence-based recruitment, workforce wellbeing organisational development and change.
Sport and Exercise Psychologist	Undergraduate psychology degree (accredited by the BPS) + MSc/Stage 1 + **S**tage 2 Doctorate	HCPC regulated; protected title	Assessment of performance, motivation, wellbeing. Mental skills training (imagery, goal setting, attentional control). Support after injury, burnout, transition. Research and performance analytics. Team dynamics and organisational culture. Mental health in high performance organisations and environments.

Professional grouping / profession	Typical training route	Regulation / professional framework	Principal contribution

Note: Training routes are indicative rather than exhaustive. Entry requirements, qualifications, accreditation and regulatory arrangements vary between professions and may change over time.

A.3 Group 2: Psychological Therapists and Psychotherapists

Psychological Therapists and Psychotherapists comprise a diverse workforce with different professional identities, theoretical orientations and training pathways. They provide psychological interventions across a range of theoretical approaches, settings and levels of complexity. Their work may include individual, couple, family and group interventions and may involve short-, medium- or longer-term therapeutic approaches.

This group includes professions such as:

- **Adult Psychotherapists;**
- **Child and adolescent psychotherapists**
- **Cognitive and Behavioural Psychotherapists**
- **Counsellors;**
- **Systemic and Family therapists**

Other professions (eg AHPs and Psychiatry) delivering psychological therapies,

- **Art Therapists**
- **Dramatherapists**
- **Medical Psychotherapists**
- **Music Therapists**
- **Psychosexual Psychotherapists**

The diversity of Psychological Therapists and Psychotherapists is an important strength of the psychological workforce.

Different therapeutic traditions bring different theoretical perspectives, methods and areas of expertise. These include, among others:

- cognitive and behavioural approaches;
- systemic and family approaches;
- psychodynamic and psychoanalytic approaches;
- humanistic and person-centred approaches;
- integrative approaches;

- trauma-focused approaches; and
- specialist therapeutic approaches for particular populations or presentations.

The Framework does not seek to establish a hierarchy between therapeutic models. Instead, interventions should be selected according to the best available evidence, clinical need, professional competence and the preferences and circumstances of the person receiving care.

A.3.1 Adult psychotherapists

Adult psychotherapists working within Health and Social Care have typically qualified and worked within a core profession (eg psychiatry, social work, nursing, psychology, OT) prior to their specialist psychotherapy training.

Adult psychotherapists are trained to:

- Conduct depth-oriented assessments informed by their specific psychotherapeutic model
- Formulate using unconscious processes, relational patterns, defence mechanisms, and developmental experiences
- Understand chronic, complex and relationally rooted emotional difficulties

Adult psychotherapists bring expertise in:

- Long-term psychotherapy for complex and enduring emotional difficulties
- Work with trauma, personality-based patterns, relational difficulties and existential distress
- Supporting clients through periods of crisis, exploration and psychological change

Adult psychotherapists often:

- Provide specialist consultation to MDTs on relational and unconscious dynamics
- Support reflective practice and staff containment
- Contribute to safe, containing therapeutic environments

A.3.2 Child and Adolescent Psychotherapists (CAPTs)

Child and Adolescent Psychotherapists (CAPTS) provide psychoanalytically informed interventions to address complex emotional and developmental disturbances in infants, children and young people and expert consultation to multi-agency networks who work with children and young people.

CAPTs work in a wide range of clinical, specialist, research and leadership roles in settings including CAMHS, in-patient units, care experienced children's teams, hospital and primary care settings, eating disorder services, peri-natal and parent-infant services, learning disability teams, forensic services, schools and other educational settings, and sometimes in voluntary or third sector organisations.

CAPTs are trained to:

- Conduct in-depth developmental and psychoanalytic assessments across the age range from infancy to late adolescence
- Formulate using psychoanalytic theory, attachment theory, and child development research.
- Assess complex family dynamics affecting children and young people

CAPTs bring specialist expertise in:

- Brief, Short or Long-term psychoanalytic psychotherapy for children and adolescents
- Intensive interventions for severe emotional, behavioural, relational and developmental difficulties
- Psychoanalytically informed therapeutic work with parents, foster carers and kinship carers and family work.
- Psychoanalytically informed group work

CAPTs provide:

- Psychoanalytic perspective in multi-disciplinary team case discussion and support to recognise children's emotional communication, symbolic expression and behavioural meaning
- Expert consultation to networks, including CAMHS teams, schools, safeguarding and paediatrics
- Clinical supervision
- Leadership in understanding unconscious processes, trauma, and relational

A.3.3 BABCP-Accredited Cognitive Behavioural Psychotherapists

BABCP-accredited Cognitive Behavioural Psychotherapists are specialist psychological therapy practitioners who have completed recognised core professional mental health training, or an accepted equivalence route, together with specific CBT training and assessed supervised clinical practice.

BABCP-accredited CBT psychotherapists are trained to:

- Conduct structured, collaborative and evidence-based assessments drawing on CBT theory and relevant diagnostic, functional and risk information.
- Develop individualised cognitive-behavioural formulations, including cross-sectional maintenance formulations and longitudinal understandings of predisposing, precipitating, perpetuating and protective factors.
- Deliver high-intensity, disorder-specific CBT for presentations where CBT is recommended in NICE guidance.
- Use trauma-focused CBT, exposure-based approaches, behavioural experiments, cognitive restructuring, behavioural activation, relapse prevention, and disorder-specific protocols where indicated.
- Adapt CBT responsively while maintaining fidelity to the evidence-based model, including attention to culture, language, disability, neurodiversity, comorbidity, complexity and service-user preference.

- Monitor progress and outcomes using validated measures, routine outcome monitoring, collaborative review and relapse-prevention planning.

Accredited CBT psychotherapists bring expertise in:

- Delivering NICE-recommended, high-intensity psychological interventions within stepped-care and specialist psychological therapy pathways.
- Working at the level of Step 3 and above, where presentations often require formulation-led, protocol-informed and competence-based psychological therapy rather than CBT informed practice or structured CBT interventions.
- Supporting clinical decision-making about appropriate stepped care.
- Providing treatment planning that integrates evidence-based CBT protocols with individual goals, risk management, safeguarding considerations and relapse prevention.
- Contributing to service-level fidelity to NICE guidance through use of recognised CBT models, routine outcome measures, supervision structures and audit of clinical effectiveness.

Accredited CBT psychotherapists often:

- Hold senior clinical, supervisory or pathway-development roles within psychological therapy services.
- Provide clinical supervision to trainees, those providing CBT informed practice or structured interventions and Specialist Cognitive Behavioural Psychotherapists supporting safe practice and fidelity to evidence-based CBT interventions.
- Support service governance by ensuring that CBT is delivered by practitioners with appropriate training, supervised competence and ongoing professional accreditation.
- Contribute to quality assurance, clinical audit, outcome monitoring, case consultation, risk review and service evaluation.
- Help organisations distinguish between general CBT-informed practice and specialist CBT psychotherapy delivered by practitioners whose training and professional status can be independently verified.

A.3.4 Counsellors

Counsellors (BACP, UKCP, BPC, NCPS accredited) are trained to:

- Provide assessments informed by humanistic, psychodynamic, integrative, existential or pluralistic models
- Prioritise relational depth, therapeutic alliance, and client experience
- Explore emotional processes, interpersonal patterns, and personal meaning

Counsellors bring expertise in:

- Short, Medium- and long-term relational therapy
- Integrative or modality-specific approaches

- Depth-oriented psychological work supporting emotional healing
- Working with distress arising from trauma, identity, relationships, transitions and loss

Counsellors contribute:

- High-quality therapeutic engagement that enhances client motivation
- Continuity of relational support across care pathways
- Awareness of cultural, existential and identity-based factors affecting wellbeing

A.3.5 Medical Psychotherapists

Medical Psychotherapists are Consultant Psychiatrists who have completed higher specialist training in both psychiatry and psychotherapy, leading to specialist registration in Medical Psychotherapy with the General Medical Council. As medically qualified doctors, they combine psychotherapeutic expertise with expertise in diagnosis, risk assessment, psychopharmacology, physical health and the management of complex mental disorders.

Completion of recognised Medical Psychotherapy training provides eligibility for registration with the British Psychoanalytic Council (BPC) as a Psychodynamic Psychotherapist in its own right. Many Medical Psychotherapists obtain additional accreditation or advanced training in other psychotherapeutic modalities during or after training. Although the specialty is a relatively small workforce in Northern Ireland and across the UK, many psychiatrists build on their core psychotherapy training by undertaking accredited psychotherapy training in related disciplines.

Medical Psychotherapists are trained to:

- Conduct specialist psychiatric and psychotherapeutic assessments, integrating diagnostic, risk, physical health and medication considerations
- Formulate using psychodynamic, psychoanalytic, cognitive-behavioural, systemic and other evidence-based models
- Understand complex, severe, treatment-resistant and enduring mental health difficulties, particularly where developmental, relational, personality, trauma-related or psychosomatic factors are important

Medical Psychotherapists bring expertise in:

- Specialist psychotherapy for people with complex and enduring mental health difficulties
- Integrating psychotherapeutic and medical treatment, including psychopharmacology, physical health and risk management
- Work with personality-based difficulties, trauma, relational difficulties and psychosomatic presentations

Medical Psychotherapists often:

- Provide specialist consultation, supervision and reflective practice to multidisciplinary teams
- Lead multidisciplinary team formulation, service development and psychotherapy training for psychiatrists
- Promote psychologically informed and trauma-informed care across organisations and systems

A.3.6 Systemic Family Therapists (AFSP Accredited)

Family and Systemic Psychotherapists deliver psychological interventions within a person's wider relational system, working with couples, families, and social community networks.

Family and Systemic therapists are trained to:

- Assess difficulties within the context of family, relational, cultural and organisational systems
- Formulate interaction patterns, communication styles and relational dynamics

Family and Systemic therapists bring expertise in:

- Family-based interventions for relational difficulties, child emotional/behavioural concerns, eating disorders, and family conflict
- Supporting families experiencing trauma, transition, or crisis
- Strengths-based approaches that enhance communication and relational functioning

Systemic therapists also:

- Provide systemic consultation to MDTs
- Influence service culture through systemic formulations and reflective practice
- Support integrated work across social care, and CAMHS/adult services

A.3.7 Psychosexual Psychotherapists

Psychosexual Psychotherapists are practitioners with specialist training in the assessment and treatment of sexual and relationship difficulties, working with the biological, psychological, relational and social factors that influence sexual wellbeing. Accredited practitioners typically qualify through recognised psychosexual therapy training pathways that meet the standards of the College of Sexual and Relationship Therapists (COSRT) or through the Institute of Psychosexual Medicine (IPM) pathway for medically qualified practitioners.

They work with individuals and couples experiencing concerns such as sexual dysfunction, difficulties in sexual intimacy, the impact of physical illness or disability on sexual functioning, gender and sexuality-related concerns, relationship difficulties, and the psychological consequences of trauma or adverse experiences affecting sexual health. Psychosexual Psychotherapists employ evidence-based approaches that integrate psychotherapeutic, relational and sexology knowledge, often working alongside primary care, mental health, gynaecology, urology, fertility, oncology and

sexual health services. Psychosexual and sex therapy interventions are recognised within national clinical guidance and multidisciplinary care pathways for a range of sexual dysfunctions and sexual health conditions.

In Northern Ireland, Psychosexual Psychotherapists practise across a range of settings, including NHS physical and mental healthcare services, community and voluntary sector organisations, and independent practice. In addition to direct therapeutic interventions, they contribute to consultation, education and supervision, helping to promote a holistic and psychologically informed understanding of sexual health and relationships within healthcare systems and wider society.

A.3.8 Training pathways for Psychological Therapists

Training routes vary considerably according to professional discipline and therapeutic modality. Many involve substantial postgraduate training, supervised clinical practice and ongoing professional development. Some professions have established professional accreditation arrangements, while others operate through employer, professional or modality-specific standards.

Where a therapist is trained in a particular modality, their scope of practice should reflect the level and nature of that training.

The following table illustrates the breadth of training routes within this workforce. They are illustrative rather than exhaustive.

Table A.2 Examples of Psychological Therapy and Psychotherapy Training Routes

Professional / therapeutic role	Typical training pathway	Examples of expertise and practice
Adult Psychotherapist	Multi-year psychotherapy training (modality-dependent) Advanced supervised clinical practice Training is typically at Masters or Doctorate level, involving 4-6 years of academic, clinical practice and personal therapy. To work in the NHS/HSC, therapists must be registered with an accredited body such as British Psychoanalytic Council (BPC) UK Council for Psychotherapy (UKCP), British Association for Counselling and Psychotherapy	Depth-oriented psychotherapeutic formulation. Long-term therapy for complex emotional and relational difficulties. Understanding unconscious processes and transference. Trauma-informed and developmental expertise

Professional / therapeutic role	Typical training pathway	Examples of expertise and practice
	(BACP), National Counselling and Psychotherapy Society (NCPS). In Northern Ireland, the psychoanalytic training pathway is provided through NIPaS (Northern Ireland Psychoanalytic Association), leading to membership of the British Psychoanalytic Council (BPC) and the International Psychoanalytical Association (IPA).	
Child and Adolescent Psychotherapist	CAPT is a graduate entry profession, typically requiring a relevant professional degree (eg. social work, nursing, psychology, medicine). CAPT training includes: completion of a MA/PG Dip in Perinatal, Child, Adolescent, and Family Work: A Psychoanalytic Observational Approach (M7) or an equivalent Association of Child Psychotherapists (ACP) approved course of study leading to a PG Diploma/Masters (UK academic level 7) ***and*** completion of a 4 year full time Clinical Doctorate level training in Child and Adolescent Psychoanalytic Psychotherapy from an ACP approved training school.	Specialist interventions including Brief, Short or Long-term psychoanalytic psychotherapy and intensive therapy for children and people up to age 25, parents and families Parent–infant/child psychotherapy. Assessment and formulation; including State of Mind assessments, Emotional State Assessments, risk assessments and assessment for psychotherapy Clinical supervision, consultation and reflective practice across the MDT
Cognitive Behavioural Psychotherapist **(BABCP accredited)**	Core professional mental health training or recognised KSA/equivalence route. Postgraduate CBT training, ideally through a BABCP-accredited programme. Extensive supervised CBT	Structured CBT assessment and formulation. Specialist CBT for depression, anxiety disorders, PTSD, OCD, health anxiety, body

Professional / therapeutic role	Typical training pathway	Examples of expertise and practice
	practice Formal assessment of clinical competence, including psychotherapy recordings (of CBP practice, assessment and intervention) and formulation-based work Ongoing CPD and supervision to maintain accreditation BABCP practitioner accreditation as the key CBT quality standard. Inclusion on the PSA accredited CBT Register UK and Ireland	dysmorphic disorder and long-term conditions Routine outcome monitoring and relapse prevention Clinical supervision, pathway development, audit and governance leadership
Medical Psychotherapist	Medical qualification → specialist medical/psychiatric and psychotherapy training → specialist psychotherapy training and supervised practice	Psychotherapy within medical and mental health settings; complex psychological and relational presentations
Counsellors (BACP / UKCP / BPC, NCPS)	Accredited counselling/psychotherapy training (Diploma) Modality-specific supervised practice Accreditation via BACP, UKCP, BPC or NCPS	Relational and experiential assessment Short, Medium- and long-term relational therapy Depth-oriented emotional processing and reflective work Strong therapeutic alliance supporting recovery
Family and Systemic Psychotherapist (AFSP/UKCP)	Entry into this profession typically requires a prior professional qualification such as social work, psychology or nursing, followed by an Association of Family and Systemic Psychotherapy (AFSP) accredited four-year clinical MSc in Systemic Psychotherapy Supervised systemic practice Accreditation via UKCP	Family and systemic assessment Formulation of relational and communication patterns Family interventions for trauma, various mental health presentations, emotional difficulties, eating disorders etc. Systemic consultation to teams Clinical supervision

Professional / therapeutic role	Typical training pathway	Examples of expertise and practice
Dramatherapists	Relevant undergraduate degree or equivalent qualification (e.g. drama or psychology), practical drama experience and relevant experience supporting people → HCPC-approved and BADth-accredited Master's degree in Dramatherapy, typically two years full-time or equivalent part-time study. Training integrates psychological and psychotherapeutic theory, experiential dramatherapy, assessed supervised clinical placements, personal therapy and research. Successful completion provides eligibility to apply for HCPC registration. Ongoing clinical supervision and continuing professional development support safe and effective practice.	Psychological assessment, formulation and collaborative treatment planning. Individual and group psychotherapy integrating verbal, embodied and symbolic approaches through story, metaphor, role, play, movement and dramatic enactment. Therapeutic work with trauma, loss, attachment, identity, and emotional and relational difficulties, according to professional competence and clinical context. Adapted interventions across the lifespan, including work with people with learning disabilities, neurodevelopmental differences or dementia. Facilitating expression, emotional processing, exploration of relationships and psychological change, including where spoken language alone is difficult or insufficient. • Multidisciplinary consultation, reflective practice and staff support; clinical supervision and teaching within appropriate competence. Outcome evaluation, research, service development and professional leadership.

Professional / therapeutic role	Typical training pathway	Examples of expertise and practice
Music Therapists	Graduate-entry profession requiring HCPC-approved Masters degree in Music Therapy, including supervised clinical placements. Practitioners must be registered with the Health and Care Professions Council (HCPC).	Assessment and trauma informed therapeutic interventions for children, young people and adults. Specialist individual and group work across mental health, neurodevelopmental conditions, learning disabilities, neurological rehabilitation, adoption, long term conditions, palliative care and bereavement. Short-, medium- and long-term relational approach addressing emotional regulation, attachment, communication and psychological wellbeing
Psychosexual Psychotherapist	Recognised psychosexual therapy training meeting the standards of the College of Sexual and Relationship Therapists (COSRT), or the Institute of Psychosexual Medicine (IPM) pathway for medically qualified practitioners	Assessment and treatment of sexual and relationship difficulties in individuals and couples; work with sexual dysfunction, intimacy difficulties, the impact of physical illness or disability on sexual functioning, and the psychological consequences of trauma; work alongside primary care, mental health, gynaecology, urology, fertility, oncology and sexual health services; consultation, education and supervision
Other modality-specific therapists		

Training routes and entry requirements vary between professions, universities, professional bodies and therapeutic modalities. The examples above should not be interpreted as establishing a single regional qualification or pathway

A.4 Psychological Practitioners

Psychological Practitioners provide structured psychological interventions within defined competency frameworks and are an important component of the wider psychological workforce.

Their contribution is particularly relevant to prevention, early intervention, primary care, community services and supported self-management.

A.4.1 Clinical Associates in Psychology (CAPs)

Clinical Associates in Psychology (CAP) are a psychology postgraduate profession who are trained to undertake Structured Psychological Assessment and deliver targeted interventions.

They deliver structured assessments under the supervision of clinical psychologists using standardised tools and evidence-based methods appropriate to their service area.

They also bring expertise in:

- Structured, evidence-based interventions for specific populations (e.g., adults, older adults, children depending on training)
- Contributing to psychological therapy pathways, community mental health services and specialist teams
- Supporting care plans, risk management and stepped-care delivery

CAPs help to:

- Address service gaps in inpatient, outpatient, neurodevelopmental, long-term condition and community teams
- Reduce pressure on practitioner psychologists and senior psychotherapists
- Contribute to service evaluation, audit, and clinical pathways

A.4.2 Psychological Wellbeing Practitioners (PWPs)

Psychological Wellbeing Practitioners are trained to deliver low-intensity assessments and interventions, under supervision.

PWPs conduct brief, structured assessments for common mental health problems, deliver low-intensity CBT interventions (e.g., behavioural activation, sleep management, worry management) and provide guided self-help, psychoeducation and digital interventions

PWPs contribute to:

- Step 2 interventions in stepped-care models
- Early intervention for anxiety and depression
- Reducing wait times for high-intensity services
- Supporting self-management and relapse prevention

PWPs:

- Use routine outcome measures to track progress
- Support duty, triage and screening within primary care mental health
- Contribute to group programmes, workshops and digital therapy pathways

A.4.3 Training Pathways for Psychological Practitioners

Training for Psychological Practitioners involves accredited postgraduate Diploma or Masters level qualifications, which allow practitioners to conduct low-intensity psychological interventions under supervision. Table A.3 summarises training and areas of practice.

Table A.3 Psychological Practitioners Training Pathways and Areas of Expertise

Professional / therapeutic role	Typical training pathway	Examples of expertise and practice
Psychological Wellbeing Practitioners (PWPs)	• PGCert/PGDip/Masters in Low-Intensity CBT • Supervised practice in Step 2 mental health pathways • National PWP competency-based training	• Brief structured assessment for common mental health problems • Step 2 low-intensity CBT interventions • Digital, group, and guided self-help interventions • Early intervention, relapse prevention, and signposting
Clinical Associates in Psychology (CAPs)	• Undergraduate psychology degree • MSc Clinical Associate training with supervised practice	• Structured psychological assessment under supervision • Targeted, evidence-based interventions • Risk assessment, monitoring, and care planning • Support with evaluation, audit, and service improvement

A.5 Conclusion

The psychological professions represent a diverse, skilled and complementary workforce.

The diversity of training pathways is an important strength. It enables Northern Ireland to draw on different forms of psychological knowledge and expertise across the life course and across health, social care, education, justice, workplace and community settings.

Appendix B: Governance, Regulation and Professional Standards

B.1 Introduction

High-quality psychological services depend upon strong professional governance, clear accountability and a commitment to continuous improvement. Effective governance ensures that psychological knowledge and expertise are applied safely, ethically and consistently, while supporting innovation, workforce development and public confidence.

This appendix outlines the governance arrangements that underpin psychological practice across Northern Ireland. It recognises the diversity of professional groups within the psychological professions while emphasising the shared principles that promote safe, effective and person-centred care.

B.2 Principles of Professional Governance

Governance should support innovation while maintaining public protection, professional accountability and high standards of practice.

Professional governance should ensure that psychological services are:

- safe and evidence-based;
- person-centred and outcome-focused;
- accountable and transparent;
- professionally led;
- research-informed;
- subject to continuous quality improvement;
- responsive to population need; and
- aligned with regional policy and professional standards.

B.3 Professional Regulation

The psychological professions comprise a number of professions with differing regulatory and professional arrangements:

(1) Statutory Regulation

Some psychological professions are regulated by statutory regulators, with protected professional titles and legally defined standards of education, conduct and proficiency.

This includes HCPC-regulated Practitioner Psychologists and other regulated professions such as Arts Therapists.

(2) Accredited Professional Registration

Other psychological professionals practise within recognised professional registers or accreditation schemes administered by professional bodies. These arrangements support public assurance through recognised standards of education, ethical practice, supervision and continuing professional development.

For roles that are not subject to statutory regulation or professional registration, employers should establish proportionate arrangements for competence, supervision, accountability and quality assurance.

Regardless of regulatory model, all psychological professionals should practise within their competence, adhere to relevant professional standards and work within appropriate governance arrangements.

B.4 Professional Leadership

Strong professional leadership is fundamental to safe, effective and sustainable psychological services. Professional leadership should operate alongside, and complement, operational managerial and clinical leadership arrangements.

Employing organisations should ensure access to appropriate professional leadership that:

- maintains standards of professional practice;
- supports workforce development;
- advises on service redesign;
- promotes evidence-based practice;
- strengthens multidisciplinary collaboration;
- contributes to workforce planning; and
- represents psychological professions within organisational governance structures.

B.5 Clinical and Professional Supervision

Supervision is a cornerstone of safe psychological practice and professional development.

All psychological professionals should have access to supervision that is appropriate to their role, level of practice, experience, scope of practice, the complexity and risk of their work, and professional requirements.

Supervision should support:

- safe clinical decision-making;

- reflective practice;
- professional development;
- management of complexity and risk;
- ethical practice;
- staff wellbeing; and
- quality improvement.

Organisations should ensure that supervision arrangements are protected, appropriately resourced, recorded, and embedded within workforce planning.

B.6 Scope of Practice

Psychological professionals should practise only within the limits of their education, training, competence and professional role.

As services evolve and new roles emerge, organisations should ensure that:

- responsibilities are clearly defined;
- competency frameworks are established;
- governance arrangements are proportionate;
- appropriate supervision is available;
- referral and escalation arrangements are clear; and
- professional accountability remains clear.

Developing new roles should complement existing professional expertise and strengthen multidisciplinary care.

B.7 Continuing Professional Development

Continuing Professional Development (CPD) enables psychological professionals to maintain and develop the knowledge and skills required for contemporary practice. Employers should support equitable access to CPD that reflects organisational priorities and individual professional development needs.

Priority areas include:

- evidence-based practice;
- leadership;
- digital capability;
- trauma-informed practice;
- equality, diversity and inclusion;
- quality improvement;
- research methods;
- supervision; and
- integrated models of care.

B.8 Quality Assurance

Quality assurance should promote learning rather than compliance alone, encouraging services to evaluate and continually improve their effectiveness. Organisations should have systems in place to assure the quality of psychological services. These should include:

- routine clinical audit;
- outcomes measurement;
- service evaluation;
- peer review;
- incident reporting and learning;
- patient and public feedback;
- governance reporting; and
- continuous quality improvement.

B.9 Ethics and Professional Practice

Psychological professions are founded upon principles of respect, integrity, compassion and scientific evidence.

Professionals should ensure that practice:

- respects autonomy and human rights;
- promotes equality and inclusion;
- maintains confidentiality;
- is culturally responsive;
- is evidence-informed;
- recognises trauma and adversity;
- supports shared decision-making; and
- places the individual, family and community at the centre of care.

Ethical practice is fundamental to maintaining public confidence in psychological services.

B.10 Digital Governance

As digital approaches become increasingly embedded within health and social care, governance arrangements should ensure that technology enhances rather than compromises the quality and safety of psychological practice.

Organisations should ensure:

- appropriate information governance;
- cyber security;
- digital competence;
- ethical use of artificial intelligence;
- secure digital communication;

- robust consent procedures;
- equitable access; and
- evaluation of digital interventions.

Digital governance should be aligned with professional, legal and organisational standards.

B.11 Governance Across the System

Psychological professions contribute across multiple organisations and sectors. Effective governance therefore requires collaboration between:

- the Department of Health;
- Health and Social Care organisations;
- Strategic Planning and Performance Group;
- universities and education providers;
- professional and regulatory bodies;
- the Northern Ireland Psychological Professions Forum;
- the voluntary, community and social enterprise sector; and
- partner organisations across education, justice and local government.

Shared governance arrangements strengthen consistency, support workforce mobility and promote high-quality psychological care across Northern Ireland.

B.12 Conclusion

Strong governance provides the foundation for safe, effective and innovative psychological practice.

By investing in professional leadership, supervision, education, ethical practice and quality improvement, Northern Ireland can ensure that psychological professions continue to deliver high-quality care while supporting research, policy development, workforce sustainability and system transformation.

Appendix C: Proposed Draft Implementation Plan and Outcomes Measures

This is a proposed draft only. It has not been agreed, resourced or approved, and is included to support consideration of next steps following adoption of the Framework (see Chapter 9). It sets out draft strategic commitments, a draft implementation phasing, and a five-year ambition statement, for review and refinement by the Department of Health, Health and Social Care organisations and other partners.

C.1 Purpose

This Implementation Plan translates the ambitions of the Psychological Professions Framework into practical regional commitments for 2027–2032.
It is intended to provide a common direction for the Department of Health, Health and Social Care organisations, education and training providers, professional bodies and the voluntary, community and social enterprise sector.

The Plan should be regarded as a framework for coordinated action rather than a fixed programme of activity. Specific actions and timescales should be reviewed in light of population need, available resources, emerging evidence and wider health and social care priorities.

C.2 Strategic Commitments

The Implementation Plan is organised around ten commitments.

Commitment 1: Embed Psychological Expertise in Policy and Strategy

Priority actions

- Establish mechanisms for psychological professions to contribute to relevant regional policy development.
- Ensure psychological expertise is considered in service redesign and transformation programmes.
- Strengthen links between psychological professions, population health and behavioural science.
- Promote the use of psychological evidence in policy implementation and evaluation.
- Agree criteria for when psychological advice is required in policy development, major service change, commissioning and investment decisions.
- Establish named organisational responsibility for obtaining psychological advice and recording the response.
- Strengthen opportunities for psychological leaders to contribute to policy development, planning and service transformation, supported by clear routes for seeking advice and raising issues where appropriate.

Lead partners
Department of Health, SPPG, HSC Trusts, Psychological Professions Forum and relevant regional partners.

Measures of progress

- Evidence of psychological input into relevant regional strategies and programmes.
- Psychological expertise represented within appropriate strategic planning structures.
- Examples of psychological knowledge influencing service redesign and policy implementation.
- Evidence that psychological advice was sought at the outset of relevant decisions and that the response was recorded.

Commitment 2: Develop a Sustainable Workforce

Priority actions

- Develop comprehensive regional workforce intelligence.
- Identify current and projected workforce gaps.
- Review and commission training programmes to meet forecasted need.
- Improve recruitment and retention strategies.
- Support flexible and sustainable career pathways.
- Pair workforce mapping with assessment of unmet need, existing provision, inequalities and service gaps.
- Cost the capacity required and protect time for wider system work alongside clinical care.

Measures of progress

- Improved workforce intelligence.
- Workforce plans aligned with population and service need.
- Increased training capacity where required.
- Improved recruitment and retention in vulnerable service delivery areas.
- Reduction in workforce gaps.

Commitment 3: Enhance Education and Career Pathways

Priority actions

- Work with universities and education providers to ensure training meets future workforce requirements.
- Strengthen placement capacity across the range of specialisms.
- Promote interprofessional learning.
- Support continuing professional development.

Measures of progress

- Training places are aligned with identified workforce need.
- Improved placement availability.
- Increased access to continuing professional development.
- Clearer career pathways across professional groups.

Commitment 4: Improve Access to Psychological Support

Priority actions

- Strengthen stepped and matched approaches to psychological care.
- Expand prevention and early intervention.
- Improve pathways between primary, community and specialist services.
- Support appropriate use of digital and community-based approaches.
- Improve access to psychological services for underserved groups and communities.
- Monitor variation in access and outcomes.

Measures of progress

- Improved access to appropriate psychological interventions.
- Reduced waiting times for Psychological Services.
- Reduced unwarranted variation across Trusts.
- Improved experience of care.
- Improved outcomes for people receiving psychological support.

Commitment 5: Embed Psychologically Informed Practice

Priority actions

- Promote psychologically informed approaches within multidisciplinary teams.
- Develop workforce capability in psychological formulation, communication and behaviour change.
- Strengthen trauma-informed practice.
- Support reflective practice and consultation.
- Promote psychologically informed environments across services and communities.
- Build protected consultation, formulation, supervision and reflective practice into workforce plans and job plans.
- Apply psychological expertise to organisational and patient safety, including speaking up, responses to complaints, restrictive practice and learning after harm.

Measures of progress

- Increased workforce capability.
- Evidence of psychologically informed approaches within services.
- Improved staff confidence and capability.
- Evidence of psychologically informed service redesign.

Commitment 6: Strengthen Neighbourhood and Community Approaches

Priority actions

- Embed psychological professions within relevant neighbourhood teams.
- Support community-based prevention and early intervention.
- Apply psychological knowledge to population needs assessment.
- Strengthen partnerships with community and voluntary organisations.
- Support community resilience and promote collaborative working and co-design.
- Establish shared governance, supported participation and jointly owned priorities with people with lived experience, communities, education and justice partners.

Measures of progress

- Psychological expertise incorporated into neighbourhood models.
- Increased community-based psychological activity.
- Evidence of partnership working across sectors.
- Improved inreach to communities experiencing inequalities.
- Evidence of jointly owned priorities and defined decision-making roles for people with lived experience.

Commitment 7: Develop Psychological Leadership

Priority actions

- Develop leadership opportunities across professional groups.
- Strengthen regional professional leadership structures.
- Support psychological professionals to contribute to executive and strategic decision-making.
- Develop leadership programmes and mentoring.
- Promote leadership across career stages.
- Establish a regional psychological advisory network, as part of the support structure for the Chief Psychological Professions Officer.

Measures of progress

- Increased psychological representation within strategic structures and processes.
- Participation in leadership development.
- Evidence of psychological leadership contributing to service developments.
- Improved collaboration between professions.
- Increased influence of the Psychological Professions Forum.
- Establishment and use of the regional psychological advisory network.

Commitment 8: Strengthen Research and Quality Improvement

Priority actions

- Strengthen partnerships between services and universities.
- Increase participation in research and service evaluation.
- Promote behavioural and implementation science.
- Develop and evaluate innovative models of psychological care.

- Strengthen outcome measurement.
- Share learning across Northern Ireland.
- Select a small number of priorities as evaluated demonstration projects, with baselines, funded psychological input and evaluation of implementation, outcomes, cost and unintended effects before wider adoption.

Measures of progress

- Increased research and evaluation activity.
- Evidence of research influencing practice and policy.
- Increased use of outcome data.
- Examples of innovation adopted or scaled across services.

Commitment 9: Support a Healthy, Collaborative and Inclusive Workforce

Priority actions

- Promote psychologically safe organisational cultures.
- Increase access to appropriate clinical supervision.
- Support reflective practice.

Measures of progress

- Improved workforce experience and wellbeing measures.
- Access to appropriate supervision.
- Improved retention.
- Evidence of psychologically informed approaches to organisational culture and workforce wellbeing.

Commitment 10: Demonstrate Impact and Accountability

Priority actions

- Establish a regional outcomes framework.
- Develop consistent workforce measures.
- Monitor access, quality and outcomes.
- Incorporate lived experience and service-user feedback.
- Report progress against the Framework.
- Use findings to inform future priorities and investment.
- Trace the connection between psychological advice, changes made and benefits achieved, including unintended harm, inequalities and value for money.
- Assign an accountable owner, delivery milestones and an escalation route to each priority.
- Publish an annual impact and assurance report.

Measures of progress

- Agreed regional outcome measures.
- Regular reporting against the Framework.
- Improved availability of workforce and service data.
- Evidence that evaluation informs decision-making.

- Annual impact and assurance report published, with owners assigned to unresolved recommendations.

C.3 Implementation Phases

Implementation should take place progressively over the lifetime of the Framework.

Phase 1 (2027–2028)

The initial phase should establish the infrastructure required for implementation.

Priorities include:

- agreeing governance arrangements;
- establishing baseline workforce information;
- identifying priority workforce gaps;
- mapping existing psychological provision;
- assessing unmet need, inequalities and service gaps alongside provision mapping;
- identifying education and training requirements;
- naming an accountable owner, delivery milestones and an escalation route for each priority;
- establishing a small regional psychological advisory network and agreeing criteria for when psychological advice is required;
- selecting a small number of evaluated demonstration projects, with baselines, protected capacity and funded psychological input;
- agreeing key outcome measures; and
- identifying priority areas for psychological input into policy and transformation.

Phase 2 (2029–2030)

The second phase should focus on strategies to increase workforce capacity and embed psychological expertise across services.

Priorities include:

- expanding education and training commissioning where required;
- strengthening career pathways;
- embedding psychological expertise within neighbourhood models;
- extending the advisory network and the criteria for psychological advice across further policy, commissioning and service areas;
- developing leadership capacity across psychological professions;
- increasing research and evaluation activity.

Phase 3 (2031–2032)

The final phase should consolidate progress and evaluate impact.

Priorities include:

- reviewing workforce and service outcomes;

- evaluating the demonstration projects and the impact of embedded psychological advice before wider adoption;
- identifying and rolling out successful innovations and interventions;
- strengthening regional consistency;
- preparing priorities for the next Framework period.

C.4 Five-Year Ambition

By 2032, the ambition is that:
Psychological knowledge and expertise are routinely recognised as an essential component of health and social care planning, delivery and transformation across Northern Ireland.

People should have improved access to appropriate psychological support. Psychological professions should have a sustainable workforce and career pathways.

Psychological expertise should contribute to policy and strategy, prevention, neighbourhood working, organisational development and population health. The psychological professions should be recognised not only for the specialist services they provide, but for their wider contribution to creating a healthier, more resilient and psychologically informed Northern Ireland.

Appendix D: Outcomes and Performance Framework

D.1 Purpose

The Outcomes and Performance Framework provides the mechanism for measuring, reporting and learning from progress against the Northern Ireland Framework for Psychological Professions and the accompanying Implementation Plan.

It translates the ten strategic commitments in Appendix C into a structured set of outcomes and performance measures. The framework is intended to support:

- accountability for delivery;
- assessment of whether implementation is producing meaningful change;
- identification of variation and inequalities in access, experience and outcomes;
- workforce and service planning;
- quality improvement and innovation;
- learning across organisations and professional groups; and
- future priorities, investment and development.

The framework should be regarded as a **learning and improvement framework**, rather than solely as a performance management mechanism. Measures should therefore be used to understand progress, variation and impact and to inform action.

The Implementation Plan is explicitly intended as a framework for coordinated action rather than a fixed programme of activity. Measures and targets should therefore be reviewed in light of population need, available resources, emerging evidence and wider health and social care priorities.

D.2 Regional Outcomes Framework

Commitment 1: Embed Psychological Expertise in Policy and Strategy

Intended outcome:
Psychological knowledge and expertise are routinely incorporated into relevant regional policy, planning, service redesign and transformation.

Outcome	Proposed indicators
Psychological input into policy	Proportion/number of relevant regional strategies and programmes demonstrating psychological input
Strategic representation	Representation of psychological professions within relevant strategic planning and transformation structures
Influence on redesign	Examples of service redesign or transformation where psychological evidence has informed the approach

Outcome	Proposed indicators
Evidence-informed policy	Evidence that psychological evidence has informed policy implementation or evaluation
Impact	Documented examples where psychological expertise has influenced decisions, service models or implementation
Advice sought and recorded	Proportion of decisions meeting the agreed criteria where psychological advice was sought at the outset and the response recorded
From advice to benefit	Traceable links between psychological advice, changes made and benefits achieved, including unintended harm, effects on inequalities and value for money

Potential evidence sources: regional strategies and plans; governance records; programme documentation; evaluation reports; case studies.

Commitment 2: Develop a Sustainable Workforce

Intended outcome:
Northern Ireland has a sustainable psychological professions workforce aligned with population and service need.

Outcome	Proposed indicators
Workforce intelligence	Completeness and quality of regional psychological professions workforce data
Workforce planning	Proportion of relevant workforce plans informed by population and service need
Workforce gaps	Vacancy rates and identified workforce gaps by profession, specialism, geography and service
Workforce supply	Number of training places relative to identified workforce requirements
Recruitment	Recruitment rates and time to fill vacancies
Retention	Turnover and retention rates
Distribution	Geographic distribution of workforce relative to population/service need
Sustainability	Proportion of priority/vulnerable service areas with sustainable workforce plans

Commitment 3 Enhance Education and Career Pathways

Intended outcome:
Education, training and career pathways provide a sustainable pipeline of appropriately skilled psychological professionals.

Outcome	Proposed indicators
Training capacity	Training places compared with identified regional workforce need
Placement capacity	Availability and utilisation of appropriate clinical/service placements
Training alignment	Proportion of training provision aligned with identified workforce priorities
Interprofessional learning	Availability/participation in interprofessional learning
CPD	Access to and participation in relevant continuing professional development
Career pathways	Evidence of clear and accessible career pathways across professional groups
Progression	Recruitment, completion and progression through relevant training pathways

Commitment 4: Improve Access to Psychological Support

Intended outcome:
People across Northern Ireland have timely, equitable access to appropriate psychological support matched to their needs.

Outcome	Proposed indicators
Access	Number/proportion of people accessing appropriate psychological support
Timeliness	Waiting time from referral to assessment and/or intervention
Equity	Variation in access by geography, deprivation and relevant population characteristics
Pathway integration	Evidence of effective pathways between primary, community and specialist services
Prevention	Reach of prevention and early-intervention activity
Digital/community access	Use and reach of appropriate digital and community-based provision
Experience	Service-user experience of access and care
Outcomes	Change in relevant clinical, functional, wellbeing or goal-based outcomes
Variation	Unwarranted variation in access, waiting times and outcomes between Trusts

Commitment 5: Embed Psychologically Informed Practice

Intended outcome:
Psychological knowledge is embedded across multidisciplinary teams, services and

organisations, increasing workforce capability and supporting psychologically informed care.

Outcome	Proposed indicators
Capability	Staff confidence and capability in psychological formulation, communication and behaviour change
Training	Participation in psychologically informed and trauma-informed training
Consultation	Availability and use of psychological consultation
Reflective practice	Access to and participation in reflective practice
Practice	Evidence of psychologically informed approaches within services
Environments	Evidence of psychologically informed and trauma-informed environments
Service redesign	Examples of psychological expertise contributing to service redesign

Commitment 6: Strengthen Neighbourhood and Community Approaches

Intended outcome:
Psychological expertise contributes routinely to neighbourhood-based prevention, early intervention, population needs assessment and community development.

Outcome	Proposed indicators
Neighbourhood integration	Proportion of relevant neighbourhood models incorporating psychological expertise
Community provision	Volume/reach of community-based psychological activity
Prevention	Reach of prevention and early-intervention programmes
Partnership	Evidence of partnership working with VCSE and community organisations
Co-design	Evidence of community participation and co-design
Equity	Reach among communities experiencing inequalities
Population impact	Evidence of psychological input informing population needs assessment and neighbourhood priorities

Commitment 7: Develop Psychological Leadership

Intended outcome:
Psychological professionals provide effective leadership and contribute to strategic decision-making across the health and social care system.

Outcome	Proposed indicators
Representation	Psychological representation within relevant strategic structures

Outcome	Proposed indicators
Leadership development	Participation in leadership development programmes
Career-stage development	Leadership opportunities across career stages
Strategic contribution	Evidence of psychological leadership contributing to service development
Collaboration	Evidence of effective collaboration across psychological professions
Regional leadership	Activity and influence of the Psychological Professions Forum
Decision-making	Evidence of psychological expertise informing executive/strategic decisions

NB: The indicators should focus on contribution and influence, rather than simply counting leadership posts.

Commitment 8: Strengthen Research and Quality Improvement

Intended outcome:
Research, evaluation, quality improvement and innovation are routinely used to improve psychological practice, services and policy.

Outcome	Proposed indicators
Research activity	Number and breadth of research and evaluation projects
Participation	Participation of psychological professionals in research/evaluation
Evidence use	Evidence of research informing practice or policy
Outcome measurement	Proportion of relevant services routinely collecting outcome data
QI	Number/proportion of improvement initiatives demonstrating measurable change
Innovation	New psychological models/interventions evaluated
Adoption	Examples of innovations adopted or scaled across services
Knowledge sharing	Evidence of learning disseminated across Northern Ireland

Commitment 9: Support a Healthy, Collaborative and Inclusive Workforce

Intended outcome:
Psychological professions are supported by healthy, psychologically safe, inclusive and collaborative working environments.

Outcome	Proposed indicators
Workforce wellbeing	Workforce wellbeing measures
Experience	Staff experience measures
Psychological safety	Measures of psychological safety and organisational culture
Supervision	Proportion of staff with access to appropriate supervision
Reflective practice	Access to reflective practice
Retention	Workforce retention
Inclusion	Workforce experience and outcomes across relevant groups
Organisational impact	Evidence of psychologically informed approaches to organisational culture and wellbeing

Commitment 10: Demonstrate Impact and Accountability

Intended outcome:
The central principle is that success should be judged both by the care the system delivers and by the difference that care makes to the person receiving it.
This means that there should be a consistent regional approach to measuring impact, reporting progress and using evidence to inform decisions and investment.
The Framework should assess success not only through service activity, waiting times and clinical measures, but also through whether people receive the help they need, feel listened to and involved, and experience a meaningful difference in their lives.
A small, consistent set of person-centred questions should be used across psychological services, with accessible formats and appropriate opportunities for people to provide feedback.
The core questions should be:

1. **Did I get the help I needed?**
2. **Was I listened to and involved in decisions about my care?**
3. **Did it make a meaningful difference to my life?**

These questions are intended to complement, not replace, validated clinical outcome measures and measures appropriate to particular interventions or populations.

Outcome	Proposed indicators
Measurement framework	Agreed regional outcome and performance measures
Reporting	Regular reporting against the Framework
Data availability	Availability and completeness of workforce and service data
Outcome reporting	Proportion of relevant services reporting agreed outcomes
Lived experience	Evidence that service-user/lived-experience information informs reporting
Decision-making	Examples where evaluation findings have informed decisions

Outcome	Proposed indicators
Investment	Evidence that outcomes and performance information informs future priorities and investment
Learning	Evidence that findings lead to changes in policy, commissioning or practice

D.3 Core Regional Indicator Set

To avoid creating an excessive reporting burden, a small regional core indicator set should be agreed, to include;

- workforce supply and sustainability;
- education and training capacity;
- access and waiting times;
- equity and unwarranted variation;
- service-user experience;
- individual/service outcomes;
- psychologically informed practice;
- workforce wellbeing and supervision;
- research, evaluation and innovation; and
- strategic/system contribution.

D.4 Baselines and Targets

The first implementation phase, 2027–2028, should establish the baseline position. A staged approach is therefore proposed:

2027–2028: Establish

- Agree definitions;
- Establish data sources;
- Establish baselines;
- Identify data gaps;
- Agree regional measures;
- Establish governance.

2029–2030: Improve

- Monitor trends;
- Identify variation;
- Implement improvement actions;
- Expand workforce and service capacity where required;
- Strengthen outcome measurement.

2031–2032 : Consolidate and evaluate

- Assess progress against baseline;
- Evaluate impact;
- Identify successful innovations;
- Assess regional consistency;
- Use findings to inform the next framework period.

D.5 Equity and Inequalities

Equity should be a cross-cutting requirement of the Outcomes and Performance Framework.
Where data permit, measures should be examined by:

- geography;
- deprivation;
- age;
- sex/gender;
- relevant protected characteristics;
- rurality;
- relevant clinical/service populations; and
- other groups identified through population needs assessment.

D.6 Attribution and Interpretation

Psychological professions operate within a complex health and social care system. Changes in population outcomes cannot generally be attributed to psychological professions alone.

The framework should therefore distinguish between:

- **direct contribution** — outcomes closely associated with psychological services or interventions;
- **shared contribution** — outcomes resulting from multidisciplinary or system-wide activity; and
- **system/population contribution** — outcomes to which psychological knowledge may contribute alongside many other factors.

D.7 Reporting and Governance

A regional annual outcomes report should provide:

1. progress against the ten commitments;
2. changes from baseline;
3. key workforce trends;
4. access and waiting-time trends;
5. equity and variation analysis;
6. service-user and workforce experience;
7. individual/service outcomes;
8. research, evaluation and innovation;
9. examples of psychological influence on policy and transformation; and
10. advice sought, decisions changed, what happened subsequently and recommendations that remain unresolved, with owners assigned to further action;
11. priorities requiring further action or investment.

The Outcomes Framework should be overseen through the governance arrangements established for implementation of the Framework, with relevant contributions from the Department of Health, HSC organisations, education and training providers, professional bodies, the Psychological Professions Forum, service users and C&V partners.

D.8: Proposed Regional Outcomes Dashboard

A high-level regional dashboard could be structured as follows:

Domain	Core question	Illustrative measures
Population	Is psychological knowledge contributing to population wellbeing and prevention?	Wellbeing, prevention reach, inequalities
People	Are people experiencing better outcomes?	PROMs, goals, functioning, experience
Access	Can people access the right support at the right time?	Access, waits, pathway, variation
Workforce	Is the workforce sustainable?	Vacancies, retention, supply, distribution
Capability	Is psychological thinking embedded beyond specialist services?	Training, confidence, consultation, reflective practice
Services	Are services becoming more psychologically informed?	Practice, experience, outcomes, redesign
System	Is psychological expertise influencing the wider system?	Policy input, strategic representation, neighbourhood working
Learning	Is evidence being generated and used?	Research, evaluation, QI, innovation adoption
Workforce wellbeing	Is the workforce healthy and supported?	Wellbeing, supervision, psychological safety

Appendix E: Mechanisms for Embedding Psychological Advice in Policy and Service Decisions

E.1 Purpose

This Appendix sets out ten mechanisms through which psychological advice could be embedded in policy, commissioning, investment and service decisions, rather than depending on individual influence. It elaborates the arrangements described in section 7.12 and should be read alongside the Proposed Draft Implementation Plan (Appendix C) and the Outcomes and Performance Framework (Appendix D).

The mechanisms are proposals for development and agreement. They have not been agreed, resourced or approved, and should be introduced progressively and proportionately, beginning with a small number of priorities. Responsibility for using psychological advice and delivering the resulting changes would remain with the policy, commissioning and service leaders who hold the relevant authority and resources. The role of the Chief Psychological Professions Officer is to coordinate the arrangements, provide expertise and identify gaps.

E.2 Proposed Mechanisms

Mechanism	How it could work	Practical example
1. Psychological input at the start of policy development	Establish criteria for involving psychological expertise when policies depend on behaviour, relationships, engagement or responses to adversity.	A policy to reduce missed appointments examines anxiety, communication, cognitive difficulties and practical barriers, informing the appointment system and support offered.
2. Psychological review of major service changes	Include a proportionate psychological assessment within significant service redesign and business cases, alongside financial, workforce and equality considerations. Record how findings have been addressed.	Before relocating a service, assess implications for trust, continuity, distress and engagement, particularly for people with trauma or learning disabilities.
3. Commissioning requirements and service specifications	Require relevant specifications to describe psychological needs, appropriate expertise, supervision, consultation and intended outcomes.	A long-term conditions pathway commissions psychological support and consultation as part of the service.

Mechanism	How it could work	Practical example
4. Defined access to strategic decision-making	The CPPO and relevant psychological leaders have agreed access to policy, planning and transformation structures, supported by clear referral and escalation arrangements.	A regional transformation programme seeks advice before approving its delivery model and records its response to significant concerns.
5. A regional psychological advisory network	Establish a coordinated network across HSC systems and relevant connected departments, such as education, forensic/justice, to include a range of psychological expertise and clear routes for requesting advice and protected capacity to provide it.	DoH draws on occupational psychology for organisational change, and health psychology for system-wide prevention, alongside clinical and lived-experience perspectives.
6. Funded consultation and supervision within services	Build protected consultation, formulation, supervision and reflective practice into workforce plans and job plans. Define who can access these functions and how they support care.	A learning disability team receives regular consultation and reflective practice sessions to understand distress, review environmental factors and develop alternatives to restrictive interventions.
7. Psychological expertise in safety and organisational improvement	Include psychological expertise in selected safety reviews, culture programmes and improvement work, with a route for findings to reach accountable executives and Board committees.	Following repeated failures to escalate concerns, a Trust Board utilises psychological expertise to examine team dynamics, authority, fear, and defensive responses, and to advise on improving culture with potential changes to leadership and working arrangements.
8. Structured partnership with people and communities	Give people with lived experience supported, and paid opportunities to help define problems, develop options and judge results. Combine this knowledge with psychological and service evidence.	People who disengaged from a service help redesign its referral process, first contact and communication.

Mechanism	How it could work	Practical example
9. A small portfolio of evaluated demonstration projects	Select a few DoH policy priorities. Establish baselines, fund psychological input and evaluate implementation, outcomes, cost and unintended effects before wider adoption.	Pilot a psychologically informed approach to improving uptake of rehabilitation, examining who benefits and whether inequalities narrow.
10. An annual impact and assurance report	Report what advice was sought, what decisions changed, what happened subsequently and where recommendations remain unresolved. Assign owners to further action.	An annual report shows whether changes informed by psychology improved access, experience, safety or outcomes, alongside workforce and resource implications.

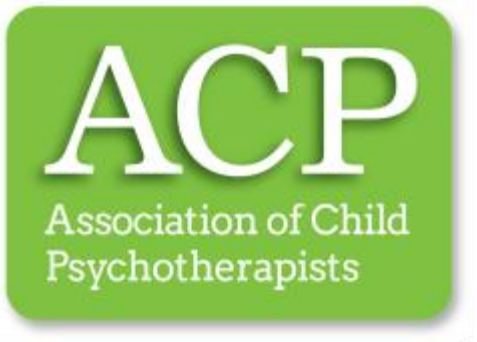
Appendix F: List of contributors

















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