

## Working with politicians and policy makers

Ian Florance meets **Geoff Lindsay** (University of Warwick)

I first met Geoff Lindsay around 30 years ago when he was an educational psychologist in Sheffield and I was an assessment and book publisher at NFER-Nelson. Before I interviewed him for *The Psychologist* Geoff was at pains to point out that he is no longer an educational psychologist. But long experience in the job, roles as President and Honorary Treasurer of the Society, work on a European framework for ethics among psychologists and, when I checked, around 18 books available online, suggest he has plenty to say about where people with psychological training can and do contribute.



I met Geoff at CEDAR in the University of Warwick. So I asked, rather naively, what is CEDAR?

'The Centre for Educational Development, Appraisal and Research. It was founded by Bob Burgess, a sociologist of education, in 1987. I took over as Director in 1999. It focuses on the interface of policy and practice and is multidisciplinary: CEDAR has employed historians, educationists, speech therapists and sociologists. In fact I was the first psychologist to work here.'

Geoff links this multidisciplinary focus with his earlier experiences. 'In the early 1970s I was a member of an "excitable and keen" group of psychologists whose mission was to introduce psychological expertise into the care of children with special educational needs. At the time the special education system was run by the medical profession. There were good medics involved, but the overall standard was not as high as it might have been. Put this in the context of some of the great debates of the 1960s. Like a lot of people of my generation I was hugely influenced as an undergraduate by R.D. Laing's and Thomas Szasz's critique of the medical model. But, clinical psychologists had to battle within a predominantly medical environment, whereas educational psychologists didn't have to fight on all fronts!' I asked if Geoff saw the increasing medicalisation of psychology as a return to that situation? Many clinical, counselling and coaching practitioners I speak to feel this. 'I can understand that, but I'm out of that mainstream. The issue

doesn't really affect what I do now,' says Geoff.

'Our group was helped by a very progressive Director of Education in Sheffield. We weren't just directly addressing young people with difficulties but wanted to influence the whole educational system – applying psychological knowledge and understanding to school organisation, for instance. But the upshot is that those battles finished 40 years ago. I'm very used to working across disciplines. A lot of CEDAR's work at the moment relates to speech and language difficulties, so speech and language therapists make huge contributions. And when you look at the sort of research we undertake you'll see it has to be like that.'

CEDAR is a university research centre that works autonomously within the University of Warwick. 'There are only three in the social sciences, and I direct two of them.' He typifies CEDAR's work as addressing politics, economics and educational provision. 'What provision do we need and how much? How much will it cost? And does it work?' Over the last 10 years a lot of the Centre's work has been funded by the Department of Health and Department for Education, as well as bodies such as the Nuffield Foundation. 'I'm pleased about this because it's possible our work will influence concrete policy. Of course, some ideas disappear, but others have a positive effect.'

I asked for examples. 'The Labour government got interested in building a research base about the importance of parenting. This was linked to the RESPECT agenda. A literature review identified three potential programmes relating to parents of children at risk of behavioural problems and 18 local authorities were funded to implement these. CEDAR was funded in turn to evaluate the pilot programmes. This evaluation showed that the programmes were working well and the government decided to roll them out to the whole country and, again, we were selected to evaluate this. An initiative might work

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when it's delivered in a small number of pilots with highly motivated staff and really intensive monitoring and training. Will it work across the whole of the country? Size and motivation matter to effectiveness.'

The second example relates to a stream of work undertaken with Julie Dockrell at the Institute of Education on children with speech, language and communication needs. The Labour government asked John Bercow, then a Tory MP, now Speaker, to review provision for children with speech and language difficulties. Our team provided the research input to the review. Ed Balls, the then Secretary of State, accepted all the Review's recommendations and authorised the Better Communication Action Plan. Part of this is research which CEDAR is running from 2009 to 2012, the Better Communication Research Programme (BCRP).'

Geoff says that both these examples 'represent virtuous circles – a strong political lead on a nationally important issue; a desire to base policy on evidence; evidence gathering; evaluation of the evidence; policy foundation; implementation; evaluation of this'.

Does working with politicians and policy makers demand special skills from researchers? 'Yes, you need to be absolutely confidential over sensitive issues and use your interpersonal skills. These are sensitive areas. But actually it's not as difficult as you might think. And my proposals and thinking always stem from practice rather than abstract theory. I draw on the thousands of parents, children and other professionals I've worked with and ask questions like "What would a teacher think about this?" That, as I see it, is the job of centres like this one – if you get too drawn into second-guessing political agendas you won't offer strong and practical research findings.'

### 'I started by studying chemistry'

I asked Geoff whether he'd imagined working in such areas when he started studying. He smiled. 'Well, no. I started by studying chemistry, but I found I didn't like it. I took psychology as a subsidiary subject and became fascinated by it. I didn't want to go into clinical work; I was interested in, but critical of, practice there. During a field trip to a psychiatric hospital, a psychiatrist brought in a series of what he called "specimens" and discussed them. It was not only dehumanising, some of his comments were obviously wrong. At one point he simply misunderstood what the person

## FEATURED JOB

**Job Title:** Clinical Psychologists  
**Employer:** Brain Injury Rehabilitation Trust



**In this issue, the Brain Injury Rehabilitation Trust advertises for two clinical psychologist jobs, based in Leeds and Birmingham. We spoke to Andrew James, Consultant Neuropsychologist, about the position at Daniel Yorath House, Leeds. 'I came to work in the UK for BIRT from Sydney on a two-year secondment and I'm still here 11 years later. For the right person this is an incredibly rewarding job, helping service users recover from catastrophic brain injuries.'**

It's a psychology-led service and adopts a neurobehavioural approach to service users with acquired brain injuries, so 'it will suit an HPC-registered clinical psychologist with a neuropsychological qualification or with interest and experience in this area. The trust will support work towards their neuropsychological qualification.'

Andrew describes the job as combining two roles: 'working as a clinical psychologist and also as clinical lead for an interdisciplinary team alongside another clinical psychologist. We're looking for someone who has experience of working in team environments as well as the aptitude for this challenge. They'll coordinate assistant psychologists, occupational therapists, a physiotherapist, speech therapist and a visiting psychiatrist.'

This puts the emphasis on interpersonal skills. 'The successful candidate must create effective working relationships with service users and staff as well as with a wide range of external agencies. Supporting, educating and empowering families to take an active role in their loved one's rehabilitation requires strong interpersonal and communication skills.'

The unit has 23 clients. 'There are 18 single-occupancy beds in the main unit, one onsite training and assessment apartment and two transitional living houses nearby. Our interdisciplinary team is based onsite and my role is to provide direct support to the clinical psychologists and take overall responsibility for the rehabilitation programme.'

Andrew communicates huge enthusiasm about Daniel Yorath House and the job. 'It's a challenging role in an organisation whose work features in several TV documentaries and a novel which was published last year, called *And Then It Happened* by Linda Green.' He is obviously proud of their outcome statistics which are reported on the Disabilities Trust website. 'I am currently involved in clinical research and, if the person is interested, there can get involved in a number of research projects.'

So, Andrew, how would you sum up what you're looking for in a successful applicant? 'I'd say they needed to be organised, a good communicator, a leader, empathic and have very good clinical skills.'

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"The successful candidate must create effective working relationships with service users"

was saying and was basing his interpretation of her condition on misunderstanding. The students were, as you can guess, pretty incensed. I always wanted to be an educational psychologist, so I was glad I missed a reportedly dreadful careers talk on being an educational psychologist. It might have put me off for life!

Was research an option from the beginning? 'Yes, but it had been couched in

practice. I was offered the chance to do a PhD when I was still an undergraduate but I turned it down. I worked as an unqualified locum in Sheffield for a year, and one of my objectives was to see if I could work full-time while doing research as well. I found I could. The other thing I set out to do was actually to apply psychology to see if it worked outside the lecture room. I'm surprised more newly graduated students don't do this wherever

they end up working. Klaus Wedell was a huge influence on me – in fact he still is since he chairs the BCRP steering group. He really got me interested in early identification of special educational needs, and I ended up doing my PhD with him on this topic part-time between 1976 and 1979 in Birmingham.'

**'It's a privilege to work with parents, kids...'**

I wondered what motivated Geoff in his work. 'Well, first, I enjoy it. It saddens me that over the years, for all sorts of reasons, educational psychologists express less enjoyment about their work. It's a

privilege to work with parents, kids and schools – it can be an intensely moving experience. When I was Principal Educational Psychologist at Sheffield I only took the job if I could keep a case load. I started out thinking, rather naively, that I was going to help children. I pretty soon found out that parents and other professionals could benefit from what an educational psychologist did and that I, in turn, was helped by them. On the other hand, the research work also gave an intellectual satisfaction. The two go well together.' Geoff has also taught, initially in schools. 'In 1978 I became associate tutor on the professional course in Sheffield: it was quite a new idea at the

time to get a practitioner to train students, but I had seen it work admirably at Birmingham. I continued this from 1978 to 1991, when I became Principal Educational Psychologist for Sheffield.' As if that wasn't a big enough workload – and Geoff admits he'd wondered if the role was too big – Geoff also researched the role of educational psychologists when Local Management of Schools was introduced. 'I got interested in the concept of total quality management – the idea that you put customers first, listen to their views and apply their ideas at all stages of a process. As professionals, we tend to see problems from our point of view, which we're intent

## Running reflective practice groups

**Graham Paley** is a nurse psychotherapist working in both in- and outpatient settings for Leeds NHS Partnership NHS Foundation Trust. He has facilitated reflective practice groups for several years, and thinks the basic principles need wider communication.

**R**eflection is an active process of witnessing one's own experience in order to take a closer look at it; to examine that experience rather than just living it.

My therapeutic model is primarily interpersonal, but the basic principles are generalisable to other psychological models and any area of work.

**Where can they contribute?**

Reflective practice groups would be helpful for any group of staff whose job entails having to care or be responsible for others, either emotionally or physically. This applies to a large section of public sector and, increasingly, private sector jobs. Managers and leaders in commercial organisations are increasingly seen as mentors and coaches and often take on a quasi-caring role, for instance.

A huge literature shows that caring for others can be very demanding, and can easily lead to burn out in staff. Most people in 'helping professions' would report that their client group has increased in complexity over recent years. This means, especially in areas like mental health, that staff are exposed, often for long periods, to a client group that inherently struggles with issues around interpersonal relationships. All of this can get messy very quickly, especially if you add in the 'normal' rivalries and disagreements of teamworking and the high levels of regulation and paperwork that most helping professionals have to comply with. Cutbacks and job insecurity are a reality for many in both the private and

public sectors. It can be hard to focus on caring for others if you don't feel cared for yourself. This is why reflective practice groups can be so helpful across a range of work settings.

They are expensive: you need a facilitator and they take up staff time. Managers, understandably, want to know what they are getting for their money. So, what do such groups deliver? You would expect some outcomes in terms of increased staff well-being, reduced stress and burnout, and a clearer sense of how to cope with job demands, leading to better service to clients. But, in my experience, outcomes are much 'softer': people can't put them into words. They simply value having the protected weekly space: 'Thank God we are having your group today.'

**Setting up reflective groups**

Negotiate with the team what they want from you. It's helpful to separate case, project or progress meetings from reflective practice groups: the latter focus on staff rather than other issues. In my area, for instance, a case conference or meeting might discuss John's aggressive behaviour and how to help him manage it. By contrast, the reflective practice group could talk about John, but concentrate on how staff were affected by his behaviour.

It's critical to get team manager buy-in. Once that's achieved, attending other team meetings gives you and them a chance to get to know each other and to understand their problems and challenges, team

culture and dynamics, decision-making processes, and formal versus informal hierarchies.

Negotiate the ground rules for the day, time, duration, frequency and location of the group and very specific practical issues early, such as interruptions, confidentiality, agendas and note keeping. Who attends is a critical issue. The team's decisions on who should attend or not and why offers insight into team dynamics. Will the group be open to all disciplines and levels of seniority, and do all these people want to attend? A variety ensures the wider team hears what others' 'worlds' are like and what challenges different disciplines or grades within a team face.

A reflective practice group is not staff therapy, but, like therapy, relationships are crucial. The group's success or failure will largely be defined by the quality of the relationship you can form and maintain. You need a high level of self awareness to ensure you are available to anyone working in the team, with equal attention to all.

**Psychologists as group leaders**

Psychologists' training is comprehensive and they also have high 'social status' in most organisations. This can be helpful in being seen as a 'powerful' but supportive outsider who can 'hold the space' and has the authority to bring a disparate group together. Psychologists' status can also be helpful in persuading managers that reflective practice groups are worth investing in. Some psychologists will find it hard to downplay their status and authority to an appropriate level, others will downplay it too much and therefore don't own or offer the group their full potency. This is a

on expressing. I came to think our stance should be: "We're professionals. We have a view. Now let's put it to the customer."

But I'm no manager. I just help others to do the best they can.' My response to this was 'That's exactly what good managers do.' After some thought, Geoff said 'Maybe you're right.'

Geoff has been heavily involved in the Society. How did that come about? 'Klaus Wedell again. He nominated me for the committee of the DECP and I agreed on the basis that I was going to be attending four or five meetings a year! But I found it enjoyable

and challenging. It offered friendship and collegiality and widened my perspectives. And I stumbled into the ethics issue

much as I stumbled into the Society. I was asked to go to an EFPA meeting about a new journal which ended up as the *European Psychologist*.

In 1990 they set up a task force on ethics. I was initially the Society representative but, again, I got fascinated. I had no background in the area but undertook research, initially with Ann Colley, on psychologists' ethical dilemmas. My EFPA work led to the EFPA Meta-Code of Ethics which is now

the basis of all European codes. I don't often say this but, I'm really proud of that piece of work.'

We didn't make it on to the Centre for Industry and Education, or have the chance to go more deeply into Geoff's experiences as an educational psychologist and Principal in Sheffield. But the conversation had linked research, policy, practice and teaching in a vivid way and showed how psychological experience and knowledge can influence public life. I was left wondering about the photos on his office wall, showing Geoff trekking in Nepal. How does he find the time? Maybe those topics are for another conversation.

"I got interested in the concept of total management"

difficult balancing act to get right as a facilitator.

Psychologists may face cultural issues in running such a group. In my experience, psychologists privilege theory, evidence-based practice, and the scientist-practitioner paradigm. Their training emphasises these defining characteristics of their discipline. In addition, entry to and progression within some psychology specialities is highly competitive. The ethos of many organisations – cooperation, support, a devaluing of theory and a distrust of perceived scientific jargon – will challenge some psychologist attitudes.

Psychologists acting as reflective practice group leaders should not communicate an attitude that they know how to do the job of the team better than the team do. However, psychological insights that mutually complement and add to what the team do and know already will add real value. The key is to keep asking yourself 'how can I use my knowledge and skills to add value to what they are already doing?' Think of it as becoming bilingual: being able to 'speak psychology' but to translate this into organisation speak, starting at the same place as your group but with possible alternative destinations in mind.



especially the things that you might find difficult or stressful. We'll get a chance to share and be heard by each other, and where appropriate, to reflect on why things are the way they are, and if and how they might be changed.'

This orientates staff to the relationship, task and goal aspects of the group and maintains its working boundaries.

Sometimes there will be an awkward silence. Don't let it run; but interrupt it. Offer a few comments about the silence but keep the tone light-hearted. For example: 'If nobody has anything to share, I wonder if that means everything is settled and OK, maybe that's worth talking about.'

My interventions in the group tend to fall into the categories below in descending order of frequency:

- I Asking questions to help staff become more explicit about what are often implicit processes amongst the team. A 'naive but interested' stance helps with these questions;
- I Offering empathic statements about what people bring to the group;
- I Trying to link experiences around the group.
- I Offering an 'outsider' perspective on normality.
- I Supportive challenge, which is used rarely. Your position as an outsider can allow you to ask questions about subjects that may have become 'taboo' for the team. I never criticise but use all opportunities, including a challenge, to support and validate the team.
- I Direct advice. People will sometimes ask me directly what I think or what would I do

about some situations. I do give a straight answer rather than deflect, but I make it clear that this is just my opinion and might not be right for their environment. Staff have rarely asked me to 'do something'. I decline and re-state that the best help I can be is to assist them in generating their own solutions to their particular problems.

All interventions aim to get staff talking to and with each other, not you. Encourage the expression of feelings and the sharing of these often 'hard-to-say' feelings. Reflective practice is not just a cognitive, thinking process. The other part is about contacting, tolerating, putting into words, and thus processing the sometimes painful and difficult feelings that staff experience as a result of their work.

What do staff want from you? They probably want you to simply listen and to hear what their world is like. One of the common themes that shows up in various ways across groups is a cry of not feeling understood by 'the other', whatever form this 'other' manifests as. They want you to have a genuine spirit of enquiry and interest in their work.

Be prepared for the dark side: caring for others can be damaging for the carers. You will need a sense of personal robustness, the ability to stay grounded and manage your own emotions.

Ultimately, the success or failure of the group will be decided by the credibility that you have, or have not got, with the team. My belief is that your technical skills and theoretical knowledge are essential, but the way they are delivered is of equal importance. Your team have to know that your group adds value to their demanding weekly routine. Attendance usually lets you know either way. If the team value your group then they will make space in their routine.

## Running the group

I start most groups with the same preamble:

'Welcome everybody, this is the reflective practice group. We have an hour with each other. This group gives you some space away from the demands of your office/ward/clinic/classroom and the chance to talk about anything you want to that is work-related,