How we become who we are:
The teaching and learning of human growth and development, mental health and disability on qualifying social work programmes

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This report is available online
www.scie.org.uk

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Acknowledgements

The research team would like to thank all those from the universities in England, Wales and Northern Ireland who participated in this survey. They would also like to thank the members of the Stakeholder Group for their contributions and colleagues at the University of Sussex who assisted in this work, in particular Tish Marrable for her help with NVivo and Jess Hallett for her administration support.

Executive summary

This study of human growth and development, mental health and disability in qualifying social work education, undertaken by a research team from the University of Sussex, was conducted in two parts:

- Research review of relevant literature updated two earlier studies of human growth
- Practice survey of teaching and learning about mental health and disability on qualifying social work programmes in England, Wales and Northern Ireland (Scotland is not within the remit of the Social Care Institute for Excellence [SCIE]), including special attention to dementia and personalisation.

Research review update

Methodology

A hand search was undertaken of the same British journals and electronic resources as the original scoping study, but due to the limited scope of the study, it did not include a search of the international literature. In relation to the newly added topics of dementia and personalisation, the Research review went back to 2003 (the introduction of the Social Work Degree).

Key findings

- Since 2007 study there have been very few articles published in British social work journals on mental health and disability specifically as they relate to HGD in qualifying social work education.
- The topics of dementia and personalisation as they relate to HGD in qualifying social work education are similarly scarcely discussed in these same journals.

Practice survey

The Practice survey team conducted interviews with educators at 15 higher education institutions (HEIs): 12 in England, two in Wales and one in Northern Ireland. These included 23 qualifying social work programmes, and a sample of undergraduate and postgraduate, full-time and part-time programmes. One programme was a joint Social Work and Learning Disability Nursing Degree. A total of 24 interviewees included 21 social work educators, two service user educators and one carer educator. The small number of service user educators and carer educators would appear to reflect the relatively small numbers reported to be involved in the learning and teaching of human growth and development, mental health and disability.

Key messages and recommendations from the Practice survey for the practice of learning and teaching of human growth and development, mental health and disability

1 Defining, naming and including HGD in the programme curriculum

- Most programmes include HGD or give attention to a life course approach.
- HGD and its relationship to social work is under-theorised and its place in the social work curriculum is uncertain.
- HGD may appear in a curriculum without being defined as such. Even where there were examples of good practice such as early teaching of childhood development and later teaching of end of life care and dementia, these are not inevitably linked or conceptualised as HGD.
- There is a lack of consistency in the timing and positioning of HGD across programmes. At undergraduate level it is likely to occur early in the programme and prior to placement and students will be expected to achieve a basic or beginning understanding. There were a few examples of revisiting HGD later in the programme, although there may not be a clear underpinning rationale for this progression. At postgraduate level it may not be taught at all – one programme required students to have an undergraduate degree in Social Sciences and presumed this included knowledge of HGD.
- An emerging interest in links between human growth and development, mental health and disability and bio-social and neuroscience research is evident, but to date this remains a minority interest.

Recommendation: The social work education community needs clarity about the value of 'HGD' as a concept. The integration in the curriculum of a positive discourse of 'HGD', or a reframed equivalent such as a 'life course approach', needs to be clearly conceptualised and mapped against different modules across the curriculum. There are valuable opportunities to build a whole curriculum underpinned by such an approach.

2 HGD curriculum content as it relates to mental health, disability and dementia

- 'HGD' is a contested area in terms of curriculum content. It is not self-evidently applicable to mental health, disability or dementia.
- HGD is 'traditionally focused on child development' and may also arise in relation to end of life care and to dementia, but the intervening period of 'adulthood' appears to receive scant attention.
- 'Normal/abnormal' or 'typical/atypical' development' is a contested issue; the concepts may be more prevalent as they relate to child development but are strongly contested by advocates of the social model of disability.
- Disability and mental health are likely to receive limited attention from an HGD perspective in social work curricula except in the context of ageing.

Recommendation: The concept of HGD as it might apply to mental health, disability and dementia needs vigorous debate. This will underline its expanatory value of newly developing fields such as wellbeing, drawing on new knowledge such as that

from neuroscience and addressing new ways of integrating these developments within the curriculum such as in relation to end of life care.

3 Curriculm content on mental health, disability and dementia

- Outside the context of ageing, mental health, disability and dementia receive variable attention even when not linked to HGD.
- Mental health, disability and dementia are usually, but not always, included in the curriculum. Mental health is more likely to be taught than disability or dementia.
- None of these three topic areas are necessarily linked to each other, although dementia is more likely to be linked to mental health than to disability.
- None of the three areas are necessarily linked to an HGD framework.
- Learning disability receives scant attention with the notable exception of one programme that focuses on a dual award of Social Work and Learning Disability Nursing. The relationship between learning disability and mental health does not appear to be explored.

Recommendation: Agreement about whether it is essential to define aspects of the curriculum as core, and which these are, could and should increase the consistency about whether and how human growth, mental health and disability is addressed in social work education. Each of these three areas should be included in the education and training of qualifying social workers. In a context of resource constraints, including curriculum time available, models of 'good practice' that bring these areas together may be particularly useful.

4 Personalisation

- Personalisation essentially remains a new policy initiative, vulnerable to changes in government priorities and focus.
- Personalisation is fundamentally about person-centred practice, a long-standing element of social work practice linked to the strengths perspective.
- Personalisation has not yet been specifically linked to HGD in qualifying social work education, but the potential for doing so is evident.

Recommendation: Personalisation, as it relates to a person-centred focus, should be integrated into teaching on mental health, disability and dementia and treated as a core curriculum area.

5 Human growth and development, mental health and disability and HGD approaches to teaching and learning

- Interviewees reported that HGD is conceptually demanding and a challenge to teach, particularly at undergraduate level.
- There were examples of innovative approaches to teaching including use of case scenarios and drawing on relevant user and carer stories and students' own experiences in order to support understanding of more theoretical material and its implications for practice.

Recommendation: There are innovative approaches to teaching human growth and development, mental health and disability. Previous SCIE Knowledge reviews provide researched examples of approaches to building on 'testimonies of experience' from people who use services and carers, including from mental health. They also give examples of the effectiveness of life-story work and related approaches in increasing student interest and changing attitudes. Publishers might consider commissioning a social work text in this area so that academic staff can draw on a text that is more accessibly located in social work. This could also underline opportunities for mapping and explicitly re-visiting human growth and development, mental health and disability throughout the curriculum.

6 Human growth and development, mental health and disability and practice learning

- The explicit relevance of human growth and development, mental health and disability for practice and links to practice learning appear undeveloped.

Recommendation: The social work education community should develop explicit aims and objectives that identify how human growth and development, mental health and disability will help achieve the learning outcomes for competent social work practice, linked with the National Occupational Standards (NOS). New kinds of placements could be explored, such as with people who use services and carers, to offer opportunities for learning first hand about disability, mental health and HGD.

7 Academic staff

- Staff interest and expertise is likely to influence the extent to which human growth and development, mental health and disability, dementia or personalisation are addressed.
- Some programmes purchase expertise from other HEI disciplines, for example, psychology or nursing.
- Where other disciplines take on a coordinating role it is sometimes more difficult to make the link with social work practice.

Recommendation: Building on staff interest and expertise across and between related modules may help coordinate and deepen teaching and learning of human growth and development, mental health and disability. Commissioning teachers from other disciplines to fill gaps in social work staff expertise is likely to be more effective if the teaching is coordinated by a social work convenor.

8 Service user and carer educators

- Compared to other areas of taught curriculum, people who use services and carers are least likely to be involved in HGD teaching.
- How people who use services and carers are involved varies. It includes the testimony of experience approach as discussed in earlier SCIE reviews including the review of carer involvement in social work education. It also includes innovative approaches such as the use of: life-story interviews, student observations of aspects of human growth and development, mental health and disability, mini-

practice learning experiences with individual people who use services and, in one programme, co-facilitation of the module.
* Involving service user and carer educators is seen by many as an important way of linking theory, experience and practice.

Recommendation: There are opportunities for creative and innovative practice in involving people who use services and carers in human growth and development, mental health and disability, and for drawing on personalisation as it relates to the powerful modelling of a strengths-based approach to the area.

Conclusion

It is time that the social work education community took up the challenge of developing a whole programme underpinned by planned, sustained and inclusive attention to HGD as it relates to mental health, disability and dementia. This is encapsulated in a quotation from a carer in the project Stakeholder Group who saw the aim of aim of studying this topic as seeking to understand "how we become who we are".

1 Introduction

1.1   Rationale of the Practice survey

This Practice survey of human growth and development, mental health and disability in qualifying social work education was commissioned by the Social Care Institute for Excellence (SCIE) and builds on a broader scoping study on human growth and development, mental health and disability commissioned by SCIE from the same registered provider (Le Riche et al, 2007) and the later Knowledge review of human growth and development and Older People (HGD-OP) undertaken by the registered provider in 2008 (Le Riche et al, 2008). The Practice survey is commissioned in the context of the requirement for teaching and learning about human growth and development (HGD) to be a key component of qualifying social work education in England, Wales and Northern Ireland (QAA for Higher Education, 2000; DH, 2002; DHSSPS NI, 2003; CCW, 2004).

This Practice survey explores teaching and learning about mental health and disability (MHD) within the HGD curriculum on qualifying social work programmes in England, Wales and Northern Ireland, focusing on these themes as they apply to adults and with special reference to dementia and personalised services within the HGD curricula. It also examines the bridge between learning about each of these topics in higher education (HE)-based HGD modules and learning about them in placement. It includes a limited review of recent research on the teaching and learning of human growth and development, mental health and disability, building on the scoping study. The main methods of data collection were:

- a limited update of relevant literature identified in the scoping study
- telephone interviews with social work educators and service user and carer educators in a number of higher education institutions (HEIs) in England, Wales and Northern Ireland
- analysis of a selection of relevant programme documentation chosen to complement other data gathered from participant HEIs
- questionnaires and a focus group discussion to access the views of service user/carer educators and other stakeholders.

1.2   Definitions and concepts

This study draws on the work done by earlier studies (see Section 1.1) in terms of definitions of human growth and development, mental health and disability and includes attention to concepts of personalisation and dementia. We first set out the definitions and concepts and then in Section 1.3 discuss the challenge of bringing these topics together and the implications for human growth and development, mental health and disability learning and teaching and this study.

1.2.1   Human growth and development

The conclusions of the scoping study (Le Riche at al, 2007) suggest that the definition of HGD and its relationship to older people, mental health and disability

is problematic. The requirements for HGD in qualifying social work education make no attempt to define it, leaving open questions about what a 'developmental perspective' means. Initial scrutiny of abstracts for the scoping study identified some of the dilemmas involved in determining the boundaries of HGD in social work education. For example, articles with keywords relevant to human development frequently paid greater attention to the needs of the age group under discussion than to developmental issues and context. Biological differences and changes associated with ageing and their implications appeared to receive very little attention in the literature. This leads to questions about what constitutes a 'developmental perspective', as opposed to a study of, say, children or older people at a particular point in time and which takes account of some aspects of human development.

The scoping study also identified the tension between teaching 'normal' development and/or concentrating on barriers to and problems in development, which social workers encounter in practice. This tension was reinforced by the participants in the HGD-OP study.

In addition, concepts of 'growth' and 'development' have been criticised from a number of perspectives as being normative, individualistic and unhelpful in fluid and rapidly changing contexts (Hockey and James, 2003; Priestley, 2003; Roer-Strier, 2005).

1.2.2   Mental health

The World Health Organization (WHO) defines 'mental health' as:

> A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. (WHO, 2005)

Within social work, the term 'mental health' more commonly refers to the understanding and amelioration of mental health problems which diminish that 'state of wellbeing' and which are encountered by 'approximately one in six people in England … at any given time' (Ray et al, 2008, p 1). The recent research briefing on mental health and social work is clear that 'a life course perspective' along with 'a broad social view of mental health problems especially in regard to concerns about discriminatory practice, civil rights and social justice' (Ray et al, 2008, p 1) is needed to gain this understanding. This would seem to give mental health a central place within the HGD curriculum. The Practice survey considers whether and how both the positive and problem-focused approaches to mental health are included in the HGD curriculum.

Research also indicates that:

> Mental health problems in later life are relatively common. The Department of Health estimates that perhaps 40 per cent of older people seeing their general practitioner (GP), 50 per cent of older people in general hospitals and 60 per cent of care home residents have a mental health problem. (Nicholls, 2006, p 8)

With this in mind it is appropriate that particular attention is paid to dementia.

1.2.3   Dementia

The HGD-OP study discussed the contested concept of 'old age' and whether the category 'old' was helpful as the main focus of understanding later life, or 'just one, socially determined, dimension of identity and experience' (Andrews, 2000). Other contested concepts included 'normal' development in old age. One of the recommendations of the HGD-OP study was:

> To clarify the parameters of HGD in relation to older people; what do social workers need to know about development in later life and how to strike a balance between 'normal' development and the developmental problems and crises social workers encounter in practice? (Le Riche et al, 2008, section 6.4)

Kane and Houston-Vega (2004), included in the HGD-OP study, argued that 'non-normative' aspects (of ageing) such as dementia should be included in the HGD curriculum, pointing to the diversity of its manifestations, with biological and psychological components, 'as well as to the social ramifications of dementia for diverse individuals, their families, their generational cohorts, and society at large' (p 295). Inclusion of dementia in the HGD curriculum was also raised in the HGD-OP Practice survey. Within the mental health field, dementia can also be excluded as, for example, in the recent SCIE *Mental health and social work* research briefing (Ray et al, 2008).

The National Institute for Clinical Excellence (NICE) define dementia as,

> A progressive and largely irreversible clinical syndrome that is characterised by a widespread impairment of mental function. (NICE, 2006, p 4)

It encompasses a number of conditions including Alzheimer's disease, vascular dementia and Lewy body dementia:

> Every person with dementia is affected differently, but common symptoms usually characterised by a gradual deterioration over several years. (Nicholls, 2006, p 14)

The human growth and development, mental health and disability study took the position that it would be most useful to combine the NICE definition with that of Kane and Houston-Vega (2004) and explore to what extent and how the biological, psychological and socially diverse ramifications of dementia are considered within the programmes studied.

1.2.4   Disability

The Equality and Human Rights Commission (EHRC) (2008) attempted to define disability and explore issues such as prevalence. It advised the use of the Disability Discrimination Act (2005) definition of disability:

A person has a disability for the purposes of this Act if he has a physical or mental impairment which has a substantial and long term effect on his ability to carry out normal day to day activities. (EHRC, 2008)

It also referred to the *Improving the life chances of disabled people* report (DWP, 2005) that clarifies the distinction between a disability and an impairment or ill health, where disability is defined as:

Disadvantage experienced by an individual, resulting from barriers to independent living or educational, employment or other opportunities, that impact on people with impairments or ill health. (EHRC, 2008)

These definitions have not been uncontested. Disability rights groups have wished to emphasise a social rather than a medical model of disability. Breakthrough UK emphasises the social model in their definition,

Disability is the disadvantage or restriction of activity caused by a society which takes little or no account of people who have impairments, and thus excludes them from society. (www.breakthrough-uk.com)

The social model of disability was recently cited and implicitly endorsed in the Welsh Ministers report on disability equality (2008a). The fact that definitions of disability are contested is an indication of the complexity and difficulties inherent in discussing disability as a concept within HGD. There is an obvious danger that disability will be associated with difference and even deviance rather than diversity. Further complications have arisen when disability has been conceptualised primarily as a physical disability and not included learning disability or mental health.

1.2.5   Personalisation

In October 2008 SCIE published a report entitled *Personalisation: A rough guide* (Carr, 2008) that saw the move to personalisation as closely related to social work values (BASW, 2002). The report linked the development of personalised budgets to the movement for people who use services and its advocacy of a social model of disability, as shown in the work of the In Control group (Poll et al, 2006). Carr (2008) drew on Leadbeater's report for Demos *Personalisation through participation* (2004), seeing this as particularly influential in the advancement of direct payment ideas and from that to the development of the concept of personalisation:

What is Personalisation? Personalisation means starting with the individual as a person with strengths and preferences who may have a network of support and resources, which can include family and friends. They may have their own funding sources or they may be eligible for state funding. Personalisation reinforces the idea the individual is best placed to know what they need and how those needs can be best met. It means that people can be responsible for themselves and can make their own decisions about what they require, but that they should also have the information and support to enable them to do so. (Carr, 2008, p 3)

The Practice survey draws on the definitions and conceptualisations of personalisation used by Carr.

1.3 Challenges of addressing human growth and development, mental health and disability

The research team were thus confronted with developing a survey methodology that took account not only of the lack of clarity in definitions of HGD, mental health and disability and the related conceptual dilemmas, but also one that recognised the contested nature of knowledge for practice in these areas. The key site of tension may be characterised by the very significant differences between the social and medical models in relation to mental health, to disability and to ageing processes, and in spite of the illuminating work of theorists and researchers such as Lloyd (2004), the nevertheless ongoing failure to develop a model which satisfactorily brings together these two competing philosophies into an integrated framework.

The research team made two key decisions that subsequently shaped the Practice survey objectives and methodology. First, the choice was made to build on the choice made in HGD-OP and continue to use Sugarman's definition of ageing as it relates to HGD, as 'material foregrounding ageing and acknowledging the context of human development adopting life course or lifespan perspectives [which] provides both the clarity and flexibility needed to underpin the Review's systematic approach' (2000, p 3). In our view the Sugarman definition could be generalised to this study and to 'mental health', 'disability' and 'dementia' as it is an inclusive approach that allows for both the breadth of knowledge and the contested nature of this knowledge.

Second, the research team needed to find a way to also encompass the personalisation agenda which has developed subsequently to HGD-OP. Personalisation is essentially an approach to practice and emerges from recent policy developments which are also linked to the social model of disability. Its emphasis on person-centredness, choice and control raises issues of capacity that may relate to mental health and disability, and these issues may in turn be encompassed in HGD. Berg's approach to human development as 'a field of study devoted to understanding constancy and change throughout the lifespan' (1998, p 5) appeared to offer an emphasis which is particularly suited to the person-centredness and flexibility implied by the concepts of 'personalisation'. Nevertheless, we would argue that personalisation is essentially different from mental health, disability or dementia as it is essentially an approach to practice.

In this study therefore, and consistent with prior studies cited in Section 1.1, our aim is to use a combination of the key elements in the above two definitions – foregrounding 'mental health', 'disability', dementia' and 'personalisation' within a lifespan perspective that acknowledges constancy and change. We suggest this allows for the multifaceted themes and definitional hybridity of the literature, while maintaining the sensitivity and specificity required to examine the review questions.

In the following objectives for the Practice survey, HGD is addressed as a curriculum area in its own right, to see if and how it encompasses the themes of mental health,

disability, dementia and personalisation. Mental health, disability and dementia are grouped together: (i) in recognition of the disability movement perspective that society does not take account of people with impairments, and (ii) reflecting the regulatory context for social work training which in 2002 required students to undertake learning in relation to 'mental health and disability' (DH, 2002), which at that time could be assumed to implicitly include older people and dementia (see Section 4.1). As noted in Section 1.2, dementia has been viewed as a sub-set of both mental health and disability so MHD refers to hental Health, disability and dementia, although for the sake of clarity and to meet the requirements of the commission, the issues specific to teaching and learning about dementia are given some separate attention. Personalisation is addressed separately in relation to HGD, recognising its later emergence in policy terms and its hybridity as both an approach to practice as well as a concept that may have meaning within HGD. Hence human growth and development, mental health and disability is the prime focus for exploration in this study, which subsumes 'P' rather than giving it its own thematic abbreviation, while nevertheless giving it separate attention.

2 Practice survey objectives and questions

The practice survey had the following objectives:

- To examine what is meant by HGD in relation to mental health, disability and dementia as evidenced by participating qualifying social work education programmes.
- To examine the extent and manner in which the study of personalisation is included in relation to HGD in qualifying social work education within the participating programmes.
- To examine contexts in which teaching and learning about human growth and development, mental health and disability within qualifying social work education takes place and the range of approaches and methods used.
- To examine the theoretical frameworks underpinning human growth and development, mental health and disability teaching and learning, including a consideration of how the concepts of equality and diversity are addressed.
- To explore the measures used to evaluate the effectiveness of different approaches to human growth and development, mental health and disability in achieving identified learning outcomes in participant programmes.
- To examine the effectiveness of qualifying education about human growth and development, mental health and disability as perceived by social work educator and service user and carer educators and student participants.
- To highlight where possible examples of perceived good practice in England, Wales and Northern Ireland.

To meet these objectives the survey explored the questions:

- What is the nature of qualifying social work education about human growth and development, mental health and disability?
- How are disability and mental health conceptualised within the HGD curriculum?
- How is teaching and learning in these areas organised, assessed and evaluated within the classroom and in practice learning?
- In what ways and to what extent is the topic of dementia considered in relation to HGD within social work education curricula?
- In what ways and to what extent is the topic of personalisation considered in relation to HGD within social work education curricula?
- How are people who use services and carers involved in the teaching and learning of human growth and development, mental health and disability and what are their views and experiences?

3 Research update

This study includes research subsequent to that drawn on in the scoping study (Le Riche et al, 2007) of human growth and development, mental health and disability and the subsequent HGD-OP Knowledge review (Le Riche et al, 2008). Additional requirements for this study include a focus on dementia and on personalisation. This update comprises three parts: (i) it uses the scoping study as a starting point and provides a summary of material found there; (ii) it relays findings from a search of the same British journals used in the scoping study; and (iii) it briefly reviews relevant material from government and voluntary websites.

3.1 Summary of the scoping study findings

The scoping study primarily addressed the North American context. It identified only four studies that were relevant to all three areas of study, HGD, mental health and disability, and of these three were for a North American audience and the fourth (Weiss, 2005) took a comparative international perspective.

Of the six studies that addressed HGD and disability, five were North American and the one British text (Chand et al, 2002) was published before the introduction of the qualifying Social Work Degree, and is primarily concerned with anti-oppressive practice.

Of the 18 studies that addressed HGD and mental health, once again the majority are North American studies and focus on older people. British research included Parker's work (2001) on student engagement with people with dementia and Worsley and Hardwick's (2002) plea for an increase in the involvement of the voluntary sector in social work education.

3.2 Update from journals

The research update returned to those British journals searched for the scoping study: *Ageing & Society*, *Social Work Education*, *Journal of Social Work* and the *British Journal of Social Work*. It was decided in light of the additional requirement to research dementia and personalisation that *Disability and Society* and the *Journal of Mental Health* would also be searched. The *Journal of Social Work Education* (US) was thought a likely source of research but was unfortunately not available through the University of Sussex library. Given the limited scope of the project for what was a large and complex study, and the fact that the *Journal of Social Work Education* is dominated by North American studies with very limited direct transferability to the UK, it was agreed not to pursue this journal.

All these journals were hand searched.

Search terms were: dementia, Alzheimer's, disabled, mental health, direct payments, personalisation and human growth and development and social work education.

A search of the *British Journal of Social Work* produced no relevant results.

The *Journal of Social Work*, *Disability and Society* produced a single related reference (Renshaw, 2008) which, while written by a Social Work student and addressing issues related to disability rights and personalisation, does not refer directly to social work education.

The *Journal of Mental Health* produced two references. Khoo et al (2004) was, however, not concerned with qualifying social work education. McCrae et al (2004) reports on the views of nine social work academics among others on the future of mental health social work but the study is concerned mainly with how practice is organised rather than in how qualifying training might be provided.

Ageing & Society produced two recent book reviews by Scourfield (2008) and Richards (2008). There was also a single article on direct payments (Ungerson, 2004) that provided a cross-national perspective but did not address direct payments or personalisation in social work education directly.

Social Work Education produced several relevant studies but only one from 2008–09. Brown and Young (2008) examined a project that looked at participation from people who use services but was mostly concerned with a post-qualifying programme. Scheyett and Diehl (2004) reported on the involvement of people who use services in qualifying social work education. Waterson and Morris (2005) also wrote about good practice in terms of the involvement of people who use services in social work education. However, none of these last three articles have a particular focus on HGD, mental health or disability although they do examine involvement of people who use services in social work education.

3.3   Government and voluntary organisation websites

It was noted in the scoping study and it remains the case that while governmental websites such as the Department of Health website provide much information concerning the topics that are relevant to this study (see, for example, www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/index.htm), they do not provide any detail on social work education in relation to these topics. Similarly the Care Council for Wales, the Northern Ireland Social Care Council and the General Social Care Council websites all provide general information on social work education but do not comment specifically on the organisation of that training. The Higher Education Academy Social Policy and Social Work Subject Centre (SWAP) website provides a range of resources and information about the topics in this study (see, for example, www.swap.ac.uk/resources/themes/inclusion.html). The SWAP resources and those provided by SCIE were referred to by interviewees in the Practice survey.

The websites of voluntary sector organisations that are active in the fields of mental health and disability such as MIND, Age Concern and the Sainsbury Centre for Mental Health also provide much useful information for social work education providers and again were referred to by interviewees, although these websites are not specific on the topic of social work education.

The apparent lack of research material on HGD, mental health and disability in relation to qualifying social work education in the UK first noted in the scoping study has not subsequently been addressed. The material located for this update has mostly been concerned with the involvement of people who use services which, while obviously relevant and a significant aspect of this present study, has not directly addressed the topics for this study or how they are taught. Based on the admittedly limited search undertaken for this study, it would appear that recent published research has not addressed how these topics are taught and learnt in social work education. Recent policy developments such as personalisation have not yet had an impact on HGD-related social work education research.

4 Regulatory context for human growth and development, mental health and disability

4.1 Requirements for social work training (2002)

The new Social Work Degree was introduced in England in 2002, and in Wales and Northern Ireland in 2003. All three countries accepted the Department of Health *Requirements for social work training* (2002).

> The *Requirements for social work training* specify what providers of social work training must do. They are organised in two sections, entry requirements and teaching, learning and assessment requirements. These *Requirements* will be necessary, but not sufficient in themselves, to achieve the required outcomes. Taken together, the *Requirements for social work training*, the National Occupational Standards for Social Work and the QAA for Higher Education Benchmark Statement for Social Work comprise the Prescribed Curriculum for the social work degree. (p 2)

However, prescription was light touch. The Department of Health *Requirements* specified,

> As well as providing teaching, learning and assessment across the full range of the occupational standards and benchmark statement, providers will have to demonstrate that all students undertake specific learning and assessment in the following key areas:

- Human growth, development, mental health and disability
- Assessment, planning, intervention and review
- Communication skills with children, adults and those with particular communication needs
- Law
- Partnership working and information sharing across professional disciplines and agencies. (DH, 2002, p 3)

The full list is included here as it provides an overall picture of the curricula requirements. For purposes of this study, our focus was on the first bullet point. In addition the research team was asked to examine learning and teaching about personalisation and dementia.

4.2 National Occupational Standards (NOS)

The National Occupational Standards (NOS) (2002) set out the generic knowledge and skills that employers require of social workers entering practice. There was no reference to specific fields or areas of practice and for some this was a 'lost opportunity'. Tew and Anderson (2004) suggested that when the NOS for mental health (2003) were introduced with the intention that these should apply across all professional groups', there was little linkage with the NOS for social work:

And the opportunity was lost to produce an interlocking framework in which a basic range of mental health competences could be set for all social workers, with further competences being specified for social workers practising in the field of mental health – thereby defining the learning expected of students undertaking a specialist mental health pathway. (p 234)

4.3 Quality Assurance Agency (QAA) for Higher Education *Benchmark statement 2008*

The Quality Assurance Agency (QAA) for Higher Education *Benchmark statement 2008* set out in outcome terms requirements for achievement of the academic award. This statement is a revised version of the original published in 2002 and the review and subsequent revision was undertaken by a group of subject specialists drawn from, and acting on behalf of, the subject community following a full consultation with the wider academic community and stakeholder groups (2008, Preface). This too operates at a generalist level, and provides general guidance for articulating the learning outcomes associated with a bachelors degree programme at honours level rather than specification of a detailed curriculum. They do not specifically refer to fields of practice such as mental health, disability or older people although they do refer to areas that directly relate. For example, they refer to subject knowledge, understanding and skills in social work services, people who use services and carers, which include:

> The social processes (associated with, for example, poverty, migration, unemployment, poor health, disablement, lack of education and other sources of disadvantage) that lead to marginalisation, isolation and exclusion, and their impact on the demand for social work services. (para 5.1.1)

> The focus on outcomes, such as promoting the well-being of young people and their families, and promoting dignity, choice and independence for adults receiving services. (para 5.1.1)

Knowledge, understanding and skills for the service delivery context is defined as including, 'the development of personalised services, individual budgets and direct payments' (QAA for Higher Education, 2008, para 5.1.2). Knowledge and understanding of social work theory may include 'The relevance of psychological, physical and physiological perspectives to understanding personal and social development and functioning' (QAA for Higher Education, 2008, para 5.1.4), which may be understood as referring to human growth and development.

4.4 *Northern Ireland framework specification* (2003) and the *All Wales framework for assessment in the Social Work Degree* (2003)

The *Northern Ireland framework specification* (NISCC, 2003) and the *All Wales framework for assessment in the Social Work Degree* (CCW, 2003) both integrate the Department of Health *Requirements*, the NOS and the QAA for Higher Education *Benchmark statement 2008*.

4.5   Social Work Task Force 2009 report

The report of the England Social Work Task Force, *Building a safe, confident future*, in November 2009 found that requirements for the Social Work Degree were 'too loosely determined. They lack clarity and are not widely understood' (p 18) although the list of knowledge and skills 'not being covered to the right depth' (p 18) does not include any of those which figure in this study. The Task Force recommended that the curriculum be overhauled based on jointly agreed standards (with employers).

5 Practice survey methodology

The objectives of the Practice survey have been set out earlier in Section 2. The Practice survey examined questions about the nature of human growth and development, mental health and disability teaching and learning, including attention to the topics of dementia and personalisation, and builds on strategies developed for the scoping study of HGD, mental health and disability (Le Riche et al, 2007) and the HGD-OP Knowledge review (Le Riche et al, 2008).

5.1 Ethics and research governance

The Practice survey was granted ethical approval by the sponsor within the framework of the *Sussex Institute research governance and ethics standards and guidelines* (www.sussex.ac.uk/si/1-7-6.html) and was conducted in accordance with these guidelines. These are designed to meet the requirements of research funders, including those of the Department of Health *Research governance framework*.

The practice survey included interviews with academic, service user and carer educators and practice learning coordinators. Members of the Stakeholder Group responded to questionnaires and participated in a focus meeting discussion. Appropriate attention was paid to gaining informed consent, and the anonymity of respondents was assured as and where appropriate. Steps were taken to ensure that the data provided by interview participants and stakeholders responding to questionnaires was anonymised.

5.2 Equality and diversity

Issues of equality and diversity were included in the review questions and were reflected in the conduct of the research. The Practice survey explored teaching and learning about inequality in relation to mental health and disability. In particular these included 'race', gender, age and sexual orientation.

The conduct of the research ensured that the views of stakeholders were fully represented during the process and in the research outputs. The membership of the Stakeholder Group was sufficiently diverse to ensure that a range of user perspectives was represented. People who use services as well as carers were represented in the Stakeholder Group.

5.3 User and carer involvement

Users and carers were involved in the Practice survey in two ways:

- in telephone interviews as service user and carer educators within the participating programmes;

- as members of the Stakeholder Group, the majority of whose membership was users and carers who helped guide the direction of the project and its recommendations.

5.4 Social work programme sample, participants and sources

The survey team recruited participants from HEIs in England, Wales and Northern Ireland, to explore in depth the provision and effectiveness of human growth and development, mental health and disability, including dementia and personalisation, at qualifying social work level.

5.5 HEI centres: number and selection

The team sought to recruit up to 45 participants from up to 15 HEI centres of social work education including at least one centre each from England, Wales and Northern Ireland. Centres were selected on both pragmatic and purposive bases to ensure inclusion of programmes across the three nations, a spread of undergraduate and postgraduate programmes and the inclusion of programmes with particular expertise in this area of teaching and learning. Centres were identified through several means:

- research reports retrieved in the scoping study and its update
- stakeholder and contact information
- information received as part of the HGD-OP Knowledge review which indicated interest and expertise in this area
- an invitation to self-identify, via the SWAP newsletter and JUCSWEC mailing list (see Appendix 2, Section 5).

On this basis, and to ensure a range of provision and focus, information about the Practice survey along with an invitation to participate (see Appendix 2, Section 1) was sent to 21 HEI centres. These included three HEIs in Wales and two in Northern Ireland, plus programmes from all the regions in England. Where HEI programmes included a member of staff who, because of their published work, were known to have a specific interest in human growth and development, mental health and disability, the invitation and information was sent directly to them as well as to the named programme director. In all other cases it was sent to the named programme director who was invited to identify the HEI staff member(s) with responsibility in this area.

The invitation and information sheet outlined the aims of the Practice survey and requested a semi-structured telephone interview with the programme educator(s) identified by the programme director as best placed to report on the teaching and learning of human growth and development, mental health and disability within the classroom and the practice learning curricula. It requested access to programme documentation (modules etc) identified as relevant by participants. It also indicated that the project team were keen to encourage user/carer educators' participation in the telephone interviews and to identify examples of good and/or innovative practice. There was no response from four HEIs, despite reminders. Two others turned down the invitation, one specifying that this was because of lack of time. In one of

the 15 HEI centres the programme felt unable to offer academic staff time but the person who uses services and carer director was involved.

Fifteen HEIs agreed to participate in the practice survey, between them including a total of 23 undergraduate or postgraduate programmes. This included two HEIs from Wales and one from Northern Ireland. In relation to the 12 English HEIs included, some consideration was given to location to ensure that HEIs from across the country were involved in the study. It is therefore possible to generalise with regard to England. In regard to the other countries the small size of the sample must be borne in mind.

5.6   Telephone survey

The Practice survey design included up to three telephone interviews with each participating HEI. This research design provided the opportunity to include all who might have a significant contribution to make to human growth and development, mental health and disability teaching and learning. The project team was aware from the HGD-OP Knowledge review that in many HEIs more than one member of staff had significant responsibilities for HGD teaching and learning. Given the diversity within programme and curriculum organisation and structures, it was expected that in each centre information would normally need to be gathered from at least two educators: one with responsibility for teaching and learning about HGD, the other about mental health and disability. It was assumed that the topics of mental health and disability might be taught within an overarching 'adult services' framework in many programmes. The reality proved to be even more diverse than expected.

Telephone interviews using a semi-structured questionnaire (see Appendix 2, Section 7) were conducted with the academic educators from each selected HEI identified by the programme director as best placed to report on management and organisation, teaching, learning and assessment of human growth and development, mental health and disability within the classroom and, as far as possible, practice learning curricula. Interviews also focused on the perceived impact and effectiveness of the human growth and development, mental health and disability curriculum.

In two HEIs a division of responsibility and approach to human growth and development, mental health and disability between undergraduate and postgraduate level meant it was appropriate to interview staff covering similar areas of work from both programmes.

In locations where an integrated approach to practice learning was reported in relation to the topics being investigated, the design encouraged the participation of directors of practice learning or other appropriate HEI or practice-based staff, focusing on the bridge between college-based and placement-based learning. Only one programme suggested that the inclusion of the practice learning coordinator as a participant was warranted.

5.7   Participation by service user and carer educators

Service user/carer educators identified by the academic educator participants were provided with project information and an invitation to participate prepared by the project staff and sent to them via the programme lead participant (see Appendix 2, Section 6). Issues of informed consent, confidentiality and anonymity were addressed in accordance with sponsor guidelines, and as indicated in the information provided (see Appendix 2, Section 6).

For a range of reasons, which are addressed within the report findings, only three service user educators participated in the programme interviews. This was compensated for, at least to some degree, by the inclusion of the views of a range of service user and carer educators within the Stakeholder Group.

Every effort was made to ensure that service user and carer educators were adequately informed about the research prior to interviews and that appropriate information was available from project letters (see the appendices) and/or from on-site programme directors.

5.8   Student participation

Experience in previous SCIE reviews indicated that questionnaires to students in participating programmes receive a negligible response, especially during student placement periods. Such small returns mean that it is impossible to know how typical are the views provided. In this survey students' perceptions of programme content processes and effectiveness were sought instead and identified via participating programmes' internal evaluation processes.

5.9   Confidentiality, bias and ethics

Interview participants and programmes were identified by name in the returns but all personally identifying information has been removed in analysing and reporting on the data for this review. Given that only one programme was included from Wales and one from Northern Ireland, the countries of origin of respondents have not been differentiated in the study to ensure anonymity is maintained. All contributions of good practice examples are named with the knowledge and written consent of the contributors.

The Practice survey researchers were experienced social work educators and, as a result, attention was paid to possible sources of bias in the selection of respondents for telephone interview and the Stakeholder Group, the choice of questions asked, the data analysis and reporting of findings. In only two cases did a researcher, who was well known to the respondent, undertake an interview. This occurred at the end of the project when time was short and a decision was made to proactively use individual networks and obtain data.

5.10 Data collection

A table is provided in Appendix 2 (Section 8) that lists the chronological order of data collection activities.

5.10.1 Programme documentation

Experience from a previous SCIE Practice survey of social work education (Taylor et al, 2006) confirmed that a comprehensive approach to obtaining programme documentation was not the most effective way of gathering information about current education practice. Response rates were limited, data collection time-consuming, and the information gleaned of highly variable utility. The scoping study for the present survey suggested that these limitations would be greater in the current project since, as with HGD-OP, human growth and development, mental health and disability is likely to be taught and learned in diverse parts of the qualifying curriculum, with different documentation associated with each. For the purposes of this survey, therefore, documentation was sought as a complement to other data gathered from each of the participant HEIs, but not from other providers. Participant HEIs were asked to forward documentation to the project researcher prior to or following the telephone interview.

This approach was partially effective. It put the onus on HEI participants to identify and forward to the project team the most relevant programme and module documentation. Many participants forwarded module outlines and a range of relevant teaching resources such as case studies and assignments. However, not all participants provided detailed documentation about their own or their colleagues' teaching and learning in this area.

5.10.2 Data collection tools

The data collection tools were designed to explore the survey questions set out in the protocol and developed in consultation with stakeholders. The specific focus was on current practice, contexts, experience, developments and challenges.

All data collection tools were developed in consultation with stakeholders. Semi-structured questionnaires (see Appendix 2) were forwarded to Stakeholder Group members, inviting them to give their views on the appropriate aims, content, delivery and direction of human growth and development, mental health and disability education.

Telephone interview questionnaires were made available to participants ahead of time, and where available, interviews were conducted in light of relevant course and programme documentation used to help explore questions within the interviews and complement other data. The interviews lasted in general up to one-and-a-half hours and interview responses were recorded manually. Following the interviews typed draft interview notes were sent to all participants for amendment or additional comments.

5.10.3 Data collection and coding

In order to address the central Practice survey questions, data was coded to take account of the project objectives and the priorities identified by stakeholders and informed by the findings of the scoping study and research update.

5.11   Analysis and reports

Data from the documentation provided and the interviews were analysed using thematic manual analysis which included repeated reading of the transcript material by the project researchers. NVivo 7, a data analysis software package particularly suitable for analysing qualitative data, was also used to support the identification of key concerns, themes and debates within the data.

These approaches were used to generate a thematic, narrative synthesis organised around the primary survey questions in relation to both MHD and HGD teaching and learning. The analysis included specific attention to the two areas of particular interest, personalisation and dementia. The report includes specific, illustrative examples of education practice and experience, highlighting where possible issues of effectiveness and innovative practice in the teaching and learning of human growth and development, mental health and disability, in classroom and/or practice learning settings.

The analysis also set out to explore any particular dilemmas and challenges suggested by the research literature, along with any gaps identified in the research evidence base, significant differences between a person who uses services/carer and social work educator perceptions and similarities and differences between the two HGD areas under consideration.

Given the interwoven nature of the findings of the Practice survey, they are presented in one report, highlighting material related both to HGD and mental health and to HGD and disability.

5.12   Methodological limitations

As expected, teaching and learning in relation to human growth and development, mental health and disability is included in social work programmes in a variety of ways and to a greater or lesser degree. The survey methodology went some way towards capturing this variety. Depending on programme directors and HEI-based participants to identify where this teaching and learning was located had the advantage of using the limited time and other resources available to focus quickly on key programme areas. However, this method relied on programmes having a shared internal definition of human growth and development, mental health and disability and the knowledge needed to track its teaching and learning. This was not always the case – the findings suggest that very often definitions of human growth and development, mental health and disability were implicit rather than explicit, especially outside specific HGD units, and that a shared understanding of human

growth and development, mental health and disability across programmes was limited. It is likely therefore that the methodology used may have underestimated the extent of human growth and development, mental health and disability teaching and learning within the programmes surveyed. It also proved more difficult than expected to access relevant programme and module documentation in several sites. It is difficult to see how this element might have been strengthened within the resources available, except perhaps by including more emphasis on a broader documentary analysis, with consequent limitations to other elements.

The methodology included an attempt to explore human growth and development, mental health and disability teaching and learning within the practice curriculum. It succeeded in identifying some of the challenges programmes faced in making those links. However, the individualised nature of practice placement contracts means that it would be necessary to examine a sample of portfolios to explore how these links were developed and evidenced in student learning and that was beyond the resources and focus of this survey.

The approach taken to explore the role of service user and carer educators in human growth and development, mental health and disability was successful in providing a map of their engagement in planning and teaching, in indicating some key challenges and in accessing the views of a small number of experienced and reflective service user educators about opportunities, challenges and innovative practice in this area. It proved difficult to involve service user and carer educators in many programmes. This, in part, seemed to reflect the limited nature of their engagement, where the role of a changing range of service user and carer educators within the human growth and development, mental health and disability curriculum was more likely to be limited to providing illustrations from their own experience rather than any broader involvement in teaching. HEI educators often indicated that it would be unsuitable to invite the participation of service user and carer educators who were involved at this level. Several potential participants who might have been involved were unavailable for health reasons and one other was too busy to take on this extra commitment. The inclusion of a large service user and carer educator element within the Stakeholder Group served to minimise some of these limitations. Overall, the methodology facilitated the inclusion of a distinct and strong service user and educator perspective.

There is not a distinctive student voice in the study. It was originally intended that academics would be asked to submit summaries of student module evaluations. This was not done. In addition, those students who volunteered for the Stakeholder Group were not able to sustain their involvement. Consideration should be given as to how better to involve students in similar research projects in the future.

6 Stakeholder Group

6.1 Involvement of the Stakeholder Group

The purpose of the Stakeholder Group was to advise, stimulate and prompt the research team. The team sought to bring into the group a broad range of participants from different groups interested in or affected by the topics being researched.

6.2 Recruitment

The process of recruitment to the group involved seeking recruits from among the local community involved in social work teaching and learning. This included collaboration with the user and carer project worker for the University of Sussex and the University of Brighton Service Users and Carers Network. She then advertised the project more widely in the network and a group of six people who use services and carers volunteered. The project was also advertised to the current cohorts of qualifying social work students, both BA and MA, at the University of Sussex. Several students expressed their interest in the project and volunteered to participate. In addition the project approached several local social work practitioners and practice assessors directly and invited their participation.

The membership of the group included the following members:

- six carers
- one person who uses services
- one practitioner
- two practice assessors
- two BA Social Work students

Several members were given a single designation although they would have been able to fit into several different roles. This list includes all those who initially volunteered. Of the 12 who initially agreed to take part, seven played an active role. The students did not remain involved; one student contacted the research team by email to say:

> I have looked at the form regarding the research a few times now, and I feel I am not able to complete it. I do apologise, it just looks very academic, and I gulp even to try and find the right words.

Although encouraged to participate, she did not feel able to do so and neither did her fellow student colleague.

The majority of participants were carers and of those involved it was the carers who contributed the most. This may offset the rate of participation in the project by carers from other HEIs.

6.3   Contributions

The Stakeholder Group made two significant contributions to the research at different stages in its development.

First, they were asked at an early stage in the research for information on how they thought the topics of HGD, disability and mental health should be addressed in the social work curriculum. The full questionnaire is provided in Appendix 2, Section 3. Included here is a selection of responses to the initial two questions that shows the range of responses and the richness of the material provided.

Q. What should be the key aims of teaching and learning about human growth and development, mental health and disability?

Carer	To understand how we become who we are. To examine the differences in our society.
Practitioner	For students to have a good understanding of key principals and theories and a more in-depth understanding, for example, in a particular area(s) that they can then usefully apply in particular working environments, for example, different approaches/ understanding of addiction, dependency, oppression, discrimination.
Practice assessor	A 'rounded' approach. Many students will have limited knowledge of human growth and development, mental health and disability – so it's good to look at all aspects of this – theory and practice combined.
Carer	To enable understanding of the critical importance of providing essential resources to the developing child and the inevitable connections between disrupted or compromised HGD and delinquency, recidivism and MHD.
Carer	To provide a knowledge base about human development; encourage understanding of a wide range of human experiences; demonstrate the link between theory, and different theoretical approaches, and practice; familiarise students with current research in human development.

Q. What should be the content of human growth and development, mental health and disability?

Person who uses services	Is the balance between learning about own personal development and wider issues right?
Practitioner	Balance of theory, ethics, law, understanding different models of (social, medical etc). Human growth and risk – impact of over or under exposure. Students need to have an understanding of their own personal development and motivation.
Carer	Placing the needs of the developing person within the context of a radically changing society. Facilitating understanding of the effects of family/community disruption and 'failure to thrive' on human growth and development, mental health and disability.

Carer	I would recommend appropriate introduction to *Positive psychology* (Martin Seligmann, 1998); such as life and career coaching, mindfulness and wellbeing, behavioural therapy, peer support groups, mentoring projects, appropriate social groups and the like.... I would also strongly recommend thorough exploration of the family pathology operating around the client. Carers and other family members have a strong influence on the client's circumstances (both physical and emotional) and equipping graduates with skills and capabilities to empower carers to become effective champions for growth is worth exploring.

Towards the end of the study, the Stakeholder Group were given some initial findings from the Practice survey (see Appendix 2) and invited to comment on these at a Stakeholder Group meeting, in effect operating as a focus group. At that meeting only four of the original group were able to attend – three carers and one practitioner. Nevertheless a great deal of ground was covered and valuable material gathered and used to inform the key findings and recommendations (see Section 8).

7   Practice survey

7.1   Programmes and participants

7.1.1   Number of programmes included in the Practice survey

Participants from 15 HEIs, between them providing 23 qualifying social work programmes, took part in the Practice survey. These included six HEIs with undergraduate programmes only, one with a postgraduate programme only and sixteen with both undergraduate and postgraduate programmes (see Appendix 3, Table 1). In all, therefore, data from a total of 23 programmes has been included.

The size of the student intake in the participating programmes varied from under 30 students (two programmes) to over 60 (two programmes). Most programmes recruited between 40 and 60 students to each year.

7.1.2   Practice survey participants

Programme directors in each programme and academic staff with known expertise in the survey area were asked to identify relevant staff and service user and carer educator participants. Resource and time constraints meant that the project team were able to interview a maximum of three participants within any one HEI. The number of participants identified varied between programmes (see Appendix 3, Table 2). Two HEIs identified more than three participants. In a small number of cases the participation of suggested service user educators did not prove possible to realise – this issue was discussed further in Section 5 earlier. Seven HEIs identified two participants and seven only one participant. This variation tended to reflect whether or not there were both undergraduate and postgraduate programmes within the HEI, the programme size and the way in which HGD teaching and learning was organised.

The survey participants included staff with a range of programme responsibilities and HGD-related teaching interests. Eight had primary responsibility for HGD teaching and learning, five were responsible for the disability area and four each had primary responsibility for mental health or 'adults' teaching and learning (see Appendix 3, Table 3). Participants also included three service user educators and one practice learning coordinator. Several participants had responsibilities and/or interests in more than one of the areas central to the survey topic.

7.2   Findings

7.2.1   Nature of qualifying social work education about human growth and development, mental health and disability

The nature of qualifying social work education about human growth and development, mental health and disability was explored by considering several factors: the overall programme design and the focus on human growth and development, mental health and disability within this; the ways in which disability

and mental health were conceptualised; and the aims, organisation and content of human growth and development, mental health and disability teaching and learning along with its assessment and evaluation. Each of these will be considered in turn in this section, highlighting the emerging themes and followed by a more specific focus on the topics of dementia and personalisation from an HGD perspective. The section ends with the findings on the involvement of service user and carer educators in human growth and development, mental health and disability teaching and learning.

7.2.1.1 Programme design: genericism and specialism and their impact on human growth and development, mental health and disability teaching and learning

The challenges of ensuring that the broad and complex range of learning and skills needed to meet the *Requirements for social work training* (DH, 2002) were included in programme teaching and learning was the subject of frequent comment from survey participants. Within these constraints, teaching about HGD as it relates to mental health and disability, and especially when linked to teaching about dementia and personalisation, presents particular and complex challenges for any programme. To understand the nature of human growth and development, mental health and disability teaching and learning it is helpful to situate it within the different approaches taken to the design of social work education programmes at qualifying level. Four main strands were evident in this survey:

- programmes providing mandatory modules only, organised around generic integrated themes such as assessment and intervention;
- programmes providing mandatory modules only, organised on an area of practice basis (for example, social work and mental health);
- programmes providing core mandatory modules plus two broad elective strands, one for children and one for adults;
- programmes providing core mandatory modules plus a range of elective modules organised on thematic, area of practice or a mix of approaches.

Human growth and development, mental health and disability teaching was included within these approaches to programme design in a number of different ways.

Nineteen of the 23 programmes surveyed provided separate HGD-specific modules. These modules were mandatory in all but one of these programmes. Two programmes, structured around integrated themes, did not provide HGD-specific modules. One of these was a joint degree in Nursing and Social Work with learning disabled people, the other a small undergraduate programme. Several programmes had a mixture of mandatory and elective elements – in which mental health and/or disability might be covered by mandatory and/or specialist modules. In these programmes human growth and development, mental health and disability might be included in HGD-specific modules and/or other mandatory or elective strands. In several HEIs offering both undergraduate and postgraduate programmes their organisational structure differed because of the differences in the programme time available. The variations in overall structure are indicated in Appendix 3, Table 4.

Given the variety in programme design and the complexity inherent in definitions of human growth and development, mental health and disability, it was a challenge for many participants and for the project team to identify with certainty where, how and to what extent, human growth and development, mental health and disability was included in elements of the programme other than those with which the participants were immediately concerned. This needs to be borne in mind constantly in reflecting on the findings of the Practice survey.

7.2.1.2 Degree of focus on human growth and development, mental health and disability teaching and learning

The survey found that all programmes included some attention to HGD teaching and learning. From the participants' report, it tended to be covered in one or more of four main modules: HGD, mental health, disability and working with adults. However, the degree of attention to HGD, and especially to human growth and development, mental health and disability, differed greatly between programmes.

Human growth and development, mental health and disability received limited attention in at least two programmes where participants stated human growth and development, mental health and disability teaching was confined to the HGD-specific modules, even though specialist 'work with adults' or mental health modules were provided in both programmes. In one the level of attention was described as:

> … one session out of eight on the MA.

> … one session out of nine on the BA. (HGD, undergraduate and postgraduate)

In another programme where a fully integrated thematic approach was taken, it seemed from the information provided that human growth and development, mental health and disability teaching and learning did not feature in any depth. In a postgraduate programme where a four-day HGD module itself was elective, the onus was on students to identify HGD as one of their learning needs. The expectation was that most students would have prior learning in this area. If not,

> … they have a four-day 'consolidation period' at the beginning of the programme where, if appropriate they will be given reading around HGD. (postgraduate)

In several programmes the main human growth and development, mental health and disability teaching took place in elective modules with differences in how much human growth and development, mental health and disability teaching was included in mandatory programme elements.

In many programmes some additional human growth and development, mental health and disability teaching and learning was also included in occasional workshops, preparation for practice modules etc. For example, one programme included:

> ... an interprofessional education symposium with medical students on death, dying and bereavement... (undergraduate and postgraduate)

as part of its preparation for practice, initiated because of the programme's 'very good links with the local hospice'.

HGD and disability received especially limited coverage in several programmes. Participants from two programmes expressed the view that it was not covered adequately anywhere in their programmes:

> Disability – I don't think it's covered adequately – tend to respond to what students doing in practice learning and not many are on placements where it is the main focus. Focus more on assessment of need than on understanding of disability, whether physical disability or learning disability. (HGD, postgraduate)

Another participant felt that her programme had no coherent strategy or aims for HGD in relation to disability and put that down to the absence of a staff member with a particular interest in this area:

> Disability pops up in many modules. No coherent, integrated strategy around teaching in this area. HGD covers it re lifespan and transitions.... Weakness is lack of coherent strategy re teaching in this area; learning disability has fallen off radar since staff member with that expertise left. (HGD, undergraduate)

Academic staff interests was one of the three factors which seemed particularly significant in helping explain the degree of coverage given to human growth and development, mental health and disability within programmes. Where staff had a strong interest in disability, in older people or to a lesser extent, in mental health, more attention to teaching and learning in relation to human growth and development, mental health and disability was reported. This was particularly the case in relation to disability and HGD, which received limited coverage in many programmes where it was not a specialist interest. The second factor was qualification level. Several participants spoke of the difficulties of managing the curriculum within the time constraints of postgraduate programmes. Thirdly, there was limited evidence to suggest that an integrated 'theme-based' approach, unless in a specialist programme or with HGD as an explicit theme, might lead to less coverage of human growth and development, mental health and disability.

Overall, there was an absence of a consistent approach within or between programmes. Even where there was a staff member with HGD lead responsibility this rarely extended beyond the responsibility for the HGD-specific module into other programme elements and rarely included an explicit focus on human growth and development, mental health and disability.

7.2.2 Conceptualisation of disability and mental health within the HGD curriculum

The lack of consistency outlined above was reflected in the ways in which human growth and development, mental health and disability was implicitly and explicitly conceptualised by survey participants. Nine of the 11 participants linked with HGD-specific modules reported some attention to mental health and/or disability concepts. This usually encompassed attention to the impact of ageing, attachment and loss, the impact of mental illness and attention to inequalities and social exclusion. Less attention was paid to disability than to mental health by these participants and very limited attention given to learning disabilities or sensory impairments. On the other hand, participants from disability-focused modules were less likely to mention psychological theories as significant in influencing their approach.

'Typical development': two participants were clear that their focus in the HGD-specific module was on what was termed 'typical development' only (or primarily):

> 1% or less (on disability) … the focus of the module is on typical development… (HGD, undergraduate)

and that they did not aim to include knowledge and understanding about human growth and development, mental health and disability within this module:

> It's important to add that the focus of the module is on typical development. [There is] very little focus on atypical development. That is addressed elsewhere in the course. The focus for this module is on promoting healthy development. (HGD, undergraduate)

Positive approaches and 'wellbeing': positive approaches to disability and ageing were more likely to be reported from the specialist modules on these topics, and sometimes linked to HGD. The link with HGD was particularly evident in working with adults modules. For example, all three participants who taught human growth and development, mental health and disability within working with adults modules included critical perspectives on lifespan theories as they related to ageing and disability (see Appendix 3, Table 5).

> HGD link with disability [is] in relation to seeing disability as something born with, or acquired and grow old with, looking at the implications – including structural inequalities, for example, finance, employment, transitions…

drawing on:

> … gerontology – continuity theory, coping, successful coping, critical perspectives on narratives around successful ageing, shift to healthy ageing/comfortable ageing (Bernard etc). (working with adults, postgraduate)

One drew attention to political agendas promoting self-reliance and independence, reporting that 'an Age Concern colleague compared older people living alone to

battery chickens in their own homes – in but not of the community'. Therefore she thought an important element of the HGD curriculum related to both mental health and disability was to increase:

> … understanding of independence and dependence issues and how some of the agenda around independence has been hi-jacked to reframe it as self-reliance. It needs to include ethics of care … to understand what's good or necessary in reliance on other people – it's part of human nature…. Increasing dependence can be part of the life course and it's important to support that without being patronising or paternalistic. (HGD, postgraduate)

Although 'wellbeing' was not a term frequently used, one participant teaching a specialist mental health module commented on the opportunities presented by the mental wellbeing policy initiatives to increase attention to mental health within HGD from a positive focus:

> If the focus was on wellbeing – this could have a life course perspective. (mental health, postgraduate)

With these qualifications, participants cited a range of theoretical perspectives underpinning their approach to human growth and development, mental health and disability teaching and learning. As indicated above (and outlined in Appendix 3, Table 6), some differences in emphasis could be seen depending on whether the module was framed as a HGD-specific module or a specialist module on mental health, disability or working with adults.

More than one theoretical perspective: whatever their primary academic focus, most participants drew on more than one perspective. A participant teaching on a HGD-specific module described it thus:

> We start with a post-structural approach and the social context; this includes developmental theory and critical debates around development theory. [It's] not from a developmental psychology perspective. It includes structural inequalities. (HGD, undergraduate and postgraduate)

From a mental health module focus, another participant stated:

> I draw on a range of theories – risk, stigma, social exclusion, theories of causation from bio-psycho-social and ecological perspectives. (undergraduate)

A participant teaching HGD within a working with adults module drew on:

> Person-centred [theories] based on Erikson's lifecycle, psycho-social, sociological and biological theories, plus attention to societal structures, stigmatising, and inequalities. (undergraduate)

The 11 participants teaching on HGD-specific modules mentioned the broadest range of theoretical perspectives as underpinning their approach.

Psycho-social, including life course: two participants, both from HGD-specific modules within undergraduate programmes, emphasised psycho-social models:

> An eclectic approach – drawing on psychological and social theories, with an emphasis on changes and transitions, and a psychodynamic approach which includes child observation based on Tavistock approach; both elements draw on Erikson, Laura Berk, and Sugarman regarding lifespan development. (HGD, undergraduate)

> The theoretical base is a mixture, a hybrid but with learning heavily towards a psychological/sociological emphasis. The research base is reliant on developmental psychologists but with signposts to elsewhere. (HGD, undergraduate)

Of the nine programmes surveyed that had specialist mental health modules, five were reported as including a HGD-based element. Of these five, four participants cited psycho-social theories as underpinning their modules; two also included biological and/or ecological theories and one a social model of disability. One commented:

> The approach is primarily sociological, with some psychological, but from a social work perspective – I draw on the work of Bentall on schizophrenia and include a strong critique of the medical model of mental health. I apply the social model but it doesn't dominate. I find Bentall more useful than the social model or anti-psychiatry.... Students need to feel that there are positive ways to practice and Bentall gives tremendous scope with this. (mental health, undergraduate and postgraduate)

Bio-psycho-social, including neuroscience: it was notable that in several HGD-specific modules and two mental health modules participants reported that neuroscience or bio-psycho-social models helped inform the theoretical base.

A participant running an HGD-specific module reflected on the increasing impact of neuroscience on her thinking about HGD theory:

> I've moved from a psychosocial-ecological approach to a neuroscience-psychological approach. This is to fit in line with recent research in the field. I come from a sociological background, in terms of my first degree and ongoing interest, and so this will have an impact. (HGD, undergraduate and postgraduate)

Another participant reflected on the increased but contested interest in biological developments within her programme:

> I would like students to have the opportunity to develop knowledge and confidence about biological issues, for example, through lectures from a gerontologist/psychiatrist etc. The programme is very value-driven but not so good at giving a knowledge base. There is a debate in staff group about this – some felt that students might misuse medical knowledge, but I think it's essential for interprofessional work to have a better understanding of the biological knowledge base. (HGD, postgraduate)

One participant linked this with rights-based theories with a particular emphasis on disability. She commented that while the social model of disability was a baseline, a person-centred perspective also needed to include biological and psychological approaches to development:

> In the disability element – bio-psycho-social – denying people's impairments is not a helpful way forward; we need to take a holistic view across the lifespan, from an individualised perspective [that is, impact on this person…]. Social model is a baseline. (HGD, postgraduate)

Empowerment and social model of disability: participants from six of the seven programmes with specific disability modules, and the joint degree programme that was disability-focused, drew mainly on theories of empowerment and the social model of disability, along with theoretical perspectives drawn from the disability studies and gerontological fields. These participants were least likely to draw specific attention to psychological theories as underpinning their approach and tended to work from an equalities or rights-based perspective:

> Underpinning is social model of disability, theories of empowerment and anti-discriminatory practice and an understanding of history and the emergence of the new theories and developments from the service users' movement. There is lots taken from learning disability theory re person-centred models of practice; and from HGD – a critical approach to the life course, especially transitions. (disability, undergraduate and postgraduate)

> We take a disability studies perspective on disability and ageing as the theoretical base, the starting point.… A mixture – disability and ageing as equality and rights-based issues; and a critical understanding based around life course approaches…. (Disability, undergraduate and postgraduate)

> My own background means that there will be a sociological and anthropological focus; a look at social policy; an ethnographic approach, incorporating feminist and radical perspectives…. Seeking a perspective that emphasises empowerment, of the students and the service user. (disability, undergraduate)

Empowerment and the social model of disability were also mentioned as significant theoretical influences on two of the mental health-focused modules and one of the working with adults ones. It received less specific emphasis in HGD-specific modules.

Equalities and rights-based: most modules were reported as drawing on equality and rights-based theoretical approaches, often linking this with the social model of disability.

Overall, the variability in the way HGD and human growth and development, mental health and disability was conceptualised and the absence of common principles and theories underpinning this area of the curriculum across (and sometimes within) programmes was notable. HGD-specific modules often excluded attention to elements of MHD, and especially aspects of disability; modules with a mental health

focus were not consistent in including HGD and/or a disability focus, while specialist modules on disability seemed less likely to integrate psycho-social perspectives and disability in the context of ageing. From the survey data, modules focused on older people seemed more likely to work from an integrated conceptualisation of human growth and development, mental health and disability and situate this within a positive focus.

7.2.3 Aims of human growth and development, mental health and disability teaching and learning

Participants were asked to describe the main aims of the human growth and development, mental health and disability teaching and learning within their programmes. It was suggested that these might include, for example, improving understanding, changing attitudes, improving the quality of practice, improving outcomes for users and carers and increasing interest in this area of practice. The main aims identified are set out in Appendix 3, Table 6, categorised by the type of module the participant was teaching.

Improving understanding: it is perhaps not surprising that increasing understanding was most likely to be cited as a teaching and learning aim. Participants from five programmes gave as a stated aim to increase understanding of HGD and mental health and two to increase understanding of HGD and disability within the framework of HGD-specific modules.

Six programmes aimed to include HGD and mental health elsewhere in the curriculum. One of these included attention to carers' and children's perspectives:

> [Students] need a broad overview of types of mental illness including the carer's perspective ... [it's] interesting to look at issues from the child's point of view – and the impact on a child of parent mental illness. (mental health, undergraduate)

Four programmes included HGD and disability elsewhere than in HGD-specific modules. The aims for HGD teaching and learning in relation to disability were expressed by on participant as:

> To establish a basic understanding of why disability issues are significant; why we need to go beyond a surface level in working with person with disability. This includes a critique of the social model – and takes a more holistic approach re individual identity, emotional and developmental needs. (HGD, postgraduate)

In one working with adults module the aims were described as:

> To provide the underpinning knowledge of the lived experience – taking a life course perspective that takes account of structural inequalities, life chances, social capital, inclusion etc.

> To critically evaluate the lack of life course perspective in policy in mental health, disability, old age etc. (postgraduate)

Changing attitudes: in relation to HGD and mental health, a person who uses services educator explicitly included changing attitudes among her aims for a mandatory mental health module as:

> Lots of students come with quite a fear of mental illness – it's often mentioned in the 'expectations' form they complete. The big thing for me is to take away that fear. (MHD, undergraduate)

Another participant commented that:

> The main aim is to engage hearts and minds; engage with disability. More than 85% students have just left school, so have very limited practice experience and what there is is more likely to be in the Children and Families field; disability is quite distant from experience of most. So my aim is that they should understand what disability is; its lived experience and the implications of medical and social models – that there are different perspectives and how to challenge their own perspectives, for example, look at threshold concepts. They struggle with the challenge of functional approaches to independence. (disability, undergraduate)

Engaging interest: this aim featured particularly in relation to human growth and development, mental health and disability and older people.

> The aim is to engage interest – at the start 2/3 don't find Social Work with Older People of interest. (working with adults, postgraduate)

The data on human growth and development, mental health and disability teaching and learning aims, while it emphasised increasing students' understanding, suggested that in many programmes a critical exploration of the concept of HGD as it related to MHD was given limited attention.

7.2.4   Content of human growth and development, mental health and disability teaching and learning

The content of human growth and development, mental health and disability teaching and learning reflected the concepts and aims outlined above and similarly there was variation between programmes and approaches, depending partly on the type of module in which they were situated. In this section the approach to and content of teaching and learning about human growth and development, mental health and disability will be considered first in relation to HGD-specific modules, followed by mental health, disability and working with adults modules. Teaching and learning about dementia and personalisation will be treated separately in Sections 7.2.7 and 7.2.8 below.

MHD content in HGD-specific modules: all participants involved with HGD-specific modules reported that they organised teaching content using more than one approach. All included life course perspectives, but more than half also included a

topic-based approach (see Appendix 3, Table 7). This multifaceted approach was seen as a strength:

> The main strength is the teaching through a combination on theories and themes. Students who are struggling with the theory are helped by the focus on themes such as adolescence, or ageing.... (HGD, undergraduate)

As mentioned in Section 7.2.1.2 above, the extent and focus of attention to MHD showed considerable variation within these HGD-specific modules, although nine of the 11 participants linked with HGD-specific modules reported some attention to one or both areas:

> Disability – we occasionally use a case study about someone with a disability, for example, session in adult years/midlife about the impact of chronic illness and disability on progression through the life course; learning disability and transitions to adulthood; bereavement and loss and impact of disability etc. (HGD, undergraduate)

> Adult HGD – impact of mental health at mid-life; rights of passage – with a focus on transitions rather than ages; older people's mental health not just generic, loss and grief – includes depression on moving out of traditional roles, disability, relationships, attachment, reconstitution. (HGD, undergraduate and postgraduate)

HGD and mental health content in the majority of cases was linked with the impact of ageing (eight modules), with attachment loss and bereavement (five modules), the impact of mental illness (five modules) and social inclusion and inequalities (five modules). One participant included the impact of carer responsibilities on HGD (see the good practice examples in Appendix 1).

Less attention to disability than to mental health was reported in HGD-specific modules. The attention given tended to focus on life course and transitions (five modules), attachment, loss and bereavement (four modules) and structural issues, including attention to the social model of disability (four modules).

Little or no attention was paid to the impact of learning disabilities, sensory impairments or the combination of mental illness and disability. Perhaps this gap was linked to what one participant described as 'a hiatus between ages 18 and 80' in relation to the focus of teaching and learning in HGD modules.

HGD content within mental health modules: participants teaching on mental health-specific modules reported very limited explicit inclusion of HGD, especially as it related to physical or learning disabilities. However, they included teaching about attachments and the life course and most attended to the impact of mental illness and related social inclusion issues:

> Romme and Escher's approach draws attention to HGD by suggesting that rather than seeing voices as part of illness, it is a response often to unresolved childhood trauma, so looking at experience of human growth and how that might impact.... Also self-harm and eating disorders tend to start early in life. The approach taken

is to try and encourage students to understand from the perspective of the person using the service – not as an uncommon occurrence (some students are likely to have experienced it) … part of range of diverse development rather than as abnormal. The aim is to find inclusive approaches and a lot of it is about not letting the abnormal in. (mental health, undergraduate and postgraduate)

HGD content within disability modules: disability-specific modules tended to include attention to HGD in relation to sociological and structural issues, as well as transitions and life course issues, but as with mental health modules, HGD was often implicit rather than explicit and attention to HGD as it related to those with both a disability and mental illness was not apparent:

We don't specifically talk about HGD. Childcare modules use a narrower definition of HGD and developmental stages. [We] come at it by looking at independence across the life course ... at transitions for disabled young people and life course issues such as parenting and partnering. The focus is always on a disability perspective as a starting point. (disability, undergraduate)

HGD content within working with adults modules: human growth and development, mental health and disability received more significant attention, at least at an implicit level, within working with adults specialist modules reported in this survey. This included attention to and critical analysis of life course perspectives and transitions as well as the impact of structural inequalities and other issues:

[Session on] complex mental health needs – a mental health services team manager and user perspectives on the impact on whole life – parenting, education, career etc.… HGD is not totally integrated but the service user illustrates how mental health issues influenced her life.

[Session on] bereavement and loss in social care – including new developments about end stages, relationships, coming to terms with lack of completion. Transitions, change and loss, a narrative approach to reviewing life, resolution, moving on … it has now become a priority and key session. HGD is 80–100% key to this area. (working with adults, undergraduate)

Equality and diversity content across all module types: most participants described an integrated approach to the inclusion of issues of equality and diversity. However, there were some interesting differences in the approaches taken to teaching processes in this area:

Integrated – [students are] asked to cast a critical eye on a sample in research, etc and to switch 'lenses' throughout the module to think of presentations and other material via the viewpoint of someone with disabilities, different class etc. (HGD, undergraduate)

Integrated but not monolithic – multilayered, asking students to use communication skills to find out how a person is experiencing themselves and go beyond that. (HGD, postgraduate)

Human growth and development, mental health and disability curriculum gaps:
there was recognition that within the current curriculum in some programmes, regardless of the type of module, there were significant gaps in HGD content around particular areas such as learning disabilities, sensory impairments and complex disabilities and, more specifically, in the way that specific elements were integrated and conceptualised within an human growth and development, mental health and disability focus.

Overall, as indicated in Appendix 3, Tables 8 and 9, a small minority of the 23 programmes in the survey included substantial attention (more than two hours teaching) to HGD and mental health and/or disability within HGD-specific modules; less than half devoted significant attention to these areas. In the majority of programmes with specialist Mental Health modules, human growth and development, mental health and disability received fleeting references only or was not covered. In specialist Disability modules, while attention to HGD in relation to Disability was substantial, little information was provided on the extent to which HGD and mental health was included in module content. Working with adults modules were most likely to provide significant attention to both areas from an HGD perspective.

7.2.5 Timing and organisation of human growth and development, mental health and disability teaching and learning

To some extent the timing and organisation of human growth and development, mental health and disability influenced and was influenced by curriculum content. In considering this element across the different types of module several participants distinguished learning needs at foundation and later stages and (often implicitly) the potential value of spiral learning.

7.2.5.1 Timing of human growth and development, mental health and disability teaching and learning

The majority (15) of HGD-specific modules took place before the first placement and in the first year of the programme. The remaining three took place concurrently with the first placement or fitness for practice placement (Wales). In one of the latter it was organised as 'a long thin module throughout the first year'. In two programmes the HGD module took place in the second year, although in one of these – an undergraduate programme – it still preceded the first placement. This early timing was seen as appropriate by the majority of participants. In one postgraduate programme where HGD teaching was in the second semester of the second year, the participant commented:

I would like it in the first year but cannot fit it in. (HGD, postgraduate)

Mental health modules that included attention to HGD, on the other hand, were timed, in all but one programme, to take place after or concurrent with placements.

This later timing was thought beneficial by services user educators, who commented that:

> Second year is a good time for mental health; the first years have not worked on placement and are not ready; year three is too late. (mental health, undergraduate)

The timing of disability modules that included an HGD element was evenly split between three that took place pre-placement and three that followed placement. Programmes aiming to 'infuse' disability awareness throughout specifically sought to include learning related to disability early in the programme. For example:

> Throughout all years service users with impairments are considered. (disability, undergraduate and postgraduate)

The teaching of HGD within working with adults modules was most likely to take place in the second or (in the case of six undergraduate programmes) the third year of the programme.

Overall, most participants agreed that early timing of HGD teaching provided a foundation for later learning, but, as two service user educators commented, this needed to be built on during later stages of the programme:

> What would be important is to include reflection on HGD both during and after placement. (undergraduate and postgraduate)

Planned opportunities for explicitly revisiting learning were achieved in the HEI-based curriculum in many programmes through assessment tasks focusing broadly on 'reflective practice'. In most programmes there was little evidence to suggest that the curriculum included specific teaching strategies designed to facilitate revisiting human growth and development, mental health and disability at different stages. Regardless of their area of responsibility, many of the participants interviewed had limited or no knowledge of how HGD was included in other aspects of the programme. Indeed, one participant commented that:

> I don't know if they return to HGD later in the programme – it was easier to keep track of this when I taught more. (HGD, undergraduate)

7.2.5.2 Context of human growth and development, mental health and disability teaching and learning

Classroom-based teaching and learning

Uni-professional and interprofessional education: with the exception of the joint degree programme and one HGD-specific module taught to Social Work and Social Policy students, the information provided indicated that the majority of the teaching and learning on human growth and development, mental health and disability modules took place only with Social Work students only.

However, some participants commented on the value of an interprofessional and interdisciplinary teaching team:

> It's really good to have HGD unit at beginning of programme and to have it not from Social Work paradigm (psychology and gerontology paradigms). The students' job is to apply that as they go through programme. (HGD, postgraduate)

> It's a real strength having a colleague from children's nursing teaching the biological understanding of HGD. (HGD, undergraduate)

And a small number of examples of interprofessional day seminars and workshops were reported.

Learning activities: most HGD teaching took place in the HEI classroom and teaching and learning approaches concentrated on classroom-based activities. In only two HGD-specific modules did participants report including learning activity tasks outside the classroom. In one, an undergraduate module, as part of their assessment students were required to undertake:

> ... an interview about life transitions with other person – not necessarily a service user, nor related to placement. (HGD, undergraduate)

A module on a postgraduate programme included:

> ... three sessions of family observation of a family not on a social worker caseload. (HGD, postgraduate)

One participant commented that:

> Reading this through, I can see it would be good to find a way for students, maybe at the beginning of the first year, to spend time, one to one, with a service user or carer involved with mental health and/or disability issues – to interview them around what their experiences have been. It would be a good way to get students to reflect on the issues involved at the beginning of their training. (HGD, undergraduate and postgraduate)

In a small number of programmes there was an expectation that practice-based experiences would be shared and discussed in the classroom in small group meetings planned to encourage the integration of theory and practice. Where this was the case it was seen as a useful learning approach. More broadly, many participants mentioned the encouragement given to students to share relevant placement experiences on their return to the HEI. Given the potential of observation, life-story work and other types of community-based learning activities to increase interest and understanding reported in the earlier HGD-OP Knowledge review (Le Riche et al, 2008), there would seem to be room for development of innovative approaches in this area of the HGD curriculum.

Practice learning

In two programmes, including the joint degree, the coordination of HGD teaching and learning was re-organised to ensure that the HGD classroom-based teaching and learning and practice learning were closely linked. Different approaches have been taken to achieve this aim.

For example, the recent focus on service user-led practice learning was seen as one way of increasing understanding of human growth and development, mental health and disability. In the joint degree, practice learning from a person who uses services-centred perspective was seen as a key learning experience (see the good practice examples in Appendix 1). This participant commented:

> [The] previous course had a separate HGD module as required by GSCC [General Social Care Council] but it was felt that students were not making connections – between this teaching and their experience on practice. At validation for this course … it was decided not to have a specific HGD module but instead to incorporate elements of this teaching into two large modules in year one. This structure is attempting to overcome some of the problems inherent in a modular structure. (joint degree, undergraduate)

Others addressed the challenge of linking theory and practice within the pre-placement timing of most HGD modules by addressing curriculum content and teaching processes:

> The case examples used are drawn from practice. Recent work has been done filming service users at home discussing services etc. (disability, undergraduate)

> [The] link to practice is very important – we had thought of asking the psychology department to run this module but when they did run its precursor students commented that they couldn't make links to practice. (HGD, undergraduate)

In some programmes where HGD is taught post-placement or concurrently:

> Students are asked to bring material from the observation experience into the classroom and this may incorporate these elements. (HGD, postgraduate)

This is more likely to be the case in relation to mental health and disability modules that tend to be programmed later.

A minority of participants did not consider that links with practice were essential:

> Not specifically – the module focuses on 'ordinary' lifespan. (HGD, undergraduate)

A practice learning coordinator provided an overview of some of the issues and constraints to practice-based learning about human growth and development, mental health and disability:

Potentially a student could go through practice learning and not touch on human growth and development, mental health and disability. There are a couple of practice learning placements with service-user and carer-led organisations. These are good placements that may provide an opportunity to work alongside a service user.

There's a national problem about sufficient practice learning opportunities in adult services, including mental health and a particular problem in XX region where the local authorities are prioritising the development of children and families [C&F] placements because they recognise these go hand in hand with recruitment of C&F social workers. Learning disability and dementia in particular are not considered sexy enough by the students. (Preparing for Practice, undergraduate and postgraduate)

7.2.5.3 Human growth and development, mental health and disability assessment of learning

Classroom-based assessment

As with other elements of the Practice survey, participants in general confined their responses to the assessment of the module(s) with which they were involved. They rarely had precise information about the assessment of other modules. It appeared that specific assessment tasks related to human growth and development, mental health and disability were not used within many HEI-based assessments. In some programmes such a specifically focused assessment task might be one of number from which students could choose. Some examples of more human growth and development, mental health and disability-focused assessment tasks are given below and also in the good practice examples in Appendix 1.

It's a two-stage assessment. First look at theoretical perspectives on childhood and then apply a theory to a different part of the life course. Remember that looking for a beginning stage of understanding on the topic. (HGD, undergraduate)

4 x 800-word pieces:

1) Summary and reflection on group functioning and team roles – within first six weeks

2) Summary of one psychological approach to understanding and treatment of mental health – weeks 9–10

Formative assessment – get written feedback on (1) and (2), rough grade and tutorial discussion re improvements etc

3) Summary and evaluation of one theory of psycho-social development

4) Reflection on independent and group learning from podcast and presentations.

Lots of work for tutors! (HGD, undergraduate)

More commonly, assessment tasks were far less specific in relation to human growth and development, mental health and disability. For example:

> 4,000-word written assignment. This is a university requirement.

> Looking for an understanding of the life course paradigm and an appreciation of its implications for social work and that students know where to go to further their understanding. (HGD, undergraduate)

Practice assessment

In almost all programmes participating in the survey attention to HGD issues was an implicit rather than an explicit requirement within the assessment of practice learning.

> In critical analyses in placement portfolios students are expected to draw on knowledge of theories and research. This includes HGD theories and research but they are not specified as such.... It is not necessary to specify. Social work is or should be more holistic than that. (HGD, undergraduate and postgraduate)

Some felt that this approach was reasonably effective:

> As a portfolio marker I can confirm HGD content is being used by students in placement. (HGD, undergraduate)

At its most explicit, there was a requirement that HGD knowledge be integrated within portfolio work. In at least one programme, failure to do this adequately led to a failed portfolio.

In a minority of programmes there seemed little expectation that HEI-based learning related to human growth and development, mental health and disability was included in practice assessment.

7.2.6 Evaluation of human growth and development, mental health and disability teaching and learning by student participants

Several participants employed both formal and informal feedback mechanisms to aid evaluation. Student evaluations of HGD-specific modules, where reported, were positive, although some mentioned the need for more time on this topic. Students appreciated the conceptual and intellectual challenge, especially when it was linked to discussion of case studies and, even more particularly, where service user and carer educators were directly involved in the teaching:

> Students enjoy the case studies and discussions ... couple of comments that it made students think about things they hadn't thought about or think about things differently.... [Case studies] make links with other parts of the programme. Students feel the need for good grounding before practice in core underpinning theories. (HGD, undergraduate)

Students always comment on how much they got from service users and ask for more.... These sessions touch them in a different way to the others. They get to them more directly. (HGD, undergraduate and postgraduate)

Where students perceived less attention paid to the links with practice and practice skills, this was commented on:

On the MA course a theme emerging from student evaluation has been a request for more of a focus on tasks and skills. (HGD, postgraduate)

In considering reports of the student feedback on specialist modules it was not possible to separate the evaluation of the HGD elements from other elements of these modules, but some of the same themes emerged – students enjoyed being challenged, and as above, especially valued discussions of case study material and input from service user educators:

Students very positive about the service user perspective being brought in; they found the videos interesting; and liked the challenging aspects. (disability, undergraduate)

7.2.7 Dementia and human growth and development, mental health and disability teaching and learning

Participants were asked whether teaching and learning about dementia from a HGD focus was included within their programmes, and if so, where. Participants found it difficult to separate HGD-focused from other teaching on the topic. Table 10 in Appendix 3 indicates therefore the level of overall attention given to dementia within participant programmes.

Dementia, from an HGD perspective, was not included in three programmes. In two of these, in the same HEI, this was seen as a temporary omission:

Dementia was not included this year, but XX has included it in the past and it's [participant's] own practice background. The reason is the squeeze on time. There are plans to review and put back in. (Mental Health, undergraduate and postgraduate)

In the other, it was not included except in so far as a module featured 'a case study involving older people where issues of dementia may well feature' (Integrated undergraduate).

Dementia received fleeting references in five other programmes. For example, one participant responded that dementia:

... will be addressed most directly in the Older People's sequence and in Law teaching, but may not be from a HGD perspectives. (HGD, undergraduate and postgraduate)

In 11 programmes an HGD perspective on dementia received some explicit attention at some point in the programme curriculum and in a further three the attention given to this curriculum area was substantial. Most modules on working with adults included more explicit attention to dementia, but it also received significant attention in several HGD-specific modules.

The responses of programmes where some significant attention was given indicated that this was achieved within a range of curriculum areas including ageing, learning disability and teaching on law and social policy, including the Mental Capacity Act.

The approach to the content of the teaching and learning varied. For one participant, the focus within an HGD module was on memory rather than dementia:

> We look at memory – Coleman's work on how patterns of memory change as you age. Dementia is different from that, but we can't assume anything re people's memory. (HGD, postgraduate)

Several emphasised the importance of understanding the biological changes involved:

> It's considered biologically. We look at this as well as a change in the life course. Again aiming for a beginning understanding. (HGD, undergraduate)

> The session on older adulthood is provided by a specialist with nursing background ... with a special interest in dementia, who has prepared a podcast on older adulthood overall ... that refers to dementia. (HGD, undergraduate)

Others emphasised a more skills-based approach:

> [We take] systemic approaches focused on Chris Iveson's *Whose life?* book [as an] approach to systemic work with older adults with dementia. He also draws on a life-story approach to working with dementia. (Other, postgraduate)

Several participants mentioned student interest in dementia:

> It's possible for dementia not to come up in presentations, but students find it quite exciting, gets them thinking of ageing in a very different way, positive ageing etc, perspectives they have not thought about. (HGD, undergraduate)

> This has always been popular with students for assignments – they are interested in different approaches such as reality orientation, reminiscence theory, validation therapy, which makes it very practice-focused. (disability, undergraduate)

In the three programmes where dementia received a substantial degree of attention, participants took a multifaceted and multilayered approach to teaching and learning in this area, involving people who use services and carers as well as theoretical input and person-centred perspectives (see the good practice examples in Appendix 1).

7.2.8 Personalisation and human growth and development, mental health and disability teaching and learning

All participants were asked if HGD perspectives on personalisation received attention elsewhere in the programme, and if so, where. The responses indicated great variation in the attention given to teaching and learning about personalisation within and between programmes, with HGD rarely emphasised specifically (see Appendix 3, Table 11).

The findings suggest that teaching and learning about personalisation is most likely to focus on the law, policy and principles underpinning this area, with less specific attention to the impact on or views of people who use services and carers. This survey focused only on the links made between personalisation and HGD and did not explore other elements of teaching and learning about personalisation on issues such as personal budgets etc.

Consideration of personalisation within HGD-specific modules was limited. Most typically, participants indicated that they would expect to find a focus on personalisation elsewhere, rather than within HGD modules:

> I would expect it to be covered in more depth elsewhere in the programmes [for example] law and social policy modules. (HGD, undergraduate and postgraduate)

Of the 11 HGD-specific modules included in the Practice survey, personalisation was included as a focus in only two undergraduate and one postgraduate modules. In one of these the participant:

> ... flagged up the 'Transformation Agenda' to illustrate that policy changes as well as psycho-social factors have an impact, trying to get students to draw things together from different areas. (HGD, undergraduate)

In the other, a programme with a strong emphasis on disability, personalisation was 'addressed specifically in the session themed on "older age"' as well as in many other elements of the programme.

Some participants indicated that the person-centred approach underpinning personalisation was implicit across the programme:

> Brief [within HGD] – though I would say that the kind of thinking which underlies personalisation is integrated across the whole curriculum and therefore would be linked-in to teaching on adult development in both the MA and BA lifespan modules. (HGD, postgraduate)

Personalisation was most likely to be reported as taught within disability modules. There was little focus on personalisation in the mental health modules discussed by participants:

> [Personalisation is] ... part of package of looking at trends in social work at present, but the reality is that very few people in the mental health area had

direct payments so we can't say that this is where mental health social work is at. (mental health, undergraduate and postgraduate)

Where it had begun to feature, the emphasis was on the social work role:

But [it] has come increasingly to fore in work with practitioners … it is a big issue and seen by [local authority] manager as an opportunity for social work role development. (mental health, undergraduate and postgraduate)

Programmes with a specific module on disability and the joint degree programme reported the most extensive attention to this topic. One has developed a specialist elective module on personalisation, starting this year. In these programmes an 'infused' approach was taken to disability issues, with attention to personalisation integrated throughout the programme:

Personalisation is a huge focus – we were 'doing it before it happened'. (disability, undergraduate)

It's important to note that personalisation as an idea arose among the learning disability services user community. This topic is embedded in placement as well. (joint degree)

It was sometimes difficult for participants from these programmes to unpick the particular place of an HGD focus within this infused approach.

Working with adults modules with their focus on practice included attention to the principles, law and policy on personalisation if these had not been covered elsewhere. Where the participants reporting on these modules had a particular interest in work with older people they also often included a critical focus on HGD and personalisation:

About a 50% HGD focus – trying to get students to think about personalisation in a critical way – how this is going to work for more/less intellectually able people, people with learning difficulty, dementia etc. To understand the difference between person-centred and personalisation and evaluate it critically, through case studies. (working with adults, undergraduate)

Look at personalisation – what is it? Critical perspectives on person-centredness as defined by the NHS and then a deeper look to consider philosophical underpinnings, humanistic psychology, counselling etc, drawing on Kitwood. [Participant] does not want students to go away with the notion that personalisation is just active listening – that's not empowering people. (working with adults, postgraduate)

More generic modules rarely considered personalisation from an HGD focus. For example, in two programmes with no specialist modules the main focus of the content on personalisation was reported as being on direct payments, which in one programme was included within a module on diversity. The participant from the other commented that:

In general, however, the personalisation agenda has not been picked up particularly.... (Integrated, undergraduate)

No participant identified 'personalisation' as an area for development within the HGD curriculum.

7.2.9 Involvement of service user and carer educators in the teaching and learning of human growth and development, mental health and disability

Service user and carer educators were rarely involved in the detailed planning of human growth and development, mental health and disability-related modules. They did participate in the broader aspects of programme design through programme management boards and their feedback on their teaching experiences influenced module coordinators.

Service user and carer educators, like practitioners, were most likely to be involved in the teaching of disability modules and least likely to be involved in the teaching of HGD-specific modules. Both service user and carer educators were reported as involved in the teaching of all disability modules included in this survey. In 12 HGD-specific modules it was reported that no carers were involved in teaching and in nine no people who use services were involved. Instead, in these and other modules sometimes use was made of videos, podcasts etc to include a person who uses services perspective. One participant, who had recently taken on coordination of an HGD-specific module with no service user or carer educator input, was:

> ... thinking of introducing an observation task re older people ... [and had] used the Brighton service users and carers video toolkit re ageism and practitioners attitudes and found it useful. (HGD, undergraduate)

Service user educators were involved in teaching in all the mental health modules on which we have information, but carer educators were not involved in three of these modules. One of the working with adults modules in the survey had neither a carer nor a person who uses services educator involved in teaching.

Differences in the focus and role of service user and carer educators within human growth and development, mental health and disability teaching and learning were evident, and were the subject of discussion. For example, service user and carer educators in some programmes were invited to share their personal experiences, sometimes linking it with broader themes:

> In a mental health option ... for example, if teaching cognitive behaviour therapy, then it is co-taught by someone who has experienced it as well as by an academic/practitioner. (mental health, undergraduate and postgraduate)

One programme took a more radical approach and a person who uses services educator co-taught the module, with other service user and carer educators also closely involved (see the good practice examples in Appendix 1). This had

the advantage of modelling a positive conceptualisation of human growth and development, mental health and disability and its impact.

> Another aim is to get across that [person who uses services educator] does not want to be looked after but would prefer to be supported. Students need to hear that SUs [service users] manage in other parts of their lives. (undergraduate)

These differences in approach were encapsulated by a service user educator:

> There are three different types of SU/carers working with the programme – those who tell their own story; those who take on tasks like admissions and assessment/ evaluation; and those who teach. To do this well, the latter need to be able to put aside their own story and concentrate on students needs. This element may also include co-facilitating modules. It is this latter group who need to be involved in HGD teaching. (undergraduate and postgraduate)

Service user and carer educators' views: to finish this section, the views of the three service user and carer educator participants on some of the areas of human growth and development, mental health and disability already discussed are included, to draw attention to their particular perspectives.

They wished to see a multifaceted and integrated approach to the conceptualisation of human growth and development, mental health and disability. One commented that:

> My aim would be that students would have a genuine insight into what is generally expected in people's lives and then also see that it might not turn out like that and that's ok also – everyone has a normative 'feel' and a sense of normative progression without thinking that the opposite is 'abnormal'.

> [Students] need a good basis in psychological development, baseline information on biological development and also social development, including behavioural issues. The aim is that by the end the students overall 'feel that they have been on a life journey themselves'. (undergraduate and postgraduate)

A carer educator strongly objected to a narrow approach:

> I object strongly to any conception of normal development…. In part [this is] why it is such an appropriate place to make a contribution as a kind of living case study. But it is never as just one thing. For me I have my own personal mental health journey, my journey as a carer, my experiences of interactions with professionals and of the letting go of some things with my daughter.

> All that is about human growth and I would want students to consider and apply that to themselves, that life is complicated and at times messy. People cannot be fitted into nice little boxes labelled carer. (HGD, undergraduate and postgraduate)

This suggested the need:

Around disability, [to] include the social module but explore the difference between people born with an impairment and those who acquire one. For the latter, the process of bereavement is important – for example, two of our service user educators who are wheelchair users developed cancer and were devastated – and the cancer-treating hospitals couldn't cope with wheelchair users. (undergraduate and postgraduate)

They felt that practice portfolios were already so demanding it would be unfair and unwise to include any explicit requirement to demonstrate HGD knowledge and understanding.

My view is that it is fairly important, but not hugely important to include HGD in practice learning. The students have so much to do to develop portfolios etc to meet course requirements. What would be important is to include reflection on HGD both during and after practice learning. (undergraduate and postgraduate)

One of the service user educators commented that she:

... would like to see dementia and personalisation much more as an integral part of HGD. [She] wants students to go on the roller-coaster of a life experience. (undergraduate and postgraduate)

Although the number of people who use services and carer participants in the survey was small, their views all supported an integrated approach to human growth and development, mental health and disability teaching and learning. One participant also provided a powerful example of the impact of co-teaching in this curriculum area. This is described in good practice example 4 in Appendix 1.

8 Key messages and recommendations for the practice of learning and teaching

The key messages and recommendations set out here emerge from the above analysis and have also been informed by discussion of the initial findings with the Stakeholder Group acting as a focus group.

1 Defining, naming and including HGD in the programme curriculum

- Most programmes include HGD or give attention to a life course approach.
- HGD and its relationship to social work is under-theorised and its place in the social work curriculum is uncertain.
- HGD may appear in a curriculum without being defined as such. Even where there were examples of good practice such as early teaching of childhood development and later teaching of end of life care and dementia, these are not necessarily linked or conceptualised as HGD.
- There is a lack of consistency in the timing and positioning of HGD across programmes. At undergraduate level it is likely to occur early in the programme and prior to placement and students will be expected to achieve a basic or beginning understanding. There were a few examples of revisiting HGD later in the programme, although there may not be a clear underpinning rationale for this progression. At postgraduate level it may not be taught at all – one programme required students to have an undergraduate degree in Social Sciences and presumed this included knowledge of HGD.
- An emerging interest in links between human growth and development, mental health and disability, and bio-social and neuroscience research is evident, but to date this remains a minority interest.

Recommendations

Debate is needed about the nature and value of 'HGD' as a concept and its deployment in professional education. From the perspective of social work, HGD may be over-identified with child development, the medical model and discourses of loss and abnormality. Its potentially useful focus on 'how we become who we are' may thereby be lost.

Integration in the curriculum of a positive discourse of 'HGD', or a reframed equivalent such as a 'life course approach', needs to be clearly conceptualised and mapped against different modules across the curriculum. There are valuable opportunities to build a whole curriculum underpinned by such an approach.

2 HGD curriculum content as it relates to mental health, disability and dementia

- 'HDG' is a contested area in terms of curriculum content. It is not self-evidently applicable to mental health, disability or dementia.
- HGD is 'traditionally focused on child development' (Le Riche et al, 2008, p viii) and may also arise in relation to end of life care and to dementia, but the intervening period of 'adulthood' appears to receive scant attention.

- 'Normal/abnormal' or 'typical/atypical' development is also a contested issue. The concepts may be more prevalent as they relate to child development but are strongly contested by advocates of the social model of disability.
- Disability and mental health are likely to receive limited attention from an HGD perspective in social work curricula, except in the context of ageing.

Recommendations

The concept of HGD as it might apply to mental health, disability and dementia needs vigorous debate. This will underline its explanatory value for newly developing fields such as wellbeing, drawing on new knowledge such as that from neuroscience and addressing new ways of integrating these developments within the curriculum such as end of life care.

3 Curriculum content on mental health, disability and dementia

- Outside the context of ageing, mental health, disability and dementia receive variable attention even when not linked to HGD.
- Mental health, disability and dementia are usually, but not always, included in the curriculum, and mental health is more likely to be taught than disability or dementia.
- None of these three topic areas are necessarily linked to each other, although dementia is more likely to be linked to mental health than to disability.
- None of the three areas are necessarily linked to an HGD framework.
- Learning disability receives scant attention with the notable exception of one programme that focuses on a dual award of Social Work and Learning Disability Nursing. The relationship between learning disability and mental health does not appear to be explored.

Recommendations

The inclusion in the curriculum of mental health, disability or dementia is more variable and more a product of factors such as the availability of staff champions than it should be. This invokes the questions debated by the Social Work Task Force about a prescribed curriculum and whether certain areas can or should be defined as core. It is our view that undoubtedly each of these three areas should be included in the education and training of qualifying social workers, with particular attention paid to the risk of exclusion of learning disability and dementia from the curriculum.

In a context of resource constraints, including curriculum time available, models of 'good practice' that bring these areas together may be particularly useful.

If practice learning days are reduced in response to the Social Work Task Force recommendations, these three areas should, as a matter of priority, receive more attention in the curriculum.

4 Personalisation

- Personalisation essentially remains a new policy initiative, vulnerable to changes in government priorities and focus.
- Personalisation is fundamentally about person-centred practice, a long-standing element of social work practice linked to the strengths perspective.
- Personalisation has not yet been specifically linked to HGD in qualifying social work education, but the potential for doing so is evident.

Recommendations

Personalisation, as it relates to a person-centred focus, should be integrated into teaching on mental health, disability and dementia, drawing on models of good curriculum practice, In the same contexts as outlined in number 3 above, personalisation should be considered as a core curriculum area.

5 Human growth and development, mental health and disability and HGD approaches to teaching and learning

- There was a view among interviewees that HGD is conceptually demanding and a challenge to teach, particularly at undergraduate level.
- There were examples of innovative approaches to teaching including use of case scenarios and drawing on relevant user and carer stories and students' own experiences in order to support understanding of theoretical material and its implications for practice.

Recommendations

There is evidence of innovative approaches to teaching in this report. Earlier reviews (Taylor et al, 2006; Le Riche et al, 2008) have also highlighted innovative and inclusive approaches to teaching about mental health and older people and also provide researched examples of approaches to building on 'testimonies of experience' from users and carers and of the effectiveness of life-story work and related approaches in increasing student interest and changing attitudes. Publishers might consider commissioning a social work text in this area so that academic staff can (i) own HGD rather than seek other disciplinary input, and (ii) draw on a text that is accessibly located in social work.

Opportunities for mapping and explicitly re-visiting human growth and development, mental health and disability throughout the curriculum need to be explicitly developed.

6 Human growth and development, mental health and disability and practice learning

- The explicit relevance of human growth and development, mental health and disability for practice and links to practice learning appear undeveloped.

Recommendations

There is a need for development of explicit aims and objectives identifying how teaching and learning of human growth and development, mental health and disability will help achieve the learning outcomes for competent social work practice, and link to NOS.

Opportunities might be explored for new kinds of placements with people who use services and carers, offering opportunities for student learning first hand about disability, mental health and HGD.

7 Academic staff

* Staff interest and expertise is likely to influence the extent to which human growth and development, mental health and disability, dementia or personalisation are addressed.
* Some programmes purchase expertise from other HEI disciplines, such as psychology or nursing.
* However, where other disciplines take on a coordinating role in the teaching of any of these topic areas, it is sometimes more difficult to make the link with social work practice.

Recommendations

Building on staff interest and expertise across and between related modules may help coordinate and deepen teaching and learning of human growth and development, mental health and disability. Commissioning teachers from other disciplines to fill gaps in social work staff expertise is likely to be more effective if the external input is coordinated by a social work convenor.

8 Service user **or carer educators**

* Compared to other areas of the taught curriculum, people who use services and carers are least likely to be involved in HGD teaching.
* How people who use services and carers are involved varies. It extends from the testimony of experience approach (as discussed in Taylor et al, 2009) to a range of other innovative approaches. These include: the use of life-story interviews, student observations of aspects of human growth and development, mental health and disability, mini-practice learning experiences with individual people who use services and, in one programme, co-facilitation of the module with service user educators working alongside academics.
* Involving service user and carer educators is seen by many as an important way of linking theory, experience and practice.

Recommendations

Involvement of people who use services and carers in the teaching and learning of human growth and development, mental health and disability needs further development. There are examples of good practice and opportunities here for

creative and innovative practice and for the powerful modelling of a strengths-based approach to human growth and development, mental health and disability.

8.1   Conclusion

At a time of anticipated significant change to the social work education curricula, an exciting challenge to social work educators presents itself. That challenge is to design and develop whole programmes underpinned by planned, sustained and inclusive attention to HGD. Such an approach might be encapsulated in the words of one carer from the project Stakeholder Group who saw the aim of studying HGD as seeking to understand "how we become who we are".

9 Recommended resources

The following resources were listed by interviewees as those they had found particularly useful in their teaching of human growth and development, mental health and disability:

Baldwin, C. and Capstick, A. (eds) (2007) *Tom Kitwood on dementia: A reader and critical commentary*, Maidenhead: Open University Press, McGraw-Hill Education.

Bentall, R. (2009) *Doctoring the mind: Why psychiatric treatments fail*, London: Penguin.

Bond, J., Peace, S.M., Dittman-Kohli, F. and Westerhof, G. (eds) (2007) *Ageing in society* (3rd edn), London: Sage Publications.

Crawford, K. (2006) *Reflective reader: Social work and human development*, Exeter: Learning Matters.

Crawford, K. and Walker, J. (2007) *Social work and human development* (2nd edn), Exeter: Learning Matters.

Kitwood, T. (1997) *Dementia reconsidered: The person comes first*, Buckingham: Open University Press.

Lewis, M. (1998) *Altering fate: Why the past does not predict the future*, New York, NY: Guilford Press.

Marshall, M. and Tibbs, M.A. (2006) *Social work and people with dementia: Partnerships, practice and persistence*, Bristol/London: The Policy Press/BASW.

Ryan, T. and Pritchard, J. (eds) (2004) *Good practice in adult mental health*, London: Jessica Kingsley Publishers.

Slater, N. (2003) *Toast: The story of a boy's hunger*, London: HarperCollins.

Stockwell, P. (2005) 'Systemic ideas and life story work with older people', *Context 77*.

The following authors were also mentioned by interviewees but no specific text cited:

Foucault, Priestley, Tom Shakespeare, Twigg, Jenny Morris, Myrna Downs (regarding dementia), Linda Machin, Dorothy E. Smith.

Recommended electronic resources

BBC Education for brain development: www.bbc.co.uk/learning

Department of Health Personalisation: http://webarchive.nationalarchives.gov.uk/ www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/DH_080573

Equalities and Human Rights Commission: www.equalityhumanrights.com/

Mind: www.mind.org.uk

The Policy Press series on Ageing and Life Course: www.policypress.co.uk/browse_ ageing.asp?

Research centres at Stirling and Bradford Universities:

www.dementia.stir.ac.uk

www.brad.ac.uk/gateway/research

Sainsbury Centre for Mental Health research materials:

www.scmh.org.uk

SWAP website on policy, also video clips, plus SWAP/HEA course on use of media in teaching mental health: http://resmind.swap.ac.uk/index.htm

SCIE material on critical analysis of literature (from social research module): www.scie.org.uk/index.asp

Plus:

Nectar (2005), a film directed by Elizabeth Crowe.

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Lloyd, R.E. (2004) 'Mortality and morality: ageing and the ethics of care', *Ageing and Society*, vol 24, no 2, pp 235–56

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Appendix 1: Good practice examples

Introduction

Some strong examples of well thought through and intellectually challenging curriculum practice are included here. We had hoped that more such examples would have emerged. The texts of the following examples have been agreed with programme providers. The examples provide a varied level of conceptual and practical detail but all are included on the basis that they offer possible approaches that educators might use.

Good practice example 1: HGD and dementia
Pat Woolley, Area of Practice Adults: Keele University
Undergraduate, Required

Pat leads a session with two practitioners from 're-ablement teams' within a project providing intermediate care for people with physical disabilities along with dementia. In the first part of the day she introduces the new dementia strategy, 'dementia and learning disability', examining the psychological and social impact for people who use services and carers. She then includes a carer's perspective on caring for a mother with dementia. She also challenges the assumption that dementia only happens to older people, and looks at the impact for younger people, for example a 52-year-old. She reviews the new research that people with learning difficulties are more likely to get dementia at a younger age.

She challenges the National Service Framework mental health strategy that excludes those over 65 and examines categorisations and discrimination.

A supporting Law lecture provides the law and policy context.

Mo takes an area and looks at it in detail, using a range of resources, for example, acquired neurological diseases and dementia in younger people. She has used the Iris Murdoch book as a basis for the assignment. She has also used the video 'Yesterday, Today and Tomorrow' (Alzheimer's Society) and the book *Notes on a post-it* regarding a younger person's dementia (60-year-old editor) plus the play 'Mind the Gap' and Kitwood's work.

Emphasis is on the importance of biography in dementia, knowing who the person is – a range of approaches – the student's own biography, memory box exercise, exercise on furnishing own room in a care home to get across the importance of this area – a critical issue for social work with older people.

Mo has been doing development work on life biography within care homes – appalled at the absence of biographical material, for example, photo albums, CDs of favourite music etc. Feels social workers have an ethical and moral obligation to help older people retain biographical memory – part of assessment and transition process to draw attention to this and engage relatives, staff etc.

Strengths: emphasis on impact of structural issues and how they may gather momentum through the life course.

Critical perspective on transitions and role of transitions.

Importance of continuity in relation to change and transition.

Additional dimensions for some groups, for example, dementia and ethnicity, gender and ageing (for example, changing perspectives on masculinity across the life course).

Good practice example 3: Building on staff interest and expertise
Hannah Morgan, Bob Sapey and Wendy Tonge, Lancaster University
Undergraduate, Required

The staff team share an interest in adult services, including personalisation, mental health and learning disability, and are making increasing links between the teaching in their modules and in cross-referencing issues.

Disability studies perspective provides a broader theoretical model than just a social model. Disability in Society module is a deliberate attempt to introduce this and engage with disability and disabled people – not someone with MS etc. Some students struggle, but positive feedback.

Very strong use of people who use services and carers in teaching.

Good use of grey literature – much produced by people who use services and carers organisations to access 'lived experience' of disabled people as whole individuals within their communities.

Complementarity between disability, ageing, mental health and equalities modules, building on one another without duplication has worked very well.

Practice learning in user-led organisations – comes back into classroom discussions – much more powerful than what staff can say.

Good practice example 4: Involving service user educators **in human growth and development, mental health and disability planning and teaching in mental health**
Claire Gregor and Helen Smith, University of Reading
Undergraduate and postgraduate, Required

The mental health and mental illness module is planned with and each session co-taught along with person who uses services educator XXX, who is contracted for this teaching and whose input is treated 'like another lecturer'. Claire and Helen have done it this way for the past two years. Helen has been involved for past three years. On one week, five other service user and carer educators come in and share experiences etc.

Aim is making mental illness not scary, emphasis that it can happen to anyone at any point over the lifespan; aim to cover major mental illnesses, introduce CPA; encourage people who use services to share their experiences; encourage students not to get seduced into taking an either/or approach to medical and social models. Helen models 'normality' of living with mental illness and shares her experiences of 30 years. Claire shares current practice experience.

Dementia: both the person who uses services with dementia and their carer were involved. The aim of the session was 'to improve understanding of dementia, focusing on person-centred practice', drawing on 'bio-psycho-social models'. A person who uses services educator with dementia and related tremors, currently controlled by drugs, and his wife who is his carer:

> ... provided their perspective of impact on their separate lives and relationship.

Questions are prepared ahead of time so not too intrusive. The carer was initially more reluctant but prepared to talk about ethical issues, emotional aspects and questions such as at what stage you hide the car keys.

Considerable thought went into the preparation for the session and the social work educator emphasised that it would not have been suitable to involve these service user and carer educators without a lot of support. The person who uses services and carer/partner were contacted via the local Alzheimer's society, who provided transport. The social work educator met them at their home and agreed questions etc beforehand.

There was a de-brief after their input and then access to student feedback, and later they were part of an annual people who uses services/carer educator review day. The person who uses services educator 'didn't have great memory of event but keen to be involved again'.

Co-teaching: a great success. When XXX was involved in a less integrated way, she was treated differently by students. Full integration means they treat her as educator. Lots of learning for Claire also.

See Gregor and Smith (2009) 'I'm not a performing monkey', *Social Work Practice*, March, vol 23, no 1, pp 21–34.

Good practice example 5: Higher education institution (HEI)-based learning opportunities in relation to personalisation
Ali Gardner, Manchester Metropolitan University
Undergraduate and postgraduate, Required

In the new Personalisation module.

Maps key roles with National Occupational Standards (NOS) and linked to NOS.

Virtual budgets – students are asked to plan their own personalised care as if they had a disability on a fixed virtual budget.

Elearning opportunities – Social Care TV via SCIE in autumn; elearning for all Social Work students from Department of Health 'Personalisation' project – for information see SCIE website in early 2010.

Most important element is input from people who use services.

Teaching around social and medical model and around history – map regarding historical moments.

These resources add to the small amount of focused research or texts on personalisation available as yet, and variable practice learning experiences in this area.

Good practice example 6: HGD and carer experience
Cath Holmstrom and Angela Lane, University of Sussex
Undergraduate

The HGD module featured a session on 24 hours in the life of a carer. This session was a presentation given by four carers who each chose to tell the story of their 24 hours in a different way (through diary, poetry, prompts etc). The session, led by Angela, focused on HGD issues for carers. All were asked to write or prepare something on that to present to the students. Raised important issues about the human growth and development of carers and personal impact of caring.

> In part why it is such an appropriate place to make a contribution as a kind of living case study. But never as just one thing. For me I have my own personal mental health journey, my journey as a carer, my experiences of interactions with professionals and of the letting go of some things with my daughter.

> All that is about human growth and would want students to consider and apply that to themselves, that life is complicated and at times messy. People cannot be fitted into nice little boxes labelled carer. (Angela)

Good practice example 7: Human growth and development, mental health and disability and practice learning
Bernadette Kelly, Queen's University Belfast
Undergraduate, Required

Specialist academic tutors are allocated to students during practice learning experience. These tutors have specialist knowledge of social work with the particular group of people who use services. For example, a tutor who specialises in disability will provide tutorials (both face-to-face and online) with students in disability-related placements. This tutor ensures that HGD issues among others in relation to disability are addressed during practice learning experience.

Good practice example 8: Human growth and development, mental health and disability – self-directed study
Anna Fairtlough, Goldsmiths College, University of London
Undergraduate and postgraduate, Required

The HGD modules for the BA and the MA in social work at Goldsmiths feature study packs on disability among other topics whereby the students are supported to specialise in a study of disability on relation to HGD and after several weeks to give a presentation on the topic.

Good practice example 9: Assessment of human growth and development, mental health and disability
Lee Ann Fenge, University of Bournemouth
Undergraduate, Required

Assessment is in two parts:

– essay at end of first term – to look at theoretical perspectives which influence social work practice – most students go for attachment theory

– case study analysis at end of second term – choice of four scenarios – older person with stroke, withdrawn in hospital – what psychological theory might inform; black woman adolescent in day centre – transition to adulthood; male in forties in alcohol rehab, gay; looked-after child whose mother has died, aunt suddenly on scene

More than a third of students do older person or male in forties. Lee encourages students to take up unfamiliar options.

Appendix 2: Practice survey correspondence and questionnaires

1 Letter to possible interviewees

Dear

I would like to invite you to participate in a Practice survey that the University of Sussex are undertaking on behalf of SCIE to explore the teaching and learning of mental health and disability within the human growth and development (HGD) curriculum in qualifying social work programmes. Your name has been given to me by … who I believe may already have discussed this with you. We are aware of your work in this area and do hope you will wish to participate.

Participation in the survey would involve a telephone interview focusing on your contribution to and your views about the teaching and learning in this area. The interview will last up to one hour and take place at a time convenient to you. I will send you a schedule outlining the areas we would like to discuss with you ahead of time.

We are keen to encourage user/carer educators' participation in the telephone interviews and to identify examples of good/innovative practice. All data will be anonymised and no programme mentioned by name except, with programme permission, to highlight examples of good practice.

Please see the attached information sheet for further details. I would be happy to provide further information or respond to any queries you may have.

We are aware of the pressures on service user and carers contributing to programmes, so thank you in advance for your participation.

I look forward to hearing from you.

With best wishes

Margaret Boushel
m.boushel@sussex.ac.uk
Tel: 0117 942 3720

on behalf of the project team

Margaret Boushel
Dr Russell Whiting
r.whiting@sussex.ac.uk
Professor Imogen Taylor
i.j.taylor@sussex.ac.uk
Jess Hallett (Administrator)
j.e.hallett@sussex.ac.uk
Tel: 01273 872768

2 Email to Stakeholder Group regarding first consultation

Date: 02 June 2009 13:55 +0200

From: rlw23@sussex.ac.uk

Subject: Research project – first consultation

Dear All,

First of all, thank you all for agreeing to join (or at least expressing an interest) in the work of the Advisory Group on the University's research project looking at how the topics of human growth and development, mental health and disability are addressed in qualifying social work courses in England, Wales and Northern Ireland. Some of you I know have put yourselves forward for this some time ago and have been awaiting this contact. Thank you for your patience. Others of you have only recently come on board and still others are looking for more information as to what is involved. Hopefully this email will address the concerns of all of you.

We envisage that the advisory group involvement will be split into several stages. The first stage is to ask you to complete the attached form. The form is split up into a series of questions. Some of you may want to respond to all of them. Others may only want to comment on particular questions. Please feel free to write as much or as little as you want. All information gathered will be useful. We will then use this information in order to help us complete an interview schedule for use on the Practice survey.

Over the summer we will conduct the research – contacting other universities, interviewing over the 'phone and gathering together information received. We will then send out to yourselves either a draft report or a summary of findings for your comments.

We plan to hold a day for the Advisory Group to meet and comment further on the reports in the autumn. The final report is due to be submitted to the Social Care Institute for Excellence at the end of November.

You could email the completed form back to us. If you wish to remain anonymous you could post a copy to Jess Hallett (who is working as administrator on this project) to the address below. It you do remain anonymous it would be helpful to know if you are a person who uses services or carer, student, academic or practitioner. There is a space on the form for this.

If you choose to email the form back to us could please return it to me and to Jess (copied to this email) at the university. We are hoping to begin interviewing towards the end of June so if you could get it back to us by the end of next week that would be helpful.

Thank you all for your interest thus far and I am very much looking forward to working with you, along with my colleagues on this project – Jess, Margaret Boushel and Imogen Taylor. Best wishes Russell (Dr Russell Whiting)

## 3	First consultation with Stakeholder Group

Questionnaire

We are at the stage in the research on qualifying social work education about mental health, disability and human growth and development where we are developing a questionnaire as the basis for telephone interviews with social work educators and with service user and carer educators who teach human growth and development, mental health and disability. This Practice survey will explore a number of questions in an attempt to map the current state of teaching and learning, and what is known about its evaluation.

From your experience we would like your comments on any particular issues that you think should be highlighted in exploring the following questions:

- What should be the key aims of teaching and learning about human growth and development, mental health and disability?
- What should be the content of human growth and development, mental health and disability?
- How should the teaching and be organised? Is there a balance to be struck between college and practice-based teaching and learning?
- Who should be involved in the teaching and learning?
- What should the main theoretical approaches underpinning the teaching and learning?
- What are the key strengths and weaknesses of the human growth and development, mental health and disability teaching and learning that you have experienced or helped to provide?

We would also like to hear your views on any other issues that you think are particularly relevant to the research questions we have identified.

You can complete this form anonymously or not (the choice is yours), but it would be helpful if you could indicate here if you are a student, practitioner, academic, person who uses services or carer....

## 4	Letter of invitation to Stakeholder Group meeting

28 October 2009

Re: Stakeholder Group meeting for the SCIE human growth and development, mental health and disability in social work education research project

Dear colleague,

This letter is to invite you to a meeting marking a further stage in the Stakeholder Group involvement in the above research project. Many of you were kind enough to return a questionnaire at an earlier stage and the information gathered was very useful. Others of you were not able to do this but we would still like to give you a further opportunity to be involved in this project.

We are now approaching the end of this project and will shortly be collating initial findings from our telephone interviews with participants at universities around the country and will be producing a summary. We would like to send you this summary and then invite you in to a meeting at the university to discuss the findings.

The meeting will be held on Monday 16 November from 11am–2pm in Essex House Room 5 at the University of Sussex. Lunch will be provided. The summary of initial findings will be sent out for your consideration at the beginning of the week before.

If you cannot attend the meeting you would still have the opportunity to send in your comments on the initial findings and for those comments to be raised in the meeting.

Could you please let me know whether you are interested in still being involved in the project, and whether you will be able to attend the meeting on the 16th.

The project team are looking forward to resuming working with you again.

Yours sincerely,

Russell Whiting
r.whiting@sussex.ac.uk
Tel: 01273 678241

5   Publicity for the project placed in the SWAP newsletter

Social work teaching and learning about mental health, disability, dementia and personalisation – invitation to participate in the SCIE Practice survey

Researchers at the University of Sussex have been commissioned by SCIE to conduct a Practice survey into the teaching of mental health and disability via human growth and development modules on qualifying social work programmes. We have additionally been asked to look at how the policy of personalisation and the topic of dementia are being addressed.

If you are involved in the teaching of these topics either as an academic or as a person who uses services or carer and would be prepared to be interviewed by telephone as part of this survey please contact Russell Whiting (details below). The project team are particularly interested in good practice examples and innovative and experimental approaches to the teaching of these topics. We look forward to hearing from you.

Project team

Margaret Boushel: M.Boushel@sussex.ac.uk
Dr Russell Whiting: R.Whiting@sussex.ac.uk
Professor Imogen Taylor: I.Taylor@sussex.ac.uk
Project team telephone no: 01273 872768

6   Letter to prospective interviewees

Practice survey on human growth and development, mental health and disability

The Practice survey will explore the teaching and learning of mental health and disability (MHD) within the human growth and development (HGD) curriculum on qualifying social work programmes in England, Wales and Northern Ireland. The focus is on the themes of mental health and disability as they apply to adults, with special reference to dementia and personalised services. The Social Care Institute for Excellence (SCIE) has commissioned the University of Sussex to undertake this research that builds on earlier work undertaken by members of the project team.

The aims of the Practice survey are to explore:

- the nature of qualifying social work education about human growth and development and mental health and disability
- how human growth and development, mental health and disability teaching and learning is conceptualised, organised, assessed and evaluated within the classroom and practice learning curriculum; and
- the ways in which the topics of dementia and personalisation are considered.

We are interested also in how people who use services and carers are involved in human growth and development, mental health and disability teaching and learning and in their views and experiences, and particularly interested in good practice examples and innovative approaches to teaching and learning.

Fifteen centres of social work education have been invited to participate. Centres have been selected in order to access known interest and expertise, encourage self-identification and ensure a range of provision and focus, with representation from all three countries. A project steering group, including service user/carer educators and other stakeholders, will assist in the development of interview focus and identification of key themes.

The Practice survey will:

- undertake semi-structured telephone interviews with, at a minimum, one educator and one person who uses services/carer educator from each programme best placed to report on management and organisation, teaching, learning and assessment of human growth and development, mental health and disability within the classroom and
- analyse a selection of relevant programme documentation.

We are also keen to talk to practice learning coordinators who have an interest in this area.

The telephone interviews will take up to one-and-a-half hours. Interview schedules will be made available ahead of time. Programme lead participants will be asked to forward information and an invitation to participate to service user/carer educators.

The anonymity of all participating programmes and individual participants will be ensured. Data provided will be anonymised. Where examples of good practice are identified, programme representatives will have the opportunity to comment on the text and decide whether they wish the programme to be named. The Practice survey will be conducted within the framework of the *Sussex Institute research governance and ethics standards and guidelines* (www.sussex.ac.uk/si/1-7-6.html) that has granted ethical approval.

Margaret Boushel: M.Boushel@sussex.ac.uk
Tel: 0117 942 3730

Dr Russell Whiting: R.Whiting@sussex.ac.uk
Tel: 01273 872768

Professor Imogen Taylor: I.J.Taylor@sussex.ac.uk
Tel: 01273 872511

7 Telephone interview schedule for educators teaching human growth and development

Human growth and development and mental health and disability

The University of Sussex has been commissioned by the Social Care Institute for Excellence (SCIE) to undertake a Practice survey examining the teaching, learning and assessment of mental health and disability within the human growth and development curriculum on qualifying social work programmes in England, Wales and Northern Ireland. The survey aims to map current practice in this area and attempt to identify examples of 'good practice'. As part of the Practice survey a number of telephone interviews are being completed to access the perspectives of higher education (HE) providers in England, Wales and Northern Ireland. This includes, where possible, the perspectives of service user and carer educators in this field. Material gained during the interviews will be anonymised but where we identify 'good practice' examples we will seek consent to include these in the final report.

Section 1: all participants

1 Information on context

Name of respondent:

Programme name:

Location:

Level: Undergraduate/postgraduate/both (please identify which course is the subject of the interview)

Average number of students in each year of programme:

2 Role of respondent:

a) Member of core academic staff
b) Person who uses services/carer educator
c) Both

3 Responsibility of respondent:

a) in relation to the programme as a whole
b) in relation to the organisation and delivery of HGD and mental Health
c) in relation to the organisation and delivery of HGD and disability

4 Programme structure in relation to mental health and disability within HGD teaching and learning curriculum

Do you have a separate sequence/module on HGD? Is the teaching of this topic integrated into other modules? If so, in which modules?

Please describe.

Section 2: HGD module convenors/lead staff

1 HGD classroom-based curriculum

i) Structure and sequencing of HGD teaching and learning

- At what point(s) in the course does the HGD teaching take place?
- Are students also involved in practice learning when the classroom teaching takes place?
- Does the HGD teaching take place with social work students alone or does it involve other disciplines? If so, which disciplines?
- Is the teaching mostly classroom or practice-based or a mixture of both?
- Apart from social work educators, who is involved in the organisation and delivery of the teaching – practitioners, users and carers, educators from other disciplines, managers? Others?

ii) HGD content in relation to mental health and disability

- What proportion of the HGD teaching focuses specifically on
  – mental health and
  – disability?
- How would you describe the focus and content of the teaching and learning in relation to both areas?
- Within these areas, to what extent is there a focus on
  – dementia and
  – personalisation?
- How would you describe the focus and content of the teaching and learning in relation to both areas?

- Do you know if HGD perspectives on mental health and disability (including dementia and Ppersonalisation) receive attention elsewhere in the programme, and if so, where?
  – mental health
  – disability
  – dementia
  – personalisation

iii) What are the main aims of the HGD teaching and learning, for example, improving understanding, changing attitudes, improving the quality of practice, improving outcomes for users and carers, increasing interest in this area of practice? Other aims?

iv) In organising the content

- Does the teaching follow a linear/sequential pattern (birth to death), is it topic, theory or equalities/rights-based? Or do you have a different organising framework?
- How would you characterise the theoretical base of the teaching (for example, psycho-social, socio-biological, ecological, equalities/rights-based)? Other? A mixture?
- How would you characterise the pedagogical approach? (for example, formal didactic learning, classroom-based experiential learning, problem-based learning, other forms of groupwork) Other? A mixture?
- How do you integrate issues of equality and diversity into the teaching of HGD?

v) In relation to assessment and evaluation

- What outcomes are assessed and how?
- How are student perspectives of the classroom-based teaching and learning ascertained? What evidence is there of their perspectives?
- How are service user/carer educators' perspectives of the classroom-based teaching and learning ascertained? What evidence is there of their perspectives?

Practice learning and human growth and development, mental health and disability

In relation to practice learning:

- Can you give examples of material from practice being used as part of Hhuman growth and development, mental health and disability teaching and learning in the classroom?

  [*prompt: seek specific examples*]

- Can you think of any specific examples of where your programme requires human growth and development, mental health and disability to be demonstrated in practice learning?

Strengths, weaknesses and good practice

What particular strengths and weaknesses of the human growth and development, mental health and disability teaching and learning:

- would you and your colleagues identify?
- have been identified from evaluation processes?

Can you think of any additional examples of good or innovative practice in your teaching of HGD-mental health? Would you be happy for these to be identified in the final report?

Service user and carer HGD educators

If service user and carer educators are involved in the HGD teaching and learning, would you be happy to provide them with details about the Practice survey and invite their participation in a telephone interview? How best can we arrange this?

Programme materials

- Would you be prepared to send us any relevant teaching material?
- Would you be prepared to send us any relevant evaluation material?
- Can you think of any particular resources – research, articles, websites etc – that you have found useful in developing teaching and learning about human growth and development, mental health and disability?

Thank you for taking part in this interview.

Section 3: Mental health/disability educators

1 Mental health/disability classroom-based curriculum

i) Structure and sequencing of mental health/disability teaching and learning

- At what point(s) in the course does the mental health/disability teaching take place?
- Are students also involved in practice learning when the classroom teaching takes place?
- Does the mental health/disability teaching take place with Social Work students alone or does it involve other disciplines? If so, which disciplines?
- Is the teaching mostly classroom or practice-based or a mixture of both?
- Apart from social work educators, who is involved in the organisation and delivery of the teaching – practitioners, users and carers, educators from other disciplines, managers? Others?

ii) HGD content in relation to mental health and disability

- What proportion of the mental health/disability teaching focuses specifically on HGD?

- HGD and mental health
- HGD and disability?
- How would you describe the focus and content of the teaching and learning in relation to both areas?
- Within these areas, to what extent is there a focus on
  - dementia and
  - personalisation?
- How would you describe the focus and content of the teaching and learning in relation to both areas?
- Do you know if HGD perspectives on mental health and disability (including dementia and personalisation) receive attention elsewhere in the programme, and if so, where?
  - mental Health
  - disability
  - dementia
  - personalisation

iii) Aims and content

- What are the main aims of teaching and learning about mental health/disability and HGD – improving understanding, changing attitudes, increasing interest in this area of practice, improving the quality of practice, improving outcomes for users and carers? Other aims/outcomes?
- How would you characterise the theoretical base of the teaching (for example, psycho-social, socio-biological, ecological, equalities/rights-based)? Other?

  [*prompt: seek specific examples*]

- How do you integrate issues of equality and diversity into the teaching of mental health/disability – HGD?

  [*prompt: seek specific examples*]

iv) Approach and organisation

- How would you characterise the pedagogical approach? For example, formal didactic learning, classroom-based experiential learning, problem-based learning, other forms of groupwork? A mixture?

  [*prompt: seek specific examples*]

- Apart from social work educators, who is involved in the teaching of mental health/ disability – HGD: practitioners, users and carers, educators from other disciplines, managers? Others? Where others are involved can you please give examples of their involvement?

v) Assessment and evaluation

- How is the learning about mental health/disability HGD assessed?

[*prompt: seek specific examples*]

- What outcomes are assessed?

[*prompt: seek specific examples*]

- How are students' perspectives of the classroom-based teaching and learning ascertained? What is known of their perspectives?
- How are service user/carer educators' perspectives of the classroom-based teaching and learning ascertained? What is known of their perspectives?

2 Practice learning and mental health/disability and HGD

In relation to practice learning:

- Can you give examples of material from practice being used as part of mental health/disability and HGD teaching and learning in the classroom?

[*prompt: seek specific examples*]

- Can you think of any specific examples of where your programme requires mental health/disability and HGD to be demonstrated in practice learning?

3 Strengths, weaknesses and good practice

What particular strengths and weaknesses of the mental health/disability and HGD teaching and learning:

- would you identify?
- have been identified from evaluation processes?

Can you think of any additional examples of good or innovative practice in your teaching of human growth and development, mental health and disability? Would you be happy for these to be identified in the final report?

4 Service user and carer mental health/disability and HGD educators

If service user and carer educators are involved in the mental health/disability and HGD teaching and learning, would you be happy to provide them with details about the Practice survey and invite their participation in a telephone interview? How best can we arrange this?

5 Programme materials

- Would you be prepared to send us any relevant teaching material?
- Would you be prepared to send us any relevant evaluation material?
- Can you think of any particular resources – research, articles, websites etc – that you have found useful in developing teaching and learning about mental health/ disability and HGD?

Thank you for taking part in this interview.

8   Data collection time line

May 2009	June	June and July	July and August	September and October	November	November and December 2009
Recruitment of Stakeholder Group	Initial consultation with Stakeholder Group and advertisement of project	Drafting of interview questionnaires Recruiting participants First interviews	Journal search	Further interviews Analysis of Data	Consultation meeting with Stakeholder Group to discuss initial findings	Report written up

Appendix 3: Participating programmes and practice survey findings

Table 1: Participating programmes: qualification level

Programme qualification level	Number of programmes
Undergraduate only	6
Postgraduate only	1
Both	16
Total	**23**

Table 2: Number of participants per higher education institution (HEI)

Number of participants per HEI	Number of HEIs	Number of participants
1	7	7
2	7	14
3	1	3
Total	**15**	**24**

Table 3: Programme responsibilities of Practice survey participants

Educators with HGD as primary focus	Educators with mental health as primary focus	Educators with disability as primary focus	Educators with 'adults' as primary focus	Other[a]
8	4	5	4	3

Note: [a] Programme director, practice learning coordinator, people who use services and carer coordinator.

Table 4: Organisation of HGD, mental health and disability, and working with adults teaching and learning within programmes

Organisation of human growth and development, mental health and disability teaching	Number of programmes with specific HGD modules	Number of programmes with specific mental health modules	Number of programmes with specific disability modules	Number of programmes with specific working with adults modules
Separate mandatory module	18	5	2	3
Separate elective module	1	4	4	9
Integrated, no separate module	4	9	10	6
No information	0	5	7	5
Total	**23**	**23**	**23**	**23**

Table 5: Theoretical perspectives underpinning HGD teaching and learning in HGD-specific modules

Theoretical perspective	Number of HGD modules	Number of mental health modules	Number of disability modules	Number of working with adults modules
Psychological	1	1		
Sociological	2	1	1	1
Psycho-social, including life course critiques	3	4	2	3
Bio-psycho-social, including neuroscience	4	2		1
Social model of disability		2	6	1
Equality/rights	7	1	6	3
Ecological/range of perspectives	1	1	3	2
Gerontological	1		1	3
Post-structural	2		1	
No information	3			
More than one of the above	7	1	6	4

Table 6: Aims of human growth and development, mental health and disability teaching and learning

Aims of human growth and development, mental health and disability teaching and learning	Within HGD modules: number of modules	Within mental health modules: number of modules	Within disability modules: number of modules	Within working with adults modules: number of modules	Within integrated approaches
Increase knowledge and understanding of HGD 'normal development only'	2				
Increase knowledge and understanding of HGD including mental health	5	3		3	
Increase knowledge and understanding of HGD including disability	2		2	2	
Increase understanding of structural context	4	4		2	1
Increase understanding of experiences of disabled people and/or people with mental health difficulties	3	4	2	3	
Develop critical perspective	3	3	4	3	
Change or develop attitudes	2	1	2	2	
Improve practice quality and outcomes for people who use services	1	2		1	
Increase interest in this area	2	1	2	1	
No information	4				

Table 7: Approach to HGD teaching and learning in HGD-specific modules

Approach	Number of HGD modules
Topic-based	7
Theory-based	3
Equality/rights based	1
Linear/life course	11
Experiential	1
More than one approach	All

Table 8: Attention to mental health-related HGD teaching and learning within the qualifying social work curriculum

Degree of attention	In HGD modules	In mental health modules	In disability modules	In working wit adults modules
Substantial attention (more than two hours)		2	0	3
Some significant attention/ integration in this and other teaching	9	2	4	5
Fleeting references only	5	5	0	1
Not covered	2	4	2	2
No information	4	3	2	6
No module with this focus	3	7	15	6
Total number of programmes	**23**	**23**	**23**	**23**

Table 9: Attention to disability-related HGD teaching and learning within the qualifying social work curriculum

Approach	In HGD modules	In mental health modules	In disability modules	In working with adults modules
Substantial attention (more than two hours)	3	1	6	4
Some significant attention/integration in this and other teaching	8	2		4
Fleeting references only	4	3	0	1
Not covered	3	6	0	2
No information	2	1	6	6
No module with this focus	3	10	11	6
Total number of modules	**23**	**23**	**23**	**23**

Table 10: Attention to dementia-related teaching and learning within programmes (not HGD-specific)

Degree of attention	Dementia: number of programmes
Substantial attention (more than two hours)	3
Some significant attention (at least one hour's teaching)	11
Fleeting references only	4
Not covered	3
No information	2
Total number of programmes	**23**

Table 11: Attention to personalisation-related teaching and learning within programmes (not HGD-specific)

Approach	Personalisation: number of programmes
Substantial attention (more than two hours)	4
Some significant attention (at least one hour's teaching)	9
Fleeting references only	6
Not covered	1
No information	3
Total number of programmes	**23**

How we become who we are:

The teaching and learning of human growth and development, mental health and disability on qualifying social work programmes

Human growth and development is part of the required curriculum for social work education in England, Wales and Northern Ireland. SCIE has previously published a report on how old age is addressed in this part of the curriculum (Knowledge Review 23). Mental health and disability are also key aspects of human growth and development and Report 32 includes findings from a survey of the teaching and learning of these topics on qualifying social work programmes.

This publication is available in an alternative format on request.