Working with people with dementia and their carers: Values Based Recruitment

A TOOLKIT

November 2013
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About this publication:

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Section 1

Introduction to this toolkit

'Much of what needs to be done does not require additional financial resources, but changes in attitudes, culture, values and behaviour.'

Robert Francis QC

1.1 Context and background

In 2011 Skills for Care found clear evidence that whilst employers (home care) acknowledged the importance of job-relevant temperament and personality traits - this was rarely reflected in recruitment and selection practice. The impression was that employers regarded the supply of care worker employees to be sufficiently resourced to enable them to easily recruit replacement staff, and that this was more cost-effective than investing in more sophisticated, well-designed recruitment and selection processes.

In 2013, reports about the unsatisfactory (and in some cases appalling) treatment of people in NHS and social care (such as the Francis Report and Close to home) have brought pressure on all employers to be able to demonstrate that their staff possess - and are supported to maintain - the right attitudes and values to help and care for the people they work with. For example, Patients First and Foremost, the Government's initial response to the Mid Staffs NHS Trust inquiry, mentions 'values' no fewer than 49 times.

Driven by the need to ensure quality care and person centred outcomes, and by the economic necessity of reducing staff recruitment and retention costs, there has been a huge increase in interest in the concept of recruiting for values, and in reaping the benefits this can bring for beneficiaries or patients, their carers, staff and employers alike.

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2 Care home recruitment & selection overview - Job design pilot project in residential care, Skills for Care, September 2011
4 Close to home: An inquiry into older people and human rights in home care, Equality and Human Rights Commission, November 2011
5 Patients First and Foremost - The Initial Government Response to the Report of The Mid Staffordshire NHS Foundation Trust Public Inquiry, The Department of Health, March 2013
In 2012, in response to Objective 13 of the National Dementia Strategy, the North East Dementia Alliance (NEDA) commissioned a review of workforce, education and training in relation to dementia care services across the North East. The report looked at the numbers, roles and characteristics of the dementia care workforce across the region, concentrating on the skills and knowledge that already exist, where it needs improving, and the educational and training resources available.

Annexe Three looked at *Values Based Recruitment*, and included a suite of values based person specifications for common roles, making the point that:

> ‘developing knowledge and skills without ensuring that the fundamental attitudes and values needed to practice person-centred care are held by the individual can result in a waste of resources’

It was agreed that this was a significant area, requiring further work locally, and so in early 2013 NEDA commissioned the North of England Mental Health Development Unit (NEMHDU) to develop a 'Values Based Recruitment tool kit for service providers working with people with dementia, based on research, best practice and direct service user and carer involvement.' The overall rationale was to achieve better quality of care for those experiencing dementia, and to reduce staff turnover and recruitment costs for employers.

Three interconnected but distinct outputs were agreed:

- A Values Based Recruitment (VBR) **Toolkit**
- A Universal **Business Case** for developing and supporting a workforce which has the right values when working with people with dementia
- A **Contract Insert** to be used by commissioners to ensure providers use VBR and have values in their specification

## 1.2 Methodology

This project began with a regional workshop with NEDA members in June 2013, which captured some examples from organisations who are already using values based approaches in their recruitment practice, and this was supplemented by further contact and discussion. There followed a period of literature review and desktop research into what evaluations, guidance, resources and initiatives exist regionally and nationally. The final report (i.e. this toolkit) was produced in October 2013.

## 1.3 North East Dementia Alliance

The NEDA are the commissioners of this work and were formed in 2008. It is a partnership of health, social care, voluntary and private sector organisations. Together they drive improvements in health and social care, create dementia friendly communities, improve research, and to ensure the effective development and implementation of the National Dementia Strategy.
in the North East. Whilst supporting the delivery of the whole of the National Dementia Strategy, the Alliance works to improve services around six key priorities:

- good quality early diagnosis
- improved quality of care in general hospitals
- living well with dementia in care homes
- reduction of the inappropriate prescribing of anti-psychotic medication
- development of dementia friendly communities
- improving care and support to people with dementia from minority communities.

Funding sources for the work to date have included the North East Strategic Health Authority, the Association of Directors of Adult Social Services (North East), and the Northern Rock Foundation. It is hosted and administered by Newcastle University.

1.4 North of England Mental Health Development Unit

NEMHDU were commissioned to carry out this work. They work to improve the mental health and social wellbeing of local communities by:

- working alongside statutory and independent organisations to develop and deliver their strategic objectives, increase their efficiency and capacity and deliver recovery focused outcomes;
- working alongside service users and carers to develop an active role in their care as well as the development of health and social care services.

As a social enterprise they aim to reinvest a proportion of their resources to support the development of organisations whose beneficiaries are socially excluded and vulnerable people across the North of England.

1.5 Using this toolkit

Despite the level of interest, and the amount of work that is being undertaken, it is really important to stress that in health and social care, Values Based Recruitment is still very much a work in progress, especially in terms of hard empirical evidence; although there is an increasing body of interesting and useful practice-based and anecdotal evidence. Therefore it is important to offer a note of caution; the tools and ideas set out below are in most cases still being piloted. They are presented in the hope that they will be useful in prompting the development of similar experiments in your own organisation.

It is also crucial to bear in mind that none of these techniques is likely to produce beneficial results if used in isolation. Recruiting for values only really makes sense in the context of a commitment to articulating, owning and promoting a set of values consistently across the whole organisation.
Summary of the contents of each section:

Section 2: Values based recruitment - key terms

This section defines some basic terms and looks at what we mean when we use the term 'values' in relation to individuals and organisations, and how beliefs, values and attitudes and behaviour are connected. It gives examples of national policy and guidance about what values are seen as being relevant and meaningful in health and social care.

Section 3: Research and Evidence

This section briefly describes different interview techniques (not just those that purport to assess values) and summarises the evidence that exists to support their effectiveness, especially in terms of their ability to reliably predict job performance.

Section 4: Practical Examples

In this section there are a number of practice examples drawn from members of NEDA and other service providers. Also included are practical resources from national organisations (such as the National Skills Academy for Social Care) that are available for individual organisations to use.

Section 5: National Initiatives

Given the increasing significance of 'values' in government policy and guidance, several national initiatives are now underway in order to develop practice and evidence of what works. These resources are listed here. There is also a brief section on Personalisation, and individuals who use direct payments to employ their own personal assistants.

Section 6: Case Studies

This section offers more in depth information about some specific Values Based Recruitment projects that have been established or are being piloted in a variety of different health and social care organisations around the UK.

Section 7: Appendices

This section includes a Business Case for organisations considering introducing Values Based Recruitment, and a Contract Insert for commissioners, along with a range of references and further resources.
Section 2
Defining key terms

"Your beliefs become your thoughts,
Your thoughts become your words,
Your words become your actions,
Your actions become your habits,
Your habits become your values,
Your values become your destiny."

Mahatma Gandhi

2.1 What is Values Based Recruitment?

Values Based Recruitment (VBR) is about using a range of tools and techniques to help employers recruit staff who have the right attitudes and values for the job. Having the right attitudes and values is important in any role, but it is critical for those who work in health and social care, especially when working directly with vulnerable people. VBR includes the concept of Values Based Interviewing, but as will be seen below, it also incorporates measures that can be adopted at other points in the recruitment process, both before and after the actual interview itself. 'Recruiting for attitude' is a term that is sometimes used synonymously.

2.2 Beliefs, values and attitudes

A belief is an internal feeling that something is true, even though that belief may be unproven or irrational. A value is a measure of the worth or importance a person attaches to something; our values are often reflected in the way we live our lives. An attitude is the way a person expresses or applies their beliefs and values, and is expressed through words and behaviour. The relationship between values and behaviour is explored further below.

2.3 What are values?

Values are sets of views that people hold about what is right or wrong and reflect a person’s sense of what is good or bad. They may have a strong influence upon people’s attitudes and can act as a set of rules about how to behave in certain situations. Individuals may develop or alter their values
throughout their lives, influenced by such factors as family, school, religion, employment and communities. People may experience difficulties if their personal values do not match other belief systems they interact with such as those found within the workplace.  

A value system is a hierarchical ordering of values along a continuum of relative importance. Once embraced, values play an executive role in personality and organisational culture, serving as criteria for making decisions and setting priorities. 'Values are to people what instincts are to animals. Without the capacity to formulate and act on values, life on the human level would not exist.' 

Every organisation has certain core convictions about its endeavours and about the ways to go about its work. When these convictions are translated into relatively enduring practices they can be called organisational values. Managing an organisation’s value system is an important strategic task in itself.

2.4 What values?

2.4.1 Social care values

The National Skills Academy for Social Care lists the following as examples of the kinds of values that should underpin the training, skills and competencies of all staff, ensuring that services are delivered by 'the right people who do the right thing in the right way':

- Compassion
- Respect
- Empathy
- Treating people with dignity
- Integrity
- Courage
- Responsibility
- Imagination
- Adaptability

Skills for Care has defined a set of principles to support the delivery of dignity in care:

- Value the uniqueness of every individual.
- Uphold the responsibility to shape care and support services around each individual.
- Value communicating with individuals in ways that are meaningful to them.
- Recognise and respect how an individual’s dignity may be affected when supported with their personal care.

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7 Introduction to the seven core principles to support dignity in adult social care, Skills for Care 2013
9 Coming to grips with organisational values, Padaki V, Development in Practice, Volume 10, Issue 3-4, 2000
11 The seven core principles to support dignity in adult social care, Skills for Care 2013
http://www.skillsforcare.org.uk/developing_skills/Dignity.aspx
• Recognise that an individual’s surroundings and environments are important to their sense of dignity.
• Value workplace cultures that actively promote the dignity of everybody.
• Recognise the need to challenge care that may reduce the dignity of the individual.

2.4.2 NHS values

The NHS Constitution contains a set of values that have been developed by patients, public and staff, and are offered as a foundation for individual organisations to build on, tailoring them to local needs: ¹²

• Working together for patients
• Respect and dignity
• Commitment to quality of care
• Compassion
• Improving lives
• Everyone counts

2.4.3 People with dementia and their carers

In 2010 NHS North of Tyne, (the then commissioners for Newcastle, Northumberland and North Tyneside) in partnership with the Alzheimer's Society and Mental Health North East, published a report about its dementia engagement exercise with patients, public and providers.¹³

The process created a set of behavioural competencies from the perspectives of people with dementia and their carers:

• tender loving care
• ability to get to know people
• a gentle approach
• careful handling
• communication
• trust – being a good listener
• understanding of dementia and how it affects people
• a person who engages personally with you

¹² The NHS Constitution for England: the NHS belongs to us all, Department of Health, 26th March 2013
¹³ 'We share, we laugh, we cry: An engagement with people with dementia and their carers, NHS North Tyne, 2010
2.4.4 VIPS - a model for dementia services

VIPS\(^{14}\) is a dementia specific framework that has been designed by partners in the West Midlands. It focuses on four essential elements of person-centred care:

- **Values** people – values and promotes the rights of the person.
- **Individual’s** needs – provides individualised care according to needs.
- **Perspective** of service user – understands care from the perspective of the person with dementia.
- **Supportive** social psychology – social environment enables the person to remain in relationship.

The guiding principles behind VIPS are:

- Do my actions show that I respect, value and honour this person?
- Am I treating this person as a unique individual?
- Am I making a serious attempt to see my actions from the perspective of the person I am trying to help? How might my actions be interpreted by them?
- Do my actions help this person to feel socially confident and that they are not alone?

2.5 The relationship between values and behaviour

It cannot be assumed that there is always a simple or direct link between a person’s values or attitudes and their behaviour. Icek Ajzen has undertaken a huge amount of work in this area and developed a frequently cited model 'The Theory of Planned Behaviour'\(^{15}\) that categorised different types of belief and introduced the notion of 'intention' as a kind of intermediary factor that qualifies the way a belief or attitude results in a certain behaviour. This model has been tested in clinical environments and shows that healthcare professionals’ attitudes do affect their clinical practice. However the relationship between beliefs, attitudes, values and behaviour depends on the context, and is rarely straightforward. Ajzen's website contains a wealth of published material about the application of this theory, about beliefs and values, and the attitudes and behaviours that result.\(^{16}\)

The Theory of Planned Behaviour

The theory of planned behaviour is a theory about the link between beliefs and behaviour. It emphasises 'an intention step' occurring between beliefs and actual behaviour. This intention step is influenced by:

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\(^{14}\) Professor Dawn Brooker, (Association for Dementia Studies – Worcester University)
[http://www.worcester.ac.uk/discover/9980.html](http://www.worcester.ac.uk/discover/9980.html)

\(^{15}\) Icek Ajzen  Professor of Psychology (Emeritus) University of Massachusetts in
Facilitating professional attitudes and professional development Martin J (Clin Ed)
[http://people.umass.edu/ajzen/index.html](http://people.umass.edu/ajzen/index.html)

\(^{16}\) [http://people.umass.edu/ajzen/index.html](http://people.umass.edu/ajzen/index.html); [http://people.umass.edu/ajzen/tpbrefs.html](http://people.umass.edu/ajzen/tpbrefs.html)
- the attitude towards a behaviour (being composed of both a belief about the behaviour and an evaluation of the outcome)
- subjective norms (perception of others’ attitudes to behaviour and motivation to comply)
- behavioural control (belief, based on past behaviour, about whether or not the individual is capable of carrying out the behaviour; this belief also acts directly on the behaviour)

It has been applied to studies of the relations among beliefs, attitudes, behavioural intentions and behaviours in various fields such as advertising, public relations, advertising campaigns and healthcare.
Section 3
Research and Evidence

'(There is) a refusal by knowledgeable people to recognise that many determinations of performance are not knowable at the time of hire ... the whole area of practitioner beliefs about selection methods is a gargantuan one which research has made little or no inroads into' 17

3.1 Introduction

In an article that summarised the practical and theoretical implications of 85 years of research in personnel selection across a wide variety of occupations, Schmidt et al18 presented the validity of 19 selection procedures for predicting job performance and training performance, and compared this with the validity of paired combinations of general mental ability and the 18 other selection procedures.

General mental ability (GMA) is a term used to describe the level at which an individual learns, understands instructions, and solves problems. Tests of general mental ability include scales that measure specific constructs such as verbal, mechanical, numerical, social, and spatial ability. The overall score is considered the most important factor, explaining more variation in individual performance than specific abilities.

Overall, the 3 combinations with the highest validity and utility for job performance were

- GMA plus a work sample test
- GMA plus an integrity test
- GMA plus a structured interview

A further advantage of the latter 2 combinations is that they can be used for both entry level selection and selection of experienced employees.

However these results are about assessing for performance per se - and not assessing for attitudes and values, which is the focus of this toolkit.

18 The validity and utility of selection methods in personnel psychology: Practical and theoretical implications of 85 years of research findings, Schmidt et al, Psychological Bulletin, Sep 1998
Evidence based on empirical research into Values Based Recruitment or Values Based Interviewing is much harder to find, especially in terms of the delivery of health and social care, and it is even rarer in terms of working with people with dementia. There is a need for further research especially in non traditional methods of selection and assessment. This section therefore concentrates on how the available evidence supports different types of recruitment and selection practice, and relates this to the emerging concept of Values Based Recruitment wherever possible.

3.2 The validity of different selection practices

In examining the validity of different selection methods, it is first of all essential to bear in mind these crucial points:

- one of the best ways to increase the likelihood of getting the right person for the job is to conduct a thorough job analysis to identify the key knowledge skills and behaviours associated with competent performance of the target job role.
- performance is multi-faceted in nature rather than being a unitary phenomenon, and multiple predictors are relevant for predicting job performance.
- in research there are three main ways of assessing the validity of a measuring tool
  - Face validity - do the candidate/user believe the selection method is doing what it purports to do?
  - Criterion validity - how does it compare with other measures? (If the other measure is roughly compared at the same time it is called concurrent validity. If the other measure is compared at a much later time it is called predictive validity.)
  - Construct validity - does a selection method test what it purports to test?

In a comprehensive review of the available research, Patterson and Ferguson have devised a table showing the most common recruitment methods, and categorising each of them according to their predictive validity, acceptability and frequency of use:

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20 Selection for medical education and training, Patterson F and Ferguson E, Association for the Study of Medical Education, 2007
21 A Person-Oriented Job Analysis for Identifying Skills and Personality Attributes to be Assessed in Officer Selection, Sumer HC et al, Paper presented at the RTO HFM Workshop on "Officer Selection", held in Monterey, USA, 9-11 November 1999, and published in RTO MP-55.
22 Selection for medical education and training, Patterson F and Ferguson E, Association for the Study of Medical Education, 2007
We will now explore some of the most typical interview and selection methods in turn.

3.3 The structured interview

Research consistently shows that structured interviews that are based on thorough job analysis and that use validated scoring criteria tend to have much higher criterion-related validity (i.e., they are better at predicting performance in the job) than unstructured interviews, and even more so than cognitive ability tests.\(^{23}\)\(^{24}\)\(^{25}\)\(^{26}\)

Unstructured interviews are at great risk of being prone to stereotyping, first impressions, leniency or being unduly influenced by one positive or negative characteristic of the applicant. Decisions made in unstructured interviews are also much harder to defend should the outcome be challenged by an interviewee.

(see table below)

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\(^{23}\) Selection for medical education and training, Patterson F and Ferguson E, Association for the Study of Medical Education, 2007

\(^{24}\) Structured And Unstructured Selection Interviews: Beyond The Job-Fit Model, Dipboye R, Research In Personnel And Human Resources Management, Volume 12, 1994


\(^{26}\) The Incremental Validity Of Interview Scores Over And Above Cognitive Ability And Conscientiousness Scores Cortina J et al, Personnel Psychology Volume 53, Issue 2, June 2000
How to run a structured interview:27

- Questions should relate directly to the person specification, which is based on thorough job analysis
- Ask each candidate the same questions. Limit prompting, use follow up questions to probe further
- Use relevant questions that are grouped as situational, competency based, biographical or knowledge questions
- Use longer interviews with more questions, control input of ancillary information
- Do not allow candidate questions until the interview is finished i.e. all the necessary information for making a decision has been collected
- Rate each answer using a standardised rating scale that is based on evidence of performance in the actual job and take detailed notes
- Use multiple trained interviewers where possible

3.4 Situational judgement tests

Situational Judgement Tests (SJT) tend to be pencil and paper exercises that present applicants with a written set of hypothetical scenarios relevant to the job, and ask them to make judgements about possible responses, commonly choosing an answer from a range of options (i.e. multiple choice). SJTs require applicants to use their judgement about what is effective behaviour in a work relevant situation rather than focusing on clinical knowledge or skills. They are popular with government departments and large corporations and for many years in the UK they have been used the selection of medical students e.g. for postgraduate training. They are extracted from a lengthy job analysis process and can be seen as a kind of psychometric test, used to sift through large volumes of applicants, and where it is not possible to offer face to face interviews as a first step.

As a selection tool, research consistently shows that properly designed SJTs show good reliability (i.e. measure the criteria consistently) and validity (i.e measure what they are intended to measure) and that the way an individual responds to an SJT question has been found to predict actual behaviour and performance once in a role28. Several validity studies have also shown that SJTs are better predictor of subsequent job performance beyond structured interviews, tests of IQ and personality questionnaires, and that they are cost-efficient and well received by candidates.29 30 31

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27 Selection for medical education and training, Patterson F and Ferguson E, Association for the Study of Medical Education, 2007
29 Situational judgement tests, response instructions and validity: A meta-analysis. McDaniel MA et al, Personnel Psychology 2007;60:
30 Evaluations of situational judgement tests to assess non-academic attributes in selection. Patterson F et al, Med Educ. 2012 Sep;46(9)
Example: Situational Judgement Test Question from Northumbria Health Care NHS Foundation Trust’s Health Care Assistant Selection Process

You are a healthcare assistant working on a hospital ward. On one of your shifts you are working with a new healthcare assistant. You notice she is quite abrupt and impatient with some of the patients. None of the other staff seem to have noticed. Do you:

1) Leave her to do her work; everyone has their own individual style when dealing with patients.
2) Ask your team leader to raise the issue with the new healthcare assistant.
3) Sensitively raise the matter with your colleague, providing examples of when it occurred and explain the impact they may have on the patients.
4) Explain to your colleague that you have seen her being agitated by the patients, reassure her that this happens to everyone and some patients are very difficult to deal with.

3.5 Assessment Centres

Many larger employers use Assessment Centres to select people for particular roles, especially management or graduate positions.

Assessment Centres bring job applicants together in a group, where they are subject to a range of selection methods, such as group exercises, role play, individual interviews and psychometric tests. They most commonly last for one day but can go on for longer periods. A 2011 survey found that despite average costs of £311 per candidate, more than half (51.6%) of employers used assessment centres when recruiting senior managers, while around two-fifths used them for middle managers, graduates, line managers or senior and technical staff.

The Chartered Institute of Personnel and Development (CIPD) states that Assessment Centres should reflect the reality of the job and the employing organisation. The tasks set should link with the job description and person specification and provide opportunities for candidates to show different aspects of their abilities. These tasks might include individual or group work, written and/or oral input (tasks set in advance such as preparing a report or presentation), and written and/or oral outputs on the day such as in-tray exercises, analytical work, individual problem solving, group discussions, group problem solving, tasks which match business activities, personal role-play and functional role-play.

Group exercises should be as real as possible, and might be used to encourage competitiveness or co-operation, to test for creativity or for building on the ideas of others in a productive manner. The opportunity to compete with others will assist some candidates to perform better. In organisations wishing to improve their diversity, elements of competition should be decreased in favour of increased opportunities to co-operate, as these skills are likely to encourage wider participation.

32 [http://www.xperthr.co.uk/editors-choice/do-assessment-centres-represent-good-value-for-money/110566/]
Selectors must be trained to observe, record, classify and rate behaviour, and seek evidence accurately and objectively against the job description and person specification. Selectors preferably should also have had some training on interviewing skills and in managing diversity, and have good listening skills. A feedback session with someone trained to deliver professional feedback is of benefit to candidates and indicates the organisation takes selection seriously. The whole process should be perceived as fair by the candidates.33

Several studies have demonstrated that a competency based selection process using Assessment Centres improves the validity of selection compared with traditional selection techniques.34 35 While Assessment Centres have strong predictive validity, there is limited research about their application within health and social care specifically.

In the North East, Dementia Care has experimented with using the Assessment Centre model as a better way of identifying not just the skills of a candidate but their values, attitudes and approach. Previously this method was used for selection across the whole workforce, but following a review it was felt that it was most effectively and economically targeted at managerial and senior staff.

### 3.6 Values based interview questions

Values Based questions have become closely linked with Values Based Recruitment but given the fact that they are a relatively recent interview method there is very little readily available research that demonstrates (or disproves) their reliability or effectiveness as a predictor of a candidate's performance in a specific job. One related study was found that suggested that questions using scenarios have reasonable criterion validity as a methodology for assessing values across different cultures.36

A Values Based question uses a hypothetical scenario is devised to allow the interviewee to describe and reflect upon a real life situation that has occurred in a previous work role - in other words, an example of what the person did do. It is important that it is open-ended and has no obvious right or wrong answer. It is the comprehension of the scenario and the breadth of the response and its level of detail which reveals what the candidate can or cannot visualise.

It is important for the interviewer(s) to have thought through the particular attributes or weaknesses they are looking for and what behaviour would be ideally required in that situation. Assessors should be clear about what words or statements would indicate the presence of the values or attitudes they are

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33 [http://www.cipd.co.uk/hr-resources/factsheets/selection-methods.aspx#link_3](http://www.cipd.co.uk/hr-resources/factsheets/selection-methods.aspx#link_3)
34 A new selection system to recruit general practice registrars: preliminary findings from a validation study, Patterson F et al, BMJ, 2005 March 26
35 Assessment Center for Pilot Selection: Construct and Criterion Validity and the Impact of Assessor Type, Marc Damitz M et al, Applied Psychology, April 2003
36 Validity problems comparing values across cultures and possible solutions. Peng, K et al, Psychological Methods, Vol 2(4), Dec 1997
seeking. Critics argue that even then scenario questions are less job related, harder to assess, and therefore less legally defensible.

The National Skills Academy for Social Care has produced a list of Values Based Scenario Questions as part of their VBR toolkit and these are available in Appendix B.

### 3.7 Personality tests

Decades of research on personality has uncovered five broad dimensions of personality. These so-called **Big Five** dimensions are called:

- Extraversion (level of sociability and enthusiasm)
- Emotional Stability or neuroticism (level of calmness and tranquility)
- Agreeableness (level of friendliness and kindness)
- Conscientiousness (level of organisation and work ethic)
- Intellect or openness (level of creativity and curiosity, openness to experience)

Personality tests have become increasingly popular selection methods over the past few decades and there is some research to suggest that important relationships exist between measures of personality and job or academic performance. Contrastingly, critics cite evidence from studies that indicate that there are low levels of predictive validity between personality traits and job performance and that organisations do not always choose the right kind of test.

### 3.8 Emotional Intelligence

Emotional Intelligence (EI) is the ability to identify, assess, and control the emotions of oneself, of others, and of groups. Debate and criticism centres on whether EI is a real intelligence and whether it has incremental validity over **IQ** and the Big Five personality traits referred to above. Emotional intelligence tests are increasingly popular but their use remains controversial, and evidence for their reliability is weakened by the lack of correlation between results of different tests. Such doubts raise concerns about the rigour and fairness of selection and recruitment processes involving emotional intelligence tests.

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38 Personality and Performance at the beginning of the new millennium - what do we know and where do we go next? Barrick M et al, International Journal of Selection and Assessment, 9, 2001, In Selection for Medical Education and Training, see 27 above


40 Emotional intelligence and its role in recruitment of nursing students Lyon SR et al Nursing Standard. 27, 40, 2013
Empathy is a foundation skill that makes up most of what constitutes emotional intelligence, and a number of the available empathy measures have been psychometrically assessed for research use among medical students and practising medical doctors. No empathy measures were found with sufficient evidence of predictive validity for use as selection measures for medical school. 41

Nurse recruitment processes have tended to focus on experience and qualifications but there is now a need to be better at selecting people with values underpinning the 6Cs (Care, Compassion, Competence, Communication, Courage, Commitment). 42 A study looking at the possibility of recruiting nurses who are high in EI concluded that some emotional intelligence tests offer some predictive value when used alongside other selection methods, but more research is required; whichever tests are ultimately identified as appropriate, it is better to use a variety of methods rather than place faith in a single emotional intelligence test. 43

3.9 Role play and simulation exercises

Empathy, other caring qualities and team working skills are sometimes assessed by conducting and observing group exercises as part of the selection process. This can happen as part of a multi-faceted Assessment Centre approach (see 3.5 above), or used by individual employers as a stand-alone technique. The way in which candidates interact, listen, take the lead, or work together on a task e.g. prioritising values - can be revealing and anecdotally such methods are increasingly used. Role play tests in telesales recruitment have been shown to be valid and reliable predictors of sales performance. 44

However there is little empirical evidence to support the validity and reliability of such methods in terms of selection and recruitment in health and social care, mainly due to limited research in this area. Elizabeth Stokoe’s work in training and staff development found that in simulations, ‘actions were more elaborate or exaggerated; that is, they were made interactionally visible and “assessable.” Furthermore, some actions were only present in simulations.’ 45 This has been borne out by similar work in social skills training, which did not support the validity of the role play procedure. 46

42 Compassion in Practice Nursing Midwifery and Care staff - Our Vision and Strategy, NHS Commissioning Board, 2012
43 Emotional intelligence and its role in recruitment of nursing students Lyon SR et al Nursing Standard. 27, 40, 2013
3.10 Involvement of service users in interviews

Another approach that is being increasingly used in practice is the use of patients or service users in job selection interviews. This can bring a realistic dimension to the selection process, and anecdotally at least, service users are often quick to identify which candidates have the qualities to create trust and engage with patients.47

Most of the available research on service user involvement focuses on their contribution to training or service development but there are some positive examples emerging from the field of recruitment and selection. Based on their own direct experience, nurse educators in the University of Huddersfield are confident that service users should form an integral part of the recruitment team, and with the right preparation they can offer insights into applicants’ interpersonal abilities, including the presence or absence of desirable qualities.

Another study looked at involving service users and carers as well as staff members in the assessment of trainee Clinical Psychologists, using a discussion based task. The findings suggest that this produced a genuine spirit of collaboration that became engrained in the programme’s ethos and created a step forward in normalising and empowering service users and their carers. Interviewers felt that this approach helped select a different calibre of applicants who were aware of service users and carers perspectives, able to communicate effectively and able to disclose and take ownership of their views favourably.48

3.11 Cognitive Ability Tests

Tests of general mental ability, as well as specific aptitude tests and tests for literacy and numeracy are used increasingly widely in selection procedures by a wide range of employers. General mental ability and cognitive tests can be robust predictors of job performance, but there is some evidence of marked racial difference in test performance leading to concerns over fairness. 49

Such tests however have limited relevance to the concept of Values Based Recruitment and so are not explored further here.

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47 Emotional intelligence and its role in recruitment of nursing students Lyon SR et al Nursing Standard. 27, 40, (2013)
49 Selection for medical education and training, Patterson F and Ferguson E, Association for the Study of Medical Education, 2007
Section 4

Practical Examples

‘You May Hire On Skill But You Will Fire On Attitude’

‘Applicants prefer selection methods that are relevant to the job, less personally intrusive, comply with fairness and equal opportunities, allow face to face interaction, and allow multiple opportunities to demonstrate their suitability’

4.1 Introduction

In this section, there are examples of specific techniques used by individual employers and national organisations, and these are laid out according to the 'recruitment pathway' i.e.

- advertising
- application
- short listing
- interviewing
- job offer
- induction
- probationary period

It is important to stress that the techniques and methods listed are not used in isolation - the organisations referenced all tend to have multifaceted recruitment systems in place; in each case the focus is therefore on one aspect of what is a comprehensive overall process. The level of detail available and the degree to which these various methods have been evaluated varies considerably - they are therefore offered as potential tools you may wish to experiment with and adopt.

4.2 Advertising

Good practice suggests that it is beneficial to be explicit about the values being sought when advertising vacancies. The National Skills Academy for

50 [http://www.profiles4care.com/you-may-hire-on-skill-but-you-will-fire-on-attitude/](http://www.profiles4care.com/you-may-hire-on-skill-but-you-will-fire-on-attitude/)

51 Selection for medical education and training, Patterson F and Ferguson E, Association for the Study of Medical Education, 2007
Social Care website features three examples of such job advertisements as part of its online resource: Recruiting for Values in Adult Social Care. They aren’t meant to be exhaustive but they do provide a starting point for employers to think about the kinds of values you’d like to express in a job advertisement. See the examples here:

https://www.nsasocialcare.co.uk/values-based-recruitment-toolkit-job-advertisements

4.3 Pre-Application

St. Anthony of Padua Community Association

The introduction of the Work Programme and reductions in unemployment benefits have resulted in increased interest in job vacancies in health and social care, especially in so-called 'entry level' posts. Sometimes the pressure on job seekers (and the agencies that support them) to find work means that employers find themselves inundated by interest in both actual and prospective vacancies. This increasingly includes people who may not previously have considered working in the care sector, who might have very little sense of what the job entails, and inevitably, may not in every case possess the values and attitudes necessary to work supportively with vulnerable people.

St Anthony of Padua Community Association, a charity based in Newcastle, decided to take a more proactive approach with the different agencies involved (such as Job Centres and Work Programme Partners like Ingeus and ID Training).

The approach includes

- making sure that agencies know about the recruitment process
- ensuring that advisors and potential applicants understand the expectations of the care role - including the personal values and attitudes required
- clarifying the standards and expectations of the job for candidates, hours of work, initial mandatory training for all new employees, and a period of job shadowing
- attending the agencies if required, and meeting with potential applicants

The benefits include

- reducing the number of unsuitable job applicants
- increasing applicants’ understanding of the care role and the personal attitudes and values required
- reducing the amount of time staff spend dealing with inappropriate applications

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52 https://www.nsasocialcare.co.uk/values-based-recruitment-toolkit-job-advertisements
53 www.stapca.co.uk/
• easing the transition from unemployment to work. Previously advisors were signing interviewees off of Job Seeker's Allowance prematurely - for example before sufficient time had passed to get feedback from referees, or to undertake Disclosure and Barring Service checks, which can take a long time, especially if the candidate does not have primary ID. This was causing significant difficulties for people awaiting a formal job offer.

4.4 The Application Process

4.4.1 Person specification - Age UK Northumberland

One effective way to communicate the values that are being sought is to include them in a person specification (sometimes called a job profile) for the post being advertised. This sets out the necessary and desirable criteria for selection. These are commonly based on a set of competencies (e.g. skills, attributes, experience and qualifications) identified as necessary for the performance of the job. Typically these focus on two levels - essential and desirable requirements. Age UK Northumberland has created an additional set of requirements under the heading ‘values and attitudes’ and routinely include these in their person specifications. For example:

**Home Care Attendant - Essential values and attitudes:**

- Empathy towards the needs of elderly and disabled clients
- Able to use own initiative and to work unsupervised
- Understands the importance of maintaining confidentiality at all times
- An awareness of anti-discriminatory practice in the care environment
- Reliable, trustworthy and committed to the post held

**Home Care Attendant - Desirable values and attitudes:**

- Able to evaluate and prioritise information from clients, carers, Home Care Managers via the telephone and personally in a calm and logical manner

**Assessment**

The main methods for assessing the presence of these values and attitudes are also set out on the person specification and include the usual application form and interview (which is structured and features a standard scoring system), and supplementary information gleaned from a group exercise. References and post appointment probationary period also allow further assessment and selection to take place.

**Benefits of this approach**

- in order to produce a person specification the employer has to analyse the job and what it entails

[55](www.ageuk.org.uk/northumberland/)
• applicants are clearer about what is expected of them in this role including values and attitudes, and how they will be assessed
• interviewers are clearer about what it is they are assessing
• establishes the principle that the employer has a consistent set of values that they work to
• other examples of person specifications that include values are available

4.4.2 Mental Health Concern (MHC) - Use of organisational values in interview

MHC has a long tradition of working from an identifiable values base. As a third sector, not-for-profit organisation working in Mental Health (with a significant proportion of their services delivering dementia care) it was felt to be important for staff across the organisation to have an identifiable set of shared values and goals. Historically MHC have been very explicit in using these values to develop staff and services, but more implicit in using them to attract and recruit staff.

In 2013, partly prompted by the emphasis nationally on the need to select staff who embody dignity and respect for vulnerable people they have had another look at their values base and refreshed this. A knock on effect of this has been taking another look at how they use this in the recruitment, retention, development and leadership of all staff. They feel that the Profiles4Care project offers a nationally recognised way of promoting the idea of using a values base within recruitment and selection. MHC hopes to take part in this pilot to complement what they do already, improve selection procedures and begin the embedding of values at the earliest possible stage. It also could help with their aim of better promoting their image - for example, using values when advertising posts will help to reflect the organisation in a positive light.

Profiles4Care - Personality profiling on line tool

Profiles4Care are working with the National Skills Academy for Social Care and Skills for Care as part of the Government's initiative to support employers to introduce Values Based Recruitment. They have developed the first dedicated personality profiling solution that is directly targeted at employers delivering services across the health and social care sectors. The overall aim is to produce a valid and affordable test that can be widely used as part of the application process by all staff (currently tests of this kind are only used with senior managers).

The personality assessment tool is freely available during the piloting period and you can register to try it out here:

http://www.profiles4care.com/free-trial/

57 http://www.profiles4care.com/participate/
The test takes less than ten minutes to complete, and you are then sent a Summary Personality Report that rates a number of key qualities, including:

- positive self esteem
- empathy
- effective communication
- dealing with challenging behaviour
- commitment to stay in the job

Scores in each aspect are accompanied by a brief 'consultants comment' that includes suggestions for questions that could be used to explore a candidate’s answers at interview. This is in keeping with best practice. Profiles4Care is not intended to be used as a definitive recruitment criterion, but as a helpful addition to the recruitment process by providing effective, proven individual profiling of prospective candidates, in order to:

- Improve recruitment decisions
- Reduce staff turnover
- Reduce costs
- Support values led services
- Improve service user outcomes and satisfaction
- Reduce complaints

They believe that if a person has the right values, attitudes and behaviours, they can be provided with all the training and development they need to succeed. This is position is particularly useful when interviewing applicants with no relevant experience but who can shine at interview by exhibiting the behaviours valued. Use of this tool has been written up in the MacIntyre Case Study (see page 41) and in the North East, Mental Health Concern is one organisation that has signed up to be a part of the pilot to test the tool out further.

4.5 Interviewing

4.5.1 Anchor Housing - Values Based Scenario Questions

Anchor Trust is the leading not-for-profit provider of care and housing for older people in England, employing approximately 10,000 staff. Like many organisations, up until a few years ago, managers took care of their own recruitment locally, with variable methods, costs and results, and varying levels of success with subsequent appointments.

An in-house recruitment team was established and they recommended and developed a standardised interview process, setting out a number of key

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58 Selection for medical education and training, Patterson F and Ferguson E, Association for the Study of Medical Education, 2007
59 http://www.anchor.org.uk/
60 Care home recruitment & selection overview - Job design pilot project in residential care, Skills for Care, September 2011
behaviours and values staff should exhibit, including service to customers and colleagues, and leadership skills. Each behaviour is supported by a bank of questions. A different set of competence-based questions was created for each role to test skills and knowledge, using the same scoring system, which ensures interviewees responses are graded consistently and fairly.

Anchor Trust is confident that this approach has delivered a number of measurable benefits (see below). Although smaller providers may not have an in-house recruitment team, there is always scope to produce a bank of interview questions, reviewed regularly, that ensure that the staff you appoint are the ones you want to represent your home, service or organisation.

**Benefits of this approach**

- 21% less staff turnover
- consistent recruitment and selection practices across the organisation
- particularly useful when interviewing applicants with no relevant experience but who can shine at interview by exhibiting the behaviours Anchor values
- if you have the right people with the right values, attitudes and behaviours, they can be provided with all the training and development they need to acquire the competences to succeed

**4.5.2 National Skills Academy for Social Care (NSASC) - Values Based questions**

NSASC has published a suite of resources to assist employers to develop their own approaches to Values Based Recruitment. This includes a set of scenario questions. These typically invite the interviewee to reflect on a particular situation, perhaps an interaction they had with clients or colleagues, to enable them to illustrate their personal values and behaviours in a range of different work related circumstances.

The sample questions (see Appendix B) are grouped as follows:

- General/introductory questions
- Questions designed to demonstrate Integrity
- Questions designed to demonstrate Imagination
- Questions designed to demonstrate Adaptability
- Questions designed to demonstrate Compassion

In each case there is a set of follow up questions that can be used to draw out more detail and depth. NSASC's questions include some that are designed to help candidates returning to work, or who are just starting out and who haven't been employed before. They are not exhaustive: rather, they're meant to act as a starting point, to prompt ideas about questions that would be meaningful for a particular role or service. The questions are linked to the Leadership Qualities Framework that NSASC has developed.

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61 [https://www.nsasocialcare.co.uk/values-based-recruitment-toolkit-interview-questions](https://www.nsasocialcare.co.uk/values-based-recruitment-toolkit-interview-questions)

62 [https://www.nsasocialcare.co.uk/about-us/leadership-qualities-framework](https://www.nsasocialcare.co.uk/about-us/leadership-qualities-framework)
When developing your own questions for use in your interviews, it can be useful to use these headings to assess the interviewee's response:

- Situation
- Task
- Action
- Result

Useful follow up questions typically include 'What did you learn from it?' 'What impact did it have on you?' and 'What would you do differently?'

**Example of a Values Based Question using a specific situation**

When you go to visit Edward, he asks you to get him fish and chips for his lunch again today, just like yesterday, as this is his favourite meal. However, last week his daughter shared her concerns with you that he has not been eating healthily enough, and asked you to make sure he only has fish and chips once a week. How do you respond to Edward's request?

**4.5.3 Involvement of people with Dementia in the interview process - Alzheimer's Society**

The Alzheimer's Society's overall approach includes looking at competency based appraisal and pay award systems and ongoing work to develop Values Based Recruitment. They use Assessment Centre model that includes scenario based questions, and a set of values that inform job specifications, supervision, management and leadership throughout the organisation. An additional element is to test out different ways of including people with dementia in the interview process:

**Network lunch/mingling** - this is relatively easy to set up and can give a good indication of how a candidate interacts with and behaves towards people with dementia. However, there can be any number of unpredictable variables and this can make it difficult to achieve any structure or consistency when assessing a candidate's performance or comparing one candidate with another.

**Service user as panel member** - this requires more preparation and planning, and usually involves one member of staff acting as a buddy and providing the person with dementia with information and support about the interview and the part they will play in it. Depending on the needs and abilities of the service user, timescale and opportunities for reinforcement need to be carefully thought through, and sometimes practical issues e.g. about the timing of the interview can create complications.

**Pros and cons of this approach:**

- provides very clear observable information about the candidate's attitudes and how they react to and interact with people with dementia
- makes a statement about how people with dementia are valued and actively involved in the work of the organisation
- number of variables makes it more of an informal approach and therefore harder to assess

4.5.4 Age UK Northumberland - Group Exercise on Health and Social Care Values

Age UK Northumberland use a group exercise with several candidates taking part and sometimes there might be several groups happening at the same time. Participants are given a sheet that lists a number of health and social care values, i.e. Individuality, Identity, Rights, Choice, Privacy, Inclusion, Independence, Dignity, Respect, Working in Partnership, Citizenship with an explanation about what each one means. Observers have a recording sheet to write down examples of particular attitudes, values and behaviours.

Each group is then instructed to

'Give three examples of how you could demonstrate integrating the Health and Social Care Values into your everyday work practice as a Home Care Attendant. You have 20 minutes to discuss this in your groups and you will then come back into a full group for feedback from the groups.'

Benefits of this approach

- provides interviewers with information about candidates understanding of and attitudes towards core values
- provides interviewers with an opportunity to observe candidates' behaviour in a group interaction

4.6 Post interview/Selection/appointment

4.6.1 Use of Six References - Home Instead Senior Care

Information about referees is usually required as part of the application process, although typically references are viewed after the formal interview has been held and a conditional job offer is made. As such they form part of a set of pre-employment checks that employers need to carry out – particularly, for example, if the job involves working with children or vulnerable adults.

Home Instead Senior Care have a standardised approach to recruitment that has several distinct stages. It includes asking applicants to supply the names and addresses of six referees. Three of the references must be from previous employers, and three personal (although not from relatives). Sometimes this can pose problems - for example if the person has been unemployed, or contrastingly, if they have been in the same job for a long period of time. Despite these concerns, it has always been possible for applicants to find six referees.

Six is an unusually high number of references to request, and intriguingly runs contrary to anecdotal and research evidence questioning the reliability of

http://www.homeinstead.co.uk/index.do
references as a selection method. However they are confident that this approach is a key element in their successful track record nationally and that it offers several benefits.

**Benefits of this approach**

- helps recruit staff with the right values for their service model, which is based on matching individual care givers to individual clients (who pay for care themselves)
- useful to build a picture of the applicant especially if they have had a varied employment history
- works well as part of an integrated approach to selecting the right people

**4.6.2 Newcastle Home Care (CASA) - 2 Week Training Period prior to job offer**

Newcastle Home Care work with a company called Care Academy\(^64\) who provide workforce learning and support. Together they set up a programme of recruitment and selection initiatives including 'Introduction to Care' days at Job centres and similar settings.

Potential candidates who have expressed an initial interest in working in social care then receive presentations and information about Newcastle Home Care and what the organisation does. There is a representative from the company involved in the day, to explain the way it works, and basically give them the 'real story' about what it is like working in social care - the positives and the negatives.

When potential candidates have had an opportunity to find out more, if they decide that they are still interested in applying for a job they are offered an interview. If they are found to be suitable, a conditional work offer is made, dependent on them then completing a full two week training course with Care Academy, and signing up to a Diploma in Health and Social Care (as well as the usual enhanced CRB check and references.)

The two week training course covers all the usual mandatory elements that are part of the Common Induction Standards,\(^65\) for example Moving and Handling, Safeguarding, Health and Safety. It also includes Values Based subjects such as Equality and Diversity, Personal care, Treating people with Dignity and Respect, and the role of the carer.

Provided that they have satisfactorily completed the course, they are then offered paid work with the organisation.

**Benefits of this approach**

- gives candidates plenty of opportunity to decide if they want to do the work

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\(^64\) [http://www.care-academy.co.uk/](http://www.care-academy.co.uk/)

\(^65\) Common Induction Standards, Adult Social Care, Skills for Care, 2010
- allows the employer to observe the person in a wide variety of individual and group learning settings and assess their performance
- enables the employer to get as much information as possible about the attitudes, values and behaviour of potential candidates
- increases employee engagement and improves staff retention
Section 5
National Initiatives

5.1 Values Based Recruitment Toolkit for Social Care Employers

The National Skills Academy for Social Care, Skills for Care and MacIntyre have joined forces to pilot a new Values Based Recruitment Toolkit for social care employers. The new toolkit has a range of resources to assist employers to recruit on the basis of a set of appropriate values. This includes Draft Adverts, Interview Questions, and updated version of 'Finders Keepers' and a Leadership Framework. It also includes a personality profiling tool to assist values-based recruitment, Profiles4Care. This sort of intelligent psychometric testing already works in other sectors, but is infrequently used in social care.

The toolkit is designed to help employers get a real sense of whether their potential new recruit has the right values and behaviours to work in the care and support sector. The Department of Health is supporting this in order to help employers improve care, reduce the cost of recruitment by reducing sector churn, and lead to more consistent service delivery.

A pilot involving over 100 employers will run for 12 months (until July 2014) and allow time to test the appetite for such tools and fine tune the profiling tool. You can access the online toolkit at the link below and also in Appendix 2 of this document:

https://www.nsasocialcare.co.uk/values-based-recruitment-toolkit

You can learn more about the Values Based Recruitment work that MacIntyre has been doing by following these links:

http://www.macintyrecharity.org/media/resources/The_MacIntyre_Profile_Training.pdf

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66 https://www.nsasocialcare.co.uk/values-based-recruitment-toolkit
67 http://www.macintyrecharity.org/
68 Finders keepers - The adult social care recruitment and retention toolkit, updated July 2013
5.2 A Question of Care - A Career for You? (AQCCY)

AQCCY is an online resource to give people who are considering work in the care sector an insight into what this involves, through video clips of day to day situations. It also gives them a way of checking their own suitability as they answer questions based on the video clips or characters featured in them. The questions are designed to test out qualities that are important when working with adults, young people and children.

AQCCY has been designed to give test takers an indication of their suitability to work in the sector. The personal profile provides a guide to their suitability, and what challenges they might find working in this kind of role. It also suggests the particular areas that they may need to think about and improve on if they do want to work with adults, young people or children.

Whilst it has been rigorously designed, it should not be used as a stand-alone selection tool. Employers could direct candidates to the Challenge before they come for interview, or arrange for them to take the Challenge when they come to your organisation. You can then discuss their personal profile with them as part of your wider recruitment processes.

You can access the AQCCY here:

http://uat.aquestionofcare.adc.uk.com/ParticipantPages/Default

5.3 Health Education England (HEE) and NHS Employers (NHSE)

HEE is committed to:

- recruit for values
- train for values
- appraise for values
- dismiss for values

HEE is committed to working with:

- Healthcare providers, regulators and educational institutions to ensure both recruitment processes and education and training curricula identify and reinforce these values
- Employers, professional bodies and education providers to develop evidence based approaches to recruitment and selection for training programmes based on values and behaviours as well as technical and academic skills
- Providers to ensure that the continuing personal development of staff

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69 http://uat.aquestionofcare.adc.uk.com/ParticipantPages/Default

70 Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values. A mandate from the Government to Health Education England: April 2013 to March 2015, Department of Health, May 2013
reinforces these values

Scope of the Values Based Recruitment Programme

- Values based recruitment for all new University intakes for courses funded by HEE (recruit for values through application, testing and interview process)
- Values based recruitment for all new roles recruited for in the NHS
- Evidence based research – reviewing the evidence base for the effectiveness of values based recruitment

5.4 NHS Employers (NHSE)

In order to support the NHS to embed the right values and behaviours in their workforce, NHS Employers is conducting a scoping exercise to identify what NHS trusts are doing in terms of recruiting for values. This has to be a holistic approach, and the existing workforce must be trained for, performance managed against, and developed using values. But recruitment is a starting point. NHSE has identified examples of good practice happening in the NHS, and these were showcased at two events for NHS HR Directors August 2013, which he held jointly with Health Education England. NHSE is also engaging with HR Directors to find out how to support them to embed a values approach - this will inform the work over the next few years.

Numerous organisations in and outside the NHS that have successfully implemented and evaluated Values Based Recruitment practices report that return on investment in the planning and resources needed to do it well, is high. It can have a positive impact on staff turnover, sickness absence, morale, health and job satisfaction, improving outcomes for recruiting managers, candidates, staff and, most importantly, patients and their families.

You can access all of the presentations from the Values Based Recruitment events here:

http://hee.nhs.uk/2013/08/15/collaboration-delivered-successful-values-based-recruitment-events/

And keep up to date with further developments here:

http://www.nhsemployers.org/RecruitmentAndRetention/values/Pages/Recruiting-for-values.aspx

5.5 Personalisation

The issues involved with trying to recruit the right person with the right values are even more critical for individuals who are using personal budgets or direct payments to employ their own personal assistants (PAs).

Skills for Care have produced a suite of guides, available in easy read format, to cover Recruitment, Management and other aspects of this process:
• Benefits of employing a personal assistant
• Recruiting a personal assistant
• Before your personal assistant starts
• Managing your personal assistant
• Training and qualifications *money is available for training - see below
• Sorting out problems

These resources are available here:
http://www.skillsforcare.org.uk/employingpas/

And there is an on line interactive version here:
http://www.employingpersonalassistants.co.uk/

However these materials, whilst useful, make no mention of the importance of values and how to assess them during the recruitment process. More recently Skills for Care has produced a Supporting Framework that aims to:

• support future growth of the PA workforce and their employers
• address challenges to the development of PA working
• share best practice examples of personalised care provision by PAs and of support for employers

This features an Advice note to Local Authorities that refers to the need for PAs to have the right values and states that people using direct payments and self funders alike should know where they can get support.71

These more recent resources can be found here:
http://www.skillsforcare.org.uk/paframework/

By way of a contrast, RUILS is an independent grassroots organisation based in London that is user run and led by its peers – the people who use its services. We support individuals to live independently in their community.

Most RUILS services are free and are available to all client groups in the London Borough of Richmond. Other services are now being made available to people in other parts of the country. RUILS has developed a comprehensive Recruitment Handbook in conjunction with Peninsula (a leading Employment Law service provider) which provides a step by step guide to being a Personal Assistant employer.

Some of the resources are immediately accessible, whereas others require a simple registration process: http://www.employ-a-pa.co.uk/

71 Information on recruiting personal assistants, Advice note for local authorities and support organisations, Skills for Care, 2013
Section 6
Case Studies

‘When your values are clear to you, making decisions becomes easier’

Roy E. Disney

6.1 York Teaching Hospital NHS Trust - Values Based Recruitment of Health Care Assistants

In March 2010, a project was introduced to review the way in which Health Care Assistants (HCAs) were recruited. This was driven by a low retention rate for HCAs (15.59% versus a Trust average of 12.10%) and the belief that this was due to a lack of understanding about the realities of the role. With this in mind, a completely new way of recruiting HCAs was developed, focusing on improving pre-application information, utilising values based recruitment as part of the selection process, and then comprehensively inducting new starters.

Since 2007 the Trust had been using one advert and interview session to fill multiple vacancies across many departments. This dramatically reduced both administration and interview time and significantly reduced the number of unsuitable applicants, who subsequently left the organisation after a short time. Before the project an average of only 13% of applicants were appointable and since the new measures were introduced this has risen to 36%. From March 2010 compulsory Open Days were introduced prior to the application stage. Only candidates who had attended one of the Open Days would be eligible to apply. This has further reduced the number of uncommitted and ill-informed candidates.

At each stage of the recruitment process, a strong emphasis is placed on values. The organisation felt that experience of similar roles or settings should come second to a desire to provide high quality patient care and commitment to the role. The HCA person specification was altered to reflect this and enable more effective short-listing. Values based interview questions are used, in addition to scenario and knowledge based questions, to ensure a robust but rounded interview takes place.

72 Health Care Assistant Recruitment and Retention Initiative, York Teaching Hospital NHS Foundation Trust, June 2013 http://www.ewin.nhs.uk/resources/item/2401/health-care-assistant-recruitment-and-retention-initiative
The final, but significant, addition to the process was the introduction of a two-week, predominantly classroom based, induction to the role and the organisation. This induction was introduced to ensure HCAs were better prepared for their commencement on the ward. A mixture of Corporate Induction, Statutory and Mandatory training and role specific training all make up a comprehensive grounding for commencement in post.

**Benefits of this approach**

- of the 86 HCAs recruited using the new process (April 2010 - Jan 2011) only 5 (5.8%) have left the Trust
- of the HCA leavers in the year ending December 2010, 34% had less than 1 year’s service, compared to 52% in the previous year, demonstrating a quantifiable achievement of the project within less than 12 months of implementation
- the turnover rate for this staff group now sits at 12% (October 2012) having fallen from an original figure of 17%
- further evidence of positive impact is demonstrated in the significant reduction in the annual sickness absence rate amongst HCAs from 8.49% in December 2009 to 6% in October 2012
- in the year ending March 2010 there were 10,444 requests made for unqualified nursing bank shifts (870 shifts per month). In the following financial year the average was 783 shifts per month
- these trends indicate improved morale, better health and job satisfaction amongst HCAs
- this inevitably contributes to improved continuity and quality of patient care due to a more stable staff base

**6.2 Oxford University Hospitals NHS Trust (OUH) - Values Based Interviewing Project, in partnership with NSPCC and Age UK**

The OUH recognises that the values and attitudes of staff can have a great impact on the quality of patient care and patient experiences. The OUH current position is one of higher than planned activity and the Recruitment Service has experienced an increased demand for services. As a consequence of greater than expected demand and activity in 2012/13 the Trust spent substantially more than was expected on bank and agency staff in the first six months of the year to for services. This and other pressures increased the need to recruit more staff.

The Trust decided to embark on an extensive Values Based Interviewing (VBI) project after looking at the available research and evidence, especially:

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• that staff whose values are more clearly aligned with their employer's values, and whose roles allow them to live out these values, have higher levels of engagement, job satisfaction and performance\(^74\)
• that staff satisfaction and associated benefits (such as retention, discretionary effort and productivity) have a close association with how staff feel about their employer and, particularly, their sense of engagement with their workplace
• about the psychological contract – the reciprocal senses of fairness and commitment between an employee and employer – where it is positive, increased employee commitment and satisfaction will have a positive impact on business performance

The overall aim is to recruit staff who share OUH values, are dedicated to 'Delivering Compassionate Excellence'\(^75\), and the type of care everyone would like to receive for themselves or a member of their family. Further aims include being able to evidence values in practice across the whole organisational culture.

While traditionally interview techniques rely on hypothetical questioning 'what would you do if...’ the questioning techniques used in VBI rely on 'tell us about a specific time when you did something’. This questioning technique had sometimes been used at the OUH, however, prior to the introduction of VBI, there was no approved framework for assessing the responses received consistently and fairly. Through working with the NSPCC, staff and patients they were able to understand what values look like in practice and therefore, look for responses to situations which align to their values and identifying responses that do not.

Assessment criteria for each value were developed over many months of speaking to staff, patients and stakeholders, exploring what aligned and non-aligned behaviours are linked to each value.

**VBI is not about the question asked as much as it is about the way the response is assessed.**

A combination of approaches is used for different grades of potential staff

<table>
<thead>
<tr>
<th>VBI Delivery Model</th>
<th>Description</th>
<th>Suggested uses</th>
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| Traditional Model    | One hour of interviewing in total testing four values. This model is completely separate from the technical interview | ✓ Management posts  
✓ Senior nursing roles  
✓ Consultant recruitment  
✓ Internal appointments |
| Part-model           | Up to 45 minutes of interviewing, this includes 30 minutes looking at three values. The interview will also include some | ✓ Band 5 nursing roles  
✓ Administration posts  
✓ Lower grade (Band 4 and below) |

\(^74\) Engaging for Success - enhancing performance through employee engagement, A Report to Government, MacLeod D and Clarke N, Department of Business Innovation and Skills, 2009

| Whole Values Model | Used for large recruitment campaigns where values are the focus of the recruitment. Candidates will attend an Open Session to discuss values and these will be drawn into their application form. If they do not consider the values in their application they are not short listed for interview. Candidates are then invited to a 30 minutes VBI. If they are successful they are invited for follow up technical interviews as appropriate. | ✓ Clinical Support Worker Academy  
✓ Band 2 and below posts  
✓ Large recruitment campaigns or student intakes (e.g. nursing students). |

An extensive training programme has been undertaken to enable participants to

- explain how VBI helps to safeguard children/vulnerable adults
- explore how organisational values and behaviours can be used effectively in interviews to explore a candidate’s suitability to work with children/vulnerable adults
- use active listening and probing techniques to explore a candidate’s answers in depth
- analyse evidence of a candidates values and behaviours against a value-based criteria
- make an informed decision on a candidate’s suitability
- give feedback to a candidate after a VBI interview

A realistic perspective would suggest that VBI, by ensuring the selection of employees with ‘appropriate’ values, generates different forms of working and the delivery of higher quality care. The OUH model seeks to examine whether this casual relationship does indeed hold.

**Evaluation**

The approach to evaluation draws heavily on the work undertaken by NSPCC (see 6.3 below). This includes an economic evaluation, looking at the comparative costs of recruiting new staff, induction, training and development, the costs incurred when a member of staff leaves, and the costs of delivering the project, and the costs of holding a Values Based Interview. The NSPCC approach relies upon the follow measures in evaluating VBI:

- **Predictive validity**: whether performance at the selection stage predicts performance of workers in post
• **Fairness**: defined mainly in terms of the impact of VBI on equal opportunities

• **Acceptability/appropriateness**: viewed essentially in terms of how stakeholders such as the employees and managers involved, view the VBI process.

In addition OUH's evaluation tool builds on this by using benchmark measures and control groups to more fully evaluate the impact of VBI. More specifically, it draws upon groups and clinical areas not covered or recruited before the introduction of VBI so allowing a comparison with those who have been recruited through VBI. It also takes a broader approach to defining stakeholders - including groups not directly involved e.g. co-workers, line managers and patients.

OUH is working with Professor Kessler, Kings College London, NSPCC, Picker Institute Europe, and Helen Baron, (statistician). They are evaluating whether assessment using values increases the predicted validity of an interview, and assessing whether, by putting in this intervention, they are improving patient care.

For full details see their delivery plan on the Health Foundation website.

**Anticipated benefits include:**

• recruitment decision-making aligned with OUH values
• robust evidence to minimise 'gut feelings'
• help obtain more information about candidates’ suitability
• contribute to Safer Recruitment and Selection practice internally and externally
• recruit more staff who adopt a person-centred approach to providing safe and compassionate care
• recruit staff who can demonstrate OUH's core values through their behaviours
• improved patient safety, care and experience, demonstrated by kindness, empathy, listening to and respecting patient’s views, emphasising dignity in practice
• increased overall staff engagement and staff satisfaction
• fewer safeguarding alerts (regarding care in hospital), fewer complaints, and a better patient experience
• OUH in top 10% of hospitals for patient experience by March 2018
6.3 NSPCC - Values Based Interviewing

Values Based Recruitment has been in use by the NSPCC since 2005, and their approach includes values based interviewing as a separate tool to their technical interview. This is done either prior to the technical interview or afterwards but must be on the same day. The questions for the interview are derived to test the organisation’s values.

Values Based Interviewing (VBI) has been subject to both qualitative and quantitative evaluation within the NSPCC and has been proven to predict candidates’ behaviours on the job. VBI is now an integral part of recruitment and selection for all jobs involving contact with children at the NSPCC.

The approach has been trialled with two external organisations and results demonstrate how it:

- created an alignment between organisational and individual values
- eliminated much subjectivity and 'gut feel' from the selection process
- provided additional information about candidates’ attitudes and motivations not knowable from standard techniques

A rigorous evaluation process is currently underway, designed to determine if VBI is

- a good predictor of future performance (shows sufficient correlation between interview ratings and subsequent performance ratings)
- produces good quality information for sound recruitment decision-making by managers
- does not unfairly discriminate against particular groups of people
- selects people with congruent values and behaviours
- identifies unsuitable candidates.

The VBI attempts to provide in-depth information about candidates’ attitudes, character and behaviour at work. It potentially benefits organisations and ultimately children by giving candidates a clear message about the values and behaviours of the organisation and enables the selection of candidates who are more aligned with organisational values, and therefore likely to be more committed and motivated in role. A key element is selecting candidates who have positive safeguarding attitudes and values and who are, therefore, more likely to be effective in identifying and addressing safeguarding issues at work, creating a safer environment for children.

Within the NSPCC, preliminary work was undertaken with models of value-based interviewing, but further development of a value-based recruitment and selection approach to VBI was not possible until the organisation had a clearly articulated commitment to shared organisational values that became integrated within the agency.

This, it is suggested, is a necessary precondition for any organisation intending to explore the potential of a value-based approach in selecting staff

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[76](http://www.nspcc.org.uk/Inform/research/briefings/Value-based-interviewing_wda95721.html)
6.4 Improving The Selection Process For Care Workers at Macintyre - Personality testing

Profiling applicants against the competencies required in a role is an established practice in commercial organisations, yet in the social care sector, it is still a radical concept. MacIntyre, a UK charity that provides care for children and adults with learning disabilities, partnered with Kenexa, an IBM Company, to enhance its interview and selection process, and improve its ability to select frontline staff who have high performing behaviours and competencies.

Kenexa created the personality profiles and competency frameworks of ideal candidates, and provided training to show how these should be used in the recruitment process. The novel approach that MacIntyre uses from Kenexa has been identified as best practice in the UK’s social care sector by the Department of Health. In response, Kenexa is now developing a profile and competency framework for MacIntyre’s heads of service.

“If you can understand which candidates are more likely to be successful in the role, it increases your chances of appointing someone who will be a better fit for the organisation,” says Bill Mumford, Managing Director of MacIntyre. “That’s the premise behind this project. We wanted to improve our ability to recruit individuals who will stay with us, who are open to learning and who can provide a great service to the people we support.”

MacIntyre employs over 1,400 support workers across 120 sites, each of which undertakes its own recruitment efforts. Kenexa began the process by conducting a job analysis of the support worker role and profiling high performing practitioners to identify the personality traits, behaviours and key competencies of successful support workers.

“The results surprised us,” continues Mumford. “Of course, we expected to see qualities such as being benevolent, considerate, sympathetic, confident and having a genuine concern for others. However, we didn’t expect that our support workers would be low profile, quiet and more introverted than the general population. It makes sense when you start to rationalise it. We knew we had something interesting here and we felt we had to make use of this information.”

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77 http://www.kenexa.com/Portals/0/Downloads/MacIntyreCaseStudy.pdf
78 www.macintyrecharity.org
79 http://www.kenexa.com/
Kenexa repeated the same process and created a profile and competency framework for senior support workers, who are the next level up in the organisation, and who are generally more confident, but the core aspects of benevolence and introversion are just as strong.

**Piloting a new approach to recruitment**

MacIntyre undertook four pilots across different parts of the organisation using Kenexa’s Rapid Personality Questionnaire (RPQ) as part of the interview process for short-listed candidates. The RPQ is a 15-minute questionnaire that provides insight into an individual’s personality and compares candidate results against the ideal MacIntyre support worker and senior practitioner profiles.

“There must be dozens of personality tests, but the RPQ is easy-to-use and it met our needs,” said Mumford. “Candidates complete it online and it generates both a personalised report that we give to the candidate and a separate report that is used by the interviewer.” Kenexa provided training to MacIntyre’s appointing officers in how to use the RPQ to conduct competency-based selection interviews.

Kenexa provided training to MacIntyre’s appointing officers in how to use the RPQ to conduct competency-based selection interviews. One pilot site was MacIntyre Wingrave School in Buckinghamshire, a residential special school that provides education and care for 38 young people with severe learning disabilities.

Maria Tole, the school’s Head of Care, commented, “This new, competency-based approach to selection has helped us to recruit the right people and reduce staff turnover. Those we’ve appointed using this process have performed better, they stay longer and they’ve had no disciplinary actions taken against them. Essentially, we’ve become better at not recruiting the wrong people, which makes our lives a lot easier. The RPQ gives you pointers to explore with each candidate. It doesn’t rule people out. It just gives you a better insight into the person sitting in front of you. You still have to use your experience and judgment when making a final decision.”

**Cascading the program throughout the organisation**

Staff members who were trained in the pilot program are now cascading the same training to 120 area managers and heads of service.

“The pilots received very positive feedback and we’re now rolling this out so that all our support worker and senior practitioner recruitment across the organisation will be done using this competency-based approach,” said Mumford. “Our frontline staff are obviously very important, but the key people we employ are our heads of service because they recruit, deploy and train the staff. This will help us to be clearer in what we’re looking for when we appoint for this role in the future.”
Improving interactions

MacIntyre’s mission is to be the best provider of services for children and adults with learning disabilities. Recruiting the right people, and retaining them, takes the organisation closer to achieving this objective.

“This has been a very easy and cost effective way of enhancing the quality of care we provide,” he said. “With competent and effective staff, we can improve the interactions with the people we support and their families. I’m sure the profiles we’ve created would be relevant across all caring professions. The people we’re appointing have what is known as bedside manner. Fundamentally, it’s an ability to care for other people and a desire to treat them with dignity and respect.”

6.5 Approaches in Northumberland, Tyne and Wear (NTW) NHS Foundation Trust

In 2012 NTW embarked on developing a more organised and consistent approach to recruitment across the trust, with the overall aim of improving selection and retention and reducing financial costs. In early 2013 the recommendations of the Francis report meant that ‘recruiting for values’ became an additional aim that was integrated into the overall approach.

Rather than adopting a 'one size fits all' model a number of different pilots are being undertaken, in order to generate data that can be compared and contrasted.

By October 2103 this had included the following initiatives:

- **Nurse bank in Dementia services** - this was part of a wider review of recruitment of nursing staff across the trust, driven partly by the high volume of applicants (between 200 - 300 per month) and the resulting opportunity to improve efficiency and effectiveness, raise quality and reduce costs. Previously a manager sat down to shortlist, followed by a week of interviews by panel, with the usual process of job offers dependent on CRB and Occupational Health checks. One typical exercise resulted in 90 job offers that were only then taken up by 30 new starters.

- This system has been replaced by an externally facilitated approach modelled on the Assessment Centre method. Potential applicants are invited to a day that includes literacy and numeracy tests, scenario questions, and management of CRB and Occupational Health processes. Outcomes have been promising, with one exercise involving 60 actual applicants resulting in 54 appointments.

- **Forensic services** - this also included a pre-interview day that features basic training and induction, and numeracy and literacy assessment of support workers, as well as various group exercises.

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80 [http://www.kenexa.com/Portals/0/Downloads/MacIntyreCaseStudy.pdf](http://www.kenexa.com/Portals/0/Downloads/MacIntyreCaseStudy.pdf)
Success at this first stage (which is held off site) leads to a second stage with further assessment of communications styles and team working.

- Hypothetical scenario questions are used at the second stage, typically involving observed group discussion around a table, with contributions carefully assessed against a check list of desirable responses that indicate attitudes and values - whilst recognising that these (and how they are communicated) can be affected by the situation and context. Values based questions are now also being used. There is a great deal of clarity and transparency about the values and competencies being sought, and this makes it possible to deselect unsuitable candidates at this stage. This is then followed by a final step - structured, values based interview.

- **Pharmacy** - this focused on using ability testing - in the form of the Occupational Personality Questionnaire\(^\text{81}\) which is a licensed tool. This is not so much about pass or fail as a means to understand the candidate better. The process also used an IT systems test - this took a lot of time to develop, a group exercise, and close inspection of references against NHS Safer Recruitment Check guidelines.

**Assessing the benefits**

In such a large organisation it may be unrealistic or even unhelpful to try and insist on one approach across the whole system, especially without formal evidence that a particular approach or method performs consistently better than any other, and when different service areas may be interested in different issues. There are challenges in terms of working with the processes that NHS Jobs already have in place, and in terms of making sure that selection methods are culturally sensitive and respect equal opportunities legislation. How do you factor in the extra costs of additional training and support for interviewers? Making a firm business case requires further work and NTW is therefore committed to further experimentation over the next two years.

### 6.6 Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)

In early 2013 TEWV set up a Trust wide project to develop, procure and introduce an information system that has the ability to assess the competency of applicants against a range of criteria. A technical specification of system requirements is currently being compiled, which will be forwarded the procurement team to co-ordinate presentations as part of market assessment. This on-line solution will need to assess competencies in literacy and numeracy in addition to Values Based assessment. The current thinking is that literacy and numeracy would be assessed on a simple pass or fail basis and but values would be discerned using Situational Judgement Tests, generating reports that would be used by interviewing panels to inform their questions and provide advice on areas to be explored with a particular individual. The project also requires research into the value of psychometric testing as a tool to aid

\(^\text{81}\) [http://www.shl.com/assets/resources/opq-uk.pdf](http://www.shl.com/assets/resources/opq-uk.pdf)
recruitment. It is expected that this will be a Trust wide approach, but carried out in phases for testing and validity. An outline business case is expected to be ready by November 2013, with recommendations to take forward.
Section 7
Appendices

Appendix A. Top Tips for Recruiting for Values

Based on the work carried out to produce this toolkit, this is a summary of the key recommendations to consider if you want to make a start towards introducing Values Based Recruitment in your organisation, or to develop further the work you are already doing.

‘The easiest way to find out about someone’s underlying values is to ask them how they behave in their everyday lives. People experience our values through our behaviours.’ National Skills Academy for Social Care.

1. Define and communicate your organisational values

By all means refer to the work that has been done nationally to define values in health and social care, but your values will have much greater meaning if they are developed with the involvement of your service users, carers and staff. Make sure your values are congruent with and consistent with the overall philosophy, policy and practice of the services you provide. Values aren't just for recruitment - use your values in appraisal, supervision, day to day decision making, and critical incident reviews.

2. Align your job information with your values

It is really important to include the values that you are seeking in the person specification for the given role. You may also want to reflect these values in the job description and advertisement.

3. Increase efficiency and effectiveness at the application stage

Bigger organisations, sometimes inundated by applications for vacancies, have introduced generic assessment days or open days where potential candidates are given further information about the expectations of the job. Some proactively liaise with Job Centres and Work Programme providers to minimise inappropriate and unsuitable applications.

4. Adopt a structured approach to the interview

Structured interviews are more reliable at helping you to select the right person for the job. Be clear about what values you are looking for, what questions you will ask (including follow up questions), and how you will score responses. Questions should be standardised and based on the person specification.
5. **Include Values Based Interview questions**

For values based interview questions you can draw on some of the examples in the resources listed below, and adapt these to suit your local circumstances and the job you are recruiting to. Remember, these hypothetical questions rarely have only one correct answer; rather you are assessing the person's reasoning and trying to find out more about the beliefs, attitudes and values that inform their thinking.

6. **Use a range of assessment and interview techniques**

Employers are increasingly experimenting with a variety of different techniques in order to help them select the right sort of recruits. Low cost options include observed group discussion or role play, video scenarios, and involving service users and /or carers. Personality testing and Psychometric testing are additional options but usually come with a cost attached. It is important to note that there is not a great deal of empirical evidence to prove the validity of such alternative methods, and indeed they are generally evaluated as less effective predictors of job performance than a structured interview. However there can be added benefits from adopting a multifaceted approach and anecdotally employers place considerable trust in these techniques.

7. **Further assessment pre job offer**

Some employers have introduced an additional stage, where suitable interviewees are asked to attend a period of training and awareness raising after they have been successful at interview, varying from one day to two weeks. This allows a longer and more detailed period of observation and information gathering, especially in the learning environment and group/team situations. The final job offer is then dependent on successful performance at this stage.

8. **Standardised induction and proactive use of probationary periods**

There are various guides to Induction, including the Common Induction Standards\(^2\) produced by Skills for Care, but the key issue here is to be assertive about making sure that new employees get a proper induction to your organisation - including its values - and to actively use the review of the probationary period to address any issues with performance and attitude.

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\(^2\) Common Induction Standards, Skills for Care, 2010

Appendix B. Examples of Values Based Interview Questions (National Skills Academy for Social Care) ³³

Help for Employers in recruiting for values

The Values-Based Recruitment Model is designed to help and support employers in recruiting for social care values. Part of this process involves asking questions at job interviews that enable candidates to give examples of behaviours in their previous roles that demonstrate values in action. Here are some examples of questions that you can ask to people coming in for different kinds of roles. You may also find it helpful to refer to the Leadership Qualities Framework ³⁴ in identifying specific behaviours or areas that you would particularly like to ask candidates about.

<table>
<thead>
<tr>
<th>General/introductory questions:</th>
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<tbody>
<tr>
<td><strong>What excites you about working in adult social care?</strong></td>
</tr>
<tr>
<td>Why does this appeal to you? What have you done to find out about working in the care sector?</td>
</tr>
<tr>
<td>What is the most surprising thing that you’ve learned?</td>
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<tr>
<td>What challenges do you think there would be?</td>
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<tr>
<td>What rewards do you think there would be? What parts do you think you would most enjoy?</td>
</tr>
<tr>
<td><strong>What interests you about our organisation in particular?</strong></td>
</tr>
<tr>
<td>Why? How did you become aware of us?</td>
</tr>
<tr>
<td>How do we compare to other organisations you have applied to?</td>
</tr>
<tr>
<td>What research have you done into the role?</td>
</tr>
<tr>
<td>Which parts of the role do you think you would enjoy the most?</td>
</tr>
<tr>
<td><strong>What excites you about working as a (insert job role) and what sorts of things have you been doing that you think could help you become a good (insert job role)?</strong></td>
</tr>
<tr>
<td>What do you think the best parts of this job would be? What sorts of things do you think you would need help with to become a good (Insert Job Role)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Questions designed to demonstrate Integrity (Leadership Qualities Framework Dimension: Demonstrating personal qualities)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Please give an example of a situation where you’ve spoken up because you had concerns.</strong></td>
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<tr>
<td>What was the outcome? How did you feel about making a stand and about the outcome?</td>
</tr>
<tr>
<td>If it was successful – why do you think it was successful?</td>
</tr>
<tr>
<td>If it was not successful – why do you think this was the case, and what would you do differently? What did you learn from this about yourself?</td>
</tr>
</tbody>
</table>

³³ Recruiting for values in adult social care, Examples of Interview Questions, National Skills Academy for Social Care https://www.nsasocialcare.co.uk/values-based-recruitment-toolkit-interview-questions
³⁴ https://www.nsasocialcare.co.uk/about-us/leadership-qualities-framework
**Questions designed to demonstrate Courage** (Leadership Qualities Framework Dimension: Improving Services)

*Can you give an example of where you’ve spoken up because you had concerns?*
How did it feel to you? What were the outcomes?
If it was a successful intervention – why do you think it was successful?
If it was not a successful intervention – why do you think this was the case, and what would you do differently?
What did you learn from this episode about yourself?

*Can you give an example where someone in your organisation came to you with a concern?*
How did it feel to you?
How did you respond?

**For higher-level roles:**
How did you instil a culture where it felt ‘safe to challenge’?

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**Questions designed to demonstrate Imagination** (Leadership Qualities Framework Dimension: Improving Services)

*Please describe a situation where you have actively sought a dialogue with a service user and their family to improve the services they receive.*
How did you go about doing this: what was involved?
What has happened in the past when you’ve been given feedback on services by a service user, around what they’d like to see change? How did you progress this?
How have you worked with your team to build continuous review and improvement into services?

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**Questions designed to demonstrate Adaptability** (Leadership Qualities Framework Dimension: Working with Others)

*Could you give me an example of a time when you have had to work with people who have required different levels of support or assistance?*
How did their needs differ?
How did you accommodate these differences?
What was the outcome?
What is important to you when caring for another person?
Why do you think it was important to them?
How does it make you feel when you hear about people being mis-treated and why do you think this happens sometimes?
What sorts of things do you think are important to try and stop this mistreatment?
How do you keep the focus of contribution on compassion?

*Can you give an example of where your understanding of what another person may be going through has helped you to develop your compassion for that person?*
Tell me about a situation where it was important that you worked as part of a team. Why was this important?
What was your exact role in the team?
What was the result of having a team approach?
**For higher-level roles:**
What has been your experience of leading teams and what do you think are the key qualities for team leadership?
Can you give an example of team leadership/membership which, on reflection, you would have handled differently now? What would you do, and why?
How have you managed staff to support people to gain real control over their care and support? What do you think are the key qualities involved?

**Questions designed to demonstrate Compassion** (Leadership Qualities Framework Dimension: Working with Others)

*Tell me about a time when you have helped someone develop a plan to achieve their goals.*
What was your role?
How did you contribute?
What was the outcome?

*For higher-level roles:*
Please give an example of how you’ve contributed to discussions about care and values to improve performance and provide more compassionate care.
How do you get the most compassionate care out of your team?
How do you keep the focus of contribution on compassion?
Can you give an example of where your empathy has enabled you to develop more compassionate care?

**Questions designed to demonstrate Commitment** (Leadership Qualities Framework Dimensions: Demonstrating personal qualities and Improving Services)

*Tell me about a time when you have “gone the extra mile” at work.*
What was the task?
Why did you do that?
What was the outcome?

*Describe to me a time when you have worked to a demanding & challenging target.*
What was the result?
How did you work towards this?
Why do you think you were successful (if it was successful)?
What did you learn from this about yourself?
What did you enjoy about this situation?
What did you not like?

*In this role you will need to work with the minimum of supervision. Describe a recent example which proves your ability to work independently in a proactive way.*
What were the main challenges and obstacles you faced?
How did you motivate yourself?
What did you find most challenging & how did you overcome it?
What mistakes did you make & what have you learnt from them?

*Can you give an example of when you have improved a process or way of working?*
What was it?
What approach did you take?
Why did you adopt this approach?
What was the result?
What did you learn from this?
What would you do differently?

Points to note:

- Just because someone hasn’t had a paid role before, or hasn’t worked in care, doesn’t rule them out. Many candidates will have valuable “lived life” experiences.
- So don’t just think about focusing on prior work experience, especially for entry-level job roles. Ask candidates about other aspects of their lives that may well be relevant, such as bringing up children, acting as an unpaid carer, or working in voluntary roles.
- Interviews can be stressful for people. To put candidates at ease, it can be helpful to use general, warm-up questions, such as ‘what attracts you to working in social care?’.
- If candidates ask, you can say that the sector is happy to take people without prior experience, but at the same time they will be expected to undertake a thorough induction and further development through training.
- One follow-on question would be to ask candidates how they felt about this. It usually helps the candidate if the employer can encourage them to think about relevant examples of their experience that they can share, that will illustrate their values and behaviours.
- It’s always best to ask questions in plain English rather than use sector-specific terminology such as ‘personalisation’ especially in entry-level roles.
Appendix C. Making a Business Case for Values Based Recruitment in Dementia Services

Introduction

In this section a summary Business Case is set out for the introduction of Values Based Recruitment. As such the Business Case is targeted at NEDA’s members. However it is recognised that this will include a very wide range of organisations who will vary extensively in terms of size, workforce and capacity. Individual organisations must therefore examine the Business Case and adapt it as appropriate to their own specific circumstances.

Business Drivers

- Policy and Guidance

Objective 13 of ‘Living Well with Dementia - A National Strategy for England’\(^85\) states that there should be:

’An informed and effective workforce for people with dementia. All health and social care staff involved in the care of people who may have dementia to have the necessary skills to provide the best quality of care in the roles and settings where they work. To be achieved by effective basic training and continuous professional and vocational development in dementia.’

The Joint Commissioning Framework for Dementia\(^86\) suggests that

‘An informed and effective workforce should be present in specialist as well as universal services. The level of skill and expertise should be proportionate to the level of contact staff have with people with dementia’.

Since the publication of the national strategy, there have been several reports about failings in health and social care, including the failure to provide vulnerable older people with the level of care, dignity and support that they should receive. \(^87\) \(^88\) \(^89\)

Part of the Government’s response has focused on the need for all health and organisations and their staff to work to the values that have been set out

\(^85\) Living Well with Dementia - A National Strategy for England, Department of Health, 2009
\(^86\) Living well with Dementia: A National Dementia Strategy – Joint Commissioning Framework for Dementia (Section 3) Department of Health, 2009
\(^88\) Close to home: An inquiry into older people and human rights in home care, Equality and Human Rights Commission, November 2011
\(^89\) Dignity and Nutrition for Older People Programme, Care Quality Commission, 2012
nationally. This includes being able to demonstrate that when staff are recruited they are assessed for the attitudes and values they possess.

- **Demographics**

Dementia care presents a major social, health and economic challenge to society, intensified by the ageing population. There are currently 800,000 people with a form of dementia in the UK, including over 17,000 younger people and over 25,000 people with dementia from black and minority ethnic groups. There will be over a million people with dementia by 2021, and an estimated 1.7 million people with dementia by 2051.

Given the scale and urgency of the challenge, health and social care agencies must be confident that they have a workforce that is able to provide high quality care for people with age-related illnesses such as dementia, and their carers.

- **Financial**

There is anecdotal evidence about the financial benefits and cost efficiencies for organisations that have introduced Values Based Recruitment. These are explored further below.

- **Performance and Reputational**

High turnover rates, particularly in the first few weeks following appointment, are often an indication that people have come into care and support roles but do not have the right values to sustain them in those roles. High turnover and churn rates lead to lack of continuity – a factor that counts highly with people who use services. There is a risk that employers will take on candidates without the right social care values, with potentially profound implications for the care of vulnerable people.

There is evidence of a correlation between higher levels of staff engagement and higher quality care and better overall organisational performance.

**Scope**

Whilst this Business Case focuses on the arguments for and benefits of introducing Values Based Recruitment, it should be emphasised that any values used in the recruitment process are only meaningful if they reflect the organisation’s overall values base. The best results are achieved when there

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90 The seven core principles to support dignity in adult social care, Skills for Care 2013 [http://www.skillsforcare.org.uk/developing_skills/Dignity.aspx](http://www.skillsforcare.org.uk/developing_skills/Dignity.aspx)

91 The NHS Constitution for England: the NHS belongs to us all, Department of Health, 26th March 2013

92 The Cavendish Review An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings July 2013

93 Patients First and Foremost - The Initial Government Response to the Report of The Mid Staffordshire NHS Foundation Trust Public Inquiry, The Department of Health, March 2013


is a clear set of values that has been developed with staff and patients/service users and that are actively used in staff supervision, appraisal as well as organisational decision making and development, set out in a mission statement, that are put into practice by all managers and staff, and which include honesty, integrity and confidence.96

Values Based Recruitment covers the whole process of selecting and hiring staff - from defining the job role and person specification, to advert, application, short-listing, interviewing, and job offer (with any conditions).

**Analysis**

The key questions that all health and social care employers are asking are: 'How do we find and attract sufficient applicants for our vacant posts, and then how do we check that they are suitable for the work and are likely to stay, develop and progress?'

There is clear evidence that staff whose values are more clearly aligned with that of their employer, and whose roles allow them to live out these values, have higher levels of engagement, job satisfaction and performance. 97 Where staff engagement scores are high, scores are significantly higher for patient satisfaction and lower for standardised hospital mortality rates.98

Staff engagement can have a significant impact on morale, productivity, organisational performance and patient experience. Research clearly points to staff satisfaction and associated benefits (such as retention, discretionary effort and productivity) having a close association with how staff feel about their employer and, particularly, their sense of engagement with their workplace.99

The costs of staff recruitment vary from sector to sector and reflect the seniority of the post, but in any case are significant, and any actions that can help to reduce them should be of great interest to employers:

**Median average costs of recruitment by sector (advertising costs, agency or search fees) per hire 2013** 100

<table>
<thead>
<tr>
<th></th>
<th>Private Services</th>
<th>Public Sector</th>
<th>Not for Profit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior managers</td>
<td>£6,000</td>
<td>£5,500</td>
<td>£4,500</td>
</tr>
<tr>
<td>Other employees</td>
<td>£2,350</td>
<td>£1,500</td>
<td>£875</td>
</tr>
</tbody>
</table>

96The Cabinet Office: Key principles for socially responsible employers http://www.nhsemployers.org/recruitmentandretention/domesticrecruitment/socially-responsible-employers/pages/cabinetofficeguidance.aspx
97Engaging for success: enhancing performance through employee engagement A report to Government by David MacLeod and Nita Clarke, 2009
98Engaging your staff: the NHS Staff Engagement Resource - NHS Employers, Department of Health http://www.nhsemployers.org/SiteCollectionDocuments/Staff%20engagement%20toolkit.pdf
100Estimates accurate to plus or minus 20%, Resourcing and Talent Planning Annual Survey Report, CIPD and Hays Group, 2013
Benefits

- **Specific benefits**
  The hard evidence for the specific Values Based Recruitment practices is still being gathered. However, where organisations have introduced elements of Values Based Recruitment as part of a comprehensive approach to developing and working to a consistent values base across the organisation, a number of benefits have already been reported, e.g. York Teaching Hospital NHS Trust:

  - reduced turnover of healthcare assistants
  - significant reduction in the annual sickness absence rate amongst HCAs
  - improved morale, better health and job satisfaction amongst HCAs
  - improved continuity and quality of patient care due to a more stable staff base

**Wider benefits**

As shown above, when you recruit staff whose personal values are aligned with the organisation's value base, there are higher levels of engagement, job satisfaction and performance. Employee engagement levels correlate positively with: 101

- better financial performance
- better outcomes in the public sector
- higher levels of innovation
- more employees advocating their organisation
- lower rates of absenteeism
- employee well-being
- better retention
- fewer accidents

There is also a wealth of relevant information from related surveys and studies:

- Engaged employees (EE) generate 43% more revenue (Hay Group)
- EE: 2.7 sick days per year Disengaged employees: 6.2 (Gallup)
- EE are 87% less likely to leave (Corporate Leadership Council)
- 67% of engaged advocate their organisations; only 3% of the disengaged do (Gallup)
- 9 out of 10 of key barriers to successful change, people related (PWC)
- 59% of EE say “work brings out their most creative ideas” – only 3% of disengaged agree (Gallup)
- Research shows 70% of engaged employees have a good understanding of how to meet customer needs as opposed to only 17% of disengaged employees

101 Engaging for Success - enhancing performance through employee engagement, A Report to Government, MacLeod D and Clarke N, Department of Business Innovation and Skills, 2009
Costs

For organisations that do not already have a clearly defined set of values that have been developed in collaboration with staff and patients/beneficiaries there will be costs associated with undertaking this organisational development process.

A more cost effective alternative would be to use the values statements that have been nationally defined as a starting point, and carry out work to interpret them locally over time.

Further implementation costs can then be managed by introducing Values Based Recruitment methods incrementally at different points in the recruitment process, for example:

- for a specific staff group
- for particular geographical area
- to a specific aspect of the recruitment process e.g.
  - advert
  - person specification
  - application process
  - interview process

There is some evidence that Values Based Interviewing takes longer than conventional interviewing and can therefore be more expensive in the short term.

There are higher costs associated with bringing in third party providers, for example, the Assessment Centre Approach, or purchasing licences for psychometrics/personality testing that helps to identify an individual's values. However such measures are not essential as a first step.

There may be opportunities for NEDA to help members reduce costs. For example, Profiles4Care have already indicated that they would look at providing shared licences to a group of small employers.

There is one example in the North East of an organisation introducing a comprehensive monthly Assessment Centre approach for all staff and then reviewing it. It had initially produced promising results, but was subsequently been reduced due to the high level of investment that was required, and high rates of non attendance. It is now only used for more senior staff.

Organisations need also to consider the costs associated with evaluating the impact of any changes that are introduced.

Any costs can be arguably offset by reductions in recruitment costs resulting from improved retention of staff, and by the improvements in workforce and wider organisational performance indicators outlined above.
Risk

Risks are chiefly in the form of investment costs (i.e. staff time and associated costs, costs of buying in third party products) set out above. Apart from these potential costs, which can be managed by being introduced and spread over time, there are no risks.

Strategic Options

Employer members of NEDA should consider what is the most appropriate and manageable starting point for their own organisation.

The key strategic options are:

1. Begin the process of introducing Values Based Recruitment by working with stakeholders to define your values as an organisation

2. Build on organisational values that already exist and extend their use into your recruitment process and other aspects of workforce management and development

3. Experiment with introducing or increasing the way that you incorporate these values into specific aspects of the recruitment process

4. Consider making the argument for investing in a comprehensive whole organisation approach

5. Consider how much you can do within existing resources decide and whether or not you need to bring in additional resources and expertise

Conclusion, Recommendation, and Next Steps

A series of negative incidents and reports concerning health and social care, and that of older people in particular, have resulted in Government policy and guidance that highlights the critical importance of values, and the need for service providers to be able to demonstrate that their recruitment policies and practices ensure that the right staff with the right attitudes and values are employed.

One of the key enablers that employers possess is to ensure that there is organisational integrity, where espoused values are reflected in behavioural norms. There is increasing evidence that Values Based Recruitment is a powerful tool in terms of helping organisations to ensure that the staff they recruit and employ possess the right values, attitudes and behaviours to provide high quality care and treatment in a respectful and dignified manner.

It is therefore recommended that all members of NEDA review and develop their Values Based Recruitment practice, and that this is incorporated into an overall set of organisational values designed with and owned by all key stakeholders.
Appendix D. Suggested Contract Insert for Commissioners on Values Based Recruitment in Dementia Services

Overview

This exemplar contract insert is based on examples given in the national Commissioning Framework, and it is in keeping with the Government's response to the Frances Report\textsuperscript{102} and the subsequent recommendations contained in the Mandate to Health Education England\textsuperscript{103} and the Cavendish Review,\textsuperscript{104} which state that all employers should be supported to assess job applicants for values and attitude.

Commissioning Framework for Dementia

The national framework indicates that Commissioners can use `contract inserts’ in new contracts with providers to help to ensure that services (which are sometimes generic) meet the specific needs of people with dementia and their carers.\textsuperscript{105}

It refers to the NICE guideline which says that a key value underpinning the health and well-being of people living with dementia is a person-centred approach to care.\textsuperscript{106} It also refers to the VIPS model,\textsuperscript{107} which emphasises the importance of a value based approach. The Commissioning Framework specifies that staff should

*have the knowledge, skills and values to work with people with dementia. They understand dementia; what can help alleviate distress; how to manage different behaviours and prevent crisis. They are supported to work in this way.*\textsuperscript{108}

It is recognised that health and social care commissioners will use different formats for contracting services to support people with dementia, and that there may additionally be differences from one locality to another.

However most if not all contracts include a section on employees, usually in the context of ensuring that there is a sufficient staff to fulfil the contract and that the employer undertakes the necessary Safeguarding checks (for example with the Disclosure and Barring Service) and that proper records are

\textsuperscript{102} Patients First and Foremost - The Initial Government Response to the Report of The Mid Staffordshire NHS Foundation Trust Public Inquiry, The Department of Health, March 2013

\textsuperscript{103} Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values A mandate from the Government to Health Education England: April 2013 to March 2015

\textsuperscript{104} The Cavendish Review An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings July 2013

\textsuperscript{105} Handbook: Using the Dementia Commissioning Pack, Department of Health 2011

\textsuperscript{106} Supporting people with dementia and their carers in health and social care, National Clinical Practice Guideline No 42, \url{http://www.nice.org.uk/cg042}

\textsuperscript{107} Commissioning framework for dementia, Department of Health, 2011
maintained about recruitment procedures, training records and performance management records.

It is suggested that the Contract Insert below would fit into this area of the contract and hopefully the wording can be adapted to meet any specific local circumstances.

**Values Based Staff Recruitment**

Ensuring that employers recruit staff who possess the right values and attitudes to provide high quality care and support to people with dementia and their carers.

Dementia specific service elements

The Provider shall:

- Have in place Values Based Recruitment procedures and practices
- Demonstrate that values used in the recruitment process are drawn from and reflect a wider organisational values statement
- Incorporate these values in the overall approach to staff induction, training, supervision and appraisal

Dementia-specific quality standards

- The values are defined with input from staff, people with dementia and their carers
- People with dementia and their carers are involved in staff recruitment
Appendix E. Further information and resources

- **Care Fit for VIPS** - Free on-line toolkit to help care homes (and individuals) improve the quality of their dementia care. University of Worcester Association for Dementia Studies, Equip4Change & Crystal Presentations Ltd [www.carefitforvips.co.uk](http://www.carefitforvips.co.uk)
- **Care Home Recruitment & Selection Overview** - Job design pilot project in residential care, Skills for Care, September 2011
- **Common Core Principles for Supporting People with Dementia** - A guide to training the social care and health workforce. Skills for Care and Skills for Health. 2011
- **Dementia - Clinical Guideline 42**, Supporting people with dementia and their carers in health and social care, NICE 2006
- **Delivering Dignity - Securing dignity in care for older people in hospitals and care homes**, LGA, NHS Confederation and Age UK, February 2012
- **Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values.** A mandate from the Government to Health Education England: April 2013 to March 2015, Department of Health, May 2013
- **Employing Personal Assistants Toolkit** - Skills for Care, 2012 [http://www.skillsforcare.org.uk/entry_to_social_care/recruitment/employingpersonalassistants.aspx](http://www.skillsforcare.org.uk/entry_to_social_care/recruitment/employingpersonalassistants.aspx)
- **Engaging for Success - enhancing performance through employee engagement, A Report to Government**, MacLeod D and Clarke N, Department of Business Innovation and Skills, 2009
- **Engaging your staff: the NHS Staff Engagement Resource**, NHS Employers, Department of Health [http://www.nhsemployers.org/SiteCollectionDocuments/Staff%20engagement%20toolkit.pdf](http://www.nhsemployers.org/SiteCollectionDocuments/Staff%20engagement%20toolkit.pdf)
- **Finders keepers** - The adult social care recruitment and retention toolkit, updated July 2013
- **Leadership Qualities Framework For Adult Social Care** - National Skills Academy for Social Care, 2013
• **NHS Employment Check Standards** - NHS Employers, Recruitment and Retention, [http://www.nhsemployers.org](http://www.nhsemployers.org)
• **NSPCC Factsheets** and Training in Values Based Interviewing
• **Recruitment advice and guidance for people using direct payments to employ personal assistants** - Skills for Care
• **Recruitment and Selection in the home care sector - Top Ten Tips**, Skills for Care 2011
• **Recruiting people isn’t the problem, it’s recruiting the right people and doing that consistently** - Workforce insight 1, Understanding turnover in the social care sector - research report findings 2011 Skills for Care, 2011
• **Sector Employability Toolkit** - [On line resources](http://www.phine.org.uk/uploads/doc/vid_16814_Annex%203%20Workforce%20Report.pdf), Skills for Health (Paper on Pre-Employment Best Practice in the Health Sector; and Recruitment and Selection Guide includes Selection Event Templates, Group Exercises, interview questions and benchmarking guidelines)
• **Supporting Dementia Workers** - A manager's guide to good practice - Skills for Care, 2012
• **The psychological contract, Employee relations**, Revised May 2010, CIPD Update, June 2010
• **Think Local Act Personal** - A sector-wide commitment to moving forward with personalisation and community-based support, January 2011
• **Towards safer organisations** - Adults who pose a risk to children in the workplace and implications for recruitment and selection, Erooga, M, July 2009, NSPCC
• **Value Based Interview Questions - Examples** [https://www.hr.utah.edu/forms/lib/ValueBasedInterviewQuestions.pdf](https://www.hr.utah.edu/forms/lib/ValueBasedInterviewQuestions.pdf)
• **Values Based Competency Questions for Clinical Roles** - Walton Centre NHS Foundation Trust, NHS Workforce Information Network, 2013 [https://www.ewin.nhs.uk/resources/item/values-based-competency-interview-questions-for-clinical-roles](https://www.ewin.nhs.uk/resources/item/values-based-competency-interview-questions-for-clinical-roles)
• **Values into Action: how organisations translate their values into practice**, National Council for Voluntary Organisations, Public Policy
Appendix F. Some references to values and recruitment in recent policy and guidance

The Cavendish Review An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings July 2013

To build the workforce of the future, there is a big opportunity for employers to try and define a golden thread of values and competences that should be common to workers in both health and social care.
Recommendation 6: Employers should be supported to test values, attitudes and aptitude for caring at recruitment stage. NHS Employers, HEE and the National Skills Academy for social care should report on progress, best practice and further action on their recruitment tool by summer 2014.

Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values A mandate from the Government to Health Education England: April 2013 to March 2015

Ensure that selection into all new NHS funded training posts incorporates testing of value based recruitment by March 2015. HEE is committed to recruit, train, appraise and dismiss for values.

Patients First and Foremost - The Initial Government Response to the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, the Department of Health, March 2013

5.13 Robert Francis recommended that the NHS should recruit and train staff to demonstrate the right values and behaviours – and to challenge colleagues who do not – so that we can ensure the quality of care is as important as the quality of treatment. Health Education England will introduce values based recruitment for all students entering NHS-funded clinical education programmes. This will include testing for values, face-to-face interviews and scenario testing to assess candidate’s attitudes towards caring, compassion and other necessary professional values. Health Education England will also work with NHS Employers on aptitude tests which can be used more widely\textsuperscript{109}

Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry February 2013

The report calls for a whole service, patient centred focus centred several key themes including:

- emphasis on and commitment to common values throughout the system by all within it

\textsuperscript{109} Patients First and Foremost: The Initial Government Response to the Report of The Mid Staffordshire NHS Foundation Trust Public Inquiry March 2013
- readily accessible fundamental standards and means of compliance
- strong leadership in nursing and other professional values

**Compassion in Practice Nursing Midwifery and Care staff - Our Vision and Strategy, NHS Commissioning Board, 2012**

'The 6Cs are relevant to all staff, and should be embedded throughout career pathways, including recruitment, education and training, organisational culture and the appraisal and development of staff: Care, Compassion, Competence, Communication, Courage, Commitment.

**Close to home - An inquiry into older people and human rights in home care, Equality and Human Rights Commission, November 2011**

Refers to the relationship between fundamental values and human rights, and the importance of home care staff having an understanding of both.

**Living well with dementia, The National Dementia Strategy, 2009**

In 2009 the government launched the first ever National Dementia Strategy for England, setting out a five year plan to radically transform the quality of life for people with dementia and their carers. Objective 13 states that there should be 'An informed and effective workforce for people with dementia' and that the top challenges to providing good dementia care from a care home manager's point of view are developing a staff team with the right attributes and skills and keeping them motivated.'

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About this publication:
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