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Sophie M. Allan Ms

Cambridgeshire and Peterborough NHS Foundation Trust, UK; University of East Anglia, UK,
s.allan@uea.ac.uk

Emma Travers-Hill Dr

Kent and Medway NHS and Social Care Partnership Trust, UK, emmahill3@googlemail.com

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Cover Page Footnote

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Service user interview panels for recruitment to UK child and adolescent mental health services: A questionnaire study exploring the experiences of young people, staff and candidates

Sophie M. Allan, *Cambridgeshire and Peterborough NHS Foundation Trust; University of East Anglia, s.allan@uea.ac.uk*
Emma Travers-Hill, *Kent and Medway NHS and Social Care Partnership Trust, emma.travershill@kempt.nhs.uk*

Abstract

Service user involvement is increasingly important in health and social care policy, including in Child and Adolescent Mental Health Services (CAMHS), but evidence evaluating involvement initiatives is lacking. This questionnaire study evaluated the use of young people's (YP) interview panels in the recruitment of CAMHS staff, from the perspectives of YP, candidates and members of the staff interview panels. Self-report questionnaires were administered to YP, candidates and staff interview panel. This included quantitative and qualitative "free text" responses. YP's panels were found to be important in hearing the voices of YP; participants all stated they would like YP to take part in future interviews. Qualitative analysis found YP provided added insight into the process, had a professional manner, were valued and important, gave clear feedback, and benefitted the YP involved. A number of changes to the process were identified. This evaluation found YP's interview panels were feasible, and a valuable addition to the recruitment process, and should be considered in other CAMHS teams.

Keywords

CAMHS, healthcare, interviews, involvement, National Health Service, participation, patient engagement, recruitment

Introduction

There is growing demand for health services to involve people with lived experience in service design.^{1,2} A legal imperative to include young people (YP) in decisions that affect them has existed for 30 years.³ Despite these, evidence of the impact and effectiveness of involvement is relatively limited⁴. Evaluations of service user involvement in the staff recruitment process are uncommon,⁵ although in general both service users and professionals report the practice is valuable; may decrease staff turnover; enables a more robust selection process; and increases service users' self-esteem and confidence.⁶⁻⁹ A validated questionnaire measuring service user involvement in recruitment has not yet been developed.

To the authors' knowledge, there is no literature evaluating the impact of YP's panels in Child and Adolescent Mental Health Services (CAMHS). This is surprising given strong recommendations for the practice in involvement guidelines^{10,11} and the key role involvement takes in the UK Children and Young Peoples' Improving Access to Psychological Therapies (CYP-IAPT) programme.¹² This small-scale questionnaire evaluation aims to be a first step in addressing this gap and to explore whether the practice is feasible for services.

Service Context and Interview Process

The interviews took place in Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) CAMHS. This Child and Adolescent Mental Health Service provides support to children and young people aged 0-18 with a range of moderate-severe mental health difficulties. The population includes the urban cities of Cambridge and Peterborough, with rural populations in South Cambridgeshire and Fenland. Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) employed a Participation Coordinator (SA) using CYP-IAPT monies from January 2014, a role whose primary aim was to involve YP with lived experience in how the service was run.

Other initiatives introduced in addition to interview panels included regular patient experience focus groups and surveys, and a transitions preparation research project in collaboration with the East of England Collaboration for Leadership in Applied Health Research and Care.^{13,14}

When an opportunity to take part in an interview panel arose, YP on an existing database were contacted by email, phone or SMS (according to preference). They attended recruitment training, which included information about NHS job application processes, the role being recruited to, and how the interview day would be run. Shortlisting was undertaken by staff, including managers and HR; due to

Table 1. Job Titles and Examples of YPs' Interview Questions

Job title	Example questions
Children's Directorate General Manager	As with any NHS service, money is tight for the Trust. What are your priorities in spending?
Senior Mental Health Practitioner, Home Treatment Team	How would you help a YP who was self harming, and would you treat them differently?
Consultant Psychiatrist	How would you make sure a YP wouldn't feel pushed to take medication?
Senior Substance Misuse Practitioner	What would you do if a YP turned up to a session 'off their face'?
Receptionist	Some YP say they feel judged by adults. How would you avoid this?
Service Manager (8a)	Give an example of how you would adapt your communication style for different audiences.
Clinical Psychologist ^(SEP)	How do you see the relationship between yourself and your patient?

time pressures, YP did not participate in the shortlisting process.

YP interviewed for clinical, administrative and managerial roles and wrote questions (mean = 7.14, *SD* = 1.68, range = 5-10 per interview) based on discussions facilitated by the Participation Coordinator about the role (see Table 1). Where possible YPs experiences were "matched" to the job role, e.g. YP who had used the drug service interviewed for the Substance Misuse Practitioner role.

On the interview day, candidates attended a YPs' and staff panel. YP conducted the interviews independently, but the Participation Coordinator was present at all interviews to scribe and facilitate discussions. After interviews the YPs' panel presented their views to the staff panel, with support from the Participation Coordinator to ensure views were represented equally. YP were paid £10 per hour plus travel expenses: interviews frequently cost the service at least £100. YP also received certificates for taking part. In addition to financial costs, the process also required significant time from the Participation Coordinator in terms of developing training materials, administration and arranging payment of YP (approximately 3 hours per interview in addition to the interview days), which would not have been incurred if the involvement had not taken place.

The final decision made about which candidate to appoint was made by the Appointing Officer of the staff panel. The Appointing Officer wrote a letter to each YP after interviews thanking them for their involvement and informing them which candidate(s) had been appointed. At the time of the evaluation YP did not have a "veto" for candidates. Where a candidate YP felt was unsuitable was

appointed, the Appointing Officer was expected to give clear reasons why this was the case in order to reduce the likelihood of tokenistic involvement.

Methods

Design

The study used a mixed methods self-report questionnaire administered to YPs' and staff panel, and candidates. The questionnaire was designed by the authors as no standardised questionnaire was available. Quantitative questions used 10cm visual analogue scales which were labeled "no, not at all" at one end with a "sad" smiley face and "yes, definitely" at the other end with a "happy" smiley (adapted from the Child Outcome Rating Scale¹⁵). They asked whether the YPs' panel were listened to, if their comments were useful, their questions important, whether the YPs added unique information, if their input was important, how happy they were that the YP took part, if changes were required, and if they would like the YP to take part again. YP were asked if the panel had a positive or negative effect on their wellbeing.

Questionnaire dimensions were adapted for each group, e.g. YP "did you feel listened to?", staff "did you feel you listened to the youth panel's comments?", candidates "did you feel you listened to the youth panel?".

Qualitative questions with "free-text" answers were adapted from the Experience of Service Questionnaire (CHI-ESQ¹⁶), a widely used feedback tool, and asked about positive aspects of the process and changes required. YP were asked if taking part had affected their wellbeing.

Participants

Participants ($n = 36$) were nine YP, 13 staff and 14 candidates. This represented 60% of the available sample: two YP, 17 candidates and 5 staff declined to participate. YP (mean age 17.6, $SD = 1.08$, range 16-19; 77.78% female) were current or former CAMHS service users. There were a minimum of two YP on each panel (mean = 3.43, $SD = .98$, range = 2-5).

Ethics

The evaluation was approved as a service evaluation by the NHS (CPFT) and the University of East Anglia (reference 2015/16 – 082), which included approval to submit the evaluation for publication. As a service evaluation, ethical approval from an NHS ethics committee was not required.¹⁷ The questionnaire booklet stated that participation was voluntary and would not affect YPs' care or the candidates' interview outcome. The interviews and evaluation were carried out in CAMHS clinic buildings with an "on duty" clinician contactable if a YP became distressed, although this was not required.

Procedure

The questionnaire was administered at the end of the interview day to YP and staff panel, and after the candidates' interview. Questionnaires were collected in an envelope to encourage honest responses. YP and staff who participated in more than one interview completed the questionnaire once only, on the first panel they took part in.

Data Analysis

Descriptive statistics were obtained for quantitative answers using IBM SPSS for statistics. Qualitative responses were analysed thematically.¹⁸

Results

Quantitative data showed that, in general, participants felt positive about involving YP in the recruitment process. Descriptive statistics are shown in Table 2. Participants rated the importance of having YPs' voices heard, being happy YP took part and wanting YP to take part again particularly highly. Staff responded that more changes were required compared to YP. The majority of YP stated taking part in the interviews had been beneficial to their wellbeing; none disclosed any detrimental effects.

Qualitative data from free text responses resulted in six themes: added insight, professional role, valued and important, clarity of feedback, benefits to YP and changes required (see Table 3). Changes required included having a clear scoring and weighting process for the panels (including whether the YP should have a "veto" for candidates), that candidates have their YP panel and staff panel interviews in the same order, and that steps should be taken to ensure YP did not know the candidates (on two occasions a candidate had previously worked with a YP on the panel).

Table 2. Descriptive Statistics

Question Dimension	YPs' panel Mean cm (<i>SD</i>) $n=9$	Staff panel Mean cm (<i>SD</i>) $n=13$	Candidates Mean cm (<i>SD</i>) $n=14$
Felt listened to	8.63 (1.74)	9.23 (0.88)	9.83 (0.33)
Useful	8.73 (0.93)	9.09 (1.06)	9.05 (1.52)
Important questions	8.81 (1.13)	9.15 (0.99)	9.81 (0.37)
Unique information	7.46 (1.76)	8.87 (1.52)	9.03 (1.48)
Important voices are heard	9.43 (0.87)	9.35 (0.83)	9.61 (0.88)
Happy took part	9.70 (0.39)	9.45 (0.69)	9.85 (0.33)
Change required	1.07 (1.44)	4.32 (3.87)	2.14 (3.99)
Take part again	9.99 (0.33)	9.72 (0.37)	9.78 (0.44)
Positive impact on wellbeing	6.58 (3.62)	n/a	n/a
Negative impact on wellbeing	0.16 (0.23)	n/a	n/a

Note. The 10cm visual analogue scale was marked 'no, not at all' on the left (0cm) and 'yes definitely' on the right (10cm).

Table 3. Qualitative Data Results

Theme	Example
Added insight	“Valuable insights about how YP might perceive candidate and likelihood of forming alliance with person” (staff)
Professional role	“Professional and well organised.” (candidate)
Valued and important	“I feel that the youth panel is really important, and it was treated this way...the whole process was incredibly beneficial for all involved” (YP)
Clarity of feedback	“All the [YP’s] panel were really focussed and clearly articulated their views - they were able to explain really well why they evaluated candidates in the way that they did.” (staff)
Benefits to YP	“I have grown in confidence and self esteem” (YP)
Changes required	<p>“All candidates have same order of interviews (e.g. professional interview first, service user interview second)” (staff)</p> <p>“We should have some formula for aligning and weighting the YP’s recommendations with the outcome of the professionals’ panel, where there is a clear difference between the two panels.” (staff)</p> <p>“Make checks to ensure YP on panel don’t know interviewees” (staff)</p>

Informal feedback from professionals and YP highlighted the importance of the Participation Coordinator in ensuring the process felt safe and to allow each YP’s voice to be heard equally. YP felt they grew in confidence from the process. One YP, who often became frustrated at the number of questions professionals asked her, remarked “it’s us asking the questions for a change”. YP felt it was important they had a separate panel rather than being a representative on the staff panel because this gave them more responsibility and it allowed more YP to be involved and thus benefit from the experience.

Discussion

This small-scale evaluation showed that all stakeholders in the recruitment process felt the addition of YP’s interview panels was a positive experience, albeit with changes required. This suggests that the initiative was feasible in the service where the evaluation took place. No adverse effects were reported.

Recommendations for Future Interviews

Decisions about scoring and weighting system used to evaluate candidates should be decided in advance of the interviews. This includes whether YP should have the right to “veto” candidates; a model used by Basset & Harding.¹⁹ This is important because it was not our experience that there was a high level of agreement between professionals and service users, contrary to other findings.^{9,20} For instance, on several occasions candidates were judged by

professionals to have adequate skills at engaging with YP, but the service users did not agree with this. In these situations, it is important that YP’s views are to be taken seriously if tokenism is to be avoided.

Ideally candidates should have interviews in the same order (e.g. YP panel first, then staff), however this wasn’t always possible for logistical reasons. Care should be taken that YP do not have an existing relationship with candidates to ensure both parties are not placed in an awkward position and decision-making is not biased.

Organising a separate YP panel was more time consuming and resource intensive than having a YP representative on the staff panel. YP felt having a separate panel was important as they gained more from the experience. This chimes with Dearden-Philips and Foutain’s²¹ work stating service users experience more empowerment acting in a group rather than as individuals.

Limitations

The findings are limited by the evaluation’s small scale and sample size. The authors are both advocates of service user involvement which could have affected the administration and analysis of questionnaires. The questionnaire was designed by the authors due to no existing questionnaire being available thus has not been validated with other samples. Positive responses must be interpreted in the light of social desirability bias, particularly for the candidates, who despite being informed the questionnaire would not affect the interview outcome,

may have felt compelled to give overly positive responses. YP were not involved in the shortlisting of candidates: had they done so this may have added an additional dimension to the process and evaluation.

Implications

This evaluation suggests YP's panels are feasible and may benefit other CAMH services. Additional evaluations should take place to triangulate findings, including to examine the impact on the service of candidates selected by YP (e.g. staff retention, therapeutic alliance, clinical outcomes), the impact on the wellbeing of the YP involved, and the financial implications thereof. CAMHS should continue to employ Participation Coordinators to facilitate improvement initiatives to ensure the process is "safe" and YP are supported. The process may have benefitted from YP also having a role in the shortlisting of candidates, as this may have resulted in different candidates being shortlisted and interviewed. Services should bear in mind that this involvement method is not without financial and time commitments.

Conclusion

The questionnaire found that YP's involvement in interviewing CAMHS staff is a feasible, important and valued addition to the recruitment process. Consideration should be drawn to scoring and weighting systems, the order that interviews take place, and that candidates and YP do not have a pre-existing relationship. Other CAMHS teams may like to consider undertaking similar work. Further evaluations are required.

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