

Curriculum guidance

for the Pre-registration Education
and Training of UK Art Therapists
and Art Psychotherapists



Foreword from Honorary President, Professor Diane Waller OBE



Discussions about appropriate training for art therapy have been going on since the late 1940s, with major developments taking place from 1964 onwards with the formation of BAAT. One of BAAT's aims was to promote training courses and initially these were conceived of as taking place within an art education framework – this being the profession of many early art therapists. Two of the first programmes that began in the early 1970s (Birmingham and Goldsmiths) started within the Art Teachers' Education departments. However, another programme at St. Albans School of Art identified more closely with the health service. The entry requirements, a degree or equivalent in art or design plus working experience were adhered to by all three programmes.

In the 1980s BAAT became the body which regulated training on behalf of the NHS through its provision of 'Core Course Requirements', drawn up by its Training and Education Committee. These proved essential during BAAT's various campaigns to have Art Therapy recognised as a discreet profession (neither Occupational Therapy nor Art Teaching) and in our petition to become State Registered throughout the 1990s. These Core Course Requirements have been modified over the years, but formed the basis of the Quality Assurance Agency's Guidance on Art, Drama, Dance Movement and Music Therapy of 2004.

In devising the first Standards of Proficiency for Arts Therapies in 1998, adopted by the Health Professions Council in 2002, the Core Curriculum was, as we were advised by the lawyer assisting us, not the same as the Standards - the latter being enforceable by law. The Standards do not go into detail of what is taught, but provide a broad approach to the areas, the proficiencies, which are expected to be taught. The Standards are used by the Regulator (the Health and Care Professions Council, HCPC) to determine whether these broad areas are being covered by new and existing training programmes and will lead to the required proficiencies (competencies). Details of the Curriculum are provided by the professional body in each profession, in cooperation with the Regulator, to give a guide to what is taught. These might be, for example, the theoretical approach, which may differ from one programme to another, how various elements are taught and for how long, how placements are organised and for how long.

Recent changes in funding and pressures on our training programmes necessitate a thorough review of our Curriculum to make sure it is still meeting the needs of our profession and its service users. Colleagues engaged in designing and teaching different modes of delivery, such as Apprenticeships, will need to have very clear guidance, as will employers and indeed our

colleagues in other professions. Fortunately, we have our recently updated Standards of Proficiency – Arts Therapists which ensure that institutions training Art Therapists need to abide by the legal responsibilities therein, but we have not had a current Core Course Curriculum to advise staff and students, and those responsible for funding, what the profession requires and expects for some time. The Curriculum can be different in detail and in orientation from programme to programme and does not aim to create a highly standardised nor 'manualised' training, but set out the basic elements that must be provided.

Over the years, BAAT has relied on its members to contribute to major professional issues. The revision of our Core Course Requirements undertaken as part of the NHSE commission is especially timely given the pressures that we are all facing in managing funding crises in universities and ensuring that our training is well-considered and up-to-date. We are, then, delighted to share this new Guidance which has been produced as part of a wider collaboration with all three Arts Therapies Professional Bodies: Art Therapists/Psychotherapists, Drama and Music Therapists and many others, who have given their time to this very important project. Your input is greatly welcomed and appreciated.

Professor Diane Waller OBE

Honorary President, British Association of Art Therapists

Foreword from Chair, Claire Louise Vaculik



I'm delighted to welcome the new BAAT Curriculum Guidance for UK Art Therapists, which has been developed by our community to support our profession and the people we work with. Part of the recent NHSE commission, this curriculum guidance has been co-produced with art therapy educators, informed by feedback from placement educators, trainees, employers and service users. It builds on past shared work and the more recent efforts of colleagues involved in drama and music therapy education and training, who developed updated guidance in response to the pandemic, as well as guidance from across the psychological professions. International art therapy educators have also been consulted, so that insights and developments emerging across a range of different cultures and contexts could be incorporated. Thank you again to everyone who has been involved.

Whatever your role, this document will be able to help you to understand the professional expectations and needs linked to programme design and delivery that the British Association of Art Therapists has set for use across the United Kingdom. We hope that this will support our art therapy educators and trainees, placement providers, clinical supervisors, other professionals, and our regulator – The Health and Care Professions Council (HCPC). The HCPC relies on professional bodies for education quality assurance and enhancement, as it is the professional body that defines the profession-specific expectations within pre-registration education and training that will prepare trainees for contemporary practice. While operating in the same quality space, the HCPC explain that their objectives "*focus on fitness to practice for public protection*", while professional bodies "*focus on 'fitness for the profession.'*"¹

This guidance from BAAT sets specific requirements for areas that the HCPC does not define – detailed entry requirements, programme design and delivery, resourcing, staff / learner ratios, supervision, and the duration and range of practice-based learning. The HCPC will now use this guidance to better understand the professional body's expectations for art therapy and to set a context for their work with our profession. This ensures that the regulator understands what normal and best practice looks like, informing their regulatory assessments, helping HCPC staff, visitors, and partners to ask appropriate questions when making judgements, and supporting well-informed decision-making.

Having been involved in the education and training of art therapists in different roles for nearly 20 years now, I know just how valuable having developed this guidance is for our profession – especially in the face of new challenges brought by living and working in a time of great change,

¹ <https://www.hcpc-uk.org/education/working-with-our-stakeholders/working-with-professional-bodies/>

uncertainty, and financial pressure. Let's work together, using this guidance, to:

- welcome a wider range of voices into the profession,
- support art therapy educators and trainees and ensure the quality of practice-based learning and simulation-based learning (so that art therapy trainees are ready for the workplace and contemporary practice),
- build the art therapy workforce, so that we can ensure that there are art therapists ready to support the wellbeing, creativity, and resilience of people across our communities in England, Scotland, Northern Ireland and Wales.

Claire Louise Vaculik,
Chair, British Association of Art Therapists

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1: Introduction

The British Association of Art Therapists (BAAT) is the professional membership organisation for art therapists in the UK. We work to promote art therapy and provide professional support and advice to our members, who are also called 'art psychotherapists'. We represent art therapy to commissioners, policy-makers and opinion-formers and work to ensure that the wider public understands what art therapy is and how it can help transform lives. As a team of elected directors, professional staff, and our community of art therapist members across the UK, we work together to develop policy and guidelines for the practice of Art Therapy.

The Role of the Regulator and the Quality Assurance Agency

The Health and Care Professions Council (HCPC) is the statutory body in the UK, under which Art Therapists are registered to practise. The HCPC is a regulatory body that protects the public by holding a register of approved health professionals who meet their standards, as laid down in the profession-specific Standards of Proficiency (SOP) and Standards of Conduct, Performance, and Ethics (SCPEs). New registrants need to meet all of the SOPs at a threshold level for safe and effective practice, and the SCPEs at the point of registration.

As the regulator, it is the HCPC that approves education and training programmes. Most art therapy trainings are located in Higher Educational Institutions (HEIs). HEIs are required to comply with the HCPC standards and need to demonstrate how they achieve these in the approval and ongoing monitoring of education and training programmes.

Ensuring standards in teaching and learning are appropriate to the level of qualification is the responsibility of the Quality Assurance Agency (QAA), which lays out its standards in benchmarking statements for higher degrees. HEIs have to show that they meet the relevant QAA standards, through a process of validation and ongoing quality assurance.^{2 3}

The Role of the Professional Body

While HCPC sets the Standards of Education and Training for Art Therapy and QAA ensures that standards in teaching and learning are appropriate to the level of qualification, professional bodies play *"an important and complimentary role"* to the role of the regulator within education quality assurance and enhancement (HCPC, 2024). Professional bodies for the allied health professions (and psychological professions) often have an accreditation or approval process for

² Characteristics Statement: Master's Degree (2020): https://www.qaa.ac.uk/docs/qaa/quality-code/master-s-degree-characteristics-statement.pdf?sfvrsn=86c5ca81_22

³ The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies (2024): https://www.qaa.ac.uk/docs/qaa/quality-code/the-frameworks-for-higher-education-qualifications-of-uk-degree-awarding-bodies-2024.pdf?sfvrsn=3562b281_11

education and training programmes too, using criteria that set *"expectations for areas like entry requirements to education and training programmes, course design and delivery (including curriculum guidance), resourcing arrangements including staff / learner ratios, and the duration and range of practice-based learning"* (HCPC, 2024).

The value of having this guidance in place is made clear too – understanding the professional body's expectations provides context for the HCPC, helping them to *"understand what normal looks like, and ask the right questions of education providers, when making [...] judgements"* (HCPC, 2024). In fact, SET 4.3 states specifically that *"the programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance"*. How requirements and recommendations set out by the professional body have been met by the HEI would be reviewed by the HCPC through the approval process.

Arts Therapies Curriculum Guidance

Since being formed, the three arts therapies professional bodies have set out on their own individual paths as professions, but collaborate, share experiences and work together on issues that have relevance for all our members. Events like the outbreak of Covid-19 had a significant impact on practice and the education of arts therapists, not least with the move to online teaching, learning and practice. This led to important shared work, such as a project to better understand the impact of these changes on trainees and their learning; and to increase placement capacity in the NHS. It was increasingly clear that existing curriculum guidance was outdated and that this would need to be updated soon, to take account of the many changes in context and practice.

During the height of the pandemic in 2020/ 21, BAAT went through a series of changes – the way we worked as a community of staff and volunteers had to change, a new Chair was elected and the following year, a new CEO started in post. At Council, the decision was made to stabilise our work and to undertake a significant re-branding and website development project, which would offer much needed basic infrastructure to support the organisation. This meant that existing plans to renew curriculum guidance had to be delayed.

Dramatherapy and music therapy were able to start this important work, led by their respective member-led training and education committees. In 2022, the BADth Training Sub-committee began to develop new Curriculum Guidance; this was completed and then approved in May 2023. The following year, the BAMT Training and Education Committee began to review existing documents to develop their own updated guidance for music therapy, taking account of the newly approved BADth guidance as part of this process; this guidance was approved in 2025.

Increasing Change in the Sector and NHSE Support

Changes in practice, developments in the sector, and queries that arose as part of the

implementation of the Apprenticeship Standard for Arts Therapies, made it clear that work to develop clear, approved guidance for the training of art psychotherapists was now urgently needed. It was fortuitous then that, in early 2024, NHSE commissioned work across the allied health professions (AHPs) to develop professions and equip AHPs for some of the challenges that lie ahead. The Arts Therapies were commissioned too, with BAAT, BAMT and BADth working together on a project to review current guidance, develop or update these, and reach agreement on some aspects that would be needed to enable arts therapists to be eligible for funding and tariff in England.

Looking back and Taking Stock

Since the professional body was founded in 1964, BAAT has developed a range of approved guidance documents that relate to education and training. Looking back, we were able to find some of these, choosing to review more recent guidance:

- 'Core Course Requirements for the Post-Graduate Diploma in Art Therapy' (1996), which was developed and approved by the BAAT Training and Education Committee (TEC) in 1992; then revised in 1996;
- 'Guidelines on Course Structure' (2007), co-produced with the training committees of Music Therapy and Dramatherapy;
- 'Suggestions from BAAT Council on Curriculum Content' (2011), which set out recommended content for each year of a two-year full-time training.

Current BAAT Policies and Guidance

We also reviewed current BAAT guidance, such as the Equality, Equity, Diversity and Inclusion Policy (2021) and EDI Strategy (2021). This guidance acknowledges *"that structural racism and all forms of discrimination have had an enormous impact across our society and that there is much that needs to be done to ensure our art therapy community is truly representative of our community"*. People at all levels of our profession are asked to be mindful in all of their work to take steps to avoid the possibility of direct and indirect discrimination, or harassment:

- **Direct discrimination** - where one person is treated less favourably than another is, has been, or would be treated in a comparable situation, because of a person's sex, race, sexual orientation, being transgender, religion or belief, class, disability or age rather than (for example) a person's competence to do a particular job.
- **Indirect discrimination** – occurs where an apparently neutral provision, criterion or practice would put persons of a given group (e.g. members of a racial or religious group) at a particular disadvantage compared with other persons unless the provision, criterion or practice can be objectively justified by a legitimate aim and the means of achieving that

aim are appropriate and necessary.

- **Harassment** is unwanted behaviour that violates a person's dignity and creates an intimidating, hostile, degrading, humiliating or offensive environment for a person.

We believe that having a diverse and inclusive professional community can "*enrich the wealth of knowledge and practice that can be harnessed to provide art therapy practice that benefits our whole society*". To support this aim, BAAT was part of the Coalition for Inclusion and Anti-Oppressive Practice that developed a ground-breaking toolkit for psychological therapies to use in training and education programmes. The Race is Complicated Toolkit (2023) aimed to help the UK counselling and psychotherapy sectors better understand and address race and diversity. We are committed to inclusion across our work as a professional body and we promote entry to the profession among under-represented groups – mindful that decisions on admissions to art therapy courses are matters for the relevant college/university and their own codes in relation to widening participation.

Survey of Contemporary Practice

Following discussions with our Honorary President, Prof Diane Waller OBE, we started the formal process to update this guidance. In late 2023, in preparation for this work, a members' survey (BAAT, 2023) was developed to enable us to better understand contemporary practice across the UK. This was open to members from December 2023 to January 2024, providing a snapshot of where art therapists are practising, in which settings, with what client groups and clinical issues. It also set out how the arts are being used in art therapy and the research, theories and ideas that underpin contemporary practice.

Developing our Curriculum Guidance

After reviewing past guidance and conducting a survey of members, BAAT undertook an IPSOS survey to better understand public perception of art therapy and any concerns there may be. A focus group for employers and another for experts by experience were also set up. Alongside this, focus groups were set up for: 1) art therapy course leaders from all across the UK; 2) practice educators; 3) trainees and recent graduates; 4) international arts therapies educators; and 5) employers. In addition, we also arranged to share the draft guidance with our EDI advisor and the HCPC for their feedback.

All of these steps and the insights gained through this process have been used in the development of this draft guidance, with further consultation planned. This core curriculum framework is informed by the Standards of Education and Training, Standards of Proficiency – Arts Therapists, and Standards of Conduct, Performance and Ethics - required for registration with the HCPC.

Aims and purpose of the curriculum guidance

Art therapy educators from all 12 approved trainings across the UK come together periodically to reflect on practice and changes in practice; it is their experience that forms the foundation of this work. More recent shared discussions about challenges in the sector have highlighted the value of having curriculum guidance. This and some reflections on work that BADth and BAMT had recently undertaken, inspired the group to come together to support the development of up-to-date guidance for art therapy too.

This curriculum guidance aims to explain the BAAT guidelines for the content, delivery, and quality assurance of education and training programmes whose graduates are eligible to apply for registration with the HCPC. The BAAT also provides the Code of Ethics and Principles of Professional Practice for Art Therapists that provides more detailed, profession-specific guidance for practice that should inform training and education too.

This document is intended as guidance for the HCPC and other statutory bodies involved in validation, revalidation, quality assurance and review of art therapy courses. It lays out the core elements that should be included in all art therapy courses and identifies the conditions for the delivery of art therapy courses. This includes curriculum content, staffing, environment, equipment, safety, ethics, inclusion, equity, and diversity. It aims to provide information to ensure that education and training programmes enable students to meet and maintain the HCPC Standards of Proficiency – Arts Therapists, and the HCPC Standards of Conduct, Performance and Ethics. Also, it ensures that education and training programmes meet the HCPC Standards of Education and Training and the professional body's more detailed, profession-specific recommendations.

The guidance also serves as a reference point for the following:

- Existing and future academic institutions, and professional educators involved in the training of art therapists
- Placement providers
- Therapists and supervisors of art therapy students
- Art therapy students
- Current and prospective employers

This collaborative work was undertaken by BAAT President, Prof. Diane Waller, our Chair, Claire Louise Vaculik, and the Educators' Group, which included the following course leaders⁴:

Liliana Montoya De La Cruz
Sophie Roberts

Brunel University
Goldsmiths University

⁴ The Universities of Roehampton and Teesside did not have an art therapist in post as course director at the time this work was undertaken.

Andrew Marshall-Tierney
Vicki Smith

Adrienne McDermid-Thomas
Siobhan Bereen
Melissa King
Kirsty McTaggart
Naomi Perry and Caroline Rhodes
Blanka Hubena

Hertfordshire University
Institute for Arts in Therapy & Education /
University of East London
Queen Margaret University
Ulster University
University of Chester
University of Derby
Sheffield Hallam University
University of South Wales

We would like to acknowledge and give special thanks to:

- Jacqui McCoy-Lewens, who chaired the working group of art, drama and music therapy educators that considered placement-based learning and the use of simulation in the training of arts therapists.
- Daniela Pasquini, NHSE commission project manager and Josiah Baffour, the project administrator, who were pivotal in the successful completion of this work.

Curriculum guidance implementation and regular reviews

The BAAT Curriculum Guidance for the Pre-registration Education and Training of UK Art Therapists will take effect from 1st September 2025. It will be reviewed periodically and updated every two years, unless key legislative or regulatory changes require earlier implementation.

HEIs and course teams will implement the guidance as part of their institutional arrangements for periodic critical review processes and the approval and reapproval schedule by the HCPC. The guidance aims to enable HEIs and course teams to maintain and protect the unique features of each programme in line with historical developments and cultural differences related to their geographical location, as well as national, regional, and local policies, procedures, and legislation.

2: Role and Scope of Practice

Art therapy is an established form of psychotherapy, delivered by trained art therapists (also known as art psychotherapists). Art therapy uses art as the primary mode of expression, alongside talking with an art therapist. It aims to reduce distress and improve social, emotional and mental health by promoting insight, self-compassion and a sense of agency and self-worth.

During art therapy, people are supported by an art therapist to use art to express and articulate often complex thoughts and feelings through art making. This may be following difficult or

traumatic experiences which may be hard to talk about. Art therapy can help people of all ages and at all stages of life, including those whose life has been affected by difficult personal, cultural and systemic experiences, illness and/or disability. One does not need to be skilled in art to benefit from art therapy. In the UK, the title 'Art Therapist' and 'Art Psychotherapist' are protected by law.

All UK Art Therapists and Art Psychotherapists must be registered with the HCPC. As a profession, art therapy is recognised both as being part of the Allied Health Professions, and the Psychological Therapies professions. Registrants are required to abide by the following HCPC standards and requirements: Standards of Proficiency – Arts Therapists (HCPC 2023); Conduct, Performance and Ethics (HCPC 2018); Fitness to Practise (HCPC 2019); and Continuous Personal Development (CPD) requirements (HCPC no date). Members of BAAT also abide by the BAAT Code of Ethics and Principles of Professional Practice for Art Therapists.

3: Entry Requirements and Admissions Process

The following requirements for entry and admissions are recommended by BAAT and take account of the HCPC requirements. Some additional entry requirements will be set by an education provider, through their academic regulations, and there may also be differences across England, Scotland, Northern Ireland and Wales that take account of national differences in legislation or government policy.

It is important that admissions processes give both the applicant and the education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a course. Equality and diversity policies must be in place in relation to applicants, which are implemented and regularly monitored.

Requirements

Applicants must:

- Hold an under-graduate degree; in addition, recognised prior learning (RPL) and accredited prior education and learning (APEL) routes should be provided to support inclusion. This is to enable applicants who do not have an under-graduate degree, but who do have significant relevant experience or equivalent qualifications to apply.
- Demonstrate sufficient experience of working in a setting that addresses the needs of individuals who are commonly engaged with and supported by these therapies.
- Demonstrate appropriate skills and experience in relevant creative modality/ artform.
- Demonstrate sufficient life experience, emotional maturity and self-awareness, as well as having the capacity to cope with the demands of a course at Level 7/ SCQF Level 11 in Scotland.
- Demonstrate active engagement with and maintenance of own wellbeing and health

through exercising self-care;

- Evidence the capacity to form and maintain appropriate empathic relationships with clients and able to demonstrate emotional literacy, robustness and an ability to be self-reflective.
- Provide two references.
- Evidence English Language as required by the HCPC⁵: this is set at IELTS of at least 7.0, with no element below 6.5 in each skills area; or Test of English as a Foreign Language (TOEFL) Internet Based Test (IBT), with minimum score of 100/120.
- Submit an Art Portfolio: this may be submitted in advance and used for shortlisting purposes, or considered as part of the interview.
- Submit a short, focused personal statement.
- Complete any HEI required Health screening/ occupational health clearance.
- Undertake a Disclosure and Barring Service check / or Protection of Vulnerable Groups Scheme in Scotland. Overseas candidates will need to provide evidence of criminal records checks from the country in which they have resided in, as set out by the UK government.

HEIs must inform trainees, in advance, that once they enrol on the course:

- There may be extra costs associated with the training (e.g., professional indemnity insurance, personal therapy, travel to placement, and additional art materials etc.).
- They must be prepared to enter regular personal therapy to gain personal experience of the therapy process, to gain the insight and self-awareness needed to practice safely, to support self-care, and to build resilience (see Personal Therapy Requirements).
- Professional indemnity insurance will be required by each trainee for the length of their training; this may be arranged by the HEI.
- They will be required to consent to taking part in lectures and experiential workshops, which form an important part of the learning.

Admissions Process

- Applicants should complete a detailed application form, where the applicant is required to outline and provide supporting evidence of relevant experience, (such as examples of practice), educational and professional qualifications and a personal statement of their suitability and motivation to train as an art therapist.
- References will be considered
- Applicants will be shortlisted and interviewed by members of the art therapy course team; this must include at least one HCPC registered Art Therapist. The interview panel may also include other professionals and experts by experience.
- Questions used for the interview must be developed by the core staff team. Undertaking

⁵ These were updated by the HCPC in 2024, will come to effect on 29/1/2025, and will be applicable to all 2025 student intakes forward: <https://www.hcpc-uk.org/news-and-events/blog/2024/update-on-our-english-language-requirements/>

some consultation about proposed questions with current students, recent graduates, and experts by experience is highly recommended.

- If not used for short-listing, the applicant's art portfolio will be considered at interview.
- Interviews may be in-person or online, depending on the requirements of the course; a separate online selection process for international applicants should be set out, if appropriate.
- Interviews should ensure that requirements have been met and explore suitability for the training and ensure that self-care strategies and a solid support network are in place to support the learning journey.
- The interview process may also include a group interview, or workshop to assess listening, interpersonal skills, and capacity to facilitate creative engagement.
- Applicants with no undergraduate level degree or equivalent qualification will usually be required to follow HEI specific APAL/RPL process and complete a written task to demonstrate their academic ability.

4: Management, staffing, and resources required to run an art therapy training

The management, staffing, & resources required to run an art therapy training are set out below. New education and training programmes seeking approval from the HCPC must meet these; it is also important for existing education and training programmes to review their provision in the light of this guidance and update arrangements, as required.

Length of Course

All art therapy trainings across the UK are required to be at Master's level, leading to the award of Master of Arts (MA) or Master of Science (MSc). The training would usually last two years full-time, or three to four years part-time. The majority of teaching will be in-person, but some synchronous online learning could be included – up to a maximum of 10% of the total teaching hours). Any apprenticeship-route training must be accredited at the same level. The trainee will be expected to fulfil all course requirements within the time set out in the Academic Regulations of the relevant HEI.

Management

- I. The course must have a secure place in the HEIs business plan and provision.
- II. Academic institutions must consult fully with course leaders regarding any changes at institutional level that might affect course delivery or provision.
- III. Changes at course level must be made by the course leader, in discussion with the core staff team, and take account of Professional, Statutory, and Regulatory Body (PSRB)

requirements. At points of revalidation or change, the level of staff and physical resourcing must be reviewed and updated by the course leader – using a robust process.

- IV. Effective management of the course will be monitored through peer review, senior management, institutional review, continuous monitoring, and student feedback. Measurable outcomes are provided through module evaluation, national student surveys and HEI specific outcome measures. Courses are audited on their involvement of service users or carers by the HCPC.
- V. Allocation of staffing resources should acknowledge the therapeutic, relational, reflexive, and experiential nature of the training, and reflect both the theoretical framework/s taught on the course and the distinct needs of full or part-time students.
- VI. Measures to support neurodivergent students, those with additional learning needs, as well as a range of pastoral needs must also be taken into account in allocation of staffing resources, including specialist staff support, according to the institution.
- VII. HEIs must be able to demonstrate that the planned staff student ratio sufficiently resources the course to meet the needs set out in this guidance, alongside meeting the HCPC's approval process of the Standards of Proficiency – Arts Therapists and the Standards of Education and Training for safe practice. Student cohorts would usually not exceed 30 students per year group. If this number is exceeded there would need to be clear reasoning for this, with evidence that sufficient resources have been put in place to ensure that quality of the learning experience and showing how PSRB standards will be met.
- VIII. The importance of undertaking planning to ensure that there are sufficient group supervision or reflective practice groups for the monitoring and discussion of clinical work must also be factored into the calculation of this resource. A reasonable staff to student ratio is to be determined at each HEI based on the staffing recommendations below, which have been set for each type of teaching and learning activity.
- IX. Management of the course and allocation of resources should acknowledge the clinical nature of the training, including the degree of pastoral support associated with a training in a psychological therapy.
- X. Clear procedures must be set out that signpost staff and students to seek advice and support for any discrimination, harassment or bullying.

Staffing Resources

Staffing resources for art therapy trainings must acknowledge the particular clinical needs of the work:

- I. There must be a named course leader, who must be an HCPC registered Art Therapist, and able to represent the training on the BAAT Course Leaders Forum and at meetings of UK art therapy educators; they must be a BAAT member to attend these meetings. This role may be held by one person, or two – if a job share work arrangement is in place. Specific time should be allocated for the administrative and managerial functions of course leadership, as distinct from academic duties, placement queries, admissions procedures, and research.

- II. The core course team should be HCPC registered Art Therapists, with extensive experience in the profession. Members of the team should be capable of supervising trainee placements, offering tutorials, facilitating training groups and workshops, lecturing, contributing to the direction of the course, assessing students' progress towards meeting the HCPC SOPs for Arts Therapists, and maintaining relationships with the wider profession and the professional body.
- III. There should always be an acceptable number of appropriately qualified and experienced staff in place to deliver the program effectively, which includes having a contingency plan for the sudden loss of a member of staff, and maintaining viable staff complements for an acceptable staff to student ratio.
- IV. HEIs should work towards staff reflecting and representing diverse communities, working towards a model of inclusivity in the profile of teaching staff. Strategies for EDI must be present in each HEI.
- V. Course tutors must remain up to date with practice and research developments in both Art Therapy and related disciplines, and changes in national and European policy that affect education, health and social care, refugees and asylum seekers, conflict, and the climate crisis.
- VI. It is the responsibility of the HEI to support its staff to fulfil their continuous professional development (CPD) as stated by the HCPC, within the timeframe of the contracted post requirements. CPD offered by the HEI should include training to ensure that teaching delivery remains responsive to and inclusive of diverse learning and pastoral needs.
- VII. The core course team would usually include a placement coordinator/ manager, tasked with approving placements and providing a clear link between HEI, placement organisation and trainee. If this function is provided by another department at the HEI, there must be oversight by the core course team (see Placements).
- VIII. The course curriculum set by the core course team should have supplementary teaching from other professionals representing pertinent fields of knowledge and practice. Opportunities for inter-professional learning, including from experts by experience or service user input, must be provided and appropriately resourced.
- IX. Appropriate support staff within the institutions should be available to meet student learning and wider pastoral needs, including identified needs of students with disabilities and different learning needs.
- X. HEIs must provide effective administrative support for both academic and clinical aspects of the training; any administrative burden carried by the core course team must be fully reflected in their workload calculations.
- XI. Each student should have a named personal tutor (see Personal Tutor); consideration should be given to how many tutees are allocated to each staff member, with the demands of this role fully reflected in their workload calculations.
- XII. Given the clinical nature of art therapy training, it is essential for the HEI to meet the professional supervision requirements of HCPC registered staff members on the core course team.
- XIII. Depending on the resources available, technical staff with an appropriate level of expertise

may be needed to support the safe use of specialist equipment, e.g. kilns, welding equipment.

- XIV. Effective external examining processes must be employed by each HEI, in line with the QAA guidance.⁶ The External Examiner for each training programme must be an HCPC registered Arts Therapist (art therapy or art psychotherapy modality) and a member of BAAT. They should be experienced academics and art therapy practitioners, familiar with HEI environment, the regulatory and professional association requirements and guidance, additional issues relevant for practice in the nation in which the training is based and whose communities the training programme serves.

Physical Resources

- I. Training courses must be located in settings that are able to understand the nature, level and requirements of Master's level art therapy training. The sponsoring institution must be able to accommodate the wide range of academic, creative and practical activities that are essential to the course.
- II. Appropriate and adequate accommodation must be provided for both confidential meetings and administrative work for the course leader and core staff team; as well as designated social space for staff, and for students.
- III. Working from home resources should be provided for staff to aid flexible working arrangements.
- IV. There should be sufficient profession-specific rooms, accessible to those with disabilities, and of an appropriate size to offer:
 - a. large teaching rooms,
 - b. studio work
 - c. smaller rooms for art therapy training and experiential groups
 - d. tutorials where confidentiality is required, spaces must also be soundproofed.
- V. Physical resources must be well-lit, heated, and of a standard that always meets current Health and Safety Regulations; this must also be so for any off-site premises used for any aspect of the training
- VI. Spaces should be consistently available on the relevant teaching days and schedules planned in ample time to ensure that appropriate spaces are available for course delivery.
- VII. Specialist art therapy equipment (such as sand trays, miniatures, puppets, story-telling resources) and a wide range of art materials, which mirrors what is used in contemporary art therapy practice should be provided: 1) to support the trainee's own understanding of the breadth of artmaking and creative processes used in art therapy; and 2) to support the development of their own art practice, which informs, nourishes and supports their learning and practice. Alongside this, specialist occupational health equipment used to make art

⁶ QAA sets out clear guidance on external examining system requirements for HEIs as a key mechanism for upholding academic standards: <https://www.qaa.ac.uk/the-quality-code/external-examining-principles>

therapy more accessible for service users with additional needs, should be available.

- VIII. There should also be sufficient storage space provided for art materials, lockable storage for finished artworks made by students (in experiential workshops or groups, which will be needed for review as part of the learning process), and other relevant equipment.
- IX. Placements and placement resources: The HEI must have existing relationships in place with a range of placement organisations to ensure that sufficient appropriately resourced placements are available to meet the needs of the cohort (see Placements). This must be taken into account at admissions, so that the number of students in each cohort does not exceed the number of available placements.
- X. Training resources needed to ensure trainee preparation for placement must be available. Completion of Level 3 (or higher) safeguarding training for both children and adults, by the end of their studies, is recommended by the BAAT.
- XI. It is essential that the institution either possesses or has access to a suitably equipped library, with sufficient physical and online resources, including art therapy and other related literature.
- XII. Software, editing facilities and technical support should be available to support course needs, with training provided to use them effectively. This may include, for example, the use of secure storage, electronic portfolios and guidance on the use of AI in assignments.
- XIII. HEIs must show that all physical resources allocated are of a standard adequate to meet Health and Safety Regulations and any other relevant legislation.

Experiential Arts Groups

The curriculum must provide firsthand experience of taking part in experiential groups to understand appropriate ways to introduce and use a range of art forms, explore group processes, and jointly look together – either at the time and/or later, as part of a wider review of the experience as it unfolds over multiple sessions - to understand artwork and creative processes as both deriving from, and contributing to, the group dynamics; similarly, the curriculum design should provide trainees with experience of facilitating groups for others. Boundaries and continuity must be maintained, so that the trainee comes to understand the inherent importance of arising group dynamics issues, both personally and for future clinical practice.

Reflective Groups

It is a requirement for art therapy trainings to offer regular reflective groups, which must be led by HCPC registered Art Therapists. These small groups must run parallel to a placement and provide a regular forum in which the trainee can consider their placement experience, drawing links between what has been learned at the HEI about their particular model of practice and the practice setting.

The regularity of these reflective groups, the number of students in each group and the length of

time scheduled must be decided by the course leader, in discussion with the core staff team. These arrangements must demonstrate that account has been taken of Professional, Statutory, and Regulatory Body requirements and show how arrangements are appropriate for the:

- Course structure and modular requirements;
- Placement settings and the complexity of the students' caseloads;
- Students' differing learning needs.

BAAT recommends that the number of students allocated and the length of time scheduled for the group to run must enable each trainee to bring their experience and clinical dilemmas faced, for consideration by the group, at each scheduled meeting.

As UK HEIs structure the curriculum differently, this small group reflection may contribute to the learning outcomes in different ways. The groups could be used to offer:

- General reflections on placement experience and learning (where clinical supervision is provided by an art therapist within the placement organisation and clinical responsibility is held by the placement). The recommended size for this type of group is a maximum of 6 to 8 trainees, based on the complexity of the practice being undertaken.
- Supervision, offering additional profession-specific insights into practice (where clinical supervision is provided by an art therapist/ another psychological therapy professional within the placement organisation or by an independent clinical supervisor, and clinical responsibility is held by the placement). The recommended group size for this is a maximum of 4 - 5 trainees, based on the complexity of the practice being undertaken.
- Supervision, offering profession-specific insights into practice (where clinical supervision is provided by a psychological therapy professional within the placement organisation, and clinical responsibility is shared between the placement and the HEI). The recommended group size for this is a maximum of 4 - 5 trainees, based on the complexity of the practice being undertaken.
- Supervision of the trainee's caseload and all practice on placement (where clinical supervision is provided by the course and clinical responsibility is 1) shared between the HEI and the placement or 2) held by the HEI). The recommended group size for this is a maximum of 4 trainees.
- Process groups enabling first-hand experience of long-term group stages, dynamics and the use of the arts in understanding these, and group facilitation. Experiences within groups, such as on the course and in teams on placement, might emerge and be considered in these groups too. It is important that HEIs make clear the boundaries of these groups and their place within the course assessment; these groups should not be seen as a substitute for personal therapy. The recommended group size for this is a 10 to 15 trainees.

Personal Tutor

All trainees would usually have a named personal tutor, who they meet at scheduled times across the academic year. This is usually once a term, but may differ for part-time courses. The personal tutor role is different to a supervisory or therapeutic relationship, although elements of both may be part of tutorials. At some HEIs aspects of the personal tutor role will be taken on or provided by specialist staff, working in teams or departments outside of the core course team. This may include services such as: student support, careers advice, student learning support.

When held by the core staff team, the number of students allocated to a staff member and the regularity of meetings must reflect the degree of pastoral support that is associated with undertaking a psychotherapy training. The multi-faceted and sometimes complex needs of the students must be taken into account. Needs will change across the year and specific support may be needed at particular times, so some flexibility must be built-in to address this.

At meetings the personal tutor would usually encourage the student to: monitor their own progress and personal development across all aspects of the training; put in place arrangements to promote self-care and resilience; and to make clear plans for development in terms of academic progress, personal management, and employability.

Simulation-based Learning

As part of their course students must be fully immersed in the workplace and understand this world, with learning and teaching that spans theory and practice, ensuring students are given the best possible preparation for their future careers. Simulation-based learning⁷ can provide a unique learning and teaching environment and be used to conduct immersive simulated scenarios with resultant learning being applicable to practice in health and social care, forensics, education and specialist psychological therapies and mental health settings.

Simulated learning experiences⁸ are defined as: An array of structured activities that represent actual or potential situations in education and practice. These activities allow participants to develop or enhance their knowledge, skills, and attitudes, or to analyse and respond to realistic situations in a simulated environment (Pilcher, Goodall, Jensen, et al., 2012). Although simulation may involve technology, Gaba (2004) stresses that '*simulation is a technique – not a technology – to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.*'

- Any use of simulation must enhance the learning and teaching strategy on the course and

⁷ [National framework for simulation based education.pdf](#)

⁸ [HEE \(2020\) A description of simulation-based techniques relevant to education and practice in healthcare: Technology Enhanced Learning.](#)

where possible, prepare students for their placement practice. Simulation must not make up more than 10% of the required placement hours.

- Simulation can include a range of methods and use technologies such as: Virtual Reality (VR); Augmented Reality (AR); and Mixed Reality (MR).

On art therapy courses simulation-based learning is often used for the following:

- Simulation-based education to practice skills, such as arts-based and clinical techniques;
- Simulated scenarios and case studies used to enhance students' critical thinking and decision-making abilities, e.g., regarding clinical choices, therapeutic boundaries, ethical dilemmas, and inter-professional working;
- Simulation role play used to help learners to practice and develop communication and interpersonal skills, such as gaining informed consent, and information sharing and signposting about conditions and possible treatments.

5: Curriculum Guidance

Each of the HCPC approved courses must create a curriculum framework informed by QAA benchmark standards at level 7 (QAA 2022)/ or SCFF Level 11 in Scotland and, the HCPC Standards of Education and Training, the HCPC Standards of Proficiency – Arts Therapists and the HCPC Standards of Conduct, Performance and Ethics. While training courses across the UK will incorporate a variety of philosophies, approaches and models of Art Therapy, the details of the particular approach used should be explained on each course provider's webpage to enable clearer choices to be made by potential students.

Teaching and Learning Strategies

Teaching and learning styles may vary from HEI to HEI in response to the philosophies, approaches and models of Art Therapy that inform the course.

- I. Strategies should incorporate relevant current national guidance about best practice in teaching and learning⁹.
- II. Teaching delivery must remain responsive to and inclusive of diverse learning and pastoral needs.
- III. Teaching and learning strategies should include written, performed, oral, individual and

⁹ BAAT recommends the Professional Standards Framework (2023): <https://www.advance-he.ac.uk/teaching-and-learning/psf> and Teaching Excellence Framework (2023) <https://www.officeforstudents.org.uk/providers/quality-and-standards/about-the-tef/tef-2023-guidance/> [The PSF is applicable across the UK and abroad, whereas the TEF only in England. There are likely to be variations across Scotland, NI and Wales]

group work as well as professional practice, artistic, and research elements.

- IV. A sizeable proportion of the course work must be experiential in nature, with an emphasis on learning and developing appropriate creative, therapeutic, and clinical skills. A high proportion of experiential learning is important to cultivate combined integrated skills in these areas.
- V. The majority of learning and teaching will be in-person in order to teach and assess the core skills of an art therapist thus retaining an emphasis on embodied learning (i.e. learning through the body by being physically present). Where blended or online synchronous delivery is validated within a course, this must not account for more than 10% of the total teaching hours and consideration must be given to the embodied aspects of learning to be an art therapist.
- VI. If synchronous online teaching is used, then the HEI must have appropriate data protection policies and procedures in place covering online teaching delivery and have a policy for online teaching that includes: attendance and 'netiquette'.
- VII. Small group work, which allows for reflective and creative practice should be included in the course.
- VIII. Practical/clinical elements must be integrated with the academic/theoretical elements.
- IX. Students should have an awareness of the practice of the other arts therapies and related disciplines, of other Allied Health Professions, other related professions such as healthcare or education, and the wider health and social care system, and an understanding of trans- or inter-disciplinary possibilities.
- X. The core course team must remain up to date with practice and research developments in both Art Therapy and related disciplines, and changes in national and European policy that affect education, health and social care, refugees and asylum seekers, conflict, and the climate crisis.
- XI. In exceptional circumstances, such as a global pandemic, essential changes to the validated modes of delivery will be discussed and agreed by teaching teams and leaders within the HEI institution and supported through consultation with the BAATs Educators' Committee and with the HCPC.

Summary of components common to all Master's Art Therapy Courses

Art therapy trainings across the UK incorporate a variety of philosophies, approaches and models of art therapy in their courses. The details of the particular approach used at the HEI should be set out for students. This should include the following (with the critically informed models integrated to underpin practice clearly identified):

- A model of the person and mind.
- A model of gendered and culturally influenced human development.
- A model of human change and ways in which change can be facilitated.
- A model of therapeutic relationship.

- A set of clinical concepts to relate theory to practice.
- Extensive literature which includes a critique of the above models.
- An introduction to a range of art therapy/ art psychotherapy practice in the UK, so that trainees can develop an awareness of alternative approaches.

Students must gain substantial practical experience underpinned by relevant theories. Within the integrity of the individual course's approach to Art Therapy, the curriculum most usefully would include the following:

- I. Curriculum content and pedagogy which develops critical thinking, reflective practice, reflexivity, praxis, and integration of theory and practice within a framework that embeds equity, diversity, and inclusion.
- II. An overview of the mental health care system in the nation in which the HEI is located, how people are supported when experiencing differing levels of distress, and the range of other professionals who may be involved in their support and/or care.
- III. An Introduction to how mental illness might present for people using community and hospital-based services (children, young people and adults), including the relevance of diagnosis (and growing areas of diagnosis, such as neurodivergence, EUPD (C-PTSD), and FND) and the impact that art therapy can have on treatment.
- IV. Equality, equity and diversity must be fully addressed in all aspects of the course, with trainees able to recognise the impact of culture, equality and diversity on practice and able to practise in a non-discriminatory and inclusive manner.
- V. Teaching must embed an understanding of the cultural, social, and political context in which art therapists work, including cultural, social, political, economic and ethical issues as they affect Art Therapy practice. Examples include intersectionality (including equal opportunities, race, age, gender, disability, religion/beliefs, sex and sexual orientation, neurodiversity, social class, pregnancy and maternity, marriage and civil partnership) and a critical understanding of power, organisational and institutional dynamics (through a systemic and/or ecological lens).
- VI. Policies and practices relating to the environment and sustainability must be embedded within the curriculum.
- VII. Formative and summative assessment of experiential, practical and written work is required.
- VIII. Opportunities to develop existing art practice to work as a skilled practitioner with a variety of arts media, alongside facilitation skills for individual and group work, containment and management of boundaries and processes. Students will need practical experience of individual and group work as participant and facilitator including an understanding of transference processes and group dynamics.
- IX. Opportunities to develop understanding, awareness, and competence to integrate into practice the following: developmental perspectives of intersubjectivity, creativity, imagination and play including containment, potential space, embodiment, attunement, vitality affects, relational depth, balance of metaphor, aesthetics of space, importance of

silence, and symbolisation.

- X. Opportunities to develop understanding and awareness of relevant theories and principles that underpin Art Therapy practices: for example, but not exclusive to aesthetic, developmental, ecological, humanistic, and psychodynamic theories; critical approaches to teaching, learning, practice and research; and ideas from related disciplines such as anthropology, AHP practice, Arts in Health, education, neuroscience, psychology, psychotherapy, and sociology. The inclusion of and emphasis on different approaches will depend on the choices of each HEI and should be clearly articulated to applicants.
- XI. Preparation for placement practice in good time, including: the BAAT Code of Ethics and Principles of Professional Practice for Art Therapists, the HCPC Standards of Proficiency – Arts Therapists, and the HCPC Standards of Conduct, Performance and Ethics; safeguarding procedures; leadership experiences; risk management, including managing health and safety; good self-care practices; care management and treatment plans; ethical issues; consent; note taking; record keeping and report writing; referral systems; assessment and evaluation methods; team structures and roles; policy frameworks and legislation; systemic issues and dynamics; trauma-informed approaches; and information governance, including GDPR.
- XII. Art Therapy professional practice placements (see Placements) with managerial and clinical supervision that provide opportunities for student facilitation of group and individual Art Therapy and the management of therapeutic processes, ethical issues and boundaries. Placements should provide opportunities to work both within the community and in specialised settings and across the age range.
- XIII. Placements should be supported by regular reflective practice opportunities, provided in small groups, by the HEI (see Reflective Groups).
- XIV. Students are required to undertake personal therapy during the training (see Personal Therapy).
- XV. Central emphasis will be placed on art therapy theory, its history and its development, deepening understanding of the intersectionality of artistic, scholarly, and philosophical influences on art therapy theory and practice.
- XVI. Knowledge of research methodologies (including co-production and co-design to enable experts by experience to be involved at all stages), research skills, service evaluation and other evidence-based practice, including understanding of critical perspectives and a range of research methods, literature review and analytic processes, and an understanding of the relevance of historical, current, and ongoing research into the development of good practice.
- XVII. Knowledge of related therapies (such as music, drama, dance movement, play, family therapy), Arts in Health, AHP practices, public health and working to reduce health inequalities, and psychological therapies (including theories from these disciplines) are recommended. This should include developing an understanding of the kind of appropriate, collaborative work that may be undertaken with professionals from these disciplines; also, a solid understanding of how this work differs from art therapy practice.

6: Personal Therapy Requirements

Personal therapy is a mandatory requirement of training. Course literature must contain guidance on the minimum requirements for personal therapy and clear criteria for private practitioners to ensure safe, restorative therapeutic experiences. It is the responsibility of the course provider to recommend and monitor the number of therapy sessions for the duration of the course. Each trainee must undertake individual personal therapy on a minimum basis of once a week – with usually at least 30 sessions attended per academic year for full-time students, and at least 60 hours of personal therapy attended over the course. This experience should be obtained outside of the HEI, although advice should be sought from course staff as to the suitability of the therapy experience.

7: Placements

Range of Settings and Placement Experiences

Across the UK art therapists work across the life span in a wide range of settings and client groups, including, but not limited to: community and cultural organisations, children/adolescents in education; CAMHS and social care settings; adult mental health; bereavement services; care settings; forensics; working with displaced people, those with disabilities, and in palliative care or who require neurorehabilitation. Art therapy can be adapted creatively to meet different needs across a wide continuum and student placements may be offered across all of these:

1	2	3	4
Services that offer low intensity and psychologically minded support, family guidance, as well as referring them on if necessary to the relevant medical experts	Targeted services for more complex needs that are located in settings such as schools and GP clinics, working to ensure that mild or moderate issues like anxiety, depression and behavioural challenges receive appropriate attention at this level	Specialist Services that offer more a specific service due to their complex or continuous psychiatric problems, offering comprehensive assessments, treatment plans and focused interventions	Highly Specialised Services that support people with the most challenging mental health problems in specialised units such as hospitals where patients are admitted, day care centres or outpatient teams that deal with highly specific cases. Most of these institutions provide residential facilities

			for treatment, where people are closely supervised by dedicated psychiatrists
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While enrolled on the course, the trainee must undertake a period of clinical practice that enables them to make links between learning and practice. This would be developed by having sufficient experience of:

- offering weekly sessions for individual service users (across the lifespan);
- offering weekly sessions for groups of service users (across the lifespan);
- working with other professionals and playing a meaningful role as part of the team within the placement organisation; and liaising with other statutory sector organisations, if appropriate.

Placement Information, Approval and Management

- I. Placement Information must be provided, which sets out: a contextual outline of how placement practice sits within the overall structure and pedagogy of the training course; details of the timing of placement work within the academic year; the placement learning outcomes; expectations of students' professional conduct on placement; an outline of procedures where there is cause for concern; details of placement assessment procedures; details of insurance and details of the placement contract.
- II. Placements should be arranged and approved by the HEI, usually with a named placement coordinator providing a clear link between the trainee, the HEI and the placement organisation. The core course team must be involved in:
 - a. monitoring of students' progress on placement;
 - b. considerations about the range of placements allocated to a student across the length of the course; and
 - c. decisions about the appropriateness of supervision on placement, suitability of the supervisor, and arrangements made regarding external supervision, in order to ensure that clinical risks have been understood and managed, and that the HCPC Standards of Proficiency - Arts Therapists can be met.
- III. A Placement Contract/ Service Level Agreement¹⁰ between course provider, placement provider and student must be provided, with a named professional placement manager who will sign the contract on behalf of the placement provider. Some contracts will include

¹⁰ Further guidance can be found at: 1) NHS England [Student experience | NHS Employers](#); 2) Public Health England ([Supporting the Development of Placements for Allied Health Professional Students in Public Health Settings: A Toolkit for education providers](#), and [AHP students in public health settings - Toolkit 1: Organisations | NHS England | Workforce, training and education](#); 3) Council of Deans (UK Nursing and AHP training Universities) [Expand and diversify placement capacity | Council of Deans of Health](#)

an external sessional clinical supervisor. The contract will outline the agreement between the relevant parties, the terms and expectations of the placement and clearly outlining the responsibilities of each party, including how clinical responsibility for the trainee's art therapy practice will be held. The contracts should be set up so as to protect students, educators and trainers from discrimination and harassment. Annual training initiatives will be offered to placement providers and supervisors and information about any requirements for attendance at these will be included in the contract.

- IV. Placements should be arranged across the years of the training, enabling the trainee to gain the required hours of placement experience in at least two different organisations.
- V. The placement organisation must be capable of providing suitable clients and take responsibility for arranging supervision – either in-house or externally (preferably by an experienced, HCPC registered Art Therapist).
- VI. The organisation of the placement should be made in discussion with the trainee, placement representative and college tutors.
- VII. On placement the trainee will be expected to develop their own caseload (under supervision), relate to other professionals in the clinical setting and remain in tutorial contact with college. Contact between the placement manager, supervisor, trainee and college tutor must be closely maintained throughout.

Induction Process

- VIII. All placement providers should offer: a comprehensive induction, including health and safety and safeguarding procedures; regular management supervision; induction in referral systems, handover procedures/practices and report writing; training in skills/knowledges relevant to the specific setting and client group; and an appropriate space for art therapy practice.

Required and Recommended Hours

- IX. Over the course of their training, all art therapy students are required to complete at least 637.5 hours/ 85 days (7.5 hours day) of placement-based learning, which can include a maximum of 60 hours/ 8 days of simulation-based learning.
- X. Students must complete at least 100 hours experience providing face-to-face art therapy sessions with a service user or group of service users, as this is the level of pre-registration experience that will support trainees to be prepared for the workplace. These pre-registration clinical hours are expected to be undertaken in-person with clients. If an online art therapy training has been completed, then this could include up to 15% of this recommended time (a maximum of 15 hours).

Clinical Supervision

The principle aims of supervision are to ensure safe and effective practice and to support the trainee in their development towards meeting the HCPC Standards of Proficiency – Arts therapists. This should also prepare students to be committed to the need for regular supervision once qualified. A distinction is made between clinical supervision and managerial supervision. Line management may be provided on the placement site by a colleague, who is not an art therapist.

- XI. As a requirement of the course, all students must attend regular supervision when working therapeutically. The regularity of supervision sessions would usually be based on the number of clients in the student's caseload, though fortnightly supervision is recommended as a minimum.
- XII. Supervision most often takes place face to face, but a mixture or online-only supervision is possible - if the HEI approves this.
- XIII. The HEI should use the BAAT Guidelines for Supervision and Workplace Placement Supervisors to underpin arrangements at the HEI and on placement.
- XIV. Supervision may be provided by:
 - a. a suitably qualified, registered and experienced member of the core course team at the HEI, who has undertaken a recognised supervision training;
 - b. an HCPC registered Art Therapist or other appropriately qualified, registered and experienced placement supervisor for the duration of the placement, or
 - c. a HCPC registered Art therapist or other suitably qualified, registered and experienced external sessional supervisor, arranged in discussion with the placement.
- XV. BAAT recommends that all supervisors complete a recognised supervision training and be trained to support issues around equality, diversity and inclusion.
- XVI. Considerations must be made regarding the responsibility for students' practice where supervision is provided externally to placement, e.g., a privately arranged art therapist supervises the student's practice. This must be included in the placement contract, or added as a separate supervision agreement – made between the student, the course team and the supervisor, which sets out the responsibilities of each party.
- XVII. Where the supervision is instead offered offsite by an external sessional supervisor, or at the HEI, the placement manager on site who will be responsible and accountable for the safety of Service Users whilst the student is on site. The role of the supervisor, whether on site or off site, is to support the Art Therapy student to develop their clinical practice, and to ensure the welfare of Service Users through the supervision process itself.

8: Assessments

HEIs should have appropriate assessment regulations, including External Examiners, Examination Boards and principles of assessment, and specific regulations regarding re-sit, deferment,

referment and failure. Trainee appeals criteria and processes should be documented in the course handbook; appeals are usually assessed impartially by the Academic Registry at the HEI. Any relevant information regarding these is held by the University in line with the data retention policy under the DPA 2018.

- I. Students are expected to attend all units and/or modules of the course. Attendance must be a minimum of 80% in order to pass. This is important to ensure that the course content and experiential work is fully understood; also to ensure full engagement with learning within the group, through interaction with peers and reflection on group dynamics. For any missed days, students must evidence that they have caught up on any content or skill covered. This may be through listening to recordings, attending additional seminars or tutorials, undertaking additional training, or appropriate reading, etc. This learning will need to be evidenced and reviewed, usually in a personal tutorial, or by a core staff team member.
- II. A lack of attendance/engagement may lead to a Fitness to Practice or Fitness to Study process. If attendance falls below a certain threshold a package of support should be made available, according to the policy of the institution. The HEI must have enabled access to appropriate reasonable adjustments ahead of this point, which will be factored into any decision to proceed to a Fitness to Study/Practice process. There should be a dynamic and ongoing awareness of difficulties and proactive work towards required support for all students.
- III. The minimum examination requirements should include an assessment strategy of summative and formative assignments designed for students' learning, which leads to a successful progression towards meeting all HCPC SOPs – Arts Therapists – and HCPC Standards of Conduct, Performance and Ethics by the end of their studies. The assessment strategy will test the skills and knowledge in both theoretical as well as practice-based competencies, mapped against the HCPC Standards of Proficiency - Arts Therapists.
- IV. Students must demonstrate the ability to work at Master's level (level 7/ SCQF Level 11) and integrate the theory and practice of art therapy to demonstrate Fitness to Practise as an Art Therapist. Assessment methods that measure the learning outcomes and skills required to practise safely and effectively must be employed. Assessment schemes will include both formative and summative assessment of student work. Assessment criteria must be allied to HCPC Standards of Proficiency – Arts Therapists, HCPC Standards of Education and Training and QAA benchmarks.
- V. Different methods may be used to assess experiential work, clinical practice, and scholarship, including:
 - a. Written assignments (such as case studies, research, critical and reflective essays, reports, reflective journal entries, extended essays, patchwork assignments and dissertations);
 - b. Presentations or viva examinations
 - c. Facilitation of individual(s) and group(s) of peers in the training context
 - d. Demonstration of arts skills within a practice context

- e. Demonstration of arts skills within a training context
- f. Observation of Art Therapy practice skills
- g. Art Therapy practice reports
- h. Feedback from Supervisors and Practice Educators
- i. Self, peer, and tutor assessment
- j. Analysis of a group process
- k. Satisfactory performance in course work (i.e. experiential and supervision groups)
- l. Successful completion of supervised clinical practice.

The inclusion of arts-based assessments as part of the formal assessment process on the trainings would be welcome. An over-reliance on written pieces tends to discriminate against trainees who have a higher-than-average rate of dyslexia.

The clinical placement supervisor's assessment of student's growing competencies and progression towards meeting the HCPC SOPs need to be integrated into the Assessment Strategy. Feedback should be sought from the placement supervisor(s), but also given to them from the course team's perspective. Feedback from the course team to the placement supervisor(s) should not be reactive to crisis, but part of a proactive, collaborative and equal partnership.

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¹¹ This document will be updated in 2025; this guidance will need to be reviewed to ensure that it takes account of any changes.

10. Appendices

Appendix 1: Glossary of Abbreviations, Acronyms and Terms

AHP	Allied Health Professions
BAAT	British Association of Art Therapists
BACP	British Association for Counselling and Psychotherapy
CPD	Continuing professional development
EBP	Evidence based practice
EDI	Equality, Equity, Diversity and Inclusion
HCPC	Health and Care Professions Council
HEI	Higher Education Institution
NHS	National Health Service
PPN	Psychological Professions Network
PSRB	Professional, Statutory, and Regulatory Body
SET	HCPC Standards of Education and Training
SOP	HCPC Standards of Proficiency – Arts Therapists
QAA	Quality Assurance Agency for Higher Education
UKCP	United Kingdom Council for Psychotherapy

Clinical Placement	A clinical placement can be defined as any arrangement where a student is present, for educational purposes, in an environment that provides healthcare or related services to patients or the public (GMC definition).
Course/ Programme	A course or programme is an approved set of academic requirements that lead to an accredited higher education award. Your course or programme title is the qualification you will attain when you have successfully completed your studies, e.g. MA in Art Therapy. Both terms are used across the UK. The term 'training and education programme' has been used where reference is made to the HCPC, as this is the terminology used by the regulator. The term 'course' has been chosen where reference is made to art therapy courses more specifically.
Course Leader/ Programme Leader	The course or programme leader is the person who has responsibility for developing and organising the delivery of a course as outlined in the course specification approved through validation; and what the student experiences as their overall course of study. These terms are both in use currently across the 12 art therapy trainings in the UK; 'course leader' has been chosen for use across this document.
Experts by Experience	'Experts by Experience' are people who have recent personal experience (within the last eight years) of using or caring for someone who uses health, mental health and/or social care services.
Higher Education Institution (HEI)	Higher education institution (HEI) is a term from the Further and Higher Education Act 1992. Under the Act, it means any provider which is one or more of the following: a UK university; a higher education corporation; an institution designated as eligible to receive support from funds administered by the Higher Education Funding Council for England (HEFCE), aside from further education colleges. (Eurydice - European Commission). In England, Higher Education institutions are independent, self-governing bodies active in teaching, research and scholarship and established by Royal Charter or legislation. Most are part-funded by government. Higher Education (HE) is provided by different types of institution. In addition to universities and university colleges, whose Charters and statutes are made through the Privy Council which advises the Queen on the granting of Royal Charters and incorporation of universities, there are a number of publicly-designated and autonomous institutions within the sector. About ten per cent of higher education provision is available in colleges of further education by the authority of another duly empowered institution. As most art therapy trainings are located within or validated by Higher Education Institutions, throughout this document the term HEI is used to include HEIs and other recognised Training Providers who offer approved art therapy courses.

Job share	Job sharing is an employment arrangement where two people, or sometimes more, are retained on a part-time or reduced-time basis to perform a job normally fulfilled by one person working full-time.
Low intensity services	Low intensity services are short-term, structured mental health interventions for people with mild mental illness. Services may be brief or low cost; delivered in groups; make use of self-help materials to help people understand and manage their problems; and use less complex treatment models than high-intensity therapies.
Mandatory Training	There are some mandatory trainings set for students who work in the NHS, which need to be completed before placement can start. For England, these can be found via the NHS England eLearning for healthcare website. Available at: www.e-lfh.org.uk/programmes/statutory-and-mandatory-training
Neurodiversity / Neurodiverse/ Neurodivergent	Neurodiversity refers to the natural variation in how people's brain function and process information, while neurodivergent specifically describes individuals whose neurological or cognitive functions differ from what is considered typical. More information available at: https://www.hee.nhs.uk/sites/default/files/documents/Guide%20to%20Practice-Based%20Learning%20%28PBL%29%20for%20Neurodivergent%20Students.pdf
Professional Standards Framework (PSF)	Professional Standards Framework (PSF 2023) is a comprehensive set of professional standards and guidelines for everyone involved in teaching and supporting learning in HE, it can be applied to personal development programmes at individual or institutional level to improve teaching quality. Advance HE manage and lead the development of the Professional Standards Framework (PSF), a globally-recognised framework for benchmarking success within HE teaching and learning support. https://www.advance-he.ac.uk/teaching-and-learning/psf
Psychologically-minded support	Psychological mindedness refers to a person's capacity for self-examination, self-reflection, introspection and personal insight. Psychologically-minded support focuses on developing these capacities.
Service user/ Carer	HCPC require evidence of input from service users and carers, which the course has considered and can justify as the most appropriate and relevant to the course and profession. The term 'service user' is a broad phrase used to refer to those who use or are affected by the services of professionals registered with the HCPC. The term 'carer' is used as a broad

	<p>phrase to refer to someone who has, or who currently, looks after or provides support to a family member, partner or friend. For this curriculum guidance, the term 'Experts by Experience' has been used. These are people who have recent personal experience (within the last eight years) of using or caring for someone who uses health, mental health and/or social care services.</p>
Teaching Excellence Framework (TEF)	<p>The Teaching Excellence Framework (TEF) is a national scheme that assesses and rates UK universities and colleges. The TEF aims to improve teaching and learning, and to ensure that students have positive outcomes.</p> <p>https://www.officeforstudents.org.uk/for-providers/quality-and-standards/about-the-tef/tef-2023-guidance/. Regulatory Advice 22 outlines the process/content of the TEF:</p> <p>https://www.officeforstudents.org.uk/media/7722/ra22-tef-framework-guidance-final_for_web.pdf</p>
Trainee	<p>An art therapy student or trainee is someone studying on an HCPC-approved art therapy or art psychotherapy training, who has started work on placement and is seeing clients. For this document the words will be used interchangeably.</p>
Training Provider (TP)	<p>Training may be provided by organisations that use a range of descriptors, e.g., training provider, training institution, course or programme provider. As most art therapy trainings are located within or validated by HEIs, throughout this document the term HEI is used to include Higher Education Institutions and any other recognised institution that offers approved art therapy courses.</p>

