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A spotlight on safeguarding in trainee selection: The Plymouth programmes experience of safer recruitment

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A spotlight on safeguarding in trainee selection: The Plymouth programme's experience of Safer Recruitment

Abstract

The aim of this paper is to share innovative practice. We begin by exploring the relevance of abuse to the clinical psychology workforce and describing 'Safer Recruitment' (SR) before sharing the Plymouth experience of training and integrating SR into trainee selection.

A report by Verita (2017) into physical and sexual assaults committed by 'rogue medical personnel', identified recurrent themes in individuals who abused 'patients'. The themes included: 'super-hero status,' working in isolation and lack of clarity that led to failures to detect and prevent abuse. These assaults occurred despite working in regulated professions in regulated organisations. Clinical Psychologists are not amongst those scrutinised in the Verita report, but do work in positions of power, often in isolation, with vulnerable individuals. The Health Care Professional Council (HCPC) Tribunal Service has records of significant misconduct by clinical psychologists towards clients (<https://www.hcpts-uk.org/>).

A pre-qualification group queried whether potential exists for misconduct toward clinical psychology trainees and applicants in the highly competitive process where referees and supervisors hold enormous power. A pre-qualification group Facebook page asks, 'In light of headlines about Harvey Weinstein, is there a conversation to be had in our profession?' It received 293 comments in 2 days (A. MacLeod, personal communication, 2017).

To manage and prevent 'rogue personnel', services need staff to challenge poor practice and create organisations in which whistle-blowing is valued. The inquiry into abuse at Winterbourne View, a facility for adults with intellectual disabilities states:

Warning signs were not picked up or acted on by health or local authorities, and concerns raised by a whistle-blower went unheeded. The fact that it took a television documentary to raise the alarm was itself a mark of failings in the system. (Lamb, 2012, p.8)

Psychologists are instrumental in creating positive environments in challenging settings and many have whistle-blown (Rhodes, 2015). Multiple cultural, organisational, environmental, power and personal factors influence whistle-blowing and misconduct, but recruitment may also have a role to play.

What is safer recruitment?

Safer Recruitment (SR) was developed in response to The Bichard (2004) inquiry into the murders of two school girls in Soham by Ian Huntley, a school caretaker. One recommendation, more robust vetting of applicants, is now widespread and relatively easy to implement, but The Office for National Statistics (2017) estimates that over 80% of victims of sexual crime do not report it and conviction rates are low. The inquiry states:

There is a concern that many abusers do not have convictions and that no intelligence is held about them. Therefore, the selection and recruitment process, if properly conducted, is an important, indeed essential, safeguard.

(Bichard, 2004 p. 141)

A second recommendation was to enhance recruitment processes in schools and SR was developed with the aim of achieving this. The NSPCC (2013) has a similar scheme. There are two phases: training and implementation.

Regular SR training is compulsory for head-teachers and selected school governors. Interview panels must include at least one SR trained member and OFSTED monitor implementation and attendance at training updates. Recognised providers deliver training under the umbrella of The Safer Recruitment Consortium (2015) www.saferrecruitmentconsortium.org. SR training typically runs for 7 hours over two days and includes workshops, reflection and exercises. A summary of the content is as follows:

1. The scale of the problem – abused and abuser
2. Psychological models to aid understanding of abusers and abusing
3. Relevance to the education / health context
4. Prevention of abuse and promotion of safeguarding through recruitment/selection
5. Promoting an on-going culture

The training aims to raise awareness of abuse and introduce strategies to select applicants who promote safeguarding and whistle-blowing and deter or reject potential perpetrators of abuse. Strategies are implemented at each stage of the selection process: a) pre-application through publicity, adverts, job descriptions, setting questions for referees and interviewers; b) during shortlisting and interviews; c) vetting and pursuing references; d) induction and ongoing support and e) creating a culture of vigilance and a whistle-blowing in the work place. SR was developed in response to extreme violence, but the aim is to reduce the risk of all types of abuse.

How does Safer Recruitment differ from Values Based Recruitment?

Values Based Recruitment (VBR) mandated by Health Education England (2015) structures selection in health services. Both VBR and SR were responses to inquiries into public sectors services; VBR to The Francis (2010) report and SR to the Bichard (2004) inquiry. Both aim to keep vulnerable people safe. VBR aims to recruit a workforce whose values align with NHS values: working together for patients, respect, dignity, commitment to quality of care, compassion, improving lives and everyone counts (Department of Health, 2013). The NHS provides training and resources including examples of good practice (www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/values-based-recruitment). VBR aims to promote broad values in staff and is possibly more open to interpretation. SR has a specific focus on safeguarding, regulated training and structure.

Plymouth Programme's experience of adopting SR: The journey and reflections.

The first author, a Clinical Psychologist, has encountered good, poor and abusive practices in a career with people with intellectual disabilities and taken part in trainee selection intermittently since 1988. Exposure to SR was coincidental through a voluntary school governor position but the relevance to clinical psychology resonated. This was accompanied by feelings of shame for perceived over-reliance on vetting, fear of possible past mistakes and exposure for admitting this. With some courage, the concept of SR was introduced to colleagues on the Plymouth Clinical Psychology Programme staff team. Responses were a mixture of defensiveness, denial, doubt, significant concern, curiosity and conviction.

Effective School Governance Ltd. (www.effectiveschoolgovernance.co.uk), a recognised provider, was commissioned to deliver an hour long presentation summarising SR (as described above) to some staff and supervisors involved in selection 2016. At this

workshop, the programme team resolved to integrate SR into trainee selection and one selection tutor attended full SR training. The following year, the one-hour summary of SR was repeated for all members of the selection and shortlisting panels which included staff, supervisors and members of the service receiver and carer consultative group. Panel members also participated in a workshop on unconscious bias and broadening access to training.

The material on abuse was familiar to Clinical Psychologists (content points 1 & 2); contributions to the workshop revealed a wealth of clinical, academic and lived experience, but not necessarily applied to recruitment. Transferring this knowledge to selection was experienced as an ‘aha’ moment for many, perhaps prompted by the section on relevance, and seemed to heighten awareness of risk and responsibilities. We wonder if SR is a threshold concept. Meyer and Land (2003) describe threshold concepts as ones in which learners integrate knowledge from different sources, transforming the way something is seen. The process is troublesome and irreversible, as once grasped it is difficult to remember a time when it was not obvious. The metaphor of passing through a doorway to see a larger vista that was previously only glimpsed is used. Neve et al. (2016) noticed crossing a conceptual ‘threshold’ was often accompanied by emotion and new language.

We reflected that the phrase ‘*thinking the unthinkable*’ frequently came to mind during the adoption of SR. Perhaps this was threshold crossed: heightened awareness that applicants may harm service users or colleagues. Not only is this awareness troublesome but it implies criticism of existing processes causing defensiveness and emotion, alongside the commitment to learn more. A shared language and openness to voice concerns by members of the selection panels was noticed. The phrase “*with a safer recruitment hat on*” now occurs in selection planning and, rather than allude to discomfort, a space has developed in which it feels safe to explicitly name concerns. We acknowledged that selection is complex; that psychologists are not infallible and may be groomed.

Participants in the training seemed to develop a strong sense of personal responsibility to implement SR as illustrated by one participant’s comment:

“to do our utmost to identify and prevent people entering, in this case D. Clin. Psy training, those who may not act in the best interests of service receivers or do them harm”

Actions were taken following the training and we continue to explore how we can use SR. The course publicity and pre-application information has begun to include more explicit references to safeguarding and SR. During shortlisting, application forms are considered with SR in mind, and interview questions are designed to incorporate SR recommendations. Creating a vigilant and ongoing culture of safeguarding is something we believe we already do by considering fitness to practice, although SR training provides less guidance on this phase of the recruitment process.

Operationalising values into recruitment has been a challenge for VBR. The Norwich Programme (Hobbis, 2017) suggests that VBR is easier to implement at the pre-application stage but more challenging in the shortlisting and interview stage and beyond. Sharing practice will aid development, but authentically assessing values and safeguarding means avoiding formulaic interviews. In our experience, neither SR nor VBR have been formulaic and they shed complementary spotlights on safeguarding and values.

We have been asked whether SR discriminates against applicants with lived experience or those who differ from the stereotypical Clinical Psychologist as the profession aims to increase diversity. This clearly needs monitoring, although logic suggests it is possible to be safe, diverse and experienced. It is too soon and the numbers too small to be conclusive, but in our experience so far, successful candidates are similar to previous cohorts in terms of diversity and lived experience. We suspect combining unconscious bias with SR training is helpful.

Is Safer Recruitment widely used in clinical psychology admissions procedures?

The 27 Clinical Psychology programmes entries listed in the Clearing House Handbook were audited in May 2017: only the Plymouth programme mentioned SR. However, all 27 programmes highlighted equality and diversity, 21 disclosure and barring, 20 NHS values and 14 fitness to practice or professional codes of conduct. The latter overlaps with safeguarding but not as explicitly as SR. All clinical psychology programmes conducted vetting. The reference requests used by most courses do not make specific enquiries about safeguarding, which is one of the strategies advocated in SR training. The Clearing House for applications to Clinical Psychology training, at the time of writing, are considering whether to adjust the questions asked of referees in line with SR recommendations and looking at examples from schools.

Is SR Effective?

Efficacy relates to both training and practices. To attempt to address the former, the panel members at the 2017 presentation summarising SR were asked before and after, “What do you understand by SR?” Responses suggested increased understanding of SR for 18/19 participants; for some it moved from no or inaccurate understanding to some understanding, for others, responses showed limited initial understanding which increased. Understanding was assessed by how many descriptors of SR were used. Whether this demonstrates conceptual learning or increased familiarity with SR language is debatable. It is also feedback from the one-hour summary presentation, not the 7-hour training.

We experimented with a Likert scale rating confidence at detecting an individual with potential to abuse as a measure of efficacy of the training. It quickly became apparent that this was not a useful construct. Greater confidence could indicate the awareness raising session had been effective, but so too could a decrease with more insight into fallibility. Careful qualitative inquiry is likely to be a more helpful way forward, but with immense care to avoid biased questions. We reflected that the SR discourse of selecting trainees with the potential to champion safeguarding seemed to fall in the shadows of deterring and preventing discourses and wonder if this is a bias in SR or current UK culture. Plymouth’s adoption of SR coincided with a tsunami of news about paedophilia in sport, politics, aid and celebrity. Awareness of risk may be ubiquitous rather than due to SR training and practices.

Abuse remains an issue in services evidenced by The HCPC (<https://www.hcpts-uk.org/>), Verita (2017) and The National College for Teaching and Leadership (<https://www.gov.uk/government/collections/teacher-misconduct>). Whether VBR and SR prevent harmful staff entering professions is a longitudinal project spanning careers. Recruitment interventions are not isolated variables, other factors will influence selection e.g funding and structure of courses. Likewise service cultures will be influenced by policy, governance, dominant beliefs about those who use services and employees’ power, or lack of it, to create change.

Conclusion

The inquiry which gave rise to SR states:

The harsh reality is that if a sufficiently devious person is determined to seek out opportunities to work their evil, no one can guarantee that they will be stopped. Our task is to make it as difficult as possible for them to succeed. Bichard (2004) p 12

Our SR trainer added “*and if you don’t try it isn’t even difficult.*”

We aimed to share our experience of transferring SR training and implementation from schools to clinical psychology trainee admissions. We argue SR is a relevant complement to current recruitment practices in clinical psychology and beyond. Whether SR is effective or has unintended consequences remains open to question. The challenge is to make entry to the profession and services as robust as possible in terms of safeguarding.

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