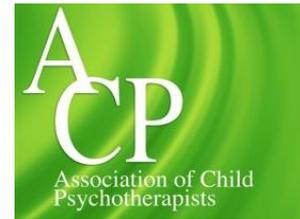


Report of the ACP re-accreditation visit to Human Development Scotland – Executive Summary



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. 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.

Conclusions

The information and evidence used by the panel in reaching its judgements and conclusions was drawn from a range of documents, telephone calls and meetings, placement visits and observations of teaching all of which are detailed and to which reference is made throughout the main body of the report.

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.

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.

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.