

## Lancaster University Doctorate in Clinical Psychology

### Equality Scheme, 2013 - 2014

#### 1. Values

The Lancaster DClInPsy Programme is committed to celebrating the diversity of all those associated with it: students, staff, members of our Public Involvement Network (LUPIN), teachers, supervisors and assessors. This commitment is underpinned by an emphasis on inclusivity and equality of outcome. Learning experiences provided and facilitated by this programme, and the quality of our professional relationships, are informed by this overarching principle.

#### 2. The Policy Landscape

The DClInPsy Equality Scheme is based on the policies of our stakeholders, below, but shows actions and plans specific to the DClInPsy Programme:

- The Lancaster University Single Equality Strategy (2010 to 2013):  
<http://www.lancs.ac.uk/hr/equality-diversity/strategy1.html>
- LCFT's Transformation and Equality Statement of Intent for 2012 - 2015  
<http://www.lancashirecare.nhs.uk/CubeCore/.uploads/E&D/Transformation%20and%20Equality%20Statement%20of%20Intent%20Dec%202012.pdf>). Lancashire Care NHS Foundation Trust (LCFT) is the employing trust of DClInPsy students and of some DClInPsy staff: <http://www.lancashirecare.nhs.uk/about-us/ED.php>
- The Health and Care Professions Council's Equality and Diversity Scheme:  
<http://www.hpc-uk.org/aboutus/aimsandvision/equality/index.asp>
- The British Psychological Society's (BPS's) Human Rights Policy Statement:  
<http://www.bps.org.uk/publications/policy-and-guidelines/general-guidelines-policy-documents/general-guidelines-policy>

For more detail on legislation governing equality policies, precise definitions of terms and equality policies and strategies at an institutional level, please follow the links above.

#### 3. Dimensions

Both LCFT and Lancaster University organise their equality strategies around six equality strands: race and ethnicity, disability, gender, age, religion/belief and sexual orientation. The Equality Act 2010 (<http://www.legislation.gov.uk/ukpga/2010/15/resources>) specifies nine characteristics which cannot be used as a reason to treat people unfairly: the six above plus gender reassignment, marriage and civil partnership and pregnancy and maternity. The Act says that socio-economic factors must be considered, in terms of strategy, by public bodies but does not specifically include higher education institutions in this. The Lancaster DClInPsy regards equality of outcome regardless of socio-economic background as important, however, and we

have taken steps to widen participation in the profession to this end. The BPS's human rights statement reflects the values of the Lancaster DClInPsy Programme by changing the emphasis of their equality strategy from diversity to inclusivity:

'generally, human rights, social inclusion and social equity must be promoted, as there is clear evidence that these issues are intimately related to healthy, supportive communities which support high levels of personal and psychological well-being'.

The Lancaster DClInPsy aims to support high levels of psychological wellbeing in those associated with the programme by ensuring that our activities support their inclusion and full contribution.

#### 4. Programme Structure

The Lancaster DClInPsy Inclusivity Policy Group (IPG) is chaired by Clare Dixon and comprises: three other members of the programme team, trainee representatives from each year of training and two members of LUPIN. This meets quarterly and makes recommendations to the programme Senior Management Group (SMG). The SMG makes decisions which may be implemented or discussed by the Inclusivity Policy Group.

#### 5. Widening Participation in the Profession

Clinical Psychology is not a diverse profession, in terms of the six equality strands of the Equality Act, 2010. For example, in 2012, 84% of those accepting training places in the UK were female, 82% were aged 20-29 years, 58% said they had no religious affiliation, 90% said they did not have a disability (or did not respond to this question), 89% identified as 'white' and 92% said they were heterosexual or did not respond to this question.

Undergraduates on UK psychology degree courses match this profile closely so the issues begin earlier than selection for training. In order to encourage applicants from underrepresented groups the Lancaster DClInPsy has taken a number of steps:

**5.1 Outreach.** The IPG works to encourage applicants from a variety of underrepresented groups to apply to the Lancaster DClInPsy programme for clinical training. The aim is a match between the membership of the Clinical Psychology profession and the general population. The IPG disseminates information about how to become a clinical psychologist to sixth form schools and colleges that have been identified as having students from underrepresented groups. The group meets once every three months to discuss possible outreach projects. Members of this group attend careers fairs, speak to students about the programme and promote diversity and inclusivity. The group has forged links with Leanne Bates and Gail Neville who are involved in outreach activities at a university level.

**5.2 Website.** In 2010, the course became aware that the programme website was not considered encouraging by potential applicants identifying with an ethnic minority via a publication in the BPS's Clinical Psychology Forum. The author was contacted and asked for feedback on the Lancaster website. It appeared that more specific information on the admissions process was required and the visual representations on the site were not inviting to all applicants e.g. they did not show trainees with a visible ethnic 'difference'. The Website Action Group was formed in June 2010 and undertook a complete revision of the DClInPsy website. A new member of staff with skills in website design and updating has been employed to ensure that this improvement is maintained. When applicants for the 2013 intake of trainees were surveyed, 100% of respondents said they used the website to help them to decide whether to apply and 100% said the website was encouraging and helpful.

## 6. Admissions

- 6.1 The admissions process.** The DClinPsy Programme changed its admissions procedures in 2005 in order to widen participation to the profession. Previously, applicants were selected for interview by rating their relevant previous experience, academic qualifications and references. This privileged those who were able to study for further degrees and/or take a number of poorly paid jobs or voluntary work. This is much easier where family/other financial support is available so we stopped rating experience and academic attainment and asked all applicants to take a short written task instead. This test is designed to test the minimum level of competence in written communication necessary for doctoral study and a small amount of research knowledge. All those who reach a threshold score progress to a selection event. At this event, a task requiring candidates to present their previous clinical or research work was replaced with 'a challenge outside work which has prepared you for clinical psychology training'. Competencies established by job analyses and a competency mapping exercise are assessed during the selection event.
- 6.2 Applicants declaring a disability.** The university follows the good practice guidelines of the Department of Work and Pensions 'Two Ticks Positive about Disabled People' scheme. This means that all those declaring a registered disability are offered an interview as long as they have the minimal entry requirements (see Admissions Handbook) and achieve a score of 60% on the written task which is taken by all applicants. Applicants with a disability are encouraged to contact the programme in advance so we can provide appropriate support in all their contacts with us. When students declare a disability at any stage of the programme, they are offered support tailored to their needs. The Lancaster DClinPsy Programme is committed to making reasonable adjustments to supporting candidates with a disability in achieving the HPC's standards of proficiency for practitioner clinical psychologists. Please follow this link to see the HPC's 'Disabled Person's Guide to becoming a Health Professional':

<http://www.hpc-uk.org/publications/brochures/index.asp?id=111>

Applicants declaring a disability are surveyed after the selection event to gauge the success of our efforts. In 2013, two applicants who were shortlisted for interview said that they had declared a disability before taking part in the selection process. In response to the question 'did you find the arrangements made for you created an equal opportunity for you to demonstrate your potential for training?', one person said 'somewhat helpful' and one responded 'yes, they worked well for me'. **Action:** Applicants for clinical training at Lancaster will continue to be surveyed after the event and particular attention paid to making adjustments to arrangements for those declaring a disability which support them in demonstrating their competence and values.

- 6.3 Applicants identifying with a 'minority group'.** In 2013, 12 respondents to our survey of all applicants for clinical training responded positively to the question 'Do you see yourself as a member of any minority group (in the context of DClinPsy selection)?' Six further respondents said they were 'not sure' and 48 said 'no'. Of the 18 people signalling their identification, at least partially, with a 'minority group', 3 said they felt the selection process had disadvantaged them, 3 said they felt that some aspects of selection were problematic and some inclusive, 11 said that all opportunities were as open to them as anyone else and 1 felt their perspective was actively valued.

**Action:** Applicants for clinical training at Lancaster will be surveyed after the event and particular attention paid to supporting those who identify with a 'minority group' in demonstrating their competence and values.

- 6.4 Data review.** Data are provided by the Clearing House in Clinical Psychology each year. These show the profile, in terms of equal opportunities, of all applicants to the Lancaster DClinPsy at each stage of the admissions process: application, written task and selection event. We can see the profile of those who accepted places. A review of the data for the 2012 intake suggests that the Lancaster DClinPsy selection process does not disadvantage most applicants e.g. in terms of gender, age, sexual orientation, disability, ethnicity etc. However, non-white applicants, those declaring dyslexia and those declaring a religious affiliation were slightly less likely than others to pass the written task. There are insufficient numbers involved to evidence a significant disadvantage (only 4% of applicants declared dyslexia) so more data are required before recommendations can be made. Applicants who declared no religious affiliation, and were of white ethnicity were slightly overrepresented in the group accepting a place on the programme when compared to those applying. Applicants who identified themselves as non-heterosexual were slightly overrepresented in the group accepting a place on the programme compared to the national pattern.
- 6.5 Selectors.** Many selectors are Clinical Psychologists, which is not a diverse group in terms of the six equality strands identified by the Equality Act, 2010. There is a danger that applicants similar to selectors will be privileged and steps are taken to mitigate against this possibility. Applicants are rated using a competency based framework and all selectors are trained in its use each year. Service users (LUPIN members) are full members of selection panels. In 2013, 94% of respondents to a survey said the inclusive nature of selection panels (i.e. involving programme staff, trainees, members of our public involvement network and local supervisors) was a 'positive aspect of the Lancaster selection process'. Comments included "It reflects positively on the course's inclusive nature and suggests an egalitarian approach to clinical psychology", and "It was positive whilst prepping for the interview to know that the panel would consist of a diverse range of individuals from relevant backgrounds, and pleasing to know that I have been selected by a representative panel". 6% (2 candidates) said they had reservations about it. One was unsure about having current trainees on the panel, and the other was on a panel without a member of the public involvement network and felt the panel mix should have been the same for everyone.

## 7. Widening participation in the Programme

- 7.1 Public involvement.** In 2008, the LUPIN group was established to facilitate the influence of service users and carers on the activities of the Lancaster DClinPsy. Since then, LUPIN members have had an important role in shaping teaching and selection procedures. Their role in supporting research is developing and LUPIN members have been invited to all programme policy groups as full members. Membership of policy groups is evolving and to facilitate this, LUPIN members will spend more time with staff and trainees on campus in informal settings to establish closer working relationships in 2013 and 2014.
- 7.2 Flexible working patterns for trainees.** A number of trainees have atypical working patterns and paths through training. This may be due to pregnancy, family commitments, or ill health. Atypical paths through training are negotiated on a case by case basis. Applications for extra funding from NHS (NW) are submitted when required.

**7.3 Flexible working for staff.** Many DClinPsy staff work part time or have flexible working arrangements e.g. annualised hours, to enable their full participation in the DClinPsy programme whilst undertaking other activities e.g. a clinical role or raising a family.

**7.4 Reasonable adjustments.** Reasonable adjustments to working life are made in negotiation with staff and trainees as it becomes apparent that they are needed to facilitate their full involvement in the programme and their maintenance/attainment of the HPC standards of proficiency. Many trainees do not declare a disability at the point of selection but find it useful to signal their need for adjustments during training.

## 8 Inclusive Teaching

**8.2 Teacher training.** We aim to encourage teachers to be inclusive in their delivery and content of teaching across the course. In 2011/12 there were 2 training days for teachers on the DClinPsy programme to facilitate and support inclusive teaching. Members of the Inclusivity Policy Group (IPG) and Teaching and Learning Strand team are available to offer 1:1 support to teachers wishing to improve their practise in this area as required. An 'Inclusive Teaching - Hints & Tips' document for teachers has been developed by IPG members in consultation with trainees, the LUPIN group and staff, and is available on request from [c.dixon3@lancaster.ac.uk](mailto:c.dixon3@lancaster.ac.uk)

The LUPIN group has discussed plans to offer training to teachers on facilitating service user involvement in teaching.

Tutors are encouraged to discuss trainees' experiences of teaching e.g. asking them whether they felt that their perspective was valued and encouraged during teaching, when they meet trainees for their biannual training progress review meetings. Tutors can then send anonymised feedback to the Chair of the IPG for discussion with strand teams and further action.

**8.2 The 'Inclusivity' curriculum.** Since September 2012, all teaching on issues around diversity and inclusivity, e.g. personal development and reflection sessions, contextual psychology sessions and cultural competence teaching, are planned as a developmental programme through the 3 years of training.

**8.3 Trainee feedback.** Trainees are surveyed after every teaching session and asked whether they experienced the session as inclusive. They are asked to make constructive suggestions for improvement. This question has been separated from the broader spread of questions about the quality of teaching sessions so that any relevant comments can be sent to the teachers and co-coordinators of teaching for urgent attention. When teaching programmes are reviewed this element is audited and reported to the Management Committee and Senior Management Group.

**8.4 Accessibility.** The trainee teaching room is accessible by elevator, hearing loops are available and teaching sessions can be recorded when necessary. All teachers are asked to use a standard font and background format, designed to minimise the impact of a visual impairment, for slides and handouts. We are working towards compliance in all our documentation. Please see appendix 3 of the Curriculum Handbook for a summary of this guidance or follow this link:  
[http://www.lancaster.ac.uk/shm/study/doctoral\\_study/dclinpsy/new/onlinehandbook/appendices/guidance\\_on\\_document\\_and\\_slide\\_preparation.pdf](http://www.lancaster.ac.uk/shm/study/doctoral_study/dclinpsy/new/onlinehandbook/appendices/guidance_on_document_and_slide_preparation.pdf)

## 9 Practice Placements

**9.2 Log Books.** A recent review of the way diversity is audited as an element of clinical experience on placement has led to changes in the use of placement documentation. The Log Book is a record of all experiences on a practice placement and a summary table is normally completed to show all clinical contacts. This table has a column labelled 'diversity' and 'white British' is often added next to the description of a client. This narrow definition of diversity does not reflect the values of the DClinPsy programme. We now ask trainees to leave this column blank and use a free text page of the Log Book to reflect on issues of inclusivity on this placement. For example: does the client group reflect the local population? If not, what might be the barriers to inclusivity? Does the trainee feel supported in terms of working with people from different backgrounds on this placement? Is their own background valued? Clinical Tutors have been asked to signal this change with both trainees and with placement providers during placement visits. An audit of Logbooks completed by trainees in 2012/13 showed that 95% of trainees were using these reflective questions to consider inclusivity on placement. We aim to increase this to 100%.

**10 Staff training.** A training day for all DClinPsy staff took place in January, 2011, to facilitate reflection on the values of the programme and personal diversity issues. A survey of participants showed that 78% believed that the staff team was more cohesive afterwards and 8 of 9 respondents said they would like another similar training event. Staff have also been trained in working as Action Learning Sets. Action Learning is designed to support personal reflection and decision making via the questions and reflections of colleagues in a group format. It enables the scrutiny of values and identity as part of the decision making process. Two days training took place in 2011 and regular meetings of the sets took place in 2012 and 2013.

## 11 Research and Assessed Written Work.

**11.2 Annual Inclusivity Conference.** Third year trainees lead an 'Inclusivity Conference' for all 3 cohorts of trainees, course staff and LUPIN members each year. Teachers and practice placement providers are also invited. This event showcases the work, usually assessed work, of trainees in the preceding year which is relevant to equality and inclusivity. The aims are to disseminate findings which can inform and change practise, to encourage all trainees to focus on inclusivity in their research and other assignments and to facilitate networking - particularly for those from underrepresented groups. The presentations from the 2010 conference formed the main part of a special issue of the BPS's Clinical Psychology Forum publication in February 2012. Each year conference leaders write a piece on the conference for an issue of the DClinPsy newsletter and all presentations are available on the virtual learning environment.

[http://www.lancs.ac.uk/shm/study/doctoral\\_study/dclinpsy/new/news/newsletters/Newsletter\\_Feb\\_2012.html](http://www.lancs.ac.uk/shm/study/doctoral_study/dclinpsy/new/news/newsletters/Newsletter_Feb_2012.html)

**11.2 Publications.** The Lancaster DClinPsy has a high publication rate for written assignments and research. The course provides a great deal of support to trainees to this end. Respecting the contribution of service user participants in research by ensuring it informs practice is the driver behind this high rate of publication.

**12 Trainee support.** The DClinPsy Programme values the contributions of all trainees and works to support them in reaching their full potential. Trainees are supported by course staff,

personal mentors, placement providers and colleagues. Trainees who feel excluded due to identification with a marginalised group can use the opportunities offered to help them address these issues and challenge barriers to inclusion. For example, each trainee is offered a small number of individual cognitive analytic therapy (CAT) sessions as part of the training experience (a 'mini CAT') during their 2<sup>nd</sup> year. In addition to the opportunity to reflect on individual values and behaviour, the experience of receiving therapy is somewhat akin to that of a service user and provides an insight into the power imbalances which can occur inadvertently in therapy.

## Equal Opportunities Data for 2013 Intake

The information on the applicants for Clinical Psychology training across the UK in 2013 in the table below is available on the Clearing House in Clinical Psychology website:

<http://www.leeds.ac.uk/chpccp/BasicEqualopps.html>

The specific information on applicants to the Lancaster DClinPsy Programme was obtained direct from the Clearing House. The Lancaster DClinPsy programme also collects information on gender, disability and ethnicity from trainees after appointment. The data match those given below in terms of disability, ethnicity and gender.

### Confounding factors

The figures below should be treated with caution as:

- Offer and acceptance are not the same thing. It is unclear how many offers were made to those in each category and who refused them.
- This is a very small data set.

Equal Opportunities Data for 2013 Entry: Lancaster compared to UK wide courses

Dimension	Lancaster: % Applicants : % Passed written task: % Acceptances	Clearing House information, UK wide:  % Applications : % Acceptances
Gender - female	83 : 79 : 79	82 : 85
Dependants - yes	10 : 6 : 0	10 : 5
Sexual orientation - not heterosexual	10 : 10 : 16	5 : 5
Single	63 : 63 : 54	66 : 66
Married/civil partner/cohabiting	32 : 38 : 42	31 : 36
Age: 20-24 years	27 : 27 : 17	29 : 23
25 - 29 years	47 : 59 : 71	46 : 59
30 - 34 years	15 : 8 : 8	14 : 12
35 - 39 years	6 : 6 : 4	5 : 3
40 - 44 years	3 : 0 : 0	3 : 2
45 years and above	1 : 0 : 0	1 : 0
Religion: total with a religion	38 : 31 : 25	37 : 33
Religion: Christian	28 : 27 : 21	27 : 25
No religion and no response	62 : 69 : 75	62 : 67
Disability - total declared	10 : 6 : 8	8 : 6
Disability type	All types applying matched acceptances, except dyslexia: 4 : 0 : 0 Mental health difficulty: 1 : 1 : 4 and unseen disability e.g. diabetes, epilepsy, asthma: 2 : 4 : 4	No data available
Ethnicity: Total White	84 : 94 : 96	83 : 87
Asian/Asian British	6 : 1 : 0	7 : 6
Black/Black British	3 : 0 : 0	3 : 2
Mixed	3 : 3 : 4	3 : 3



## Conclusions

While the numbers are very small, those with the following characteristics were slightly, and disproportionately, **more** likely to be offered a place at Lancaster than expected in 2013:

Characteristic	Advantage occurring at this stage of the selection process	National pattern
Non-heterosexual sexual identity	Selection event	Heterosexual sexual identity advantaged more
No religion	Selection event	As Lancaster - No religion advantaged
White ethnicity	Written task & Selection event	As Lancaster - White ethnicity advantaged
Mental health difficulty	Selection event	(Data unavailable)
Age 25-29	Selection event	As Lancaster

While the numbers are very small, those with the following characteristics were slightly, and disproportionately, **less** likely to be offered a place at Lancaster than expected in 2013:

Characteristic	Disadvantage occurring at this stage of the selection process	National pattern
Total with religion	Selection event	As above
Asian, Black or Mixed ethnicity	Written task & Selection event	Those identifying themselves as non white were slightly less disadvantaged nationally
Dyslexia	Written task	(Data unavailable)
Dependents	Selection event	Not associated with as large a disadvantage this year

Clare Dixon, March 2014