Report of the re-accreditation visit to Human Development Scotland

Date of visit 9th and 10th June 2015
Names and roles of panel members, including job titles where appropriate
Beverley Tydeman: Consultant Child and Adolescent Psychotherapist – Tavistock and Portman NHS Foundation Trust and Head of Child Psychotherapy for CNWL **Andrew Briggs:** Head of Child and Adolescent Psychotherapy – Sussex Partnership NHS Foundation Trust **Kathryn Hinchliff:** Former Associate Director Education Commissioning –Yorkshire and Humber Strategic Health Authority **Fiona Macintosh:** Child and Adolescent Psychotherapist and recently qualified from SIHR Training Council link member: Lydia Hartland-Rowe, Hon Secretary, Training Council
Introduction: background to the re-accreditation visit
This is the first full ACP accreditation of HDS since its creation as an organisation in 2012. An interim accreditation visit was undertaken in January 2014 to ensure that the training school was working to ACP standards in preparation for a full report and visit in 2015. The current accreditation has taken place at a time following significant organisational change affecting the delivery of Child and Adolescent Psychotherapy training in Scotland, namely the closure of the Scottish Institute of Human Relations (SIHR), the body which had until 2012 been responsible for delivering the training and to which the previous ACP accreditation report in 2010 refers. Following an open tendering process by National Education Scotland (NES) a successor organisation Human Development Scotland (HDS) was secured to take over as provider for both the 4 year clinical and the 2 year pre- clinical training programmes. A cohort of 5 trainees commenced their training for the clinical training in

child psychotherapy at HDS and also enrolled in the academic programme, the Professional Doctorate in Child Psychoanalytic Psychotherapy (M80S) in September 2013. It is to the great credit of the small and dedicated team of Child and Adolescent Psychotherapists and the successor organisation HDS that the clinical training has been able to continue and to achieve high standards and high levels of trainee satisfaction despite all the upheaval and anxieties preceding and during the changeover.

There is uniqueness to the training school in Scotland in that there is a small cohort and a correspondingly small staff group. Child Psychotherapy has grown in Scotland and is widely geographically spread. There are several dedicated Child Psychotherapists in the region who have worked hard to achieve this. In terms of the training committee (TC) Terms of Reference have been drawn up; the person in role as Chair of the TC had recently resigned, an acting-chair is in place (from HDS) and new people are being drafted in to expand the group and include lay members; external partners, including those in role from NES who work collaboratively with the training school in the interviewing of candidates for training placements.

Introduction Part 2: a list of all 'evidence' scrutinised i.e. documents, meetings and observation of teaching and placements

1. Self-Evaluation Document HDS Professional Doctorate in Child Psychoanalytic Psychotherapy 2015 (SED)
2. Report of ACP Re- accreditation Visit to SIHR in 2010
3. Interim accreditation report of HDS in January 2014
4. End of year progress report template
5. Training Handbook 2015
6. HDS management structure and constitution
7. Copies of staff job descriptions and contracts
8. Course Committee 'Terms of Reference'
9. Copies of agreement between NES and HDS and agreements with placement service providers.
10. List of intensive study events
11. Trainee Logs, essays and assessment comments

12. Meetings were held with the following
    - Telephone calls between the Panel Convenor and Head of Training on:
        - 27th March 2015
        - 2nd April 2015
        - 16th April 2015
        - 30th April 2015
        - 28th May 2015
        - 4th June 2015

    - Face to face meeting between Panel Convenor and Head of Training on 8th May 2015
    - Service Supervisors and the wider MDT during CAMHS placement visits on the 9th June
    - Trainees during CAMHS placement visits on 9th June
    - HDS managers, trustees and staff during meetings on the 10th June
    - Child Psychotherapists in Scotland involved with the training school at a meeting and over lunchtime on the 10th June.
    - Telephone meeting with NES on 10th June.
    - All current year 2 trainees on 10th June.

13. Placement visits were made to CAMHS Dundee and Greater Glasgow and Clyde clinical services on the 9th June.
14. Panel Observations of Theory Seminar and tutorials made on the 10th June.

Introduction Part 3: Actions from last ACP re-accreditation report

The previous ACP re-accreditation report of SIHR was in May 2010 where it was noted that the training standards were being met. The school was commended for the hard work and dedication of the small group of teaching staff, working under conditions of uncertainty because of the lack of a long-term plan for centralised funding by NES. The HDS SED used the recommendations from the re-accreditation report of SIHR to inform the current panel of the work that had been done since 2010 by SIHR, and of any ongoing work relating to the items in the SIHR report that also require attention by HDS. The requirements from the SIHR report included:

(1) That, as a priority, SIHR should consider factors that will determine

the timescale for planning for the continuation of the training and form a strategy by the next meeting of its Training Council.

This was not commented on in the HDS SED.

(2) That terms of reference for the Training Committee are developed. The TC to include representation from NES as stated in the contract; from service supervisors and from staff of the Therapeutic Skills course.

These have been developed and were seen as part of the SED in appendix D

(3) That there should be a contract in place between the training school/HDS and NES to set out the governance arrangements for service supervision.

This has been done.

(4) That the training school, through Heads of Service, identifies time and funding to train, support and monitor service supervisors.

(5) **This has been achieved**. Appendices in the SED set out detailed guidance on differentiating the roles of personal tutor, service supervisor and intensive case supervisor. Staff information is given in this appendix on placement review meetings. It was also evident from the meeting with HDS and the OT and ST that external support for service supervisors was bought in from a senior person at the Tavistock offered once a term for their development and learning.

(6) That the administrative support available should be used more effectively by the training team and the training committee.

This has progressed. Most communication is now done via e-mail and works efficiently**.** In the current arrangement, the training school is located in Playfield Institute, Cupar, which is in a rural setting and quite a way away from the centres where most people are working. This involves a lot of travel for many and good organisation by the administrator, who in the meeting, did not feel that the distance from her base, at HDS in Edinburgh, had a negative impact on her being able to communicate with staff and trainees at the training school.

(7) The final recommendation for consideration by the training school was that the training school use technology – conference calls as a solution to the difficulties experienced in attending due to time and

travel.

The SED does not comment on developments in this area. Some improvements in the use of technology have been instituted by HDS and plans for further progress will be in place once their new accommodation is in place.

Also included in the SED was a response to the ACP interim visit to review HDS in 2014.

1. Training school's management and organisation

Evidence gathered from the SED document and meetings with Senior Managers, Chair, Administrator and responsible officer at NHS Education for Scotland (NES)

Human Development Scotland (HDS) is the organisation which offers the training and services previously delivered by the Scottish Institute of Human Relations (SIHR) including the clinical training in child psychotherapy which has the parallel academic award of the Professional Doctorate in Child Psychoanalytic Psychotherapy (M80), in collaboration with the Tavistock and Portman NHS Foundation Trust and the University of East London.

HDS came into being in 2012 and is registered as a Scottish Charitable Incorporated Organisation (SCIO) which is a new legal form of charity recently introduced in Scotland.

It has at its heart the psychodynamic, psychoanalytic and systemic ideas that offer a profound understanding of how people relate to one another.

The training courses offered by HDS are aimed at professionals working in the NHS, social and educational services, and the voluntary sector.

HDS is governed by a Board of Trustees. Trustees are appointed either from within the membership of HDS or from elsewhere according to the particular skills and experience they can bring to the organisation.

There are six trustees on the Board at present. A clear distinction between HDS and the former SIHR is that the Board has lay members recruited from business and finance backgrounds and the current Board is keen to recruit more lay members in order to access a wider range of experience and expertise including areas such as medicine, youth

services, human resources, marketing, fundraising and the law.

As stated in the SED document the overarching aim of HDS is:
'To improve the mental health and emotional wellbeing of individuals, families and communities in Scotland regardless of context and means, and increase the effectiveness of organisations' to the public in accordance with two key underlying principles:

- To safeguard the psychoanalytic/psychodynamic heritage of the training and services previously delivered by SIHR
- To find ways to apply psychoanalytic/psychodynamic ideas in both existing and new contexts with audiences ranging from psychoanalytic practitioners, through a comprehensive spectrum of professional groups, to members of the public'.

The strategic management of the charity is the responsibility of the HDS Chief Executive who is accountable to the Board of Trustees. Day to day operations is the responsibility of the General Manager who is supported by an administrator. The training is overseen by a training committee and benefits from a dedicated academic administrator shared with the HDS run MSc in Psychoanalytic Observation & Reflective Practice: Therapeutic Work with Children & Young People.

The team at HDS emphasised that they had in place new 'Terms of Reference' and ethos for the organisation and although many of the teaching and supervision staff were involved with the SIHR training all of the Board members and management staff have changed.

The teaching and learning facilities for the tutors and trainees at the 'Playfields' site in Fife provided by NHS Scotland are good; however the management and administration headquarters for HDS are based in Edinburgh; the visiting team were informed that new premises are being sought as the current building which is leased has been sold.

HDS aspires to securing the lease on larger premises which will enable it to bring the teaching and learning facilities and administration functions under one roof. If this can be achieved there is no doubt that it will reduce the amount of difficult travel undertaken by most trainees and staff, especially through the winter months as public transport links to Edinburgh are far better than those serving rural Fife where the current training days are held.

There is no doubt that the transition from SIHR to HDS has been a

challenging one for all involved, not least for the trainees and staff involved in the clinical child psychotherapy training.

However, in 2013 funding for 4 years for the current cohort of 5 trainees was successfully secured from NES and includes the course running/administration costs, teaching, personal analysis and placements. (1 trainee placement costs are funded by the Greater Glasgow and Clyde Health Board)

This has meant financial stability for the training, although no contingency provision was made in the contract for the possibility of any extension of training a trainee may require if an intensive case, or any other training requirement, breaks down.

The visiting team met with the senior staff members including the chair of HDS Mary MacCallum Sullivan and CEO Hilary Robertson, also present were the administrator Eleanor Graham, Organising Tutor Joan Herrmann, Senior Tutor Francesca Calvocoressi.

At this meeting the team was able to hear in detail about the key issues faced by HDS since 2012 and about their strategic and operational plans for the future.

This included their plans for the recruitment of high calibre teaching staff before the current OT steps down on completion of the current cohort in 2017, and their plans for improving facilities for trainees and strengthening collaboration between the NHS organisations and the possibility of forming a new partnership with the University of Strathclyde.

Unfortunately Judy Thompson Director of Training for Psychological services at NES could not be present at the meeting but visiting panel member Kathryn Hinchliff held a telephone meeting with her.

Judy explained that in 2011/12 NES had led a national tendering process for a provider of Child and Adolescent Psychotherapy training to take over from SIHR and the contract was awarded to HDS.

This was important, not only to safeguard the training at the time, but also to ensure that the training could continue in Scotland well into the future in order to address the ageing profile of the current children's psychotherapy workforce and to meet key Scottish government policies such as the 2012 – 2015 Strategy for Infant and Child Mental Health

Services and national and local workforce plans.

During the conversation it became clear that NES has full confidence in the academic and clinical leadership at HDS and commended the way the senior management team had steered the new organisation through turmoil and uncertainty and in her view had done a 'fantastic job' in continuing to provide high quality child and adolescent psychotherapy training in Scotland.

Although no cast iron guarantees could be made, Judy fully anticipated that NES would continue to fund the clinical training but could not make any commitment to commissioning annual, or cohorts every two years, due to budget constraints.

She also made clear that it was up to HDS to build sound partnerships with new, as well as existing, service providers and be flexible and explore new ways of delivering the training especially in those health boards where no Child Psychotherapists or trainees have been employed.

2. <u>Staffing and effective use of resources</u>

Evidence gathered from the SED document, Staff Profiles, CPD Profiles and meetings with staff and service supervisors.

The course teaching team is led by the Organising Tutor (OT), assisted by the Senior Tutor (ST). The Organising Tutor is employed by HDS on a contract for 18 hours a week, while the Senior Tutor's role is currently structured in a way that requires the post holder to submit claims for hours of work done.

There is a core group of 5 visiting tutors all of whom are Senior Child Psychotherapists who contribute to the teaching. In addition there is one Intensive Study Event (ISE) per term, which involves a visiting Child Psychotherapist, from Scotland or further afield.

The Senior Tutor leaves at the end of June and a replacement is being appointed. The Organising Tutor has agreed to continue in her role until the current cohort's training is completed in 2017.

It is evident that this small group of teaching staff are maintaining very high academic and clinical standards for the child psychotherapy training, but the 'state of flux' brought about by the organisational

uncertainty over the past couple of years has added significant strain to already stretched workloads.

According to the SED 'the OT and the ST between them provide the larger proportion of the teaching on the training days. The trainees take the seminars together each term, In Years 3 and 4 there will be several terms when the OT and/or the ST do not teach, although they will be available on the training day for personal tutorials and intensive case supervision, as well as for student meetings'.

There is good continuity between seminar tutors, service supervisors, personal tutors and intensive case supervisors, in part due to an overlap of roles. However there was evidence from panel members meeting with trainees on the 10th June that these role overlaps can raise conflict of interest issues for the trainees. The panel also heard from trainees, service supervisors ,and from the OT and ST that relationship issues within the very small group of teaching staff have also had at times an impact on the trainee experience.

The training school also receives valuable support for their research teaching from the Tavistock and Northern School of Child and Adolescent Psychotherapy (NSCAP) and share information about their research programmes and they have or had several clinical doctorate supervisors from outside Scotland.

Teaching facilities provided at Playfields House in Fife are excellent and include a library, video conference facilities and spacious office and teaching spaces.

The use of these premises for the programme teaching represents a productive partnership between HDS and NHS Fife, for which there is no charge to HDS. This was effectively put in place by the efforts of the person who had the role of co-ordinating child psychotherapy for the ACP in Scotland.

The HDS library in Edinburgh holds an extensive psychoanalytic literature which is available to trainees and trainees also have access to the on-line library resources of the Tavistock as well as occasional papers and journals.

The training school's Training Committee is chaired, albeit temporarily, by Mary MacCallum Sullivan and includes membership from NES, service and clinical supervisors as well as tutors. However it was clear from the minutes of these meetings that attendance was very sporadic and poor on occasions. The staff group has varying degrees of

experience – clinical and research. The training does seem to rely on some contributions from retired staff, many of whom are no longer attached to current NHS CAMHS clinics. There are also staff currently in NHS clinics which means that as a whole the teaching group has access to knowledge of current trends in child and adolescent mental health policy and service delivery.

CPD for current service supervisors and tutors involved with the training school is difficult to achieve due to issues around funding and travel.

Support for service supervisors is provided termly by an experienced practitioner who had been a Tavistock staff member for many years. Although most people attending the meeting are there in their role as a service supervisor, the OT, the ST and a local Head of Service who oversees the work of 2 supervisors also attend. The panel heard from people attending the meeting that in addition to this useful forum, an opportunity for discussion without training school representation might be helpful.

The OT advised that she tries to meet with all service supervisors and relevant intensive case supervisors but told panel members that she has come across resistance from some individuals to discuss specific trainee issues. In conversation with the OT and with some service supervisors the panel became aware that there do seem to be some gaps in communication between training school and placements. The panel's view is that the responsibility to make improvements in this area is a shared one.

The training is supported by an extremely committed and efficient administrator who has the advantage of also supporting the Pre -clinical course managed by HDS so she understands the complexities of the training and the pressures for both staff and trainees as well as being familiar with terminology and the individuals who make up the child psychotherapy community in Scotland.

3. <u>Curriculum</u>

Evidence gathered from SED, Handbook, tutors, trainees and visit to a seminar

The panel sought evidence that the training school is preparing trainees to be members of the modern CAMHS workforce on qualification. As

evidence of this we heard that trainees are required to incorporate outcome measures in their work and there is a focus on these within the academic curriculum. There is uncertainty as to whether the clinical training will continue its partnership with the Tavistock/UEL (or its new partner University of Essex) or set up a partnership with the University of Strathclyde, the partner of the pre-clinical training. This uncertainty, and the fact that the current OT has made known her intention not to continue in role when this cohort ends, may be contributing to the apparent delay in revising the curriculum.

The opportunity to work towards a doctorate while undertaking the clinical training has placed additional pressure on both the staff and the trainees. Dr Andrew Dawson leads a research group in Greater Glasgow and Clyde (GGC) and trainees interested in completing the doctorate are able to join this group. It is expected that trainees complete their doctorate post-qualification. Completing the doctorate within the four year time span is a real challenge because of all the other pressures on their time.

The basic outline of teaching for each year includes: a theory seminar, a specialist workshop seminar and a clinical seminar, with trainees taking turns to present clinical work. The emphasis in both theory and clinical seminars is on the development of the trainee's own psychoanalytic world view. They are challenged to apply theoretical ideas about working in the transference and counter-transference to their own work in the consulting room. A very wide range of psychoanalytic theory from different schools is covered over the four years and trainees learn to evaluate texts critically.

Although the curriculum was inherited from previous years it is gradually being revised and updated in response to staff interests and student feedback. There have been adjustments since the accreditation of SIHR in 2010, with more emphasis on research. While the academic curriculum is based on that of the Tavistock M80 training, efforts are made to include teaching that reaches out to the community through papers by Scottish theorists like Sutherland and Fairbairn.

With this relatively small staff group it is difficult to provide a very wide range of specialist seminars, but what has been put in place is a timetable of intensive study events which take place termly. Visiting speakers are invited to these. 'Looked After Children' and 'Working with Parents' seminars are held, along with 'Working with Adolescents', 'Autism' and 'Working with Parents as Couples'.

4. <u>Use of learning outcomes</u>

Evidence gathered from the SED, trainee handbook and Tavistock and University of East London (UEL) documents.

Learning outcomes are clearly outlined in the handbook and there is evidence of careful monitoring of the trainees' progress with these through the tutorial system and end of year reports. What is stressed is the self-reflective capacity of the trainee within the clinical relationship. Professional development is also important and tutors do routine visits to training placements so that a link is forged between the academic and professional input.

As stated in the SED: '*the new HDS End of year Report form includes a map of the ACP requirements for qualification, expressed as formative learning outcomes. This form, introduced this year, has been developed as a means of enabling trainees to take responsibility for managing their learning, in conjunction with feedback from Personal Tutors, Service Supervisors and other teaching staff, towards meeting those requirements over the span of the programme*.'

Teaching and learning materials on the course were generally very good. The OT informed the panel that trainees make good use of Moodle, the Virtual Learning Environment to which students registered with the Tavistock/UEL have access. It was observed that there needs to be a wider range of relevant literature available to them via the library at Playfield. A theory seminar was attended in which a complicated but relevant paper was being discussed. The tutor supportively took the trainees through this paper section by section, encouraging them to reflect on their understanding of the paper (pre-read by them), and linking their thoughts to clinical material from work with their patients.

Learning outcomes are clearly defined and monitored. There are also specified learning outcomes for the specialist workshops.

5. <u>Trainee selection, progress and achievement</u>

*Evidence gathered from the SED document, detailed outline of the selection process timetable from CEO of HDS and meetings with staff and service supervisors***.**

<u>Selection</u>

There is a rigorous and competitive process in place for selection to the course. In terms of this present cohort, unease was expressed by some service supervisors about the transparency and openness of the process for gaining access to the course. There were more candidates than places and it is inevitable that some people would be unsuccessful and that the mentors of unsuccessful candidates would be disappointed as well. From the point of view of the selection committee the most appropriate candidates were selected. As there is only one intake every four years, this means that out of a large group of students on the pre-clinical MSc course, several good members of the child and adolescent workforce are going to be 'lost' as potential child psychotherapy candidates. The current cohort of 5 trainees is all white and female, which reflects the student group coming through the pre-clinical stage. It would be good to have a group of trainees that is more diverse.

The Therapeutic Work with Children and Young People (TWCYP) course has gone from strength to strength with a dedicated staff group. The course recruits well and aims to help those working with children in different professional capacities extend their skills through psychoanalytic observation and reflective practice. It is accredited through the University of Strathclyde and takes place on a day release basis in central Glasgow. Some study events are shared between the students/trainees on the two courses. In terms of selection, references and the infant observation essay on the pre-clinical course are made available by the TWCYP course staff that has got to know their students well and can provide supporting evidence for applicants.

'The infrequency of intake of clinical trainees (only every four years) is a challenge for those on the TWCYP course who might have to wait a while after completion of the pre-clinical course, or complete the modules under pressure, before they are able to take their learning further and have the possibility of changing their professional identity.

A very detailed timetable of events for the selection process for the clinical training programme was provided by HDS. This begins in the March of the year that selection takes place when notice of the application process is circulated to all potential candidates. As the training is now NES funded, the advert is also available on the NHS Scotland recruitment website. There is a three stage interview process lead by the OT and the ST with a member of NES present. The next stage is a psychoanalytic interview with two separate analysts and the final stage is when successful candidates apply for training posts. This is

a collaborative process with NES throughout.

It was noted that as specifically requested by the commissioners at NES some trainee posts are being established in the absence of any qualified Child and Adolescent Psychotherapist input on site. In these cases external service supervision is bought in; this is also funded by NES.

In the meeting with trainees on June 10th it was suggested to the panel that working in the context of external service supervision can leave trainees feeling unsupported and unsafe when difficult clinical situations arise. The decision to host trainees in such posts is balanced alongside the push to spread Child Psychotherapy across a wider geographical area. It is hoped that, as has been the case in other parts of the United Kingdom where child psychotherapy is a limited resource, funded posts will be created after qualification. This however is not a certainty. Trainees stated that they have been made aware of this by service managers and tutors at the training school, which they also say does add to their anxiety.

Trainee Progress and achievement

There is in place a system for monitoring and recording student progress, for which the panel saw evidence. The end of year report has been substantially refined and brings together reports from all staff involved with the trainee's development, both academically, clinically and professionally. Any failure to meet the necessary standards for each year is recorded, along with recommendations as to measures for remedying such failure. The training log completed by each trainee is part of this on-going assessment of progression, as are all the written submissions.

The current cohort is half way through their training. From the site placement visits it was made clear by service managers and other members of the multi-disciplinary teams that the trainees make a significant contribution to their CAMH Service. In Glasgow the service manager and other senior clinicians commended the dedication of service supervisors in what they offer to the trainee and in explaining to the rest of the team the role of the trainee and the training requirements. They were greatly appreciative of the child psychotherapy input to service delivery as a whole.

In Glasgow the high calibre of the trainee contribution was evident in that they did a presentation for the panel members on their reflections of their trainee experience to date. This was professionally done as a Power Point presentation which the two trainees did together. They were

confident and reflective, showing great insight into the process of how they are moving into a new professional identity as trainee Child Psychotherapists. They felt under a lot of pressure to complete the training in the four year period.

ACP standards are met in relation to the monitoring and recording of trainee progress and achievement, with in-built systems for good communication between personal tutor, service supervisor and intensive case supervisor, along with trainee input.

6. <u>Trainee support</u>

Evidence gathered from the SED and from meeting with trainee cohort and staff members, as well as service supervisors.

Trainees have an induction day at the start of training. The basis of the support offered to trainees is from the personal tutor, in collaboration with the OT. The personal tutor meets with the trainee at least once per term and links up with the clinical supervisor of the intensive cases, as well as with the service supervisor in the placement. It is acknowledged in the SED that there are challenges when, with a small staff group, individuals may take on multiple roles. Sensitivity to the dynamics of this is essential for the staff to keep in mind so that blurring of roles is reduced as far as possible.

All trainees stated that they had enjoyed the training so far, despite the rigours of the course itself and the extensive travel involved for most of them in attending the training days in Fife.

Not all trainees have access to a lap top computer. If they did, this would help them considerably, especially those trainees whose training cases were based in the community where access to a computer is limited.

It was clear that there have been more challenges for some trainees, particularly those with no Child Psychotherapist on site at their placement. Weekly service supervision is not always regular for some, especially when there were service pressures and or staff changes, brought about by recent retirements and in winter when there were travelling difficulties. The trainees emphasised that they were able to seek help from the tutors, who usually managed to sort things out, or fill the supervision gaps, but it felt fragile at times.

When asked to elaborate on this the trainees' relayed anxieties about the joint roles between Service Supervisors and Personal Tutors and the

teaching staff "*Too many people wear too many hats*" was heard at the trainee meeting; for example a trainees' Personal Tutor could also be that trainees' Organising Tutor; as a result it can be difficult for the trainees to know who they can go to when they have a concern or issue.

Steps taken to improve communications include:

- Representation at Training Committee meetings
- Termly meetings between Chair of Training Committee and trainee cohort

However in discussion with trainees it became clear that not all of these activities take place and that tensions between members of the teaching team have had an impact on the quality of the trainee experience. In the trainee meeting the panel heard that at times the trainees could feel that their experience was affected by other concerns within the staff group.

There was also evidence that progress has been made to improve communication with trainees and receiving trainee feedback. All trainees had been informed about changes to the tutor team and were aware of who was replacing the ST and a date had been secured for their first meeting with the new tutor.

The panel heard from the trainees that there were some disparities between their experience in terms of accessing suitable training cases, with some having no difficulty in finding suitable training cases, and some having to struggle to find the right cases. Intensive adolescent and under-fives cases appeared to be the more difficult.

The trainee meeting with the panel identified a number of areas of difficulty being experienced by the current cohort of 5. These difficulties were reported by the panel to the staff group during the visit and both the teaching staff and the HDS manager made it clear that this was useful information and that processes would be put in place to ensure that trainees had more support. Amongst the issues raised were the personality conflicts between the tutor team that had at times been made apparent in front of the trainees, which they found difficult to handle and added to their stress. All considered that they should be protected from such conflicts. With the broadening of the staff team to include more staff, it is hoped that such conflicts will no longer be an issue. The HDS manager also made clear that she would prioritise being present on a more regular basis in order to help the staff team to support the trainees.

All trainees also expressed anxiety about the pressure they feel about completing the training in exactly 4 years. It has been emphasised to the

trainees that funding was not available for any extension of training and no one was able to provide reassurance as to what would happen if for example one of their intensive cases folded or they became ill for a prolonged period or if someone became pregnant during the training and required maternity leave.

7. Trainee placement learning and teaching

Evidence gathered from SED and meeting with trainee cohort, staff and service supervisors

All trainees commended the quality of teaching and learning they received from all their tutors and they particularly praised and valued the input from visiting lecturers.

During our discussions the trainees gave the impression of being a highly motivated and cohesive group providing each other with great peer support and fiercely protecting Wednesday lunch times as their opportunity to support and share their practice experiences and learning together. Wednesdays' training days are packed and all had experienced problems fitting in clinical supervision for intensive cases.

They expressed gratitude for the teaching and learning resources provided at Playfields and the on line resources from the Tavistock. Trainees learn from both the training school and from their work placements. In this cohort there is a lot of discrepancy for the trainees in the amount of support they receive on site in their placement.

Placement visit to Glasgow

A structured day of events had been arranged and an introduction to the Specialist Children's Services comprising 8 local teams (4 in Glasgow and 4 in Clyde). Whilst the Glasgow teams are familiar with having a Child Psychotherapy presence, the 4 Clyde teams have never had Child Psychotherapist input. The two qualified Child Psychotherapy staff, who are service supervisors to the trainees, with support from the lead Child Psychotherapist, have put in an enormous amount of work, time and effort in order to go out and make themselves known to a lot of people in the Clyde teams in order to broaden the base of Child Psychotherapy across the region.

A power point presentation by the two trainees on the trainee experience so far was provided They are both in year 2 of training and spoke fluently and openly about the process of becoming a Child Psychotherapist. We learned that the seminars they attend are interesting and how much they have learned from their tutors and the

visiting lectures – they really appreciate having a range of different views. They find it very exhausting travelling to the training school on a Wednesday. They feel privileged to work in the Glasgow Psychotherapy team and use 2/3 bases from which to do their clinical work. Space is at a premium in most places – however there is a centralised computer system for notes. It was clear from the trainees' account of their experience that they are enthusiastic about learning to be in the room with a child and coming under the force of projections; they watch out for illuminating moments when the children 'come to life' and find a voice of their own so that little changes can be observed and the value of the psychotherapy can be noted through tiny aspects of growth.

As part of the placement visit Julie Metcalf, Clinical Director of CAMHS, joined the meeting and spoke of being committed to child psychotherapy, along with a range of other effective services. There is no top down workforce plan workforce plans are formed 'bottom up' from local health boards and hence open to local interpretation.

Discussion took place about how a modern Child Psychotherapist needs flexibility, can use language that links with other disciplines, is not precious, and is approachable. There is a plan to have joint boards that combine health and social care and there is a focus on service-user involvement. Strategically, there is attention being paid to early years work and how child psychotherapy has its place within the matrix of psychological therapies. It was noted that arenas for discussing strategic service developments at present do not include the training school which is a concern. Julie Metcalf is however a member of the HDS Training Committee with Andrew Dawson deputising.

Many Child Psychotherapists in Glasgow teach on the (TWCYP) course which is well led and has many students. From this group there are many potential good candidates for the clinical training, but as there is such a small provision for funded Child Psychotherapy trainee placements, there is a contingent of good people who are 'lost' each year from Child Psychotherapy to other kinds of child work, despite their interest in this profession. However, they have been exposed to some concepts through their course which will make them have added value in the larger child workforce.

As this course takes place on the same teaching day as the Child Psychotherapy training, it is difficult for the staff to be available as teachers for both courses.

During the course of discussions with the visiting team the senior child psychotherapy staff discussed their relationship with the training school

and the Training Committee, as well as the wider political aspects in terms of the profession having a voice with NES.

In the afternoon the visiting team went to the York Hill hospital site where we met a large multidisciplinary team group. It was clear that they all hold the Child Psychotherapists, including the trainees, in high regard. The lead Child Psychotherapist gave a presentation on service delivery by the child psychotherapy team. This is an innovative service that sets out different aspects of child psychotherapy competencies.

It was the view of the visiting team that the trainees in this environment are offered an excellent placement experience with learning that is at the cutting edge of modern practice. All the intensive cases are selected by the service supervisors (and discussed with personal tutors), who are clearly focussed on the needs of their trainee, within solid and supportive teams.

This visit highlighted the need for the training school to be aware of service developments such as the 'National Practice Model and the Well-being agenda' and the political direction of travel within CAMHS/social care in Scotland

Overall, the placements in GGC are excellent; the supervisors keep in mind the basic psychoanalytic nature of the child psychotherapist's function, but also create space for flexibility of thinking about current service delivery. The GGC child and adolescent psychotherapy service came across as a centre of excellence.

Placement visit to Dundee CAMHS

There is one trainee in Dundee and she is in her second year of training. Our visit was to ascertain the effectiveness of the placement for meeting the trainee's needs.

This placement is one of the posts specifically requested by the NES commissioners in that there is not yet a Child Psychotherapist in the service, nor in the Health Board hosting the trainee placement. The trainee's Service Supervisor is employed by a different Health Board. This is an arrangement that has worked successfully in other parts of the United Kingdom where the geographical spread of child psychotherapy is very limited, and where growth of the profession a major priority. In this case, however, there seemed to the visiting panel members to be some current difficulties for the trainee in this situation.

The service supervisor is contracted by the trainee's Health Board to

provide what is very limited time to support and develop the placement. It is not clear how much time the Service Supervisor is available for, but certainly she is contracted to provide two hours per week supervision to the trainee. The absence of the Service Supervisor from the placement means that a number of important training requirements and development opportunities could potentially be compromised. Selection of suitable cases for the trainee, if under-resourced, may result in the trainee having to seek her own cases and once begun, the trainee is effectively the case manager for her cases. Although this was not seen by the visiting panel it is an area of potential concern, What was seen was that the supervisor does not yet appear to have a role in the supervisee's clinic as is usually the case in these supervisory frameworks i.e. by providing consultation or joining team discussions.

There also appeared to be no joint case working with the trainee and the supervisor. The trainee role also appears to be exposed to quite difficult multi-disciplinary team dynamics. Again, in other settings where this supervisory framework is used trainees have been helped to think about their place in complex team dynamics but in this particular team which is currently experiencing a number of serious stresses to do with major risk, the absence of a senior Child Psychotherapist present in the team poses a difficulty for this 2nd year trainee,

All the above issues indicate that the trainee has less support in the placement than trainees where there is a child psychotherapist on site. We were given to understand that the trainee has no formal contact with the MDT, which is a difficulty as cases will need to be jointly worked with members of the MDT as is the case where external service supervision is the model.

During the visit the panel also spoke to the lead for Psychological Therapies, a Consultant Clinical Psychologist who had taken on responsibility as the trainee's professional lead and on-site 'service supervisor.' During the discussion it became clear that it can be difficult for a professional lead who is not a child psychotherapist to know what is needed and to keep the details of the specific training in mind. It was noted for example that there was difficulty in finding adolescent and under-fives cases, although as the trainee is only in their second year there is still time for the clinic to develop its understanding of these very specific requirements. A further difficulty for the trainee in meeting the training requirements was the fact of having reduced time in the clinic,

because of needing to travel long distances for analysis.

In summary we recognise the trainee's tremendous commitment to her training. However, we also recognise that more needs to be done to ensure that she is not having to take too much responsibility for its successful outcome. Currently she appears to be responsible for generating cases that the MDT (and her clinical lead) say are difficult to generate. This is also in the context of her time away from the clinic attending personal analysis. It is important to emphasise that the responsibility for the trainee's success or failure appears to rest too much with her, whilst her and the team's access to her service supervisor is limited, and because the Trust hosting the placement does not yet have a senior child psychotherapist with the responsibility to support a trainee placement

Clearly, thought needs to be given by the training school as to how to support this placement further. It is understood that the choice of Dundee as a trainee placement was made after careful consideration of its limitations. What swung the decision was a commitment to expand child psychotherapy across regions in Scotland where none had existed before, in line with commissioners' expressed preference. The hope would also be that the employing Trust would then create a substantive post after qualification

During the visit to Dundee a conversation was held with the service supervisor and the personal tutor as to how well the communication between the placement and the training school works. From their point of view this is a difficulty. From the point of view of the training school the panel heard that it is difficult for them to get responses from service supervisors to e-mails and to enlist their presence at meetings. Efforts are being made to do more through telephone conferencing in order to get the full cohort of service supervisors on board.

8. <u>Assessment</u>

Evidence gathered from Tavistock and University of East London (UEL), reports and site visit to training school

As part of the academic programme, students submit work for assessment annually. A selection of their previously marked essays was read.

As stated in the SED learning outcomes and assessment criteria for each year are clearly laid out in the handbook. Marking of assignments is managed by the Tavistock as the lead partner for the Tavistock/UEL programme. Papers by Tavistock, HDS and NSCAP students are marked within this process which guarantees that the same procedures and standards are maintained.

The clinical development and progression of the trainees in this cohort is monitored within HDS year on year so that areas of concern can be highlighted and plans made accordingly. End of year reports are documented and involve the trainee in the process of summative assessment. The SED states: '*a key opportunity for any particular concern to be highlighted regarding a trainee's progression is at the beginning of the second intensive case: this is considered as the most important marker for identifying and addressing any weakness in the trainee's clinical performance against ACP standards'*.

The assessment of the trainee's training analyst is requested at two points in the training; when the student is about to begin their first intensive case and before completion of the final End of Year report.

There is an end of year report on competencies reached at the end of each year. NES representatives have contributed to this development and guidelines for tutors, service supervisors and case supervisors have been produced on the relevant clinical and professional requirements in order to progress. HDS has acknowledged that they have adapted the IPCAPA document for these standards.

9. <u>Qualification</u>

Information for this section was gathered in discussion with the OT at a meeting on the 10th of June with panel members

Like all ACP trainees who are qualified by the Training School and then considered for Full ACP Membership by ACP Training Council and Membership Committees, the training school will have considered all written submissions to be of a good enough standard, competencies will

have been reached year on year and the final clinical qualifying paper would have been completed to a good standard. This qualifying paper will have had two markers. In terms of the parallel academic programme, trainees can take a Tavistock/UEL professional master's (MProf) exit without yet having completed the doctoral component and may then return to finish off the doctorate, having achieved professional qualification.

Most trainees complete the clinical programme through to qualification, with very rare exceptions. They all go on to jobs as qualified Child Psychotherapists in Scotland. Usually they get Band 7 posts, but in some circumstances it has been possible to manage progression straight on to 8A posts.

In this way a steady growth of the profession throughout Scotland is being achieved.

10. <u>Quality Enhancement and Maintenance</u>

Evidence gathered from: SED, Annual reports, Action Plan on Recommendations from Tavistock and University of East London (UEL), The Trainee Handbook, Site visits, 2010 ACP Accreditation Visit Report and subsequent SIHR Action Plan & Strengths and Challenges Documents, and meetings with ACP members in Scotland and Trainees.

The 2015 SED document provides evidence of the ways in which HDS has improved on aspects of the training run by SIHR, as described in the Accreditation Report of 2010. It also details the progress that has been made in engaging with NES and Health Boards who have not previously employed Child Psychotherapists and are now hosting a trainee placement. It was noted that the necessary contracts are in place between HDS and participating Health Boards for the trainees.

The Training Committee is vital to effective quality monitoring and enhancement; it meets twice every term and has in place clear Terms of Reference which were revised in February 2015 following recommendations from the Tavistock, NES and approved by UEL. It was clear from TC meeting minutes that attendance at meetings was sporadic and poor at times; this issue needs to be addressed.

The SED also includes in its appendix the Tavistock/UEL's action plan following a complaint from a trainee in 2013 who was not able to complete the programme. While the complaint was not upheld in any way recommendations had been made to SIHR regarding staff-trainee

communication, clarification of the ACP suitability criteria and reporting and monitoring of trainee progress. HDS has addressed these issues. This has been a significant achievement.

It had also been recommended to SIHR that an Intensive Study Event be devoted to the understanding of cultural diversity. HDS has not yet implemented this but the OT has given assurance that planning is well under way for this study day to take place in the autumn term of 2015. It was also noted by the panel that HDS had learned about issues concerning equality and diversity from SIHR's experience of the complaint process.

HDS is also introducing a 'Code of Conduct' for members of HDS. Formal Trainee feedback is now sought and a trainee Course Committee has been put in place. There is a very comprehensive trainee Handbook and induction process in place.

11. <u>Values Equality and Diversity</u>

Evidence from the SED, Trainee Handbook, HDS Equality Policies and Action Plan on Recommendations from Tavistock and UEL

The SED states that "*HDS is committed to addressing issues of prejudice and discrimination in relation to the mental well-being, political belief, gender and gender identity, sexual preference, identity or orientation, disability, marital or partnership status, race, nationality, ethnic origin, heritage identity, religious or spiritual identity, age or socio-economic class of individuals and groups."*

HDS has equality and diversity policies in place and trainees can access these through the HDS interactive learning environment.

"HDS seeks to ensure that the implementation of psychodynamic ideas in professional practice is utilised in the service of the celebration of human difference and diversity, and that it is at no time used as a means of coercion or oppression of any group or individual."

There is no specific reference to equality and diversity issues within the trainee Handbook. The current cohort of 5 trainees are all female, white and from a range of professional backgrounds. An intensive study day is being planned on equality and diversity. The curriculum review that is under way will also ensure that equality and diversity issues are reflected adequalely in order for the training to prepare practitioners to deiver culturally sensitive services.

The visiting team heard from the Chair of HDS about her special interest in this area and she has personally overseen discussions with various 'experts' in the field including The Commission for Racial Equality (CRE) in Glasgow and The University of Strathclyde in order for HDS to review, monitor and improve its performance as both an employer and training provider.

12. <u>Personal analysis for trainees</u>

The trainee's personal analysis makes a central contribution to the trainee's development as a Psychotherapist. All trainees have individual analysis with an ACP approved training analyst, 4 or 5 times a week. The pool of eligible analysts for Scottish CAP trainees is small; this has entailed a considerable amount of travelling time on the part of trainees, as eligible analysts may not be located near either the trainee's home or training post.

The visiting team were made aware that two of the Scottish analysts would be retiring soon, making future availability a major concern for the training school, although the OT spoke of being in good contact with the Chair of the ACP Analysts and Therapists Sub-committee and attends the ACP Analysts and Therapists Subcommittee representing the Scottish training.. Apparently there will be more training analysts coming on board in Scotland. The training school is told by the ACP who the pool of training analysts is. Some discussion took place concerning the issue of whether some demand could be made on the analysts in terms of the hours of sessions that they make available, given that the training school is a good source of referral for them. It is a difficult issue given that analysts work in the private sector and the trainees are employed in the public sector and the demands of the two systems are hard to reconcile. Usually analysts do their best to consider requests that cause issues for trainees that will affect their capacity to meet their training requirements. The relative shortage of analysts is not unique to Scotland. In discussion the idea emerged that perhaps one of the analysts could be invited to join the Training Committee.

13. The ACP in Scotland

Evidence from meeting with members of the ACP in Scotland on 10th June

ACP meetings are still held every 6 months at alternate venues in Glasgow or Edinburgh. There is still a debate amongst the membership about who should represent the ACP at, for example, the Heads of Service meetings which has meant that there is not yet a cohesive system. At the time of the visit the panel heard that a Scottish ACP representative was in the process of being selected.

SIHR had until 2012 played an active role in promoting and advocating for improved access to Child Psychotherapy services at all levels up to and including the Scottish Government.

Due to changes in leadership in the ACP the panel were informed that there is no platform at the moment for bringing members together and those interviewed expressed sadness that the new training school was not playing as active a role as it used to. That said, they did concede that because of the turbulence around maintaining training provision, it was understandable and they expressed hope that, in the future, as HDS became more established, this situation could change.

Conclusion ,Commendations Conditions and Recommendations

The visiting team is of the view that the ACP Quality Standards are met.

The School has successfully maintained and built on its ethos and strengths since the SIHR accreditation visit in 2010. This is largely due to the hard work of a small group of people attached to the training school and the ethos of wider psychoanalytic training for the child mental health workforce. There is a commitment to high academic and clinical standards and to careful monitoring of trainee progress.

Commendations

1. There is evidence of a serious commitment to keep the training school going.

2. There is solid support from HDS for the training school staff they have identified new accommodation in Edinburgh which will provide increased space and accessibility bringing teaching and administration under one roof
3. The panel commends the trainees' individual and collective commitment to the training and commends the hard work of the teaching staff.
4. The visiting team commends the organisational skills and knowledge of the administrator who also knows the pre-clinical course.
5. HDS/the training school has developed its relationship with the funding body NES such that the funding is assured for the current cohort for their four year period of study.
6. A well-structured system of formal reviews of trainees' progress has been implemented at the end of each year of training with competencies clearly defined.
7. Successful recruitment to the Organising Tutor post and more recently to the new Senior Tutor post.
8. Achievement of wider dissemination of psychoanalytic thinking across agencies and multidisciplinary professionals within the region.

Conditions for continued ACP Re accreditation

1. That HDS should take action to review and improve their support of 'long distance' service supervision. This should include providing greater clarity about the roles and responsibilities for those service managers new to hosting a trainee, and strengthen the IT and other infrastructure to support long distance service supervision, in particular using the telephone and skype more effectively. In addition, the training school may wish to explore examples of best practice used by other training schools supporting long distance service supervision. **This should be evidenced in the 2015 – 2016 Annual Report and all subsequent reports**
2. That HDS puts in place a programme of CPD specifically related to teaching, training and service supervision (ie not clinical practice) for staff in the training school. This will ensure that those staff who are retired from practice are up to date with current relevant health and

social care policies and service developments and that service supervisors receive specific CPD support for their roles and for their development as service supervisors, independently of training school staff**. This should be documented and evidenced in the 2015 – 16 Annual Report and should be incorporated into the school's on going quality monitoring process**

3. That HDS reviews the leadership and membership of the Training Committee to ensure good attendance and there is input from a wider range of stakeholders. This will help to address those concerns raised by service managers that the curriculum has to be regularly reviewed and changed in order to meet service requirements.

   When reviewing, updating and developing the curriculum the views of service supervisors should be taken into account. **This should be implemented by March 2016 and then monitored though the annual review process.**

Recommendations over time
(subject to the ACP's annual monitoring process)

1. That HDS considers the development of a strategy and plans for the continuation of the training aimed at hoping to secure longer term contracts with NES and service providers, in order to secure trainee numbers, extension of training in extenuating circumstances and possibly includes more frequent intakes driven, evidenced and supported by workforce planning and service needs. Whilst it is the case that HDS can only work within the policy framework of NES, extending and building further upon the relationships with NES and new service providers and other organisations could help to secure the future for training in Scotland.

2. Changes to the curriculum should be reflected in the trainee handbook

3. When selecting future trainees HDS should try to ensure that the cohort reflects the diversity of the current CAMHS workforce.

4. In response to the direct wish of the trainees HDS managers to consider how best to monitor and review interpersonal relationships within the school and intervene and take positive corrective action when/if any evidence of difficulties arises.

5. HDS should find ways of ensuring that trainees have access to lap tops which will help them when they are out in the community and to receive service supervision in a timely way.

6. HDS / the training school may wish to consider developing a relationship with the ACP in Scotland to establish a more collaborative and structured plan/programme of innovative and inclusive CPD opportunities for Child Psychotherapists across the country.