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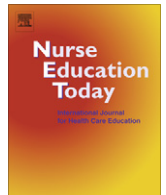
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Service user and carer involvement in learning and teaching: A faculty of health staff perspective

Robin Gutteridge*, Kerry Dobbins

Principal Consultant Health and Wellbeing, University of Wolverhampton, City Campus North, Wolverhampton WV1 1DT, United Kingdom

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SUMMARY

As part of a larger evaluation study, 20 members of staff in a Faculty of Health were interviewed about the impact of service user and carer involvement on learning and teaching. A qualitative approach was adopted and semi-structured interviews were used to explore current levels of involvement, barriers and solutions. The data generated was analysed using the principles of grounded theory. Findings suggest respondents recognised the requirement to involve service users and carers in their learning activities. Most wanted to develop this aspect of their educational provision but a number of barriers were described. Strategic and operational solutions were proposed to overcome these and respondents were positive about achieving meaningful involvement.

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Introduction

This paper reports one strand of a larger evaluation project, initiated by a Service User and Carer Education Partnership group (SUCEP) in a Faculty of Health. The remit of the group was to evaluate the impact of service user and carer involvement in learning and teaching and to devise ways of achieving sustainable, meaningful learning partnerships between service users, carers, academics and learners.

Service user and carer involvement in the education of health and social care professionals has become expected practice. Department of Health policy (DoH) (2005, 2007a, 2008) is driving a patient-led culture and this requires the workforce to develop the appropriate communication and negotiation skills, and different ways of working (Hawley, 2005). Although the benefits to learning have been identified in a number of studies (e.g. Barnes et al., 2006; Stevens and Tanner, 2006; Khoo et al., 2004), as yet there is little evidence of service user involvement achieving sustainable impact on the student learning experience. There is evidence of tokenistic involvement (e.g. Barnes et al., 2006; Felton and Stickley, 2004; Lockett et al., 2004; Forrest et al., 2000) and this is in contrast to the vision expressed by Trent NHS SHA (2005) and the values explicit in World Class Commissioning (DoH, 2007b, p. 1).

Social Work programmes are already required to demonstrate service user and carer involvement in every aspect of their learning and teaching, and other professional bodies are likely to follow this example. Therefore, higher education (HE) providers need to

demonstrate how service user and carer involvement conveys added value to the student experience across different dimensions of their function, such as curriculum design, teaching delivery, recruitment and selection, and assessment of students. However, even with political will, achieving integration and seamless processes to support involvement is a challenging enterprise for all concerned. Studies of service user participation highlight the organisational barriers arising throughout the process. For example, Brown and Young (2008) discuss some of the barriers created by administrative issues. Stevens and Tanner (2006) found that creative systems and infrastructures are necessary to support meaningful involvement. Additionally, Morgan and Jones (2009) report that very few studies incorporate the views of staff within HE regarding service user involvement.

This paper reports one facet of an overarching study which evaluated the impact of service user and carer involvement on learning and teaching in a Faculty of Health. The aims of the research were:

- to consider current evidence of impact on learning and teaching within the Faculty;
- to identify strategies for achieving effective partnerships between learners, practice, education, and service users and carers to enable meaningful impact in the future.

This paper seeks to illuminate the gap identified by Morgan and Jones (2009) by eliciting the views of frontline academic and administrative staff. The research questions for this part of the study were:

- How are service users and carers involved in the curriculum at present?

* Corresponding author. Tel.: +44 01902 518641.

E-mail addresses: robin.gutteridge@wlv.ac.uk, rg004b6649@blueyonder.co.uk (R. Gutteridge).

- What is the ideal level of involvement for the future? Is it the same in all programmes?
- What are the barriers to involvement?
- What good practice solutions exist?

Method

As this part of the study sought to elicit the little known views of staff (Morgan and Jones, 2009), a qualitative inquiry was appropriate. All the aspects of the research design and questions were evolved through consultation and collaboration within the SUCEP group. From this, a semi-structured interview schedule was constructed, which incorporated the Ladder of Involvement adapted from Tew et al. (2004). The entire interview schedule is included in Appendix A.

Quality reports, university policy documents, programme specifications and module descriptors were also scrutinised to offer an indication of top down drivers for involvement and the extent to which involvement, where reported, was reflected in learning outcomes in the Faculty of Health. As researchers and staff participants worked within the same organisation and because it was anticipated that some of the views elicited may be critical, particular attention was paid to processes of informed consent and issues of confidentiality and anonymity. Neither of the researchers had any managerial relationship nor were working directly with any of the participants. Ethical approval and copyright permissions were obtained. Data collection began in May 2007 and was completed by November 2007. Briefing and consent forms were circulated to all potential participants in advance and consent was revisited at the beginning of each interview. Informed consent was revisited throughout the interviews and participants were invited several times to review their transcripts and the way their responses were used to inform the final strategic report. Consent was gained once more before the report was submitted.

A purposeful sample of 29 teaching and administrative staff were invited to participate: all had experience of organising service user and carer involvement. 20 members of staff agreed to participate. Interviews lasted around 45 min and were conducted in a private room either by the Principal Investigator or Research Assistant. Notes were handwritten so they could be agreed by the participants during the interviews. The resultant qualitative information was subjected to thematic analysis, which was compared for reliability by both researchers and participants. The thematic analysis was based on the principles outlined by Strauss and Corbin (1998).

Results and discussion

Following a convention common in qualitative inquiry, the results and discussion are synthesised. Quotes are derived from the interviews with staff. The annotation in brackets indicates the chronology of the interview. The themes that emerged were, to some extent, informed by the semi-structured nature of the interview. Nevertheless, it was apparent that most of the respondents were concerned with barriers and solutions, and because these were the dominant themes that emerged they form the focus of the discussion. The findings are summarised according to the research questions.

Service user and carer involvement in the current curriculae

Current involvement has generated a positive perception of the impact on student learning, but respondents acknowledged this is not an evidence-based belief. Nevertheless, service user and carer

involvement prompted critical review of teaching content and methods. Respondents recognised that service user and carer involvement is essential. However, they were insistent that involvement should be purposeful and felt that there is scope for more research, for example about how service user involvement generates more inclusive attitudes, empathy or specific skills development, such as communication or care planning. As there are resource implications, respondents proposed careful appraisal to ensure the service user or carer involvement adds value and makes an identifiable contribution to learning outcomes, the quality of the student learning experience or service delivery in practice.

The ideal level of involvement for the future

The majority of respondents wanted a greater level of involvement than they had currently achieved. Respondents found the administration of service user and carer involvement and the necessary preparation to be a resource intensive activity. They were therefore concerned to ensure involvement is targeted where it will have the maximum impact on student learning. They felt current research does not enable informed decisions of this nature. All respondents could cite examples where involvement had not been successful either because logistics had not run smoothly or the preparation and support needed had been underestimated. They therefore felt inhibited because they understood how crucial it is 'to get things right' [Int.5].

'It needs planning and a controlled environment to ensure usefulness and relevance...there are resource implications [Int.7]...As well as challenging our whole teaching approach we have completely rethought our admin systems to ensure the logistics work efficiently [Int.4].'

Barriers to involvement

Respondents identified three key barriers to effective involvement. These were:

- Leadership and direction
- Links and networks
- Organisational and cultural barriers

The main barriers identified broadly support existing research literature and good practice guidance (e.g. Branfield and Beresford, 2006; Laurie, 2006; CUILU, 2005; Doel, 2005; Hawley, 2005; Levin, 2004; Hasler, 2003) but this research also enquired of respondents how they believed these barriers could be overcome.

Leadership and direction

This concerned the need for top down strategic leadership and political will. Respondents believed strategic leadership is needed to ensure effective systems and sufficient resources but more importantly, to drive creative solutions and sharing of good practice, evaluation and continuing development. This leadership was also seen as necessary for a coherent understanding about using involvement effectively to have the maximum impact on learning.

'There needs to be a higher status to the activity with top down leadership and evidence of value for money [Int.1]...An explicit public involvement strategy is needed with a commitment to achieve. It needs a clear mission statement to ensure the philosophy runs throughout the university with realistic funding [Int.5]...Time should be built in, not bolted on [Int.1]...Training

and support is needed for staff as well as service users in order to build their confidence [Int.5]. . . There should be opportunities created to share and build good practice, and develop a research evidence base [Int.3].'

Links and networks

The key challenge experienced by respondents was identifying appropriate people, gaining access to local networks and more particularly, seeking to involve service users from vulnerable groups, such as children and young people or those individuals who tend to remain unheard. Respondents were keen to ensure a pool of service user and carer colleagues was established to enhance representativeness, but also to enable students to understand links to relevant networks and organisations, in order to build their referral, advocacy and support skills.

'Good links to practice are needed to ensure a pool of service users and carers with a variety of skills, attributes and issues who can contribute to enhance representation and to attempt to include the voices of the hidden [Int.3].'

Organisational and cultural barriers

Respondents expressed a sense of responsibility towards service user and carer colleagues, with obligations to ensure appropriate payment, induction, support, liaison, training and informed consent. They were aware of the importance of this type of customer service in encouraging continuing involvement and widening the pool of participation from service users and carers. Respondents were motivated to achieve the high levels of planning and preparation necessary to enable service user and carer involvement, but identified a number of concerns about managing the logistics. Identifying and supporting training and development needs without being either patronising or unrealistic was a particular concern. Moss et al. (2008) and the Social Care Institute for Excellence (SCIE) (2007a) argue that training and facilitation is not something that should be done to service users and carers but that they should be involved in the decision making and planning of any training they may receive. Locket et al. (2004) suggest that this type of ownership generates a collaborative culture which is a key aspect of successful training.

The barriers identified were real issues. It was clear that at an operational level, involvement is not only about considering physical access. Respondents reported that some service users may not have a telephone, making it essential to plan well in advance. Others may not have a bank account or sufficient day to day cash to purchase refreshments or pay for public transport. Some service users were found to be daunted by the thought of speaking to a room full of students, or by technology, while the prospect of hidden norms and protocols of a meeting could generate significant anxiety. Respondents felt they do not have adequate time, financial resources and, in some cases, the knowledge and expertise to organise and facilitate all aspects of service user and carer involvement.

Some of these issues may be seen as peripheral to the actual educational involvement, but are nevertheless essential to facilitate meaningful involvement and avoid the type of tokenism identified by Barnes et al. (2006). Respondents in both academic and administrative roles felt they were experiencing increasing pressures on their time. They expressed anxiety that it will become increasingly difficult to achieve the levels of quality and customer service needed to ensure effective involvement. Although these may be seen as practical barriers, respondents felt strongly that they should be addressed at an organisational level, both for efficiency and value for money, and because they help develop the necessary inclusive culture. Locket et al. (2004) warn that the time

needed to ensure meaningful involvement is frequently underestimated. In the Faculty where this study was conducted, an acceptable (though not yet fully comprehensive) policy for payment of service users and carers is in place but took more than eighteen months of sustained collaborative work to achieve.

Some of the barriers identified by interviewees were specific to their own particular academic contexts. For example, including children and young people requires sensitivity to and recognition of the communication needs arising from different developmental stages as well as particular care for the ethical issues around consent. Involving new mothers, on the other hand, requires significant attention to be given to childcare commitments and to facilities such as privacy for breastfeeding. The majority of respondents were confident or very confident that their desired higher levels of involvement could be achieved if barriers such as these were removed.

'It needs staff who share the philosophy and use this to underpin their learning and teaching but is supported by appropriate admin and other resources with acknowledgement that this is a labour intensive activity [Int.1]. . . Systems like the new policy on payment are a good start but don't solve everything. . . Both attitude and anxiety can be a barrier and previous negative experiences are influential on both sides. . . There is a need for collaborative training and development to minimise the risk of tokenism [Int.3].'

Good practice solutions

Respondents cited many examples of creative solutions that were working effectively in their programmes. Some of these are generic while others may be subject specific. Several respondents thought it would be helpful to ensure learner skills for effective working with service users and carers are identified and explicitly assessed within programme and module learning outcomes. This is already common in Social Work Programmes. Respondents expressed a wish to increase involvement cautiously to enable rigorous testing and appraisal of impact and of resource implications at every stage.

Although anxious to be inclusive, respondents acknowledged that service user and carer involvement may not be helpful or cost effective in every aspect of the student experience or university operations. While involvement is required and was perceived positively to enhance the student experience, this should not lead to assumptions that any involvement is better than none and more research is needed to identify where and how added value can confidently be achieved. Respondents also felt that further development work is needed to ensure effective systems, administration and management as well as value for money. Some respondents pointed out that getting infrastructures and support right for service users and carers also informs good practice for learner and staff support, since staff members and students may themselves also be service users and carers.

Respondents felt that rigorous evaluation helps evolve strategy and future plans and strengthens the evidence base about the impact on learning. Khoo et al. (2004) and Le Var (2002) argue that there is a lack of evaluation of service user involvement in education and SCIE (2007b) places great importance on the need to evaluate. However, it also suggests that:

In part, the gap between participation levels and evaluative activity can be explained by the barriers. If we understand the barriers, we can begin to overcome them in order to make evaluation an essential part of participation (2007b, p. 2).

This is a particularly important and sensitive point because although stakeholder priorities may be shared and indirectly

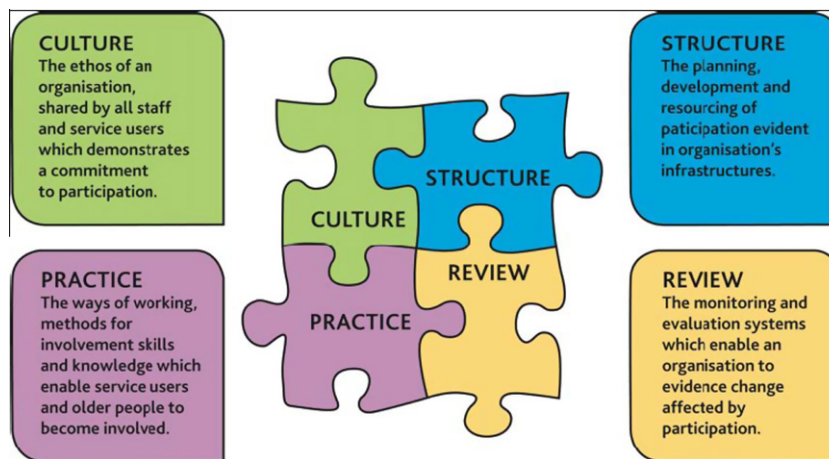


Fig. 1. A whole systems approach to service user and carer involvement. Reproduced by kind permission of SCIE from SCIE (2007a).

linked, there are differences in the priorities of each group. Other stakeholders may not share the primary aim of the university to enhance learning and teaching. There are potentially challenging cultural and political differences to negotiate when seeking to enable effective inter-professional working between service users, carers, their representative organisations and health and education providers. However, there was considerable commitment among respondents to evolve a mutual and reciprocal culture of trust and respect, which achieves a balance of rights, obligations and responsibilities, and makes time to establish communication and shared values.

Some respondents felt that strategic and organisational leadership would help them trust that this aspect of development work is valued by the organisation: some of the identified barriers reflect uncertainty about the underlying values and culture of the organisation, anxieties about the implications of challenging these and the need to avoid alienating the very people they wish to involve.

'An integrated values approach to teaching is needed that respects all contributors equally, but also keeps the personal individual experience [Int.6].'

SCIE (2007a) proposes a whole systems approach to developing service user involvement which involves looking at organisations as a jigsaw consisting of four pieces: culture, structure, practice and review (Fig. 1). In this guidance, SCIE suggests that staff may need training and support in developing a participatory culture, and that even where there is political will, attempts may fail if effective structures are not in place: 'Organisations must change at every level, from senior management to front line staff, if they want to achieve meaningful participation' (SCIE, 2007a, p.10).

Involvement needs always to maintain a focus on a central question: how does this involvement enhance student learning? Respondents affirmed the current research literature which indicates that service user and carer involvement does impact positively on student learning and within the larger study some of these have been identified. Nevertheless research to date does not enable comprehensive understanding of how or why this occurs. There is a need to explore and understand why and how involvement makes a difference to learning and therefore, how to design and resource learning, teaching and involvement to enhance both learning and sustained application to practice.

The findings from this research echo Le Var (2002) who argues that a strategic approach is required to enable effective involvement of service users and carers in learning and teaching. She says that successful implementation demands detailed planning and organisation, appropriate communication, time for building

relationships and changing attitudes, the provision of preparation and support for users and carers, together with adequate funding. Le Var (2002) also encourages a staged approach to ensure that the task and risks are manageable.

Conclusion

This was a qualitative study so the findings cannot be generalised to the whole health and social care education sector. Despite the careful consent procedures, respondents may have felt inhibited by the possible implications of criticising their own organisation. However, their evidence supports much of the current research. Finally, the scope of this paper precludes detailed discussion of every theme arising from this part of the study. Nevertheless, the overall perspective of the respondents can be summarised as follows:

- Staff recognise the requirement to involve service users and carers in their learning activities and most seek to develop this aspect of their curricula.
- Involvement of service users and carers in learning and teaching could be more proactively driven through programme specifications, module learning outcomes and assessments.
- A strategy for involvement needs to enable a flexible range of approaches, adaptable to the needs of different curricula.
- Despite progress, there are unresolved cultural, psychological and organisational barriers to effective and cost efficient involvement. These could be addressed through systematic strategic and operational developments but the resource implications and impact on student learning need careful appraisal.

This paper presents the views of staff with current experience of engaging service users and carers. There was considerable evidence of perceived value, goodwill and intention further to develop involvement. Respondents argued that it was a time-intensive activity that needed infrastructures (e.g. training, administrative systems) to support efficiency and effectiveness. However, because of the resource implications, there is a need for further research to identify the aspects of service user and carer involvement which most effectively influence learning and practice development.

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