

'We all have prejudices and biases – we can all learn'

Ian Florance talks to **Camilla Sanger**

I met Camilla Sanger at the Spitalfields offices of ChildLine, which is part of the National Society for the Prevention of Cruelty to Children's (NSPCC's) portfolio of services. I could see why she was so excited about how NSPCC's work will affect the lives of millions of parents and children in a fundamental way. And I was equally interested in her own fascinating life story. Before talking about the NSPCC projects I asked Camilla the path she'd taken to get involved in them.

'Neither of my parents had an education, and as a result they expected a lot of me. I grew up in Sussex, went to a good school and worked hard, but was fairly socially rebellious and often got into trouble. I wanted to study medicine and had a place at Imperial College, but

I wasn't well enough to sit my exams and therefore didn't get the very high A-level grades needed. I experienced a serious short-term neurological disorder resulting in very low cognitive function and memory loss. I still can't remember certain things. It seemed likely that, given the after-effects, there was little chance of succeeding at any sort of study, but slowly things got better. Because I'd previously done quite a bit of voluntary work and performed well in my psychology modules at college I ended up reapplying to do psychology and neuroscience at the University of Sussex.'

Camilla believes her route into psychology matches her personality: unconventional. 'Everyone thought I was going to fail badly, and I was unsure what I wanted to do, but I became really driven at university, not least in the amount of work experience I gained outside the course. I worked in a therapeutic children's home run by a clinical psychologist, managed a team in a sexual health clinic and did work in the treatment of drug- and alcohol-related conditions as well as setting up a charity in West Africa. A summer placement in Ghana at the end of my first year to promote mental health services really drew me to the continent. Post-degree I worked in a mother and baby unit to earn money, then went to Africa, coming back when the charity was taken over by someone else. My job history is a bit hotchpotch from there – a number of local authority roles supporting "at-risk" parents. Then I started doing

psychosexual therapy and got really interested in the dynamics of couples. My supervisor at the time was a really inspiring clinical psychologist, whose similar "unconventional" story convinced me to apply for clinical psychology training.'

During her doctorate at Oxford University Camilla became more interested in women's health issues and, after qualifying, moved to the NSPCC in November 2015. I asked Camilla what her role in the NSPCC is. 'I lead nationally on a portfolio of research, policy and service development projects that targets pregnancy and babies – with the ultimate aim of ensuring that infants are safe and nurtured. Moving into a management job at the NSPCC is not a traditional move for a newly qualified psychologist, but to me it makes perfect sense. It has been quite a shift up to a relatively senior position, but I have not lost my drive and determination and a strong desire to succeed in the role. We need more women at the top of clinical psychology. Tanya Byron inspires me – she has used media to enhance the profile of our profession. I hope that I can do something similar in the future.'

You work in an emotionally challenging area. 'It is, but in a very different way from direct client work. I'm removed from that, and what I now do is challenging because I know how important the issues are and that the buck stops with me – in so far as I can mould our services. I do miss clinical work... which I'm surprised about as I was sure it wasn't for me. When I'm more settled in this job I may start a small clinic. Direct client work gives you credibility when you're arguing a business case or conducting training, and it is a set of skills that I would not like to lose.'

During this part of our conversation, Camilla talks a lot about systems. 'I think people need to think more creatively about how to apply clinical psychology skills in worlds beyond one-to-one therapy. I like using the ideas of clinical psychology to affect how systems work.'



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Had you become more politically motivated during your clinical psychology degree? 'I'd prefer to say that if you work in these areas it is absolutely essential that you are politically and socially aware.'

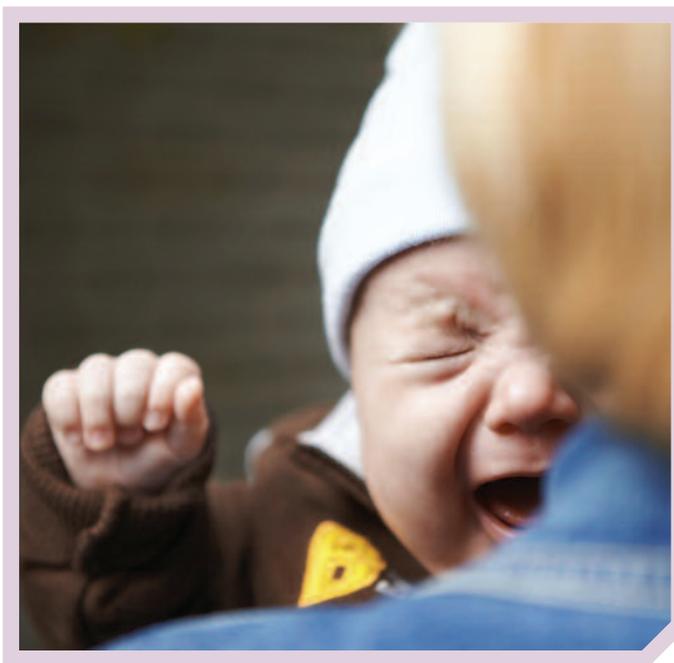
Camilla tells me the NSPCC is innovating in perinatal care. 'I'd like to get the message about this across to as many people as possible, including our own front line staff.' Can you define perinatal for me? 'From conception for the first one to two years of life. It's about the transition to parenthood starting with the parents' influence on the fetus. Traditionally the area focused on postnatal depression, but now we take a much more holistic view of the issues involved in parents' unique influence on child development. We know that what happens during this period can affect children up until their adolescence and beyond.'

This is evidenced by the '1001 Critical Days' cross-party manifesto supported by politicians, organisations and individuals across the board (www.1001days.co.uk). This manifesto highlights the importance of acting early to enhance the outcomes for children. The title refers to this critical period between conception and Year 2. I asked Camilla to give me a flavour of the programmes and reports the NSPCC is launching. 'There are maybe too many for one article but Baby Steps is an example – it is our relationship-focused perinatal education programme for disadvantaged parents. Recent research threw a huge question mark over the effectiveness of traditional antenatal education, and we wanted to develop a service that focused more on the psychological adjustments of transitioning to parenthood opposed to just preparing for birth. Baby Steps was co-developed by Dr Angela Underdown at Warwick University. It starts in the third trimester and is run by two people – someone who works in children's services (like a family support worker or social worker) and a health visitor or midwife. We know from research that during this period couples experience very low levels of relationship satisfaction so the service is aimed at couples.'

Baby Steps starts with a home visit in the seventh month of pregnancy and then

includes six group sessions each week before the baby is born. After babies are born the family is visited again at home, and then there are three more group sessions, including films, group discussions and creative activities. Camilla tells me they're interactive and designed to build confidence and communication skills. There's a strong focus on building relationships between parents and with their babies.

'We have over 40 service centres



Forty-five per cent of all serious case reviews are with children under one. At that age children aren't reacting to cues and, in turn, parents can find crying difficult to cope with.

round the UK and Channel Islands. We piloted, evaluated and refined this programme in those centres and have now started planning for scale-up – testing out the programme in a number of external local authority areas. This latter point is important. A programme might work in the very specific environment of one of our centres but fail completely in the different context of a hospital, a children's centre, a GP surgery or wherever. Our evaluation of Baby Steps so far is very encouraging – we've found huge improvement in both parent–fetus and parent–newborn attachment as well as improvements in parental anxiety. This is vital, given that parental anxiety has such a huge influence on children's later development. And we've also seen improvements in parental self-esteem. The programme protected against the usual decline in parental relationship

quality, and there have been fewer caesarian sections so there have been better birth outcomes.'

Another example Camilla gives is 'Coping with Crying'. 'Forty-five per cent of all serious case reviews are with children under one. At that age children aren't reacting to cues and, in turn, parents can find crying difficult to cope with. There are 200 shaken baby syndrome cases a year, of whom 25 per cent die, and between 50 and 80 per cent

who survive will suffer from severe and life-changing disabilities. We've developed a very simple programme based around a 10-minute DVD to give parents some of the risks of shaking their baby, but also some simple skills to help them cope with their baby's crying.'

The NSPCC is also managing and redesigning perinatal services in Blackpool, one of the five deprived UK areas that have been given Big Lottery funding as part of the 'Better Start' initiative.

'One of our brand-new initiatives is to address mental health in pregnancy. Parents often don't seek help because of fears their children will be taken away. So we're creating open rolling groups around four key theories: mind-mindedness, mindfulness, psycho-education and active relaxation. Again it's aimed at couples, and there's a strong peer support element to it to reduce the social isolation that is so common in depression – which is a very exciting and new development for us.'

This initiative has resulted from consultation with academics, rigorous training of non-psychologists who deliver the programme and evaluation of what works and what doesn't. It also sums up one of Camilla's key priorities: 'I want what we do to be based on sound theory but to then translate this so that it can become accessible to practitioners and parents. We're about making a real difference.'

Time was nearly up, but Camilla had one final point, drawn from her own experiences and her new, very productive job at NSPCC. 'I think reflective supervision is critical. We all have prejudices and biases – we can all learn. How can we change and improve if we don't get time to reflect on our practice?'

Channelling strengths in young people

Tina Rae on her work as an educational and child psychologist

I have worked as an educational and child psychologist since 2001 – initially within local authority services. But, after eight years, I felt strongly that I wanted to again engage in more direct work with children, young people and their families.

I had previously worked for 16 years in special and mainstream educational contexts and developed a specialism in the areas of wellbeing and positive psychology approaches and curricula. Working with the most complex young people was a humbling and truly creative experience. I was definitely challenged to develop my thinking and skillset and to move very much from the child deficit model to one in which we actually identify, develop and channel strengths.

I have always felt that we, as psychologists, have a moral imperative to foster the wellbeing, happiness and overall development of all our young people – but particularly those for whom life has presented some very real, complicated and often traumatic challenges. I think that part of our role, or possibly most of it, should focus on how we help them to survive and then flourish, even in the face of such challenges and difficulties.

This has led me to adopt an approach

that supports the development of practice-based evidence and encourages the development of programmes of support that are truly engaging and that also make a real difference to the lives of young people. Providing them with skills to enable them to be autonomous within an increasingly complex context is a priority for me in my work.

The recent intervention for girls and young women developed within a residential school for pupils with social, emotional and behavioural difficulties is probably a good example of this approach to intervention. A group of girls and young women who were presenting with a range of behaviours that were felt to be putting them at risk – both emotionally and physically in a wide range of contexts – was identified. The general discourse around these young women appeared to be one of negativity, in that they were regarded as putting themselves at risk due to their daily behaviour and self-harming behaviours.

It was therefore felt appropriate to conduct a series of focus groups in order to elicit the girls' views: What was it that they felt concerned about and what kind of intervention or support at a school-based level might they consider most helpful? The idea was to conduct a piece

of research to then inform the subsequent intervention.

This resulting 'Girls' Curriculum' consequently aims to promote wellbeing by building positive relationships within a nurturing and child-centred approach. This builds upon resilience and protective factors within the school context. The main tenets of the model adopted include taking into account the individual needs of each member, looking at the reasons behind different behaviours rather than reacting to the behaviours themselves, and promoting the right of the young person to choose and communicate, whilst accepting these choices and not basing judgements upon them. The key aim of the 16-session programme is to build a therapeutic environment that allows and promotes autonomy, emotional resilience and open communication.

So how does such a programme/approach also inform my work with Compass Fostering in terms of supporting foster carers and social workers? Where is the overlap or consistency in terms of the philosophical and theoretical approach?

Foster carers and social workers at Compass are provided with a training package that incorporates core elements

Welcome to your psychology degree

Mike Aitken Deakin addresses the thousands of new undergraduates getting this issue free, urging them to enjoy the experience and get what they want out of it

In a few short weeks A-level results, clearing, summer holidays and 'welcome week' will be a fading memory. A bright, shiny new cohort of students will be following in the footsteps of previous years, and they will all ask the same question as last year of their lecturers – Do we need to know this for the exam?

This is a perfectly good question to ask when you want to know how to get a good mark in your module. But is it the most important question? Don't you want something more than

a piece of paper saying you 'got good marks' in return for investing a lot of money, and around 5 per cent of your total expected adult life?

Participation in learning and teaching is about more than helping you get good marks. No matter how well your university has designed and developed its assessments, there are things a degree provides that will not show up in the markbook. So go ahead – ask your lecturer whether the content will be on the exam. After all, it should always be clear to you how your

work will be assessed. But also ask – Do I need to know this for my future happiness?

To answer that, we need to consider what your future holds as psychology graduates. Many psychology undergraduates have a long-held ambition for what to do after graduation, with career plans for mental health or education detailed on their university application. But, in fact, psychology graduates are just as likely to end up doing something else entirely.

Responses from almost 3000 psychology graduates

to an ongoing BPS project suggest that out of 50 typical respondents, a dozen would be working in education four years after graduation, and a similar number working in the field of human health. The current competition for training places means that at most one of these dozen might eventually become a clinical psychologist.

What about the other 25 typical graduates? Three or four might be doing social work, three scientific researchers, a couple would be office administrators, and others



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including the ways in which attachment theory can and should inform practice. Recent developments in neuropsychology are highlighted in terms of the ways in which they can support the development of positive, secure relationships and behaviours. The need to adopt a strengths-based approach emanating from positive psychology is central here.

This is an innovative and exciting approach and unique to the organisation. What is also unique about the support and training offered to foster carers and

social workers is the focus on developing peer support systems and the resilience of both the child and the carer through access to Compass consultation. This is delivered by psychologists (myself and, under my supervision, our wonderful Year 3 students at the University of East London) whose practice is grounded in positive psychology and attachment theory and who use a strengths-based and solution-focused problem-solving framework. Sessions are offered on both an individual level and in group contexts.

An interesting link here with the work on the Girls' Curriculum is the recent request from foster carers for a group session focusing specifically upon self-harm and problematic sexual behaviour, issues around anxiety and the need to build and foster a more strengths-based and problem-solving approach. The exciting element for me here was the opportunity to empower carers and enable them to move from negative cycles of thinking to accentuating what they can and were actually doing that made a positive difference. Again the links here with our work on the doctoral course are also clear: it is this solution-focused skillset and ability to effectively use appreciative inquiry whilst asking the 'right' questions – the notion of the psychologist as coach – that we feel we can and do promote with our students.

If the work that I engage in can produce positive outcomes for the students, carers and social workers I support, then this must be a 'result'. And a good one that sits well with the objective of a positive psychologist who wants to truly make a difference to the wellbeing of individuals and groups in the social and learning contexts. This is a privileged position to be in, and I do not take for granted the fact that working with human beings in this way is a special, unique and often humbling experience. People never fail to impress and surprise me with their humanity and kindness and ability to inspire and enthuse.

working in the finance sector, residential care work, in the retail sector, or in software development, etc. These are generally not careers that have a specific requirement for a psychology degree.

Even so, two thirds of graduates feel that their psychology degree was relevant to them securing their current job – slightly more than had felt their work experience was a factor, and (perhaps reassuringly), most did not feel that the final grade they got in their degree was a factor.

As well as helping them get jobs – around three quarters felt that the psychology degree had developed their 'employability skills' well (e.g. problem solving, communication, statistical and

IT literacy) – and the majority felt these skills were used 'most of the time' in their current work.

Your degree should develop you as a psychologist and a person, building your psychology knowledge and enabling you to flourish as a graduate. But it should also be fun, and developing your core skills early on will help with that. More effective study is more rewarding, and releases more time for other fun things.

Aim to develop more than knowledge of the curriculum in the first year. Take any 'transferable skills' teaching seriously, and apply what you learn to your study. Planning and preparation, time management and a clear focus

on key criteria are important transferable skills – and they can also reduce the worst parts of student life: confusing lectures, working all night for a piece of coursework and then getting surprisingly poor marks.

Many modules will not include formal 'skills' training, but you can always develop your core 'employability' skills in academic work (group working, presentations, effective writing, time management). Whenever you are working on a project or piece of work, consider the skills you are using, and how you can improve them.

Whatever you plan to do after your degree, you will almost certainly need to produce a compelling CV or interview. Provided you have been thinking

this way all along, you will be ready to describe your skills and how you developed and demonstrated them as part of a psychology degree.

A final metaphor: Your degree is rather like a piggy bank – how much you get out of it depends on how much you put in. But remember that the same applies to a sewer. It's definitely worth thinking in advance about what you will want to get out of your psychology degree.

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