

Participating and Learning

**Citizen Involvement in Social Work
Education in the Northern Ireland Context**

A Good Practice Guide

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Citizen Involvement in Social Work Education in the Northern Ireland Context – a Good Practice Guide

“Social work training must produce professionals who can provide the highest quality social work services. The engagement of service users and carers in training is essential for students to reach an understanding of both the quality and nature of services required and the way in which they must be delivered.”

(Dr Jeremy Harbison, Chairperson, Northern Ireland Social Care Council).

Introduction

The opening statement to this guidance clearly sets the scene for this work with its emphasis on quality. The purpose of this good practice guide is therefore to ensure that everybody participating in the training of social work students in Northern Ireland is aware of opportunities and suggestions for good practice in the involvement of service users and carers in this training. This guidance aims to contribute to achieving the quality which is required in the provision of social work services by signposting examples of good practice.

The guide does not claim to have all the answers but is a starting point on a journey to achieving the vision which is set out in our opening quote.

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1.1 Purpose of the Guide – Who is it For?

This guidance is designed to complement established good practice initiatives in the involvement of service users and carers in Social Work training on Degree programmes in Northern Ireland. Based on research conducted with service users, carers, students, agency and academic partners, the guide focuses on the key values which need to accompany such involvement as well as including case studies of good practice to show how service users and carers have been

effectively involved to date at all levels of social work training in Northern Ireland. The guide will include key **Themes** and accompanying **Guidelines**, which should be considered by everybody in the process of achieving meaningful involvement of service users and carers in social work education.

Additionally the guide addresses ways in which service users and carers as citizens can contribute to assisting social work students studying their Degree in Social Work to understand issues around the *Northern Ireland context*, i.e. how people have been affected by a protracted period of conflict in this country. The latter is a particular requirement for all qualifying social work students in Northern Ireland in the *Framework Specification for the Degree in Social Work* (DHSSPS, 2003)

As people frequently move between their role as carer and service user, this publication also introduces the term **citizen** in its title to describe both. Citizen also implies constancy, rights and entitlements.

Executive Summary – Conclusions

The research conducted for this good practice guide has identified the following seven key **Themes** as being central for everyone to consider in terms of making good practice in the area of citizen involvement in social work education in Northern Ireland a reality. Each theme is accompanied by a specific statement **Guideline** for assisting in the promotion of good practice.

Theme 1. The inclusion of users and carers has an invaluable contribution and benefit for social work training.

Guideline: Service User and Carer involvement is central to social work training, because this experience can genuinely teach social work students the importance of empathy, give an understanding of partnership and help to inform students about real ways in which they can include anti-oppressive practice in their work.

Theme 2. Users and carers need support to train and educate social work students.

Guideline: Support for users and carer is needed and this includes practical support before, during and after sessions. Specific training in presentation and communication skills should be available. Citizen trainers also have to be valued in monetary terms as well as being assured that all preparations are sensitively handled.

Theme 3. Service users and carers should be actively involved in the assessment of Practice Learning.

Guideline: Service users and carers have an equally important contribution to make to the assessment of students in practice learning opportunities as they do to teaching in the university/college environment. Creative ways of facilitating such citizen involvement have to be explored in full consultation and partnership with service users and carers. Established good practice in consent (DHSSPS, 2005)¹ needs to be at the heart of this process.

¹ Department of Health, Social Services and Public Safety (2005) *Good Practice in Consent – Social Work Students*.

Theme 4. Service User and Carer Involvement in Social Work Education must be grounded on Social Work Values.

Guideline: Any strategy for involving service users/carers/citizens in the training of social workers must be centrally based on the values of service user/carer organisations and the social work profession. Ultimately the starting point for such involvement has to be determined by the citizen.

Theme 5. Service Users/carers/citizens should be involved in all aspects of Teaching, Learning and Assessment.

Guideline: Service user and carer involvement should occur in all aspects of the teaching of social work students. Small group seminar situations are mostly favoured as an effective way of doing this and citizen trainers should be supported in training students in a way that best suits them e.g. through role play, drama etc. Citizen Involvement should also be explored in other aspects of the Social Work Degree curriculum such as Social Policy, Sociology etc and in other disciplines such as Medicine, as a way of further building the capacity and experience of citizen trainers.

Theme 6. Service Users and Carers have an important strategic role to play in social work training in Northern Ireland.

Guideline: Citizens should be encouraged to be involved in the overall organisation of social work training programmes to include representation on management boards, course committees, the selection of students, planning and delivery, module evaluation and any other quality assurance areas.

Theme 7. Service users and carers have an important contribution to make to help students in their understanding of the Northern Ireland Context.

Guideline: All forms of discrimination have to be challenged. Experience coupled with training and support, including an acknowledgement of expertise have to be part and parcel of any support structure for citizen trainers which help challenge discrimination. Particular attention must be paid to any negative impact of the Northern Ireland context, and issues around this need to be tackled, albeit in a sensitive way. The experience that service users and carers already have should be explored as ways of helping students understand the N.I. Context in a real way.

2.1 Background

A key requirement in the delivery of the new Degree in Social Work is the involvement of service users and carers in all aspects of the programme. Up until this was required in 2003, such involvement tended to occur in quite a piecemeal and ad-hoc way in the 1990s with service users and carers being involved mainly in occasional teaching sessions talking about their experiences. The latter initiatives were driven by the requirement of the then, Central Council for Education and Training in Social Work (CCETSW), for course providers to have in place systems for involving service users and carers in course provision (GSCC, 2004)².

The Department of Health (2002)³ specified that service users and carers had to be involved in all aspects of the new Degree but failed to prescribe how this might occur. In Northern Ireland the Degree in Social Work was introduced in September 2004 and brought with it a myriad of guidance documents from the Northern Ireland Social Care Council (NISCC), the Awarding Body in Northern Ireland, which set the scene for service user and carer involvement.

NISCC clearly outlined that course providers needed to have formal and systematic participation of users and carers in the design, delivery and evaluation of course provision as well as having policies around training and support to ensure the active participation of citizens in course provision (NISCC, 2003).⁴ Additionally the NISCC stipulated in its Framework Specification⁵ that “*the impact of past and current violence, conflict and divisions in Northern Irish society requires particular emphasis in the education and training of social work students in Northern Ireland*” (DHSSPS, 2003:6).

The NISCC has produced guidance on how the latter may be reflected in the social work curriculum and this guide seeks to examine how citizens as social work trainers may equally contribute to this area of complexity. As far back as 1994, Peter Beresford was

² Living and Learning Together Conference Report (GSCC, 2004).

³ Department of Health (2002) *Requirements for social work training*, London:DH

⁴ Rules for the Approval of the Degree in Social Work (NISCC, 2003).

⁵ Northern Ireland Framework Specification for the Degree in Social Work (DHSSPS, 2003)

acknowledging that service user involvement should be seen as part of broader anti-discrimination and anti-oppressive teaching. The important point that Beresford also makes however is that service user trainers need to be offered guidance and support on anti-discrimination.⁶

3.1 Language used in this guidance

This guide has already used the terms *service user*, *carer* and *citizen* to describe the people who are now being asked to assist with the training of student social workers. The title of this guide has opted for use of the term **citizen** and the reasons and justification for doing so will now be explored further.

3.2 Service User

The term *service user* is potentially fraught with difficulty and, to some, implies passive receipt of a service. Levin (2004)⁷ notes its existence in social work vocabulary now for some 10 years but it does not seem to enjoy any consistency in terms of meaning or to whom it applies. Many people are uncomfortable with the term and actually prefer terms like client or consumer, because they believe that the term *service user* has negative connotations in its definition of people by the services they use and as such is disempowering.

The Department of Health (2005)⁸ defines service user as “*anyone who needs long term care or support or who uses services intensively for a short period of time*” (in Armstrong 2005:4)⁹. However some service user groups themselves offer different thinking about this term which is a direct demonstration of citizenship in action and a movement away from people who are current or past service users imparting their experiences.

For example, The Shaping Our Lives National User Network will only accept the use of the term service user if emphasis is placed on the person first as being actively engaged with services as opposed to

⁶ Beresford, P. with Page, L. and Stevens, A. (1994) *Changing the culture: Involving service users in social work education*, CCETSW Paper 32.2, London: Central Council for Education and Training in Social Work.

⁷ Levin, E. (2004) *Involving Service Users and Carers in Social Work Education*. SCIE. The Policy Press. Bristol.

⁸ Better Care Higher Standard – Department of Health, July 2000.

⁹ Armstrong, T (2005) Dissertation Submission for MSc in Advanced Social Work.

being in passive receipt of these. This Group prefers to define service user as a broad and political concept.

Additionally it is suggested that the term means:

- Being in an unequal and oppressive relationship with the state and society
- Being entitled to receive welfare services
- Sharing experiences with a wide range of other people who use services

(Levin, 2004)

Beresford and Croft (2004)¹⁰ add further support to this more egalitarian thinking on service users by putting the emphasis on people having human and civil rights to welfare services as opposed to needs which are interpreted by outside experts in a potentially unequal and paternalistic way.

The government are also now in support of advancing more inclusive definitions of service users. Swift (2002)¹¹, cited in Levin (2004) and writing for the Department of Health, argued in favour of service users not only being seen in terms of eligibility to access social work services but also as potential users of such services on the basis of some future anticipated need or because of currently electing not to take up such a service.

It is therefore probably more accurate and empowering to use the term 'service users' in this document to describe people who receive or are eligible to receive social work and social care services.

3.3 User

The term *user* is also used in this guide as an abbreviated form of the term *service user*. It is worth noting, however, that the term *user* is

¹⁰ Beresford, P and Croft, S (2004) *Service Users and Practitioners Reunited: The Key Component for Social Work Reform*. British Journal of Social Work pp 53-68.

¹¹ Swift, P. (2002) *Service users' views of social workers: A review of the literature undertaken on behalf of the Department of Health*, London: Institute for Applied Health and Social Policy, King's College London.

sometimes avoided because of its connotations to substance abuse (Chamberlain, 1993).¹²

3.4 Experts by Experience (EBE)

This is a term enjoying increasing popularity among service users and carers themselves. It has been referred to in official policy documentation such as the Review of Mental Health and Learning Disability (Northern Ireland) (DHSSPS, 2005) as being preferential to service user as *“the term highlights the unique contribution that we, who have direct experience of emotional distress and the mental health services, can make to the Review process and the development of mental health”* (2005:204).

3.5 Carer

The following are several definitions of the meaning of the term *carer*: A carer is someone who looks after a friend, partner or family member who is ill, frail or has a disability. Carers work is unpaid and the spectrum of care provided is vast. This definition of carer is felt to be inclusive and therefore favoured by carers’ organisations such as Carers UK (Levin, 2004).

A similar definition is offered by the DHSSPSNI (2002)¹³ which describes carers as “people who, without payment, provide help and support to a family member or friends who may not be able to manage at home without this help because of frailty, illness or disability. Carers can be adults caring for other adults, parents caring for ill or disabled children or young people under 18 who care for another family member” (2002: 6).

The Family Information Group, in their definition of carer, describe a carer as *someone who regularly provides a substantial amount of care to a family member, friend or neighbour who is ill, disabled or is an older person. This includes parents of disabled children, who often do not see themselves as carers. It also includes young people who are often young carers of their siblings. The needs of parents and young carers are very important, as much for their own sake as well as in relation to their caring role.*

¹² Chamberlain, A (1993) *Working towards user-led services through a mental health forum*. Community Health Action 8 (Spring): 6-8.

¹³ DHSSPSNI (2002) *Valuing Carers: A Strategy for Carers in Northern Ireland*. DHSSPS: Belfast

(Mc Keever, 2006:9)¹⁴

The South and East Belfast Trust¹⁵ have adopted similar definitions of carer that usefully separate the diversity of caring functions and the challenges inherent at different life stages.

***A carer** is defined as someone who looks after a spouse, parent, child, sibling, other relative or friend who is ill or disabled and would not be able to live in the community without their carer's regular and substantial help.*

***A parent carer** is a parent or guardian who is likely to provide more support than other parents because their child has an illness or disability. Parent carers will often see themselves as parents rather than carers, but their child will have additional care needs and may be entitled to additional services.*

***A young carer** is a child or young person under the age of eighteen who looks after a family member who has an illness or a disability. The person receiving care is often a parent but can be a brother or sister, grandparent or other relative who needs support.*

The child or young person's personal, social and educational opportunities may be restricted as a result of their caring role.

There is evidence to indicate that the number of carers aged over 60 is increasing.¹⁶ 'Older carers' are likely to offer higher levels of personal and physical care, than carers in any other age group. Often they have been caring over a long period of time and likely to be suffering from health problems themselves, and in many cases will be unknown to social services.

Carers support people in many ways and in many circumstances, such as caring for people with long term illness, people with emotional and mental distress, older people who are frail, people with learning difficulties, children with a wide range of special needs,

¹⁴ Mc Keever, B. (2006) *Finding A Way Through* A Handbook for Parents of Disabled Children in the Foyle Trust and Sperrin Lakeland Trust Areas. WHSSB, Family Information Group, Foyle Trust, Sperrin Lakeland Trust.

¹⁵ 'Caring Together' South & East Belfast Health & Social Services Trust Carers Strategy 2005–2008

¹⁶ Caring in later Life – Reviewing the Role of Older Carers – Help the Aged/University of Kent 2001

people and children with physical or sensory impairments and people dependent on alcohol or drugs (SEBT, ibid).

These global definitions of carer indicate the diverse and complex nature of caring activity but additionally incorporate the fact that caring impacts on a range of people at different ages.

3.6 Citizen

The feature common to both service users and carers is that of **citizenship** which is “a status bestowed on those who are full members of a community. All those who possess the status are equal with respect to the rights and duties with which the status is endowed” (Marshall ¹⁷, 1963, p.87, cited in Banks ¹⁸, 2001:117).

The second half of the 20th century saw a developing emphasis on individuals’ rights to state benefits and services which dominated the thinking of both the general public and social service professionals at the time. Towards the end of the 1970s and beginning of 1980s, social work was also aligning itself to the notion of service users as equals and fellow citizens (Banks, 2001).

The British Association of Social Workers articulated this thinking:

“As social workers we have a responsibility to bear constantly in mind that our clients are equal with us. They have complete citizenship” (BASW ¹⁹, 1980 in Banks (2001: 116)

This view of citizenship is therefore very much about promoting the social, political and civil rights of service users and carers in the context of their entitlement to welfare state benefits and services. Thompson (2000) ²⁰ contributes informatively to this debate by proposing that citizenship is an important social work *value* with its emphasis on promoting rights and social inclusion. He opines that “to be a citizen means having social rights and being included in mainstream social life” (Thompson, 2000: 120).

¹⁷ Marshall TH (1950) *Citizenship and Social Class*. London, Cambridge University Press.

¹⁸ Banks, S (2001) *Ethics and Values in Social Work* (Second Edition) BASW, Palgrave.

¹⁹ British Association of Social Workers(BASW) *Clients are Fellow Citizens*, Birmingham, BASW

²⁰ Thompson, N (2000) *Understanding Social Work, Preparing for Practice*, Palgrave, Basingstoke

In addition, the writing of Adams, Dominelli and Payne (2002)²¹ also validates the use of the term citizen as a way of narrowing the distinction between clients, professionals and the wider community. They suggest that:

“we should think, first, of professionals, participant-recipients, their carers and dependants, and the wider community as fellow citizens: as commonly protected and obligated by the shared rights and duties of **citizenship**” (p.43).

In summary, the use of the term citizen therefore seems to be more grounded in fundamental social work values about treating people as equals with rights and expectations around minimum standards of welfare services. The thoughts of the Labour MP, Stephen Ladyman, are also interesting in this debate:

*“If you are a man of 65 retiring today you can expect to live until you are 82: 84 if you are a woman. That’s wonderful and we should be celebrating it not worrying in case the loss of mental faculties or physical abilities should mean your wishes should be disregarded and you will be transformed from a **citizen** to a **service user**”* (Speech to Laing and Buisson Annual Long Term Care for Older People Conference, 17 March 2004).

The language is therefore by no means straightforward and brings with it an array of political and social meaning. Consequently, this work will use all of these terms for ease of reference and understanding given that they are established, in common usage to date on this subject, and therefore potentially less confusing for the reader.

Although the notion of citizen is also fraught with contest, it has been well received by respondents and contributors to the research for this Guide.

²¹ Adams, R, Dominelli, L and Payne, M (2002) *Critical Practice in Social Work*. Palgrave, Basingstoke.

4.1 What do we know about this subject? (Messages from Literature)

Beresford and Croft (2005) report that it wasn't until the 1990s that serious discussion and initiatives on service user involvement were mainstreamed into public policy and practice. In the two previous decades back to the 1970s while there had been some rhetoric and well-intentioned moves towards such participatory and liberatory social work, these tended to be quite disparate in nature.

Edwards (2003)²² notes the pioneering work of Meyer and Timms (1970)²³ as being a significant starting point for involving service users as part of research in social work and this book is associated with the emergence of a distinct area of research called 'client studies'.

Later, the work of Brandon and Davies (1979)²⁴ also significantly marked the beginning of serious thinking around the involvement of service users in assessing students work on placement. Edwards (2003:342) points to works such as Wikler (1979)²⁵, Furniss (1988)²⁶, Baird (1990)²⁷, Shardlow and Doel (1993)²⁸, Croft and Beresford (1997)²⁹ and Shennan (1998)³⁰ as also being influential on the theme of service user involvement in the assessment of practice learning.

²² Edwards, C (2004) *The involvement of service users in the assessment of Diploma in Social Work students on practice placements*. Social Work Education, Vol.22, No.4, pp341-349.

²³ Mayer, J and Timms, N. (1970) *The Client Speaks* (London, Routledge & Kegan Paul).

²⁴ Brandon, J and Davies, M (1979) The limits of competence in social work: the assessment of marginal students in social work education, *British Journal of Social Work*, 9(3), pp. 295-348.

²⁵ Wikler, L. (1979) *Consumer involvement in the training of students*, Social Casework, 60(3), pp. 145-149.

²⁶ Furniss, J. (1988) *The client speaks again*, Pro-file, 3, pp.2-3.

²⁷ Baird, P. (1990) *The proof of the pudding: a study of clients' views of student practice competence*, Issues in Social Work Education, 10(1&2), pp.24-50.

²⁸ Shardlow, S & Doel, M (1993) Examination by triangulation: a model for practice teaching, *Social Work Education*, 12(3), pp.67-79.

²⁹ Croft, S and Beresford, P (1997) *Service users' perspectives* in: M.Davies (Ed) *The Blackwell Companion to Social Work* (Oxford, Blackwell).

³⁰ Shennan, G. (1998) Are we asking the experts? Practice Teachers' use of client views in assessing student competence, *Social Work Education*, 17(4), pp. 407-417.

The introduction of key policy and legislation such as the 1989 Children Act and the 1990 NHS and Community Care Act also propelled the importance of service user involvement in the contexts of assessment, evaluation, complaints and planning (Beresford and Croft, 2004). At this time there was a corresponding increase in market research and consultation initiatives in social work and social care as part of a Conservative administration's consumerist belief in user involvement (Beresford and Croft, 1993)³¹. The latter ideology has now continued under New Labour's 'third way' (Giddens, 1998)³² and underpins this current government's interest and belief in the exploration of new forms of political process and local democracy in government policies and services which promote social inclusion and reduce marginalization.

Beresford (1999)³³ suggests that the contribution of the service user perspective to social work cannot be overstated and brings with it an interesting dimension of theorizing, knowledge and analysis which is intrinsically beneficial for social work as a profession. These positive benefits are also replicated in other works around the importance of the service user contribution to the evaluation of practice learning specifically (Rees & Wallace, 1982³⁴; Shardlow & Doel, 1993; Evans, 1997³⁵; Shennan, 1998).

Having said this, there is also a degree of scepticism about the effectiveness of such inclusion by both user groups and in some professional discourse (Beresford and Croft, 2004). For example, service users are very often critical of their involvement as being both unproductive and 'tokenistic' (Campbell, 1996).³⁶ Worryingly, there remains a tendency in some professional domains to place lesser value on service user-led research and publication which is seen as

³¹ Beresford, P. and Croft, S. (1993), *Citizen Involvement: A practical guide for change*, Basingstoke, Macmillan.

³² Giddens, A. (1998), *The Third Way*, Cambridge: Polity Press

³³ Beresford, P (1999) *Service Users Knowledges and Social Work Theory: Conflict or Collaboration?: 26th* May 1999, Brunel University, Seminar Topic.

³⁴ Rees, S & Wallace, A. (1982) *Verdicts on Social Work* (London, Edward Arnold).

³⁵ Evans, D (1997) *Demonstrating competence in social work* in: M.DAVIES (Ed) *The Blackwell Companion to Social Work* (Oxford, Blackwell).

³⁶ Campbell, P. (1996) *The history of the user movement in the United Kingdom* in Heller, T., Reynolds, J., Gomm, R., Muston, R., and Pattison, S. (eds) *Mental Health Matters*, Basingstoke, Macmillan.

‘grey literature’ with the inference that this doesn’t hold the same intellectual authority or respectability as more commercially produced materials (Beresford, 1999).

However service users and their organizations are challenging this perception and have sought inclusion in specialist professional publications, mainstream print and broadcast media as well as producing their own accounts and histories (Campbell and Oliver, 1996³⁷; Campbell, 1996).

In tandem, there has been a dual development with regards to service user involvement in education and their general political activity and lobbying expertise. The disabled people’s and mental health service users’/survivors’ movements have been particularly influential. These movements, described as ‘liberatory’ and ‘new social movements’ (Oliver, 1996)³⁸ are regarded as significant in influencing the policy, culture and theory of the social work landscape in a most progressive manner (Beresford and Croft, 2004).

A powerful example of this is the **social model** of disability which was developed by the disabled people’s movement and is regarded as representing one of the most important theoretical and sea change developments in modern social policy (Beresford, 1999). This model with its emphasis on people’s human rights, anti-discrimination, equal opportunities and citizenship has provided both a philosophical basis for the disabled people’s movement and a touchstone for living for many individual disabled people (Morris, 1993³⁹ in Beresford, 1999).

4.2 What we know about social work training

The previous section has charted the journey that user groups have been on since the 1970s in developing their capacity on many fronts for meaningful participation in civic life. The changes that have been

³⁷ Campbell, J. and M, Oliver, M. (1996), *Disability Politics: Understanding our past, changing our future*, Basingstoke, Macmillan.

³⁸ Oliver, M. (1996), *Understanding Disability: From theory to practice*, Basingstoke, Macmillan.

³⁹ Morris, J. (1993), *Independent Lives: Community care and disabled people*, Basingstoke, Macmillan.

very recently heralded by the introduction of the Honours Degree in Social Work since 2003, I believe, have presented further opportunities for service users and carers to be involved in *all* aspects of social work education and training in a very mainstream way.

The road to changing and modernising social work training in the United Kingdom began with the government's *quality strategy for social care* in 2000.⁴⁰ The latter strategy was concerned with the desire to improve standards in social care generally and paved the way for the eventual registration of the social care workforce in the UK. Levin (2004)⁴¹ states that "the thrust of all the new arrangements is that service users and carers get high quality social work services in terms of both processes and outcomes" (p,8).

The content of all social work training across the UK is also directly influenced by the National Occupational Standards for Social Work (2002)⁴² and the Quality Assurance Agency (QAA) Benchmark Statement: Academic Standards-Social Work (2000). In addition, the *Requirements for social work training* issued by the government's Department of Health in 2002⁴³ also specifically sets out the roles of seven key groups in the design and delivery of social work programmes. In the latter, service users are distinctly assigned with having roles in all parts of social work programme design and delivery from student selection to quality assurance. The Northern Ireland Social Care Council (NISCC), established in 2001, also states in its *Rules for the Approval of the Degree in Social Work* (2003)⁴⁴ that there have to be in place:

- *Mechanisms to ensure the formal and systematic participation of users and carers in the design, delivery and evaluation of course provision*
- *Policy on remuneration, induction, training and support to promote active user and carer participation in course provision*

⁴⁰ DH (Department of Health) (2000) *A quality strategy for social care*, London: DH.

⁴¹ Levin, E. (2004) *Involving service users and carers in social work education*. SCIE.

⁴² TOPPS (Training organization for the personal social services) England (2002) *The National Occupational Standards for Social Work*, Leeds: Topps

⁴³ DH (Department of Health) (2002) *Requirements for social work training*, London:DH.

⁴⁴ NISCC (2003) *Rules for the Approval of the Degree in Social Work*.

- *Mechanisms to ensure user and carer feedback on agreed aspects of student performance.*

(NISCC, 2003:10).

Levin (2004) sees this required level of involvement as an *ambitious agenda* however feels that the knowledge which will be brought from the service user perspective will strongly influence the quality of social care, a point which already has been referred to in the writings of Peter Beresford. The National Occupational Standards, already mentioned, also include a *Statement of Expectations from those who use services, and carers*, referred to in the Northern Ireland Framework Specification (2003:35).⁴⁵

These expectations lend further weight to the increased need for newly qualified social workers to be aware of what service users and carers want in regard to standards of practice, processes and outcomes. What this is about achieving is the need for student social workers to see “service users and carers as active participants in service delivery rather than as passive recipients” (Levin, 2004:9).

4.3 What these changes mean to citizen involvement?

One of the first major works on the area of service user involvement in social work education was completed by Peter Beresford et al in 1994, *Changing the culture: Involving service users in social work education*.⁴⁶ Even though this was written more than a decade ago, it has had major influence in the requirements for the new degree in social work around developing meaningful citizen involvement in social work training. For example, the following are some of the recommendations that were then made:

- *Service users’ experience and perspective must be recognized and valued if they are to be involved fully and effectively in social work training. They should be seen as having equal standing with other expert perspectives.*

⁴⁵ DHSSPS (2003) *Northern Ireland Framework Specification for the Degree in Social Work*.

⁴⁶ Beresford, P., Page, L., & Stevens, A. (1994) *Changing the culture: Involving service users in social work education*, CCETSW Paper 32.2, London: Central Council for Education and Training in Social Work.

- *Both service user trainers and educators need training to ensure the effectiveness of user involvement in training. Service user trainers need training, like other trainers, to make the most effective contribution, and educators need training to develop their understanding of the issues involved and to work in effective partnership with service user trainers*

(Beresford et al, 1994, pp 5-6).

This publication also recommended that service user trainers should be offered guidance and support on anti-discrimination and that their involvement should be seen as part of broader anti-discrimination and anti-oppression teaching (Levin, 2004:14). This has real significance given the fact that citizen trainers in the *Northern Ireland context* also have an important role to play in enabling student social workers to absorb and understand issues to do with the conflict and how these have affected individual and community life. This subject will be expanded upon in a later section of this guide.

Whilst it is progressive and liberatory for social work education to stipulate the important role that citizens occupy as stakeholders, the evidence suggests, however, that “only a very small minority of service users and carers are interested in training social workers” (Levin, 2004:23).

In order to ensure the ongoing participation of service users and carers in social work training, it is therefore crucial that a true partnership is developed between training providers and citizen trainers. Partnership is an exhaustively used word but is meaningless unless the ideas accompanying it are transmitted into practice. Taylor (1997)⁴⁷ usefully suggests the need for negotiating the nature of partnership relationships with service users and that this should include thinking on the three key areas of *culture and values, roles and responsibilities and the value added to professional education by partnership working* (in Levin, 2004:21).

⁴⁷ Taylor, I. (1997) *Developing learning in professional education: Partnerships for practice*, Buckingham: Open University Press.

Barnes et al (2000)⁴⁸ add a further dimension to this debate by claiming that a partnership based approach may inadvertently result in the empowerment of service users and will acknowledge the differences in power without a concomitant demand for equality. Furthermore, in order to realize the positive potential from a partnership approach to this work, the measurement of partnership as proposed by Arnstein (1969)⁴⁹ also offers something of value in terms of evaluating service user involvement/citizen participation.

Arstein's *ladder of participation* ranges from *citizen manipulation* as the least form of citizen involvement to *citizen control* which is at the opposite and therefore represents true and meaningful participation. This work has been further developed by other authors such as Goss and Miller (1995)⁵⁰ and applied to disciplines such as nursing, mental health education as well as social work for the measurement and achievement of partnership.

This part of the guide has concentrated on the development of citizen involvement in social work education over the last 30 years and brought us up to date with the most recent developments in social work education. In so doing, the scene has been set for the further exploration of good practice in this area in the context of social work education in Northern Ireland.

4.4 How have citizens met the challenge?

The General Social Care Council (GSCC) in 2004 analysed how service users and carers have been working alongside universities in the United Kingdom in delivering the first year of the new social work degree, which was introduced in the UK a year earlier than in Northern Ireland.

What the GSCC report clearly stressed was that citizen involvement in the degree was starting to make a *real difference to the quality of social work education* but the rate of progress was more advanced in

⁴⁸ Barnes, D., Carpenter, J., Bailey, D. (2000) *Partnerships with service users in interprofessional education for community mental health: a case study* Journal of Interprofessional Care, Vol 14, no 2, pp189-200.

⁴⁹ Arnstein, S. (1969) *A ladder of citizen participation* Journal of the American Institute of Planners, Vol 35, no 4, pp 216-244.

⁵⁰ Goss, S. and Miller, C. (1995) *From margin to mainstream: Developing user- and carer- centred community care*, York: Joseph Rowntree Foundation.

some places than in others due to the fact that not all universities were at the same starting point in terms of involving service users and carers in social work training (GSCC, 2004:4).⁵¹

The report concludes that most of the universities have strategies in place to ensure and support the participation of a diverse range of service users and carers in some way. It also states however that such participation/involvement is at different levels and takes different forms. Involvement was more evident in some activities than in others. For example, the evidence suggested that citizen participation tended to be most developed in selection and recruitment of students for social work courses and also in direct teaching and learning.

However, even within the latter two aspects of involvement, there were varying degrees and levels of participation noted among the universities surveyed.

Additionally, it is reported that, although there were some examples of good initiatives, the participation of service users and carers in the design of courses, assessment of students and in monitoring/evaluation activities tended to be less well developed.

The GSCC report finally concludes, *whilst some Higher Education Institutions (HEIs) are further along the path than others, the reported benefits of involvement suggest that there is now a need for all to move to systematic, formal, integrated, and comprehensive involvement, with a particular focus on broadening participation of under-represented groups. The sector should aim to move from intentions and plans to **active and equal partnerships {my emphasis}** over the next three to five years* (GSCC, 2004:44).

In terms of addressing specifically how the situation might improve, the report acknowledges a series of key learning and good practice points:

⁵¹ General Social Care Council (2004) *Working towards full participation* – A report on how social work degree courses, which started in 2003, have begun to involve service users and carers in social work training.

- The payment of fees and expenses continues as a barrier to meaningful participation of citizen trainers.
- Course providers should ensure that students are aware that citizen involvement will be a feature that is mainstreamed throughout their social work training.
- Ongoing development is necessary to advance service user and carer involvement in aspects of design, assessment, monitoring, evaluation and review of the Degree in Social Work.
- Supporting citizens in their involvement needs to be consistent
- The representation of diverse groups and the use of different methods of participation must be core components of social work education and must be developed accordingly.
- Training to support citizen involvement is a key area which needs further development

5.1 Social work education in Northern Ireland – a short history

Until the introduction of the Honours Degree in Social Work in Northern Ireland in September 2004, the key route to professional qualification for social workers and probation officers was through the Diploma in Social Work. This was delivered in five different ways through two postgraduate, one non graduate, one undergraduate, and an employment-based programme, offered by the two universities and four further and higher education colleges.

Partnership has always been a key feature to social work training in Northern Ireland in response to the requirement of the Central Council for Education and Training in Social Work (CCETSW) that social work education and training be organised and delivered through collaborative partnerships of universities, colleges, statutory and voluntary sectors (Campbell and Mc Colgan, 2001)⁵².

Bamford (1996)⁵³ however commented at the time, in underscoring the difficulties sometimes characterising such collaborative approaches in social work training, that whilst achievements were gained, an underlying tension was present, contextualised by a

⁵² Campbell, J and Mc Colgan, M (2001) "Social Work in Northern Ireland" in M. Payne, and S. Shardlow, (eds) *Social Work in the Western Isles of Europe*. London: Jessica Kingsley.

⁵³ Bamford, D.R. (1996) 'Partnership in Social Work Education: A Northern Irish Experience.' *International Journal of Educational Management* 510, 3, 21-29.

disjointed professional interconnection between academics and agency personnel.

The Northern Ireland Framework Specification for the Degree in Social work (DHSSPS, 2003) however asserted its commitment to building on the history of partnership that had underlined social work education for nearly a quarter of a century. Quintessentially however, reform to social work education had been planned since October 2001, and the Framework Specification was in essence a culmination of the wide consultation and deliberations which had taken place in the ensuing period.

The Framework stated its intentions to build on *the strengths of the Diploma in Social Work and the lessons learned from it* (DHSSPS, 2003:5) as well as an aspiration to enable qualifying social workers to have the generic knowledge to prepare for work in a diversity of social work settings following qualification. Another new requirement was the need for students to register with the NISCC before commencing training and after three years of study (or two years if taking the Relevant Graduate Route) undertake an Assessed Year in Employment (AYE) before becoming eligible to be registered with the NISCC as a social worker. The AYE, however, is only specific to Northern Ireland.

The Framework Specification also explicitly acknowledged the need for social work students to address issues concerning Northern Ireland's troubled history. For example, in the foreword of this document, the Direct Rule Minister responsible for Health and Personal Social Services at the time, Des Browne, stated the importance for social work students "*to learn how to work with individuals in communities which have to deal with the consequences of conflict*" (DHSSPS, 2003:2).

The previously mentioned requirement is now frequently referred to in discourse as *the Northern Ireland context*. All Social Work Degree providers in Northern Ireland, in seeking approval, had to demonstrate how this would be reflected in the social work

curriculum. In order to assist in this process the NISCC provided guidance on ways in which this could be achieved⁵⁴.

5.2 The Northern Ireland Context

Where have we come from?

Northern Ireland is a society emerging from a conflict which has lasted over 30 years which has left more than 3000 dead, many thousands injured and many people and communities deeply traumatized (Duffy, 2005)⁵⁵. In the Good Friday/Belfast Agreement 1998, which heralded the advent of more peaceful times, the signatory Governments of the United Kingdom and Ireland underlined their commitment to:

“dedicating ourselves to the achievement of reconciliation, tolerance, mutual trust, and to the protection and vindication of the human rights of all ”⁵⁶

concepts which were intended to form the building blocks of normality in more peaceful times. This commitment is statutorily mainstreamed in Northern Ireland’s public sector where employers are now obliged to adhere to equality of opportunity principles and practices.

Up until this Agreement, Northern Ireland would have been regarded as a *place apart* in the United Kingdom and as one of the most violent societies in Western Europe having endured such a protracted period of conflict and division dating back to the partition of Ireland through The Government of Ireland Act, 1920 (Campbell and Mc Colgan, 2001).

Social work, however, like other public sectors, had to cope with the uncertainties and complexities around service delivery in such a divided and contested society. In the early days of the ‘Troubles’, the term used as a euphemism to describe the social and political unrest and violence in Northern Ireland since 1966, social work practice had

⁵⁴ NISCC (2005) *Curriculum Guidance for the Degree in Social Work – The Northern Ireland Context*.
www.niscc.info

⁵⁵ Duffy, J. (2005) Citizenship and Social Work with Care Experienced Young People in Northern Ireland. In A. Ross(ed) *Teaching Citizenship- Proceedings of the seventh Conference of the Children’s Identity and Citizenship in Europe Thematic Network (Ljubljana, 2005)* CiCe, London 2005.

⁵⁶ Governments of UK and Ireland, (1998) The Agreement, Northern Ireland Office

to respond to large-scale population movements, intimidation and the influence of paramilitary organizations (Williamson and Darby, 1978⁵⁷ in Campbell and Mc Colgan, 2001).

Social work practice, until recently, continued very much in this vein without open engagement on political issues pertaining to resolving community conflicts (Campbell and Pinkerton, 1997)⁵⁸. This reluctance was understandably related to a pervading fear of death and injury, given that social workers themselves are drawn mostly from the communities affected by the conflict (Campbell and Mc Colgan, 2001).

Another important factor partly linked to this reluctance was a prevailing belief among employing social welfare organisations in Northern Ireland that they operated *above* the conflict (Campbell and Mc Colgan, 2001). The subsequent adoption of such a neutral approach by employers therefore acted as a disincentive for social workers to reflect on the impact of political violence and sectarianism on their practice. Policies on neutrality in the workplace, particularly in the sphere of further education, did however provide a certain degree of normality and indeed a safe haven for many people affected by the 'Troubles' (Duffy, 2005).

In addition, it is suggested that the social work profession became "largely captivated by an ideology of benign attachment, one which fails to address the insidious effects of sectarianism on practice" (Smyth and Campbell, 1996:90).⁵⁹

However the advent of more peaceful times has arguably liberated social workers to feel more comfortable about addressing and openly discussing controversial issues. CCETSW in Northern Ireland

⁵⁷ Williamson, A. and Darby, J. (1978) 'Social Welfare Services' in J. Darby and A. Williamson, *Violence and the Social Services in Northern Ireland*, London: Heinemann.

⁵⁸ Campbell, J. and Pinkerton, J. (1997) 'Embracing Change as Opportunity: Reflections on Social Work from a Northern Ireland Perspective' in B. Lesnik (ed) *International Perspectives in Social Work: Change in Social Work*. Aldershot: Arena.

⁵⁹ Smyth, M. and Campbell, J. (1996) 'Social Work, Sectarianism and Anti-Sectarian Practice in Northern Ireland', *British Journal of Social Work*.

published a range of standards in practice and training which offer very useful suggestions as to how agencies might examine aspects of sectarianism in a more open, yet safe environment.⁶⁰

The new Degree in Social Work has been introduced at a time of relative peace in Northern Ireland, although pervading problems have been increasingly manifest in relation to racism (Connolly and Keenan, 2000)⁶¹ and continuing political uncertainties remain around the return of devolution and political institutions. It is therefore now possible for student and qualified social workers to literally feel safer to engage in the sort of deliberative and reflective dialogue that discussion on divisive and controversial issues demand. In this context new forms of progressive social work can emerge to allow practitioners to engage with service users and communities in a way that was hitherto fraught with difficulty and danger.

5.3 The Northern Ireland context – where are we going?

As previously stated, the Framework Specification for the Degree in Social Work requires students to have an insight into how past and current violence, conflict and division have impacted upon life in Northern Ireland. In specifying this further as an element of underpinning knowledge, the Framework Specification requires social work students to understand:

“the personal and community consequences of the Northern Ireland conflict for individuals, families, groups, and communities and the implications for social work practice” (DHSSPS, 2003:16).

The NISCC has developed guidance on this subject with the following objectives:

a) to help students understand the nature of social work services in a diverse society with particular reference to institutional and structural discrimination including sectarianism, disempowerment and anti-oppressive practice;

⁶⁰ CCETSW (1999) Getting Off The Fence

⁶¹ Connolly, P. & Keenan, M. (2000) *Racial Attitudes and Prejudice in Northern Ireland*, Report No. 1. Belfast: Northern Ireland Statistics and Research Agency.

(b) to focus on the specific needs of social work students training to work in a society in which views about the conflict are contested;

(c) to prepare students to work with individuals in communities dealing with the reality and consequences of conflict.

(NISCC, 2005. www.niscc.info)

Additionally, this guidance has been designed to assist course providers in delivering a curriculum that is about enabling social work students to centrally locate themselves as part of an evolving social work and social policy environment in a changing Northern Ireland.

Whilst the guidance does **not** make explicit reference to service users and carers as citizen trainers with a role to play also in this important work, the potential for such citizens to contribute to student social workers' learning in this area is quite considerable. For example in the guidance for the curriculum this publication states at 2.1 *To have an understanding of the Northern Ireland Context it is important to explore the different layers that make up the **lived or felt experience for citizens**.....*

The guidance continues at 3.1 to state *It is important that educators assist students in examining issues from a **range of perspectives**, to demonstrate an understanding of complexities and to identify positive ways forward for **individuals, groups** and communities. This fits with the important view that students should qualify as reflective practitioners.....*

Service users and carers as citizens are regarded by government as having a key role to play in the education of social workers through the Degree in Social Work. An opportunity now presents itself in a tangible way for citizen trainers in Northern Ireland to equally contribute to this Northern Ireland context requirement of social work training.

A separate section of this guidance is devoted to discussing how the latter might occur based on the evidence which has emerged from the research supporting this guide. It is therefore intended that this material will complement the guidance from NISCC in a way which

specifically focuses on the part that service users and carers can play in enabling students to understand the Northern Ireland context in a diverse, stimulating and real way.

6.1 How this work was done (Methodology)

The good practice guide is based on the following:

- A review of the literature (writing in textbooks, journals, policy documents, etc) and evidence from a variety of sources on service user and carer involvement in social work training.
- The outcomes of meetings with service user and carer groups about their expectations on standards around citizen involvement.
- Discussions and interviews with key individual service users, carers and policy makers around the subject of citizen involvement in social work training.
- Outcomes of questionnaires sent across Northern Ireland to service user and carer contacts representing a range of experiences/backgrounds.
- Outcomes of questionnaires sent out to academic colleagues in the university and further and higher education sectors and colleagues in the field of social work training across Northern Ireland.
- Outcomes from questionnaires sent out to a sample of social work students currently on the Degree in Social Work.
- Outcomes of interviews from focus group representatives on practice teaching across the four Health and Social Services Boards in Northern Ireland – conducted by e-mail.

- The construction of case study material by service user and carer groups with specific reference to their skills and expertise in training social workers.

In preparing the guide, I have worked closely with service users and carers in the construction of material for inclusion. For example, the questionnaire was designed and piloted in consultation with service users prior to circulation as a reflection of the partnership ethos underpinning the work.

The **questionnaire** contained six questions which were aimed at examining the types of ways service users should be involved in social work training as well as looking at how they could be supported (See Appendix **Item 22**). The questionnaire was administered by e-mail, with accompanying instructions and background information about the nature of the research. A number of service user groups chose to complete the questionnaire collectively as a reflection of their views and preparatory, explanatory meetings took place in advance with such groups and afterwards for discussion purposes.

The **Interview** included four questions which were issued by e-mail to respondents in advance of meetings (See Appendix **Item 21**). These questions supplemented the questionnaire more specifically by asking respondents, for example, to directly state their understanding of good practice. The interview schedule also asked respondents how citizen trainers might contribute in their role to the Northern Ireland Context. The interviews were conducted both in person and by telephone in some circumstances.

The **Focus Group** consisted of four practice teachers from each Health and Social Services Board Area in Northern Ireland. Again, four questions were issued to each participant by e-mail and the concentration in these questions was specifically around practice learning (See Appendix **Item 20**). In addition, service users and carers were also asked to submit their own material in the form of **case study examples** to highlight current strategies for training student and qualified social workers.

Service users and carers have also assisted directly as consultants in writing the analysis and presentation of the information that has been generated through the questionnaires.

Analysis of Findings

These research findings are therefore specifically based upon the following:

1. The analysis of a total of eighty-five questionnaires returned from academic and social services training staff, service users and carer representatives, staff involved at policy and strategic levels and social work students.
2. The analysis of twenty-four interviews and consultations with people with relevant experience and expertise (Social Services Training representatives in each of the four Health and Social Services Boards in Northern Ireland, service users, carers and carer representatives, the Social Services Inspectorate (SSI), the NISCC, the Regional Body for the Degree in Social Work in Northern Ireland, External Examiners, The Open University, Queens University, Belfast, The Northern Ireland Practice Teaching Programme, The Northern Ireland Post Qualifying Education and Training Partnership, The Approved Social Worker Programme).
3. The outcome of discussions and consultations with Groups and individuals such as the A Team, the Lobbying, Activism and Research Group, the Training Social Workers Consultative Group(QUB), the Social Work Education Participation Group (UU), CAUSE, Mind Yourself, TILII, VOYPIC, Barnardos Young Carers, the Family Information Group, Patients as Partners (QUB).
4. The analysis of responses from a Practice Teacher Focus Group from across Northern Ireland.
5. Discussions with members of the QUB – Training Social Workers Consultative Group and the UU Social Worker Education Group about how service users and carers could contribute to the Northern Ireland Context.

In an attempt to try and secure information that would inform the issue of citizen involvement in social work education, a considerable

number of different draft questions were firstly compiled for the questionnaire. These drafts were discussed and piloted with a range of stakeholders, including service users and carers, and the final drafts and choice of questions reflect their views.

By agreeing on the format and content of the final questions in this way, **inclusion** became the starting point, where everyone was valued and treated the same, a theme which also emerges from the responses. This resulted in the same questionnaire going out to everyone. Our challenge was to make these as accessible as possible to everyone.

With regards to the questionnaire the majority of the responses from the sample seem to reflect that the respondents had no difficulty addressing the questions and indeed there are common themes, perhaps in different language at times, but common themes which seem to fit well within the questionnaire structure.

From the outset the questionnaire respondents acknowledge the value of including users and carers and the positive impact and learning opportunities such inclusion brings. It is not a debate whether they should be included but more at how many levels. It is the core value that grounds this report and it is the positive value which drives those of us engaged in this process, to keep working at it. Similarly, the interviews overwhelmingly endorse the need for service users and carers to be properly supported in the important role of contributing to social work training.

The analysis of the questionnaires in particular indicated certain themes which are then summarised as guidelines for good practice.

It is interesting to note that although the replies are from a variety of sectors, a number of the core themes, key points and guidelines are held in common and not to any specific grouping. The analysis of the **Interviews** and **Focus Group** responses similarly generate information which we have chosen to categorise around these key Themes.

7.1 Good Practice Themes

Introduction

The following information is therefore a compendium of the comments and suggestions made by individual service users, service user groups and carers, social work students, colleagues in social work training in the university/college sectors, Health and Social Services Trusts in Northern Ireland and other key individuals with important policy functions around social work training.

The main messages that have come from this research are now summarised as follows:

Key Messages

- There is overwhelming support across Northern Ireland for the involvement of service users and carers in training social workers.
- The same sound principles and values that apply to the social work profession should also apply to service user/carer/citizen involvement.
- The level of involvement must be determined by the service users/carers/citizens themselves.
- There must be positive outcomes for all those involved in training.
- Adequate resources to support citizens as trainers must be made available, including financial resources, materials and training support.
- All training should be co-ordinated, managed, monitored and evaluated.
- The experience of service users/carers/citizens should be valued, including their contribution to the *Northern Ireland Context* aspect of social work training and the issues that result from this.

- Training as a form of support is something that everybody should have - those who plan, deliver and receive the training i.e. Social Work students.
- Service users and carers should be involved at all levels of social work training in Northern Ireland, particularly in practice learning, preparation for practice and in the admissions processes.

Themes

The following **Themes** have therefore emerged from the Questionnaires, Interviews, Focus Group and Case Study materials.

1. The inclusion of service users and carers has an invaluable influence and benefit for social work training.
2. Service users and carers need support to train and educate social work students.
3. Service users and carers should be actively involved in the assessment of Practice Learning.
4. Service user and carer involvement in social work education should be grounded on social work values.
5. Service users and carers should be involved in all aspects of teaching, learning and assessment.
6. Service users and carers have an important strategic role to play in social work training in Northern Ireland.
7. Service users and carers have an important contribution to make to facilitate students in their understanding of the Northern Ireland Context.

8.1 Good Practice Guidelines

Introduction

The following good practice guidelines begin with a particular **Theme** which comes directly from the questionnaires, interviews and focus group. Direct comments are included to highlight an important point and, where appropriate, examples of existing good practice will be indicated either in the form of practice already occurring or through an existing publication which bears direct relevance to the **Theme**.

Additional suggestions/ideas for good practice relating to the **Theme** will then be included. The section will then be concluded with a synthesis of good practice in the form of a summary **Guideline**.

Theme 1.

The inclusion of service users and carers has an invaluable influence and benefit for social work training.

The value of citizen involvement to the development of empathy and advocacy skills in social work training is clearly articulated by many respondents, as the following quote confirms: “only through seeing the service user’s true circumstances can the student advocate on the service user’s behalf”.

Other comments endorse the value of this involvement by adding that there is an intrinsic use in having *real people* talking to students about real problems, and that this has much more impact than textbook learning.

From the responses it is so easy to gauge what some people feel are core skills and values for social workers: “empathy is a key skill for social work practice.” Another respondent summarises this in a more formal way

1.1 “students can approach social work practice in a more informed, ethical and responsive manner”. The latter benefits are also challenged however, as can be seen from the following quote:

“Its easy to pay lip service to values such as empathy without actually knowing how service users really feel. With service user involvement, it gives us the chance to really hear and understand how we are viewed as social workers and their hopes and aspirations”.

Equally, another comment stands out, acknowledging the expertise that users and carers can bring to training;

1.2 “The best people to learn from are those who have actually walked through the process”.

The expertise that the service user/carer can bring to the situation based on their life experience is therefore considered to be an advantage.

1.3 “The user knows best regarding feelings and the reality of their own problems and thus the worker can, by careful listening and empathy, begin to gain an understanding of the help and resources required as the client relates. Only then can the helper really help, the student learns from the user and the student becomes a resource to the user and truly empowers the user to help themselves.”

The relationship between quality social work practice and exposure to the citizen perspective is also commented upon.

1.4 “It shows us where other social workers have gone wrong or did things right, so we are learning from their mistakes and successes.”

Some respondents also linked citizen involvement as being central to the social work and helping process.

1.5 “To understand how service users actually feel about the social work process is important, how it impacts on them on every level and what we can do to make the process as supportive as possible”

The following observations from one of the interview respondents are also quite powerful on the carer perspective:

1.6 “Social work students can gain an appreciation and respect for what it means to be a carer, or second generation carer and how this impacts on your life and family”.

1.7 “Students will develop effective communication and assessment skills through listening and gaining knowledge from carers”.

Guideline: Service User and Carer involvement is central to social work training, because this experience can powerfully teach social work students the importance of empathy, give an understanding of partnership and help to inform students about real ways in which they can advance anti-oppressive and skilled practice in their work.

Theme 2.

Service users and carers need support to train and educate social work students.

This theme further adds to evidence from previous work in this area (See Levin, 2004, Beresford, 1994) which emphasizes the need to properly support service users and carers in their capacity as social work trainers.

One questionnaire respondent summarized this area of support very well in saying that users and carers could be supported:

2.1 “By being provided with the information they need to make the contribution, i.e. what the programme is, how and what students are taught, how they are assessed, the communication and presentation skills needed to deliver. Also they needed information and choice in how they might contribute and be reimbursed for their time”.

Other respondents went into more detail as to how presenters coming from a user/carer background could be supported both during and after a session:

2.2 During: “sensitive arrangements for reception on arrival, introduction to the group, clear expectations on both sides” (group and presenter).

2.3 After: “debriefing after the involvement, particularly if inexperienced in presenting”. Another suggestion for mutual support was “Perhaps some type of forum for service-users who contribute to training”, while support meant something different to someone else responding:

2.4 “format of meetings, accessible information, timings, length of meetings, locations, support including payments for time, childminding, expenses, travel etc....”

The following are other suggestions from the questionnaires and interviews around how citizen trainers can be supported:

2.5 Students providing questions in advance of a presentation which may prevent the service user or carer feeling the need to divulge personal material.

2.6 Proper payment and re-imbusement for time.

2.7 Students being told in advance of a service user/carers presentation.

2.8 Citizen trainers having access to all the resources that a lecturer would have.

2.9 Preparatory meeting in advance of any presentation to be made familiar with expectations and be given information about the student group.

2.10 Meeting the students and tutor before a presentation.

2.11 Have a support worker present, especially important for younger presenters where age discrimination has been shown to be a problem (See VOYPIC Case Example in Appendix Item 12).

Levin (2004) argues very strongly in favour of service users and carers presenting in groups and not individually as presenters can mutually support each other in this way.

2.12 A systematic and equitable way for evaluating the session for everybody concerned so as the service user can evaluate the contribution and its organisation from their perspective, as can the students from the learner perspective.

2.13 The importance of helping the citizen trainer to de-brief following training, and offering appropriate support where necessary in this regard.

2.14 The need to be sensitive to the other demands that service users and carers are faced with in their lives.

2.15 Service user/carers attending a lecture, seminar in advance of doing a presentation.

2.16 The importance of saying thank you and acknowledging any presentation.

2.17 Being prepared for negative commentary or perception.

2.18 Citizen trainers need to be protected from feeling the need to share difficult and painful experiences, so boundaries are needed to ensure people are supported in this way in their roles as trainers.

2.19 Sensitivity needs to be shown in terms of the demands on carers time in terms of training locations etc.

2.20 Carers may need provision for Day Care or Sitting Service to allow their participation. They will also need to be offered help with developing their skills to be involved in the learning process of students.

Guideline: Support for users and carers is needed and this includes practical support before, during and after sessions. Specific training in presentation and communication skills should be available. Citizen trainers also have to be valued in monetary terms as well as being assured that all preparations are sensitively handled.

Theme 3

Service users and carers should be actively involved in the assessment of Practice Learning.

This theme reflects the importance that has been highlighted by respondents to service users and carers having a key function in the area of practice learning. This further validates the findings of others such as Edwards (2003)⁶² and adds to the good practice on this area which is endorsed by the NISCC Practice Learning Standards (2006).

The thoughts and ideas of those surveyed are summarised in this section as are examples of existing good practice.

The following comment from a social work student is particularly important for setting the scene:

⁶² Edwards, C (2003) *The involvement of service users in the assessment of Diploma in Social Work students on practice placements*. Social Work Education, Vol. 22, No. 4, 2003.

“I feel I would benefit more from continued input from service users on placement allowing them to help me understand and empathise more”

The following are some good practice suggestions for effecting such involvement:

3.1 Citizens should evaluate their experience of a student working with them over a period or as part of an observation. This should be scored with a minimum score that students must achieve. Service users and carers should also comment on process recordings/videos of interviews giving their perspective. Assessment of students performance in skills teaching, identifying areas for development.

3.2

Example 1. The work of the **A Team (See Appendix Item 23)** is worth noting here as an example of good practice where adults with learning disabilities devised a schedule along with the student for reviewing the placement. Team members identified specific categories to describe the student’s intervention with them and scored the student according to a rating of *Good, OK, Poor*. Each of these ratings had a corresponding face whose expression matched the rating category and members placed a tick alongside the face which best described their assessment of the student’s performance.

3.3

The general area of the need for service users to be involved in giving feedback is consistently recognised as being important.

3.4

Example 2. *The Practice Learning Handbook for the Honours Degree in Social Work* produced by Northern Ireland’s Regional Body for the Degree in Social Work (2006) contains good practice in this area by providing several examples of different forms which can be used to elicit feedback from service users about their experiences of social work student’s practice (See Appendix Item 18). These template forms facilitate the type of scoring which has already been mentioned and it is intended that

citizen trainers can be involved in evaluating the effectiveness of these as mechanisms for evaluating the quality of practice learning.

3.5

Example 3 The work of the Social Services Training Department of the Northern Health and Social Services Board in Northern Ireland is also an example of good practice. In this instance, the Social Services Training Team developed a *Protocol for Service User Involvement in Social Work and Social Care Education and Training (August, 2005)*. The Protocol is based on sound social work values and is designed as a standard for good practice for social services educators, trainers, managers, supervisors, social work students and social care workers undertaking training. This protocol is also part of the Homefirst Community Health and Social Services Trust's *User Involvement Strategy (2004-2007)* and is seen as meeting one of its core objectives around *"involving users and communities in a meaningful way when planning and reviewing services or developing policies."* The Protocol contains distinct Guidelines for service user involvement in In-Service Training, Direct Observations of Practice and Evaluation of Training and Education within the Social Services.

3.6

Example 4 The Northern Ireland Social Care Council has also produced *Standards for Practice Learning for the Degree in Social Work (2006)* which makes explicit reference to the need to promote and protect the rights and safety of service users and carers in practice learning. It specifically states that *the rights and interests of service users and carers must be promoted and organisations must work in partnership with service users and carers to empower them to contribute to the learning and development of social workers"* (NISCC, 2006:19).⁶³

⁶³ Northern Ireland Social Care Council (2006) *The Standards for Practice Learning for the Degree in Social Work*.

Additional suggestions for good practice are as follows:

- 3.7 Involvement of service users in the assessment of role plays and workshops in practice learning.
- 3.8 The involvement of users and carers assessing students' performance in caring scenarios, for example in residential care.
- 3.9 The active involvement of students in the generation of case study material extracted from practice learning experiences which could be used as teaching material in the university. This material could be based upon examples of good practice which have been shared by service users/carers or situations where poor practice has been described. This makes creative links between the practice learning opportunity and university/college and may also facilitate the student's development in reflective practice, which is a requirement of assessment.
- 3.10 The service user should be encouraged to give feedback on the student's progression throughout the stages of the social work helping process, i.e. from assessment through to evaluation. In other words, this shouldn't just be occurring at the end of the placement.
- 3.11 The importance of the citizen's contribution to training and assessment needs to be formally minuted/recorded at the first tripartite meeting for placement. This ensures a continuity and seamless transition between university and placement provision around the increased profile of citizen involvement in all aspects of social work training.
- 3.12 The student should do an organisational audit as part of their work on placement to determine the nature and extent of initiatives involving users and carers in service delivery.
- 3.13 Students who are carers may also be able to share their experiences as carers in a way which facilitates peer learning. However, providers should proceed with caution in this regard and be mindful of their learning support functions with such students.

- 3.14 Carers need to be engaged as contributors to care planning with carer's needs being individually assessed.
- 3.15 Involving students in recording their contacts alongside the service user, for example in the joint completion of Contact Sheets.
- 3.16 Involvement of service users and carers in induction where groups of students are in the same client group setting for example.
- 3.17 Service users, in feeding back on practice observations, have to be encouraged to say what they actually feel.

Guideline: Service users and carers have as equally an important contribution to make to the assessment of students in practice learning opportunities as they do in the university/college environment. Creative ways of facilitating such citizen involvement have to be explored in full consultation and partnership with service users and carers. Established good practice in consent (DHSSPS, 2005)⁶⁴ needs to be at the heart of this process.

Theme 4

Service User and Carer Involvement in Social Work Education should be grounded on Social Work Values.

Levin (2004) clearly states “the values of service user organisations and of social work provide a firm foundation on which to build a framework for participation that is respectful and meaningful rather than tokenistic” (p,11). This view is also supported by Beresford (2003)⁶⁵ who argues in favour of avoiding mechanistic and tokenistic approaches by having a set of value-based principles to form the basis of strategies supporting citizen involvement in social work training.

⁶⁴ Department of Health, Social Services and Public Safety (2005) *Good Practice in Consent – Social Work Students*.

⁶⁵ Beresford, P (2003) *It's our lives: A short theory of knowledge, distance and experience*, London: OSP for Citizen Press.

Levin (ibid) also suggests that models of participation should be rooted in human rights principles, equality, inclusion and the social model of disability. It is specifically contended that initiatives for citizen involvement should reflect the social work values of the *right to respect, choice, privacy, confidentiality, independence and to be treated as an individual* (Levin, 2004). The NISCC Code of Practice⁶⁶ expands on these values very clearly by setting out the conduct that is expected of the social care workforce in Northern Ireland. A similar publication has been issued by the GSCC (2002)⁶⁷.

The following points emerge from this research in the area of such Values.

4.1 Service users and carers need to be facilitated in making an informed choice about being involved in social work training.

4.2 *“Service users and carers can make a valuable contribution to all aspects of social work education, however, finding a suitable starting point is important. Ultimately it is then up to service users and carers to decide on how best they would want to be involved and up to the rest of us to support people to be involved, enabling them to participate as fully as they feel appropriate” (Focus Group participant response).*

4.3 Citizen trainers have to be treated as equals and valued as individuals and partners. The following quotation powerfully supports this point:

“trust and partnership are vital as is really listening and taking stock of their ideas.”

4.4 Empowerment and Involvement that is not tokenistic is the key to effective involvement.

⁶⁶ NISCC (2002) Code of Practice for Social Care Workers.

⁶⁷ GSCC (General Social Care Council (2002) Codes of practice for social care workers and employers, London:GSCC

4.5 The Strategy for coordinating service user and carer involvement in social work training should reflect basic social work values and principles.

Good Practice Example: Both the University of Ulster's Social Work Education Participation Group and the Queen's University's Training Social Workers Consultation Group in Belfast have based their respective strategies on strong principles of partnership and social work values. (See Appendix Items 13 and 14).

This is also recognised in the literature as being good practice. Levin states that "each university and college should work with their partners to develop a written protocol of values, principles and practices that is then owned and signed up to by all parties" (2004:11).

However, some observations about possible tensions that could arise in the process of working in partnership in this way also arose from the interviews. For example, one person noted that whilst service user and carer trainers have to be treated as equal citizens, power issues from an individual and agency perspective could mitigate against this.

It was also highlighted that the voice of the *involuntary* service user and carer had to be heard so as social work students are exposed to the real tensions/challenges that often permeate social work practice. There were also some concerns about the representativeness of citizen participation, in terms of who such service users/carers advocated for. A possible solution to such a tension however is offered by the following comment from one of the focus group respondents:

The citizen trainer "needs to be able to move from the particular to the general in relation to lessons to be learnt from experience".

Additionally some reservations were expressed about the citizen trainer becoming professionalized through training which could impact on student learning. There is no evidence however that this will happen (Levin, 2004). One respondent in the research for this

study however placed the responsibility on the student in terms of their own value base:

“Students should be respectful and engage with users and not expect academic standards of presentation”.

The following points however go a considerable way to reflecting the benefits from such involvement being based on sound principles:

4.6 Having service users and carers involved in social work training allows social work students to pick up on the values and skills for intervention in a real way which ultimately will sensitise the eventual approach of the worker.

4.7 This learning cannot become ‘lost’ when social work students qualify.

4.8 Avoid professional language and jargon that is not needed

4.9 Users and carers need to determine the areas themselves that they want to be involved in, in a way that suits them, and be involved in the planning, design, delivery and evaluation of social work training.

4.10 Users have a right to be involved but also have a choice and must give consent. They also have a right to expect a competent service to be delivered and should be informed of their right to complain if they don't enjoy this. Service users and carers also have a right to be prepared and supported as needed in delivering the service (Focus Group respondent).

This latter point was expanded upon in terms of the importance of social work values as determining good practice in this work from the very beginning:

4.11 “When the starting point is with where service users and carers are in the process and working at their pace to enable them to get involved in whatever that means for them. It should be about true partnerships and the sharing of power” (Focus Group respondent).

4.12 Issues around Confidentiality are important for both students and citizen trainers to be aware of.

Guideline: Any strategy for involving service users/carers/citizens in the training of social workers must be centrally based on the values of service user/carer organisations and of social work as a profession. Ultimately the starting point for such involvement has to be determined by the citizen.

Theme 5

Service users and carers should be involved in all aspects of Teaching, Learning and Assessment.

The view was consistently expressed from this research that citizens needed to be involved in a mainstream way across all key aspects of social work training. Manthorpe (2000)⁶⁸ offers three models for involving the service user/carer perspective in social work training: personal testimony; citizens as co-trainers; and the use of the programme participants' experience of providing and/or receiving care (in Levin, 2004:21).

The suggestions from the research support the above premise. Perhaps the following comment from a student sets the scene however:

"I think that service users and carers should have more involvement in lectures as I felt I learnt a lot more from the personal perspective".

The following good practice point however urges caution in relation to the involvement of service users and carers in lectures:

5.1 "Being involved in lectures is also a key area however we should be careful not to limit this or indeed make it tokenistic, as can be the case".

5.2 Citizen trainers should be involved in Skills Teaching perhaps doing role plays as user etc. Also they could have an input into

⁶⁸ Manthorpe, J (2000) *Developing carers' contributions to social work training*, Social Work Education, Vol 19, no 1, pp 19-27.

discussion about Values and Methods of working that social workers use, as well as Preparation for Practice and Induction Modules.

5.3 Citizens need to be involved in the design, implementation and evaluation of Social Work Programmes.

5.4 Service users and carers should be encouraged in their use of role play and drama as an effective way of teaching

Example: The T.E.L.L. Group (Appendix Item 3) employs drama and role play, along with other training techniques, to enable participants to reflect on their practice, examining attitudes, stigma and the impact of power on those who receive services.

Similarly Barnardos Young Carers (Appendix Item 8) use drama sketches to convey how being a young carer can impact on the physical, social, emotional and educational development of children and young people.

5.5 In order to be respectful to the demands of caring which many people experience, perhaps a less intrusive way of representing the carer perspective in teaching could be through questions from social work students where carers can directly convey this experience without having to attend in person.

5.6 Service users and carers should also be involved in Practice Teaching Training with a specific focus on their assessment role with a student on practice learning.

Although the current Northern Ireland Practice Teacher Training Programme (NIPTTP) does not have direct involvement from service users and carers, the issues are raised at various times throughout the taught modules of the Programme.

Furthermore, at the time of writing this guidance, the NIPTTP is being reviewed. The purpose of this Review is to report on current issues with recommendations for the future training of those involved in practice learning. Short term recommendations for the September 2006 Programme and long term recommendations on how training for staff who support practice learning could be adapted to the proposed new Post Qualifying Framework.

The research for this project also discovered that the School of Medicine and Dentistry at Queens University Belfast has a similar strategy where it involves *Patients as Partners* in the training of medical students (See Appendix **Item 15**). Given the multi-disciplinary nature of Social Work and the emphasis placed on this in the NISCC Framework Specification, there may be opportunities for considering more collaboration between Social Work and Medicine in the way both disciplines are now involving citizens as trainers.

Guideline: Service user and carer involvement should occur in the teaching of social work students. Small group seminar situations are mostly favoured as an effective way of doing this and citizen trainers should be supported in training students in a way that best suits them eg through role play, drama etc. Citizen Involvement should also be explored in other non-practice aspects of the social work degree curriculum such as Social Policy, Sociology etc, and in other disciplines such as Medicine as a way of further building the capacity and experience of citizen trainers.

Theme 6

Service Users and Carers have an important strategic role to play in social work training in Northern Ireland.

As noted in an earlier section of this report, the General Social Care Council (GSCC, 2004) reports varying levels of citizen representation at strategic levels of the Degree in Social Work across the parts of the United Kingdom, and it recommends that more needs to be done to address this deficit.

Encouragingly however in Northern Ireland, the view was consistently expressed through this research that such strategic involvement was an essential part of the initiative being successful not only in qualifying but also in post qualifying social work education. These views are represented as follows:

6.1 Service users and carers should be directly involved in the admissions and selection processes for social work degree programmes.

6.2 Service users and carers should also be involved in writing any policy protocols concerned with their involvement.

6.3 Service users and carers should be involved in the development of Occupational Standards and in the assessment of students in both social work and social care.

6.4 Service users and carers also have an important contribution to make to the new Post-Qualifying Framework for Social Work in Northern Ireland.

Example: Current involvement of service users and carers in Northern Ireland's Post-Qualifying Award

The Southern and Western Health and Social Services Boards in Northern Ireland jointly provide a taught programme addressing the requirements of PQ1. This course devotes half a day to the "Service User Perspective". Service users known to both Boards from mental health, disability and children's services are invited along to discuss their experiences of social workers both in terms of what has been constructive and less so. This session underpins the entire programme as it is concerned with challenging newly qualified social workers to embrace effective engagement with service users which takes account of actual experiences. Sessions have tended to be very well received by course participants although, disappointingly, they have on occasions required help with how to integrate this learning into their portfolios.

Example: The Proposed PQ Framework for Northern Ireland

The Draft Proposal for the Development of a NI Post Qualifying Framework (2005) also continues the latter good practice but makes the service user perspective more explicit in its need to occur at all three levels Specific, Specialist and Strategic. It also has service user involvement as a core requirement for any providers seeking approval to offer Post-Qualifying Programmes. "Demonstration of how Service Users and Informal/Formal Carers (where appropriate) are to be involved in the Programme provision" (NIPQETP, 2005:11).

6.5 Service users and carers should be involved in the review and evaluation of any new policy initiatives/practices concerning their involvement in social work education.

6.6 Citizen Involvement is needed at all levels of social work training in contributing to the management, design, planning and delivery of programmes and also in terms of monitoring and quality assurance.

6.7 Service users and carers should be involved in Module evaluation at college/university level.

6.8 The strategy for involving service users and carers has to be properly organised and funded

Good Practice Example – the members of the Social Work Education Participation Group, University of Ulster (SWEPEG, UU) designed their own Referral Form (See Appendix Item 19) for the organisation and response to requests for service user and carer involvement at any level of social work training, i.e. Strategic and Operational. This detailed information is therefore the start of a process of ensuring that citizen trainers have full ownership, control and choice over any contribution they may decide is appropriate.

Guideline: Citizens should be encouraged to be involved in the overall organisation of social work training programmes to include representation on management boards, course committees, selection of students, planning and delivery, module evaluation and any other quality assurance arenas. Such involvement has to be done in consultation with citizen trainers and requires careful planning and appropriate funding.

Theme 7

Service users and carers have an important contribution to make to facilitate students in their understanding of the Northern Ireland Context.

A key aspect of this good practice guide centres on how service users and carers can contribute to the *Northern Ireland Context* in helping to facilitate students in their understanding of this knowledge requirement of the Degree in Social Work.

The questionnaire design (See Appendix **Item 22**) therefore included specific questions about the possibility of service users coming up against discriminatory behaviour/attitudes from students in their role as trainers, and specific examples such as sectarianism, racism, homophobia, disablism were given in the question. The next question then looked at what help citizen trainers might need in dealing with such discrimination in the training context.

The Interview Schedule – (See Appendix **Item 21**) additionally included a specific question asking respondents for their views on how citizen trainers might contribute to the Northern Ireland Context. Focus Group discussions on this area also took place with representatives from the user and carer groups from both the University of Ulster and Queens University, Belfast.

As mentioned earlier in this work, Beresford (1994) has clearly stated that anti-discrimination training is a key requirement for service user participation in social work education. In this research, comments have also been made to suggest that some service users may be well placed to engage in teaching social work students on issues around anti-oppressive practice generally given many of their own experiences of being excluded. This point is clearly articulated in the following interview response:

“They (service users) also need to be equipped to understand how many of the issues of discrimination they experience in their own lives, can be used purposively to enhance student learning”

Although the questionnaire responses indicate for many the unlikelihood of service users and carers being discriminated against in their role as trainers there are equally many observations, such as the following, which show that discrimination is an issue:

“Service users come from oppressed groups and are likely to experience discrimination in all areas of their lives. I would expect this to be particularly the case in Northern Ireland where issues of prejudice and discrimination have never really been addressed neither in the community at large nor in social work education”.

“Service users and carers could also experience discrimination at a practical level e.g. inaccessible buildings for wheelchair users”.

However another respondent had a different focus on the discriminatory issue which also needs to be examined in relation to the attitudes of some people towards users and carers: “being patronising in attitudes is another real form of discrimination”.

Other commentators noted that equality and inclusive issues challenge service users and carers to face the same parameters and guidelines as others presenters. As outlined below, there can be no room or excuses to facilitate discrimination, whether it comes from a lecturer, carer or user.

“Where they (citizen trainers) come across prejudice and/or discrimination directed at a group of which they are not members, they share the responsibility of us all to challenge the prejudice and/or discrimination in an effective way. Like everyone else they require training in how to do this”.

“It is important that the individual(s) and the whole class are made fully aware that discriminatory behaviour is unacceptable”.

Having said this however, a diversity of opinion was expressed in the questionnaires and interviews about whether service users and carers, in their role as citizen trainers, should be involved in challenging prejudice in students or indeed in their own attitudes. Some commentators expressed the view that training citizens in this area would only “sanitise” the service user/carer reality perspective that students would ultimately come up against when on placement and when they qualify.

The opposing view was equally expressed however by service user groups and individuals that service users and carers as citizen trainers have a right to have the same awareness training on these issues as other presenters would have, and therefore by not having the opportunity for “*awareness of our own issues*” (as one carer described it) such citizen trainers are not being treated as equals in their role as social work educators. The following interview quote is quite powerful on this point:

“Citizen trainers should expect to have access to courses and materials which will enhance their teaching skills. The alternative is to treat service users using the traditional approach which neither informs nor resources the skilled activity which education and training is. To do so would be a great disservice to citizen trainers and social work students”.

The literature review for this work points to the need to work in partnership with citizens as trainers. For such citizens not to have training support in this regard is therefore not to treat them with the respect that the social work value base demands.

Another comment however shows that perhaps some users and carers already have the skills to deal with discrimination:

“Many service users and their groups are very well equipped to challenge student views on discrimination because they so often experience it”.

In areas around discrimination, as in other areas, the responses incorporate suggestions of how discrimination and discriminatory practice can be challenged. However there does seem to be quite a strong feeling that because carers and users already experience being out in the margins, that they will have the resources and strength to deal with such issues.

There is an acknowledgement however that training, awareness, and support structures also need to be put in place to inform, educate and help users and carers in this very difficult area around understanding and promoting anti-oppressive practice.

A number of replies also point out that if there is a value base of respect for the users and carers and an understanding of their expertise, there is less likelihood of blatant discrimination within audiences of their position.

The following suggestions also emerge:

7.1 Carers may be in a position to share experiences, where appropriate, of caring responsibilities that have arisen as a direct consequence of 'The Troubles.'

7.2 Training should be offered to advance the capacity of service users to deal with discriminatory behaviour in their teaching role.

7.3 Service users may effectively challenge oppressive attitudes by explaining how such attitudes may impact on their daily lives.

7.4 Discrimination has to be assertively challenged – this can be done through training, and being exposed to what students are trained in around social work values etc.

7.5 In the event of discriminatory behaviour arising in the training context, citizen trainers should be assisted in dealing with this by having at least one other staff member present.

7.6 Citizen trainers could be supported to share direct experiences of how daily life and choices in terms of service provision in a divided society was affected (for example, geographical location of some services).

7.7 Service users and carers need education and advice about their involvement as trainers in the Northern Ireland Context. The negative voice around this also has to be expressed.

7.8 It is 'okay' to hold certain views but service users/carers need to be aware of holding these views. It is not acceptable for these views to cause an adverse reaction. Training around *awareness of our own issues* may well address and prevent this.

The following comment is also quite powerful in terms of concluding this section: "Terminology needs to be consistent in the training context, diversity has to be respected – service users and carers have the same responsibilities as everyone else in a society that has been affected by conflict".

Guideline: All forms of discrimination have to be challenged, no matter where they come from. Experience coupled with training and support, including an acknowledgement of expertise have to be part and parcel of any support structure which helps challenge discrimination. Particular attention has to be paid to any negative impact of the Northern Ireland context, and issues around this need to be tackled, albeit in a sensitive way. The experience that service users and carers already have should be explored as ways of helping students in their understanding of the Northern Ireland Context.

9.1 Training

The importance of training or *capacity building* as it is more commonly referred to now, is a consistent feature emerging in this research as being significant in supporting citizens as social work trainers.

This work also validates similar findings such as Levin (2004) in its call for **everybody** involved in social work training to be properly prepared for citizen involvement. In this way, academic and agency staff, service users, students and carers all get an opportunity to examine what they need to be aware of in terms of ensuring that participants in this learning process benefit as much as possible. Levin (2004) articulates the case well for such an equitable and partnership based approach to training:

“It should not be assumed that all staff and the new intake of students understand the principles and practicalities of working with service users and carers. This includes what to expect, how to behave, and the questions that should and should not be asked in discussion sessions” (p, 23).

The point is also well made that such training is highly valued by service users and carers in preparing them to successfully achieve their inputs as well as possibly opening up opportunities for further skills and knowledge. For example, one service user, involved in the research for this Guide, has been approached about lecturing in Criminology. This person was completing an Associate Higher Education Teaching Award at the University of Ulster and this offer was made to him following a presentation he delivered about his

experiences. The University of Ulster provides both induction and accredited training as support for the members of its Social Work Education Participation Group (SWEPG). Such accredited training is also mirrored in other UK universities.

Citizen trainers for social work students can also contribute to the training of other professionals. For example, the School of Medicine and Dentistry at Queen's University, Belfast involve ***Patients as Partners*** in the training of medical students (See [Appendix Item 15](#)). There is therefore an opportunity for citizens as trainers in social work to become involved in similar training with other students on professional training courses such as Medicine, who also need to have a similar empathy and awareness to social work students about the issues facing service users and carers, many of whom they will come in to contact with as patients.

The existing potential that many service user and carer-led groups already have in the area of training is also not to be under-stated. For example the GSCC (2004) reports that several such groups have been already involved in delivering training to academic staff around working effectively with service users and carers as trainers. *Advocacy in Action* is cited as one group which has been involved in such training in "supporting other groups and learning establishments to make their journeys towards respectful and non-tokenistic involvement" (GSCC, 2004:36).

The research and consultations for this guide also confirmed the wealth of expertise and experience that many individuals and service user/carer-led groups have in Northern Ireland. One powerful example of this in Northern Ireland is the work of the TILII Project (See [Appendix Item 16](#)). This Group of adults with learning disabilities have been involved in training various professional staff in their local Health and Social Services Trust area. Prior to undertaking such training however the TILII trainers also completed a Training for Trainers course which enabled them to advance and develop their own skills in training. The involvement of the TILII Group in training has been very positively received.

Levin (2004) makes the important point, as have so many others, that the use of such existing expertise will serve to promote non-tokenistic

and meaningful participation. Citizen trainers in Northern Ireland have the experience to contribute to areas such as Selection and Recruitment, Interview Training and Practice Learning (See, for example, the template designed by the A Team along with a social work student for the assessment of Practice Learning – **Appendix Item 23**)

The time is therefore now right for all Participants in Learning in Northern Ireland to collectively design a creative *Training for Training Course* to assist with furthering the involvement of service users and carers in the training of social work students on the Degree in Social Work in Northern Ireland.

10.1 Payment

The issue of paying service users and carers for their contribution to social work training is one which continues to exercise a lot of people involved in the process. This research, like other work that has been done in this area, also calls for the absolute need for service users and carers to be properly remunerated for their time, expertise and expenses incurred as citizen trainers in social work education. The problem which can potentially mitigate against this compelling need for equal treatment in terms of payment is the inflexibility of current DHSS Benefits regulations. The Social Care Institute for Excellence (SCIE) has produced the most recent work in this area⁶⁹.

In the foreword of this publication, the authors, Michael Turner and Peter Beresford (2005), starkly highlight their fear that the involvement of service users and carers in social work qualifications could be seriously undermined unless obstacles for equal treatment in terms of payment are removed. The following are some of the main recommendations they make for government to address this issue:

- *The Government should recognise that its commitment to social inclusion, active citizenship and the increased involvement of health and social care service users in paid employment are being undermined by the operation of the benefits system.*

⁶⁹ Turner, M & Beresford, P (2005) *Contributing on equal terms: Service user involvement and the benefits system*. Social Care Institute for Excellence (2005) www.scie.org.uk

- *The benefits system urgently needs to be reviewed and changed to ensure that government commitments to user involvement and social inclusion are harmonised.*
- *There needs to be specific and explicit recognition that taking part in user involvement does not mean that a person is fit for work.*
- *The increasingly recognised model of good practice is one in which service users who wish to be paid are paid for their involvement and expertise.*

(SCIE, 2005: x)

This report also calls on government to address the issue of revising permitted earnings to enable people on benefits to work certain amounts without disadvantaging themselves.

In the meantime, the GSCC, in their report *Working towards full participation (2004)* evidence clearly that payments remain a “*primary area of concern and difficulty for course providers and service users and carers*” (2004:36).

Considerable numbers of people surveyed by the GSCC indicated that there was a lack of fairness in payment rates and that University systems seem to have difficulties around prompt payments and use of petty cash payments. It was also noted that there was great variation in terms of hourly rates of payment, ranging from being paid nothing to £5 per hour, whilst in other instances, citizen trainers were paid visiting lecturer rates. This is currently the practice at both the University of Ulster and at Queen’s University, Belfast.

It would seem that flexibility and imagination are at the heart of unblocking the obstacles which otherwise result in citizen trainers being exploited and treated unequally in terms of remuneration for their involvement.

In agreement with Turner and Beresford, we have to move to a situation that is *legal, decent, honest and truthful* in making this a reality which also takes account of the examples of best practice that we know exist in this area from the works of both Levin (2004) and the GSCC (2004).

Conclusion

There is no doubt, based on the outcome of the consultations for this good practice guide, that the expertise of service users and carers is not only valued but seen as essential in the training of social work students in Northern Ireland. However there is a realism that dictates that all those involved - service users, carers, students, and education providers need training, awareness and support to different degrees, if real inclusion is to be facilitated.

Furthermore, there can be no doubting the complexity of issues such as discrimination, payments, terms and conditions and the challenges involved in new ways of working. There is a need therefore to address these areas to ensure the circumstances and conditions make this exciting initiative work. The expertise and experience of service users and carers is also considerable in terms of the contribution they can make to helping social work students understand the *Northern Ireland Context*.

The good practice guidelines offered in this Report will be diminished unless properly monitored. Current mechanisms for the quality assurance of all aspects of the Social Work Degree in Northern Ireland could therefore be applied to ensure that citizen involvement continues to be mainstreamed in all aspects of Social Work training.

This Study reinforces a genuine willingness for inclusiveness from everyone involved in social work training in Northern Ireland. There is also a commitment to develop further initiatives in the area of involving citizens as trainers. The fact remains however that such initiatives will only be effective when they are properly financed and supported.

Next Steps

This Good Practice Guide points the participants in social work education within Northern Ireland towards quality standards in the involvement of service users and carers as citizen trainers. One of the key and consistent findings from this work, and from other

research in this area, is the importance of **supporting** service users and carers in this process.

For this reason, this work recommends that **Phase 2** of this Good Practice Guide will focus on the development of a specialist **Training for Trainers Course** to address the necessary key areas that will assist everybody in this important initiative. The Social Care Institute for Excellence (SCIE) has agreed to offer some funding for this and this research will involve collaboration between the two universities, partner further and higher education colleges and with service user and carer-led groups who have expertise and experience in this area.

APPENDIX

Good Practice Case Study examples of citizen involvement in Social Work training in Northern Ireland.

This section of the guide provides many good practice examples of how service users and carers in Northern Ireland have been engaged in training social workers at different levels of qualifying and post-qualifying training prior to and since the introduction of the Social Work Degree in September 2004, where this has since become more of a mainstream requirement.

The following material has been written by service users, carers and agency staff.

Appendix I tem 1

Lobbying, Activism and Research Group (LARG)

This group is based in Willowbank Community Resource Centre Dungannon, County Tyrone, Northern Ireland. It is a voluntary group run by a board of directors comprising at least 50% of people with physical disabilities and sensory impairments.

Over the last few years the group has contributed to specialist teaching on Disability for the Diploma in Social Work at the local further education college, and this link continues into the new BSc (Honours) in Social Work. These sessions which are invariably popular and thought-provoking, enable the students to see a useful model of community development, and to experience service user views on how people expect to be dealt with, and behaviours to avoid. For the group, this is an opportunity to influence the training of a cohort of professionals, and has been a catalyst for developing presentational skills.

LARG input to Social Work Training

Since the inception of this group there has always been an ethos of positive engagement and a willingness to share experiences and learning with students in a number of related disciplines. The manner in which this is delivered has evolved over the years as the confidence and skills acquisition of individual group members has evolved. It has always been the aspiration of the group members to impart to trainee social workers good practice tips which will help them in their future careers.

In the early days the contact would have been fairly informal although always well planned. The format was generally a group meeting with the College course tutor carrying out the broad introduction of both groups to each other. The information shared would have been as a result of personal experiences from group members, with students afforded the opportunity to ask questions.

Although every effort was made to make everyone feel at ease with tea/coffee provided the weakness of this format was that people felt awkward and embarrassed, usually the students. This led to quite stilted exchanges with only one or two particularly brave souls venturing to ask questions. As part of the groups own development each session was evaluated to see what worked well and what could be improved on.

Environment

Bearing in mind that the meeting was going to take place in our space we gave thought to how best to ensure we got active participation rather than a site visit. We therefore looked at the logistics of accommodating a sizeable group of adults (non-disabled and disabled) and agreed that while we wished to keep the *round table* model we needed to move to a larger room so people didn't feel spatially oppressed.

Structure

The group agreed in advance the materials to be used and group members shared responsibility for the preparation of these.

Materials provided:

An A4 sheet to each student outlining the proposed format to include:

Start, presentation, guided tour, questions and answers, Tea/coffee and Finish.

Hard copies of PowerPoint presentation (on request)

Promotional brochures for Willowbank which contain contact details (tel. no fax no and email address)

Psychology of the meeting

The dynamic of any meeting can to some extent be managed. We decided to enter the room first and to strategically place ourselves so that students couldn't all sit together; this avoided a potential *them and us* scenario.

The course tutor and the centre manager placed themselves out of the direct eye line of students, to ensure that while they could still interact there was no assumption that these were the people to whom questions should be directed.

Prior to the meeting taking place group members undertook training in using the lap top and data projector so they would be comfortable with the technology.

We chose to use Power Point

- a) Because students would be familiar with it and
- b) Because when used effectively it holds the interest of your audience and focuses discussion.

Group members had in advance prepared their own introductions and a conscious decision was taken to focus on the wealth and breadth of experience that each group member has.

Sample intro.

My name is I am a Director of Willowbank Ltd. A trained Disability Equality Trainer, a stakeholder Manager of the Community Arts Studio etc.

This immediately exploded, if it existed, the idea that group members as persons with disabilities had no capabilities, and set the tone for the meeting.

Evaluation

The group agreed that this was a much more productive meeting, with significantly more real engagement taking place; this was further validated by the feedback from the course tutor and from the number of follow up contacts made by individual students.

Report prepared by

Ann McGlone, Patricia, David, Peter D, Peter L, Oliver, Kenny, Seamus and Graham.

Appendix Item 2

USER/CARER PARTICIPATION IN IN-SERVICE TRAINING A CASE STUDY

CARERS ASSESSMENT WORKSHOPS

BACKGROUND

The Southern Health and Social Services Board in Northern Ireland, as a local commissioning body had convened a workshop in January 2005 to consider the implications of the regional guidelines on carers' assessments. This workshop had representatives of staff from several disciplines and from local carers groups.

In addition to views gathered on the day, it was agreed to form a Task Group to look specifically at improvements which might be made. This Task Group met regularly to look at changes to the proforma staff used to record assessments; but subsequent to this, considered best practice in terms of the professional contact needed to complete such assessments.

ROLE OF THE CARERS

Each session was to have approximately 15 staff in attendance, with the emphasis on dialogue and facilitation rather than on training; we described them as "learning and development" sessions, with almost all the work in small groups. A carer would be recruited for each small group, three carers for each session. These were recruited, directly from the Task Group, or from the local groups which the Task Group members represented.

Our clear position was that staff would learn from the experiences and insights of carers and not just from knowledge or concepts. To reinforce this a letter of invitation was drafted which reassured potential recruits that the session would draw heavily on those insights in order to crystallise the learning for staff. On request, the facilitator met with one group of three carers in order to clarify the programme for the session and their role as facilitators. Each carer was paid as a trainer for the session under the Board's policy on User Participation.

OUTCOME/FEEDBACK

1. **Perspective**

The powerful accounts, given directly by those carers who participated, indicated that they valued professional social work intervention when it was to an acceptable standard but occasionally experienced - and recognised - poor practice.

2. **Insight**

The carers confirmed for us what we had emphasised in the session; that an assessment represented an opportunity for the professional to recognise the extent of the caring role AND the importance of acknowledging how critical their efforts are in maintaining the service user at home.

3. **Improvement**

The heartening outcome for me was that areas for improvement would be primarily in the direction of best professional practice rather than any bureaucratic or managerial solutions. Hence, assessment should be about information giving as well as gathering; should be problem solving with carers and not simply prescribing services; and that any assessment should reflect their resilience as much as their needs.

These are conclusions we might have reached anyway but it is reasonable to conclude that they were given force by being a strong message directly from carers. Staff feedback suggested that this was so; some comments were

" better understanding of the sheer hard work involved in the caring role ".

"the carers' perspective were very insightful and thought-provoking for social work practice".

Appendix Item 3

T.E.L.L (Training, Education, Listening and Learning)

TELL is a group of people who have a range of experiences in relation to mental health services. Members of TELL have experience of both receiving and providing mental health services. The group has been going now for over three years, spending considerable time at the beginning working on forming as a group and agreeing on what we hoped to achieve. While we have worked hard at developing and implementing good practice principles we also continue to deal with on-going challenges and problem areas. We recognise the inherent difficulties in promoting service user involvement but remain committed to the concept of partnership working.

The group uses its combined knowledge and experience to provide training for student social workers, psychology students, Approved Social Workers, Practice Teachers and other mental health professionals. We tailor our training to suit the needs of those we are presenting to. We use drama and role plays, along with other training techniques to enable participants to reflect on their practice, examining attitudes, stigma and the impact of power on those who receive services.

As we very much work in partnership we hope this allows others to see that a lot can be achieved when you combine your expertise, share your power and learn from each other in order to develop more effective services. We hope to inspire others to learn from our initiative and consider developing their own.

TELL is continually looking at new and innovative ways to work. We have welcomed the feedback we have received from various groups. Some groups have commented that our involvement with them has been thought provoking and challenging.

Report prepared by the T.E.L.L. Group

For more information please contact

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c/o Derraihy Centre
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Derriaghy
Belfast
Northern Ireland**

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Email: information@tellgroup.co.uk

Appendix I tem 4

The A Team
Laurels Centre
Newry
County Down
Northern Ireland

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The A Team is an Advocacy Group of adults with Learning Disabilities and we are based in the Laurels Day Care Centre, Newry, County Down.

We work together to improve the services we receive. Some of the things we do are:

- We have our own interview panel and we help select new staff for our Centre.
- We featured as a Model of Good Practice in the Southern Health and Social Services Council's Service User Participation Report, March 2006.
- We worked with the Open University to make audio tapes to be included on their Social Work Diploma Course
- We have given talks to Health Care Students and Health Professionals about the A-Team and Advocacy
- We held our own review of a Social Work student's placement
- We survey everyone in our Centre to find out what they would like to do and we want to make their choices happen
- We fundraise for ourselves and other charities
- We go to networking conferences

Report prepared by A Team members Tracey, Kevin, Yvonne, Lisa, Declan, Gary, Phillip, Andrew, Betty, Christopher, Doreen, Joanne, Kelly and Joyce.

Appendix Item 5

The Family Information Group

10-12 Bishop Street

Derry

BT48 6PW

Tel 02871 285675

The Family Information Group has been working in the community, since 1997, raising awareness of the issues affecting families of disabled children locally, regionally and nationally. This is done through conferences, workshops, video, research, awareness sessions, publications, consultations and working with others in partnership. Awareness sessions are based on the concept that the impact of disability on the child, affects the whole family and wider community, not just the child.

For those who work with families, in whatever setting, these sessions give an insight into that family experience and for those who have an interest in "user involvement", they give a unique insight of another view or perception. This view or perception is based on the direct experience of living with a disabled child/young person.

The Group is made up of parents and relatives of disabled children. The issues highlighted by the group reflect this make up. Issues that concern the Group include: diagnosis, disclosure, information provision, education, transition, housing, inclusion, training, having a voice and keyworking, to name the priority ones. At the core of the group's work is the ethos that those who use services, should be involved in the planning and delivery of services.

Parents as professionals, with expertise in their family roles, is promoted by the Group as a basis for working in equal partnership. The rights of families take precedence over needs and the importance of the voice of the child/young person and their parent being heard and acted on, are critical to the work of the Group.

Family View of Disability

This is a session developed by the Family Information Group to give one perspective, from a parent's view, of the impact on a family of having a child/young person who is disabled. Brendan Mc Keever, Facilitator for the Family Information Group, will take participants through the journey of a parent. By sharing experiences, discussion and using video it is intended that participants will get a "user" perspective, which will hopefully help participants when dealing with parents. Issues such as inclusion, ability not disability, seeing the person not the disability, will challenge some of our own ideas about disability and how we should address the issues that families raise.

Issues covered: Diagnosis and Disclosure, Ability/Disability and the Person, The Family, Partnership Working, The unheard voice, Key-working, Working for change, A young person's perspective.

However this is more than just "the story", more than an individual experience. Although related in a personal and informal way, many of the issues raised have been verified by researchers as relating directly to parents and families. Over and over feedback has emphasised that you do not get this material in books. Direct talking, open and honest discussion, challenging many of the myths and misconceptions around disability. This is what is on offer.

This is what was on offer to 49 first year Social work students at the Magee Campus of the University of Ulster recently. It was a unique opportunity in February 2006, for students to come from behind their books and experience the reality, from one perspective, of the issues that they may have been reading about. This is the reaction from some of them:

"I never thought of it from a parent's point of view before, it changed my view on disability."

"Made me really think about ability rather than obvious disability aspect."

"Fantastic to see what can be achieved by lobbying."

"I have a degree in Social Inclusion in Society, we never got the family's opinion or input. This would have been/should have been integral to the degree."

"I felt very inspired. He made us aware that there is a lot of changes to happen in the future."

"It really brought it home that disability is not the end."

"I felt this was a very interesting and honest presentation which made you look at issues you may not have realised happened."

But the general statistic analysis says it all (based on 47 evaluations completed, out of a possible 49).

100% of those who completed evaluations still felt information was well presented. As the Family Information Group prides itself in trying to deliver information in a relevant and accessible way, we are very pleased at the response to this key question.

100% felt they had a better knowledge of the family view of disability as a result of the session. This again is a very powerful positive response.

100% of participants would encourage others to participate in the Group's events. As much of the reputation and knowledge of our work, is passed on by word of mouth, again it is very encouraging and positive to have such a response to this particular question.

100% of participants desired more training which provides very fertile ground for those offering disability training services.

Is there not a place for "user involvement" led education in a holistic approach to the education and development of social work students? This session clearly indicates that there is value in this, but who is listening?

Report prepared by Brendan Mc Keever

6th April 2006

Appendix I tem 6

Involving Carers and Service Users in Social Work Training at the Open University

The PQ Healthcare Programme based on the Open University course *Critical Practice in Health and Social Care* encourages students to engage with the challenges involved in providing for care and user participation in the development of services. Their ability to grapple with this challenge is assessed by assignments such as the following:

- Discuss the ways in which service users can influence the care they receive.
- Does a concern for managing risk help or hinder the development of user-centred care?
- Critically discuss the challenges presented by increased user involvement in a service with which you are familiar.

Students are expected to look at policies that support the involvement of carers and users in ways that enable their voice to be heard. They are asked to draw on their own experiences to illustrate how user involvement works in practice, considering the impact of care / user involvement on

- o their own practice.
- o Teamwork
- o Professional roles
- o Organizational policies

As this is a course which seeks to develop reflective practitioners, students are continually provoked to consider ways in which they and their agencies could more effectively involve carers and service users in the development and operation of services.

“The School of Health and Social Welfare has a long history of involving service users in the planning and development of its courses. From the outset in the mid seventies, there was always an explicit recognition that service-users will be represented among the studentship and a parallel recognition that there is much to be learned by professionals from service-users, although both propositions were extremely contentious initially. Writing for and with a service-user audience has had a powerful influence on the nature and focus of our course planning and content. Professionals and academics, however well motivated to attend to service-user perspectives, inevitably take their starting point in the traditions and knowledge base of their academic field. The presence of service-users as equal and critical members of course teams, and frequently as colleagues, ensures a continuing pressure towards new forms of dialogue and analysis. This results in a paradigm shift in the conceptualization of the role and nature of health and social care as it becomes impossible to hold onto traditional, blinkered, professional perspectives.

*For example, an early course in the late seventies on disability P252, *The Handicapped Person in the Community* was chaired by an academic who was also a wheelchair user. Subsequent courses on ageing and mental health followed suit with various strategies of user-involvement emerging. The planning of the mental health course K257, *Mental Health and Distress*, was underpinned by a development phase including a series of workshops with service users and carers and with black service providers and users, which had a powerful influence on the nature and analytical frameworks developed in the course. In relation to learning disability, a course designed to be studied by people with learning disabilities themselves along with their carers and staff was created in K503, *Learning Disability: Working as Equal People*. In the latter case, full membership of the course team was achieved working with *People First*” (Ann Brechin, Open University, 2004-10-11).*

Information provided by Helen Evans, Open University, Belfast, Northern Ireland.

Appendix I tem 7

The Carer Perspective on Social Work Training At Queens University, Belfast.

As a carer talking to and teaching students it is important to make sure all the major points are included in the sessions. When I am doing my plan I talk to other carers to get the points that they want included. On some occasions other carers have come along to give their point of view and this has proven to be well received by the students. I would also talk to tutors to see what they would like me to include and at this discussion we would also talk about the length of time I have and also to see if there is time for questions at the end.

Depending at what level the students are at I would sometimes just talk to the students and answer questions, other times I would put up questions and scenarios and ask the students to talk to their partner about how they would manage the situation. Personally doing the latter makes the students think about what it is really like to be in a carer's shoes as well as a social worker's.

Being involved in module reviews is a great way to get feedback from the students as well as the tutors. This process helps me to look at what my content is like and if there are things that need to be changed or added. I then can take back the points the students make to the other carers who do this with me and it lets them see that their experiences count and help make a difference to new social worker students coming out into placement.

One student who was in one of the sessions I did at Queens while on placement came to see me at my home and she was so interested in my family which is one of the points that we make to students to include everyone in your visit. She remembered this and said it was one of the main things that stuck with her. So for me it showed that if this student remembered that one point it is well worth while being involved in social worker training to get the message across and makes it easier for the student to see where the carer is coming from.

Coleen Christie
Foster Carer
May, 2006

Appendix I tem 8 **Barnardos Young Carers**

On Thursday 23rd March 2006, Barnardos Young Carers had the opportunity to assist with a University of Ulster student lecture at the Magee campus. There were sixteen young people, all of whom live with a parent or a sibling who have an illness, disability or mental illness.

During the preparation for the lecture the young people were involved in the design and delivery of four drama scenes. The young people believed that rather than to personalise the dramas, they would create scenarios based on the effects of caring on their lives. Therefore, the four dramas were based on the social, emotional, educational and physical aspects of caring.

The first scenario saw both a young brother and sister caring for their father who is physically disabled. It showed the sister struggling to complete the task of homework and caring for her father's needs. Her brother appeared freer to go out and play. Despite being asked repeatedly by her friend to play, it poignantly illustrated that she could not. The family social worker came in talking about assessing the family's need for any services, this appeared to leave the young girl more confused and upset. The next day at school the girl did not have her homework complete, but her brother did, naturally the teacher wanted an explanation and was reluctant to accept caring for her father as a valid one. This scenario brought together a few of the impacts of caring socially and educationally. The reality of caring, for a young person, at times it may prohibit their educational attainment such as late / incomplete homework, tiredness or worried about the person at home.

The second scene was based on the physical aspects of caring. It was a family with three children, one who was the primary carer and the other who proved demanding. The primary carer was trying preparing a meal, helping her younger sibling with her homework and placating her father who required personal care as well as demanded attention. The primary carer became very upset because of the frustrations of her caring role and no one apparently bothered how this was affecting her. The scene was indicating to the audience that caring can be physically demanding and emotionally testing.

The third scene viewed caring through the eyes of a sibling who had a sister with

autism. The young carer had a birthday party where two friends came over to watch a DVD. Her mother wasn't present but her sister kept interrupting her time with friends, who appeared to be fed up with the constant disturbance and left early. The next day at school the friends shunned her saying they didn't want to be her friend because of her disabled sibling. This highlighted the plight of a young carer who was becoming socially isolated due to her siblings disability and her caring role.

The final scene portrayed very poignantly the lives of two young carers who live with a parent who has mental illness. The parent had Obsessive Compulsive Disorder and continued to insist people outside were trying to get in, and she kept checking her handbag, windows and doors. The primary carer provided the audience with her frustrations at constantly trying to appease her mother, getting her to settle for a short period. This was a very effective way of viewing mental illness through the eyes of a young carer who was being emotionally affected by her mother's illness.

The finale of the lecture was all the young carers on stage telling the audience one emotion they feel being a young carer, each young person chose their own word. This was repeated until one young carer came out and asked the audience "What was your childhood?"

The young people were rightly very proud of their hard work, it helped them view their roles as carers as vital and appreciated. It was a new venture for the young carers to embark on; they had great fun socialising with each other and wanted to know when could they perform again.

Barnardos Young Carers Service provide young carers with support. We support them in their roles as carers however it may affect them. The service provides a mix of support - group work, individual work, family or advocating. The service operates within the Northern Health Board area providing the service to over 150 young people ranging in age from 4 years old - 18 years old.

***For further information on the service please contact either:
Tony McGurk (Childrens Services Manager) or
Michelle Scullion (Social Worker) on 028 79634402 or via email at
michelle.scullion@barnardos.org.uk***



Appendix Item 9

SNAPSHOTS OF CARER TRAINING INITIATIVES IN THE SOUTH AND EAST BELFAST TRUST, NORTHERN IRELAND

Carer Mentor Scheme

We have developed a team of experienced carers who have volunteered their time since 2002 to support other carers who may be new to their caring role or experiencing difficulties.

These carers have been trained to provide quality support and advice to other carers, and have been instrumental in developing other carer support services with the Trust. Our carer complementary therapy service has been developed by one of the Carer Mentors.

Feedback from carers about this service indicates that it is highly valued. The Carer Mentors were awarded the Renee Mackintosh Award in 2005 which is given for outstanding voluntary achievements.

Carer Needs Assessment Training

We have reviewed our Carer needs assessment process and practice in partnership with carers and staff.

Over 250 staff have received training on carers needs and assessment. Carers have been an integral part of delivering this training to both health and social care staff. This has included both trainee and qualified social work staff.

Prepared by

Margaret Mc Donald
Katie Campbell
South and East Belfast Trust
Eastern Health and Social Services Board.

Appendix I tem 10

The Carer Perspective – What the social work student needs to know?

My name is Gerry and I am a 44 y-old married man with 2 children. My wife has suffered from an acquired physical disability for 17 years. I am writing this piece in an attempt to highlight areas and issues that I think are important for a student social worker to consider when involved in working with adults with an acquired physical disability, crucially you should also always consider the needs of their carers/family

I believe there are numerous and varied skills, knowledge and values essential to positive practice when Social Work students are working with adults with an acquired physical disability and their carer/s. Preparation for contact is imperative, failure to do so can merely compound the existing problem. Students should endeavour to glean a basic understanding of the disease/symptoms that the service-user is suffering from. An attempt should be made by the students to tune-in to the feelings that a service-user may have at the time of contact.

Speaking from personal experience this can be a roller-coaster of emotions including, loss (independence, financial and dignity), grief, self-pity. The effect on immediate family i.e. children and social life. A service-user will often ask the question of a worker why-me? Thus, empathy and positively not sympathy is paramount at this crucial stage in building a positive partnership. Students should have a basic knowledge in social security benefits, services and resources that maybe available to the students/carer.

Speaking from a personal view my fears and those of my wife, surrounding the disability were compounded by financial worries therefore I would almost appeal to you as young Social Workers not to set unachievable goals. I.e. you cannot award, D. L. A., Incapacity benefit, I. C. A. etc. you merely can provide relevant and up to date information and forms concerning these benefits. Be clear from the outset then as to your role/responsibility and its inherent boundaries.

Another key point to remember as you endeavour to build a positive partnership with service-users is not to compare this situation, condition or circumstances with those you have previously dealt with. The last thing we needed to hear in the initial stages of this disease was "I know someone who is worse of than you or I have had another client who has made a full recovery." Remember you are not medically qualified to make a diagnosis on this condition or whether it will qualify for the benefits that may be available.

I would further urge you as student social workers to consider the impact on the children within the family - replicating aspects of loss and grief i.e. their mother being unable to engage in previous social/leisure activities etc.

Further consideration should be given to the impact on the carer- change in role, identity and possible self-esteem. The carer needs to adopt new coping mechanisms and also develop an ability to "trouble-shoot" difficulties as they emerge, thus protecting the service-user from additional concern/stress.

Students need to consider the service-user as an individual and not as a diagnosis. I would caution the student to adhere to the principle of individuality, thus respecting choice and independence with each service-user.

Time management and keeping appointments are vital within your training. Punctuality, may sound trivial, but having made an appointment to meet a service user you have to realise the effort and organization that this may incur on clients, carers and children

Finally, without trivializing this key issue I would offer the following as a job specification for social workers "Social Workers need the skills of Machiavelli, the Wisdom of Solomon, the compassion of Augustine and the hide of a tax inspector." Cleaver and Freeman (1995).

Written by
Gerry
Expert by Experience
Northern Ireland.

Appendix I tem 11

C.A.U.S.E. and Social Work Training

C.A.U.S.E. for Mental Health is a local charity in Northern Ireland providing peer-led emotional and practical support to carers and families of people with serious mental illness, such as severe depression, manic depression (bi-polar disorder) and schizophrenia.

The organisation is directed and staffed by people who have personal experience of mental illness in a relative or close friend. Services provided under the Charity's 'Relative Reach' programme include support groups, a helpline available 9.00am to 9.00pm 365 days per year, carer advocacy, educational programmes for carers/mental health professionals and representation of carers' views.

As alluded to above, an important component of 'Relative Reach' is training and a C.A.U.S.E. Carer Advocate is a member of the Social Work Education Participation Group at University of Ulster, Jordanstown.

C.A.U.S.E. has also been involved in ASW training in the Eastern Health & Social Services Board for the past 4 years, whilst detailed below are the experiences of another C.A.U.S.E. Carer Advocate - Sarah Price - who contributed to training for the Social Work degree course:

"I was recently asked to give a 'carers perspective' to a group of University of Ulster Social Work students. I spent some time thinking about my experience of social workers, which goes back 20 years, and tried to think what would have made my journey better for both of us. I prepared a presentation of all the facts and figures I considered relevant for the students. I outlined how carers can be so important to health care professionals in providing medical histories and family information, to help make decisions about suitable treatment based on past experience, to advocate during periods of incapacity, and to provide a supportive network around the ill person as they recover.

All this information was important to give students a clearer picture of the difficulties facing a carer of someone with serious mental illness. I felt however that what I gave them, which was even more important, was a real experience. I was a young carer looking after my Mother so I found my first contact with social workers very threatening. Back then I very much wanted to stay together with my mum and brother. I feel I had some quite negative experiences with social workers, but also other incredibly positive experiences and it was wonderful to give the students the benefit of my experience. I feel the difference a social worker can make cannot be under estimated.

My feeling is that the most important qualities for the students are the ability to listen, the ability to really get to know their client, the ability to recognise their client's strengths as well as their weaknesses and, above all, remember that they are working with real people not 'cases'. After I finished my talk I would say that I spent as much time answering all the questions that followed. Most of the questions were about my own experience. I feel my talk gave students a deeper understanding of all the feelings, worries and hopes a carer may face at the most difficult of times".

Finally for now, the following is a selection of feedback received from the students, following the *C.A.U.S.E.* presentation:

'Session provided good insight into carers role and the impact of mental illness on families - very, very good'

'Thank you for an invaluable insight'

'Very touching personal stories from the family perspective, 2 excellent speakers'

'I feel that I have learned so much more through this session and have gained a better understanding of the issues presented to the carers and families. Found the accounts heart rending and feel they are very brave and strong women'

'Excellent presentation. Valuable insight into carers' perspective. Should be given to all Social Work students and not only ASWs'

'An excellent session and it has altered my thinking and will help to alter my practice. It was an honour to listen to these ladies. Thank you'.

Report prepared by Anne Cunningham, Sarah Price and Peter Mc Cabe

C.A.U.S.E.

C.A.U.S.E. for Mental Health

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Appendix I tem 12

Voice of Young People in Care (VOYPIC) and Training Social Workers

General Points

For the past 4 years we have been giving training inputs to students doing their Post Qualifying Award. This has involved talking about personal care experience, what worked and what didn't work. Sometimes negative experiences would have been challenged by social work staff, therefore we changed direction to pull together everybody's issues in terms of themes which de-individualised and made the thing very general. It still continued to be negative occasionally, and people were still edgy about negative issues e.g. residential care. Sometimes, people were particularly sensitive about any criticism of residential care and wanted to personalise the issue with the trainer.

We had a meeting with the director of the social work course and a VOYPIC staff member to try to fix this. As a result of this we agreed to have a lecture in advance of the talk to bridge the gap between hearing the views of the service user and why it's important to hear those views. This worked a bit better but it was still occasionally being challenged through the tendency to still want to personalise issues. It is important that the course facilitator steps in at an appropriate time when there may be evidence of discrimination and for the service user to know how to challenge this also.

We also have experience of talking on a personal level with small intimate and informal groups. I was well prepared beforehand and told that I was there to do a job as an equal. People however couldn't get it into their head why I was targeting social workers even though I was presenting evidence. Older students tended to dominate with other younger students seeming excluded. Again some patronising comments came across which made me feel like being in a Looked After Children Review without power and being insignificant. It is really important that course providers are human in terms of how they support citizens who participate in social work training after the training session. It is also important that the university staff are mixed in with the students as it shows the students that everybody is on an equal level.

Case Study on Social work Lecture

I was asked to talk to a group of fifteen social work students at a university. I was asked to present to the group my personal experience of being in care and being a service user.

I was met by a lecturer who discussed with me any queries or concerns that I had before I met with the students.

The lecturer had previously asked the students to write out 20 questions that they had for me and this gave me the opportunity to read over them before the session.

During the session I was asked about 10-15 of these questions, however as the session progressed and I became more relaxed I felt more comfortable to answer unscripted questions. The whole process took around 1hr 15mins.

The lecturer and I met beforehand with a member of VOYPIC staff; we had a quick meeting to discuss if I was still comfortable to take the session. I was brought into the building where the

session would take place and I was introduced to the students by the lecturer.

I sat down in front of the students who were seated in a semi-circle. One by one the students asked me different questions as the session continued different issues arose and as time progressed I felt more comfortable to discuss these.

Once all the questions had been asked I thanked everyone that attended. When the students left the lecturer and I and the VOYPIC staff member had a short discussion on how the I felt the session had gone.

What made the session successful

- *I was able to anticipate the questions.*
- *I knew what to expect*
- *I had support from VOYPIC and the lecturer.*
- *The students were co-operative.*
- *The setting was informal.*
- *I was confident to talk about my own personal experience.*

What could have made it better?

- *If I had met the lecturer just before the session.*
- *More time for preparation*
- *Students to have more sessions with Service users to prepare them for the reality of working with young people.*
- *S.W students should have been previously prepared that I was care experienced.*
- *S.W students should have had more experience of what it's like to be in care.*
- *S.W students challenged the input I gave and felt at times it was an over exaggeration, I believe that this would not be the case if I was not a service user.*
- *When students didn't appreciate statements that I made they directed questions to the lecturer.*

Recommendations

- *Having a service user input should be a consistent part of training, both undergraduate and post graduate. This should occur at regular intervals throughout career.*
- *A service user input should be given from all aspects of care separately, foster care, after care, residential care etc.*

Material prepared by Olinda Santine and Jenny S Kelly

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Appendix I tem 13

Involving service users and carers in Social Work education at the University of Ulster.

The Social Work Education Participation Group, University of Ulster (SWEPEG) began its work in April 2005. This group consists of representatives from various service user and carer groups, agency staff (from voluntary, statutory and private sectors), and academic staff from across Northern Ireland. This group requires a broad representation of interests across Northern Ireland as the Degree in Social Work at the University of Ulster is delivered at five geographically separate locations in Northern Ireland.

Service User and Carer membership is constantly evolving but currently the SWEPEG has members who are mental health survivors, young carers, physically disabled people, people with learning disabilities, care experienced young people, people who have problems with addiction, carers for people who have mental health problems and foster carers, and parent carers.

The SWEPEG has developed its own Charter and Terms of Reference to reflect everything it does and again these are kept under regular review. The group also developed its own Referral Form for initial processing of requests for service user and carer involvement in the Degree and, at the time of writing, is drafting work on an Evaluation Form for reviewing the effectiveness of such involvement.

Members of the SWEPEG can also avail of training at the University by enrolling for free on the Associate Higher Education Teaching Award. The group is currently examining ways of developing their own training for trainers material as an alternative/additional training programme.

At the time of writing members have been involved in teaching sessions on various modules in the degree and these have been very positively received by the students. The Group is also working closely with Queen's University, Belfast and we are sharing our resources and examples of Good Practice, where appropriate.

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Involving Service users and Carers in social work education at Queen's University, Belfast.

There has been a long tradition of Service user and carer involvement within Social Work Education at Queen's University. The new degree in Social Work provided the impetus to further extend and fully integrate the involvement of service users and carers into our programme at all levels. To this end a group of service users and carers interested in social work education was established which first met in 2004. This group is known as the Training Social Workers Consultative Group (TSWCG) and consists of representatives of organisations such as Barnardos, LAMP, Cause, Simon Community, PBNI, Down's Syndrome Association Alzheimer's Society and Fostering Network to mention a few; as well as individual carers and service users from different perspectives.

The TSWCG has established its own mission statement and its remit for involvement in the BSW.

Service users and carers are currently involved both in the delivery of specific direct inputs to the BSW and PQ programmes as well as in programme planning, management committees and in module reviews of the BSW. They have also been actively involved in reviewing student placements forms designed to capture user/carer feedback which were fully implemented, regionally. They have delivered presentations to external examiners and social work practitioners regarding the work of the group and have assisted QUB staff in reviewing and developing multi media resources for teaching purposes, e.g. a DVD is currently being developed regarding young peoples experiences of the criminal justice system.

The TSWCG is supported by Lorna Conn, a member of QUB social work staff who has assisted their development and co-coordinated their involvement in the BSW since 2004. She can be contacted at l.conn@qub.ac.uk.

Appendix I tem 15

Queen's University 'Patients as Partners' in the Delivery of Healthcare Education

Research has shown that a well-trained standardised patient can bring the realism needed to capture the interest of students within the healthcare professions⁷⁰. Hence, the use of standardised patients has been an integral part of medical education for many years⁷¹.

Standardised patient use has been increasing over the years especially for clinical and communication skills within medical schools around the world. Patient participation has been shown to be a valuable resource in all stages of medical education, provided there is a formal mechanism in place for providing this service. There is much evidence within the literature that show that with the appropriate support, training, and remuneration standardised patients offer unique qualities within medical education and can improve the acquisition of clinical and communication skills, instil confidence and change attitudes towards patients⁷².

It is with this in mind that this Programme was proposed and obtained funding for a pilot study. This pilot programme is currently being carried out within the School of Medicine & Dentistry. The main aims of the programme are to:

- Identify a cohort of patients prepared to participate to act as standardised patients (SPs) and contribute to the delivery of undergraduate education in the Faculty of Medicine, Health and Life Sciences.
- Develop a programme to train standardised patients to participate in the delivery and assessment of communication and clinical skills.
- Evaluate the effectiveness of the Programme from the perspective of patients and students participating in the Programme.

In developing a centre for standardised patients, we hope to provide a service to the School of Medicine & Dentistry and further within the Faculty of Medicine, Health and Life Sciences. In turn, some of the aims within medical education such as increased patient participation and facilitating a multicultural educational experience in regards to patients might be fulfilled through developing the Standardised Patient Programme at Queen's University. This pilot study is on target to complete at the end of June 2006.

Written by

Dr Melissa Mc Cullough

School of Medicine

Queen's University

Belfast

Appendix I tem 16

Telling It Like It Is! (TILII)

Aims of the TILII Project

- ï To include people using services in the design and delivery of induction and continuous professional development.
- ï To provide the service users with the necessary training and advocacy skills.
- ï To support service providers to implement good practice within their organisations by testing and evaluating a mechanism for supporting service users to train staff.

Training The Trainers

Initially it was proposed that the training programme would comprise 8 half-day sessions prior to commencing the staff training courses. The sessions were drawn from a training resource – the **TILII CD** – which identified a number of values and provided an initial prompt for group discussion in areas such as rights, respect and choice.

Initial sessions focussed on supporting the trainers to get to know each other and to develop their understanding of the rationale for the project and issues involved in staff training. Each session included a range of activities designed to address the differing strengths and individual development needs amongst the group members. The group particularly enjoyed active participative exercises such as role-plays, use of drawings and video recording.

These sessions were followed by exploration on the values and what they meant in the day-to-day lives of the trainers. Trainers were keen to share their personal experiences and the facilitator's role included support in addressing some of the emotions evoked by this work. The importance of having established clear group rules around confidentiality, listening to each other and providing positive feedback became very apparent during these later sessions.

Through these sessions the format and content for the staff training courses were agreed and translated into a PowerPoint presentation.

Staff Training

In order to promote the staff courses the TILII Trainers designed a leaflet, which was issued to all organisations funded by Ulster Community Hospitals Trust to deliver services for people with a learning disability Each course was scheduled for 2 hours and combined inputs from the trainers with exercises to involve the staff in sharing their views.

Information provided by Siobhan Bagues (TILII) Association for Real Change (ARC)

Appendix I tem 17

Case Studies



Hope Through HURT – An Addict’s Story

Noel (*not his real name*) spent four years of his life addicted to Cannabis and reports how it almost destroyed his life. Noel is now in recovery and says he owes it to the support he received from HURT.

“as a daily Cannabis user I was eating and smoking excessive amounts for the past four years....it made me feel good and I took it for pleasure, but in the end it left me feeling paranoid all the time, anxious, lacking energy, concentration and often lost sense of time.”

Noel reported difficulties with his health with respiratory disorders, irritability, insomnia and depression. This manifested itself in becoming increasingly negative about life and the important people in it.

“Cannabis was turning me into a loner. I lacked confidence and had difficulty trusting others. It was zapping my energy and without a doubt I was developing a psychological dependency. I came to see that I was using t anaesthetize my emotions. I was telling lies to increase impress others and boost my own self-esteem.”

Noel came to the realization that his using was becoming a problem. He had a young son that he wanted to develop a better relationship with.

“I needed help and support, but I found it hard to talk to my doctor because I was ashamed. I started to look for help and was looking at the paper one day and saw a piece about a support group for families called HURT.”

Noel explained how he contacted HURT and spoke to Sadie, who explained how the Centre could help and support him; and told him to come along anytime.

“It took me 3 months to take up that offer, but somehow that phone call stuck in my mind....and when I did go no-body there judged me, and no-one looked down at me...there were there to help me.”

“The staff at HURT have eased me into a recovery programme. The cravings can be difficult at times but I have found their treatments in Acupuncture, Reiki and Listening Ear very important.”

“I have a willingness to change and the staff are there for me...impatience, anger and exhaustion comes at me at times...instead of mulling these over I lift the phone to Sadie and her team and talk things over....and keep telling myself, No more drugs, a day at a time, I don’t want them.”

HURT – My Lifeline

“I’ll never forget the feeling on leaving HURT that day. It was like some-one had thrown me a life-line, showing me that there was hope and that I was worth fighting for”

I discovered HURT through a friend who was already using the services and they seemed to be getting some benefit from it. This friend asked me if I’d like to call in with him and speak to some-one.

At that stage I was feeling very depressed, anxious and lost. I’d been trapped in a cycle of addiction for many years; I had been through addiction treatment units, and had even spent a short time in a psychiatric hospital following several occasions when I’d self-harmed.

“I had all but given up hope but figured I had nothing to lose by speaking to someone else about how I was feeling”

The first thing I noticed when I walked in the door was the warm and friendly atmosphere. I was put at ease and made to feel welcome straight away. Then I got to speak to someone through the Listening Ear service and basically gave a picture of where I was at and how I was feeling.

“I found this a great help, and never once felt rushed. I felt I was being given time to express my feelings (however mixed up they were at the time)”

I was also told about the other services that HURT could offer me, including information and advice, Acupuncture, Reiki, and Relaxation Techniques. I’ve been going to the *Acupuncture Service* for several weeks. This has been really helpful in getting me to relax and deal with my anxiety. I’ve also had two sessions of Reiki, which have helped me to find some peace and calm.

“Just as important as this for me is that the staff at HURT are always there to listen and offer support, even when (and especially when) I’ve gone off the tract again and drunk. They’ve never once judged me, just given me encouragement to continue trying.”

For me the emphasis in HURT is not so much on *“you must never drink or use drugs again and that’s that”*. That part is up to me.

“I see HURT as being there to offer me strategies for living while clean and sober, such as increasing my self-esteem through positive thinking, and learning to relax and cope with the ups and downs of daily living.”

I know that HURT isn’t there to “fix” me. I’m responsible for my choices and it’s up to me to choose to live clean and sober.

“but my life has been better for having walked in the door that first day, and I’m glad that HURT is there to help.”

Information provided by Debbie Keys (H.U.R.T.)

Appendix I tem 18

Form 1 Feedback from Service User

1) How satisfied were you with the Social Work Service offered?

Not Satisfied > > > Very Satisfied
1 2 3 4 5

2) Did you know the worker was a student?

YES / NO

If not, why not?

3) How did you feel about getting a student?

Not at all anxious /concerned> > > Very anxious/concerned
1 2 3 4 5

Anxious about inexperience	
Anxious about immaturity	
Concerned about transfer to other worker	
Helping in student training	
Other	

Were you aware of how much you could contribute to student learning eg, through this form and / or direct observation by Practice Teacher?

4) What kind of support was offered and how satisfied were you with it?

Not Satisfied > > > Very Satisfied
1 2 3 4 5

Practical Advice
 Emotional Support
 Financial/Benefits Advice
 Listening/Being There
 Counselling Skills
 Other

How would you rate the quality of service offered?

Not good enough	>	>	>	Very good quality
1	2	3	4	5

Why ?

**5) Would you have liked anything more or anything different?
 YES / NO
 What?**

6) service user, to what extent were you involved in decisions made about you or your relatives?

Not good enough	>	>	>	Very good involvement
1	2	3	4	5

7) As a service user , to what extent were you treated in a caring manner?

Not good enough	>	>	>	Very good
1	2	3	4	5

with dignity and respect ?

Not good enough	>	>	>	Very good
1	2	3	4	5

with openness and honesty?

Not good enough > > > Very good
1 2 3 4 5

with sensitivity?

Not good enough > > > Very good
1 2 3 4 5

listened to and understood ?

Not good enough > > > Very good
1 2 3 4 5

responded to appropriately?

Not good enough > > > Very good
1 2 3 4 5

given space to talk ?

Not good enough > > > Very good
1 2 3 4 5

Able to ask questions?

Not good enough > > > Very good
1 2 3 4 5

8) Do you have any additional comments you would like to make?

Form 2 Feedback from Carer

As a carer, to what extent were you involved in decisions made about you or your relatives?

Not good enough	>	>	>		Very good involvement
1	2	3	4	5	

As a carer, to what extent were you treated in a caring manner?

Not good enough	>	>	>		Very good
1	2	3	4	5	

with dignity and respect ?

Not good enough	>	>	>		Very good
1	2	3	4	5	

with openness and honesty?

Not good enough	>	>	>		Very good
1	2	3	4	5	

with sensitivity?

Not good enough	>	>	>		Very good
1	2	3	4	5	

listened to and understood ?

Not good enough	>	>	>		Very good
1	2	3	4	5	

responded to appropriately?

Not good enough	>	>	>		Very good
1	2	3	4	5	

given space to talk ?

Not good enough	>	>	>		Very good
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1 2 3 4 5

Able to ask questions?

Not good enough > > > Very good

1 2 3 4 5

Do you have any additional comments you would like to

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**Referral Form for Service User and Carer Involvement in the
University of Ulster BSc Honours Degree in Social Work**

Course Title

Location/Campus (please include address)

Name of Module and Curriculum coverage to date

Module Coordinator and Contact Details (e-mail, Phone etc)

Date, Times and Room

Student Group Size

Profile of Students Experience

Type of Involvement requested and Purpose

Please return completed form to j.duffy@ulster.ac.uk

Appendix I tem 20

Focus Group Interview Questions

1. What areas of Social Work education do you perceive users and carers best contributing to?
2. What challenges do you perceive in the process of managing such citizen involvement?
3. What is your understanding of good practice in the area of user and carer involvement in Social Work education?
4. How can service users and carers best contribute to the assessment of practice learning?

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Interview Questions

5. What areas of Social Work education do you perceive users and carers best contributing to?
6. What challenges do you perceive in the process of managing such citizen involvement?
7. What is your understanding of good practice in the area of user and carer involvement in Social Work education?
8. How are service users and carers going to contribute to Social Work training in the 'Northern Ireland context'?



Appendix I tem 22

The following is a short questionnaire aimed at identifying key areas and standards that will contribute to the content of the *Good Practice Guide on Citizen Involvement in Social Work Education in the Northern Ireland Context*. This work is being supported by both SWAP and the Social Care Institute for Excellence (SCIE) and is due for completion by June 2006.

We would appreciate if you would take the time to complete this questionnaire and return it by e-mail to Joe Duffy, Lecturer in Social Work, University of Ulster by 24 February 2006. j.duffy@ulster.ac.uk

Questionnaire for Good Practice Guide on Citizen Involvement in Social Work Education.

1. Why is it necessary for Social Work students to understand social work involvement from the user's perspective?

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2. How can service users and carers be supported in participating in social work training before, during and after their involvement?

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3. What areas of social work training should service users and carers be involved in?
(for example, in lectures, on placement, interview questions)

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4. Do you think service users and carers would face discrimination when delivering training and, if so, why and in what ways?

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5. How might service users and carers, in their role as trainers, deal with discriminatory attitudes (such as sectarianism, racism, homophobia, disablism) that they may come across in their work with social work students?

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6. How might service users and carers be helped in dealing with such discrimination?

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Thank you very much for taking the time to complete this questionnaire.

Please return it by e-mail to

j.duffy@ulster.ac.uk

Joe Duffy
Damien Mallon

Appendix I tem 23

**A-TEAM REVIEW OF SOCIAL WORK
STUDENT PLACEMENT**

DATE: 4TH MAY 2005

NAME: X

Enabling The A-Team Sub-Group To Achieve Change

x helped us to get more information about the A-Team for the Newry and Mourne Health and Social Services Trust's website.

With x's help;

We made a group contract.

Lisa, Phillip and Joanne typed up the information.

Tracy and Andrew recorded each meeting.

We all got a chance to check the Trust's website to see how much information they had on it about the A-Team.

We talked about what we were going to add to the website.

We made a group decision about what we would put on the website.

We used the e-mail to find out who we should talk to so that we could get things changed.

Score:



GOOD



OK



POOR

Values.

- X always respected our decisions.
- X always asked us what we wanted to do.
- X didn't rush things.
- X always had time to listen to us.

Score:



GOOD ✓



OK



POOR

Communication With The A-Team Sub-Group

We all felt that I^x communicated very well.
If we didn't understand something I^x explained it to us in a way that made it easy to understand.

I^x took her time so that everybody was able to understand what we were doing.

I^x is very easy to get along with and is very helpful and co-operative.

I^x always looks at us when she is talking to us.

Score:



GOOD ✓



OK



POOR ✓