

Staff Selection

The key of the door is highly symbolic in our society - keyholders are adult, trustworthy and independent. A bunch of keys represents the power in an organisation. The front door represents right of access, referral processes, greeting visitors, and use of the building out of hours. The filing cabinet key represents access to information, data and case records. The safe key represents access to pay and non-pay budgets. Traditionally, all these keys, and, more importantly, the power they represent, have been in the hands of paid professional staff. But no longer.

Service users are increasingly taking charge of their own lives by invading and taking over the services they receive. They are unlocking buildings, recruiting staff and signing cheques. But in order to achieve these simple steps towards emancipation, a whole truckload of practical and organisational problems have to be addressed. Will property or money be stolen? Will unauthorised people sleep in the building? Will the insurance company cover the risk?

The literature on user empowerment has been curiously muted on this topic. There are shelves full of books and articles on how to establish patients' councils or collect user views, but I can find nothing on the practical solutions. For example, what does a financial system look like that involves users and protects all its stakeholders from allegations of misuse?

This column will be a regular feature of *Life in the Day* and each edition will tackle one simple "key" - one practical way of involving users in taking control of their own services. This edition takes the topic of staff selection, an area where perhaps most work has been done.

Staff Selection

A couple of years ago I sat in a seminar with twenty senior managers from the Social Services, Health and the voluntary sector, all of whom worked in community care services. They were asked the following question, "Do you believe that users should be involved in staff selection?" The answer was a unanimous affirmation. Then came the second question, "Do you regularly involve users in staff selection?" Not one hand was raised. It is hard to think of an area where the theory and practice gap is wider.

Whilst the selection process ends with the interview, rather than starting with it, I think it is clearest to look at where we might be headed. User can be involved in staff selection at one of three levels:

- An integrated selection panel
- Twin panels
- "Trial by sherry"

The integrated panel is composed of both managers and users working as co-equals in the assessment process. Standard procedures are used for dealing with conflict between panel members, usually by the chair holding a casting vote. There is really no difference between, for example, the Social Services Department inviting guest panel members from the local NHS Trust, and inviting guest users. Twin panel members may have full access to written materials about the candidate.

Some users have expressed a preference to remain at the level of advisor, rather than have the final say, and, in this scenario, the twin panel option is worth considering. Again, discussion needs to take place in the preparation time about what to do in the event of conflict. I know of one project where the user panel remained deadlocked with the manager panel for nearly a year, during which time the post stayed vacant and the service withered. One staff member or an advocate may serve the user panel as facilitator. Candidates should be notified before they attend who will see which details on their application form and how many times they will be interviewed.

“Trial by sherry” is the term often used for a very informal meeting with potential colleagues or users prior to the informal meeting. This can serve to alert users to the fact of the selection process and may provide some data on the skills of candidates with strangers, but it is also loaded with the risks associated with first impressions. People involved in this informal approach do not have background information about candidates.

The psychiatric rehabilitation service in Nottingham Healthcare has formalised these options in a policy which was co-written by users, mental health workers and advisors from the Personnel Department. Whilst the policy favours integrated panels, it allows for other options so that users and staff in parts of the service which have little experience can take the journey into mutual trust together. Talking of learning to trust, user involvement in recruitment of staff sometimes begins (and ends) with special jobs. For example, an agency may involve users in the appointment of an advocacy worker, but not go any further. At the other end of the spectrum, has anyone ever heard of users being involved in the appointment of a Chief Executive or even a doctor?

Having discussed the final stage of the recruitment process, I wish to make a few comments about the earlier stages. Staff recruitment is a process, and users need to be part of the process of drawing up the job description, person specification, shortlisting criteria and interview questions. Whilst this is almost always time-consuming, it can provide a real trigger for discussion. I recall once asking a day centre group what kind of person they wanted for a new worker. One person said that they had to be young. There followed a vigorous discussion on whether young or older people did the best work, which resolved in a really informed and unanimous decision to set aside age as an irrelevant criteria.

Training for participation in staff selection is important for everyone involved in the process. Our local further education college recently ran an accredited series of training sessions for users which was staffed by college staff and managers and Personnel advisers working in collaboration. I have not yet heard of any large statutory agency which has routinely provided places on in-house courses to users. In long term services it is a better investment to train users as they stay around longer than staff. Training also enables users to thoroughly assess the demands of the recruitment process and decide if they have the stamina to give fair and equal treatment to all candidates.

Training also addresses issues of confidentiality. Whilst there is an objective difference between paid staff who may be sacked if they breach confidentiality and users, for whom there is no similar sanction, I have not yet come across any problems in this area. Perhaps experience of using mental health services and knowing a file is kept about you full of many personal details is a sufficiently robust training programme in the importance of confidentiality!

In summary, I believe that involving users consistently improves the quality of appointments. One reason may be that users, especially in long term services, have often had more years of experience with staff than members of staff who tend to be younger and more prone to moving around. Secondly, the power dimension that has been such a pervasive element in provider/user relations may have given an added motive to users, encouraging them to fine-tune their skills in the assessment of staff.

I would be delighted if readers could write with examples of more comprehensive or consistent practice in this topic. This article is meant to be simply a trigger for sharing and exchanging examples of innovative practice. After looking at a few more “Keys to Power” I hope we can come back to this topic with a whole set of improvements and demonstration projects.