

An evaluation of the impact of service user and carer involvement on students' classroom learning in Higher Education

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Abstract

The following article presents a small-scale qualitative study (n = 22) in which the student learning experiences from service user and carer (SUAC) involvement in social work, mental health nursing and social welfare courses at an English university were evaluated for any effects on student perceptions, knowledge, skills and practice. Using focus group methodology, student participants reported positive outcomes from exposure to SUAC classroom inputs such as a greater valuing of SUAC knowledge as expert knowledge, help with the development of empathy and an appreciation of constructive challenges to mainstream curricular delivery. Notes of caution were identified particularly in respect of the sometimes unexpected levels of emotion displayed by SUAC presenters. Recommendations for meaningful SUAC involvement in Higher Education are made regarding the need to involve SUAC across the whole duration of a course; the need for the preparation of both students and presenters regarding boundaries; the fit of presentations with intended learning outcomes; more partnership delivery in classrooms between academics and SUAC (possibly with a differentiation between theoretical and practice inputs); the opportunities for SUAC to present their own situations as real rather than hypothetical case studies for students and the possibilities in introducing a 'buddying' system between students and SUAC throughout their studies. It is suggested that the insights from this small scale study merit further exploration on a larger scale if policy and practice in the field of service and user involvement in Higher Education are to move forward with the involvement of all stakeholders.

Key words: Service users and carers; Student perceptions; Health and Social Care

Introduction

The involvement of SUAC in Higher Education Settings can be traced back to the changing philosophies and civil rights movements of the 1960s and 1970s (Beresford, 1994). New models of care and philosophies such as normalisation (Wolfensberger, 1972) challenged the medical model that dominated health and care services and the orthodoxy of professional knowledge in general. Survivors of psychiatric care took the lead in forming alternative movements across Europe and North America based on self-help and peer support (Campbell, 2005). In England, movements such as 'Survivors Speak Out' which was formed in 1986 (Hogg, 1999) championed the call for humane psychiatric treatment. Similar movements soon embraced service users and carers from other fields such as physical disabilities and learning disabilities who also lobbied for their lived experience to be accorded value and credibility alongside the knowledge of academics and practitioners. The series of neo-liberal governments in England from the 1980s increasingly took note of the potential power of such consumerist movements and an insistence on SUAC involvement within policy was made particularly explicit in The National Health Service and Community Care Act (1990) wherein a model of consumerism was promoted in an emerging patient-led NHS. A transfer of interest in the potential contribution of SUAC across to the training of health and social care professionals gathered momentum after the introduction of a consumerist model into Higher Education (Naidoo, Shankar and Veer, 2011).

The use of SUAC in academic settings in England is encouraged then by both legislation and policy and is particularly pertinent given recent concern about standards in practice (e.g. Francis 2013; Jay 2014). Part of the New Labour government modernisation agenda for the NHS was designed to enable more choice for service users with a focus on the inclusion of service users in the delivery and service design of their own care (Stacey et al. 2012). Although SUAC involvement at Higher Education level nurse training became part of the English National Board for nursing in 1996, the Department of Health (2006) made recommendations for Higher Education Institutions to include SUAC in all nursing activities to enable best practice. Further to this the Nursing and Midwifery Council (NMC) proposed new standards of SUAC involvement in the areas of equality, diversity and safeguarding as part of training for new practitioners within this field. Professional social work training is

another area of service provision where SUAC involvement is mandated for reasons of best practice (Department of Health 2002).

Despite the growth overall of SUAC involvement in professional education courses, research to date on student experiences regarding the impact of SUAC in Learning and Teaching outcomes within Higher Education has been both limited and inconclusive (Robinson and Webber 2013)

The core research question of this study concerned whether classroom involvement with SUAC on social work, mental health nursing and social welfare courses at an English university had any effect on student perceptions, knowledge, skills and practice. The study was undertaken over a three month period in 2013 as part of the Students as Academic Partners Scheme at the University of Worcester, a scheme which involves students being awarded funding to work alongside an academic partner in an area of potential mutual benefit in the field of learning and teaching. Dr. Joy Rooney was the SUAC researcher for this study, Dr. Peter Unwin was the academic partner and Charmaine Cole was the student researcher for this study. The University has a commitment to involving SUAC in research projects wherever possible to enable a study to benefit from their unique and expert knowledge. At the University of Worcester, the Institute of Health and Society engages widely with SUAC through its 'IMPACT' group where lecturers and SUAC meet regularly. By meeting regularly, engaging in research opportunities and being involved in classroom activities, the working relationship between academics and SUAC might be seen as more than a tokenistic compliance with current policy (Department of Health 2002; Department of Health 2006).

At the University of Worcester, SUAC members are remunerated for their time, travel and any carer costs as well as having access to other benefits such as borrowing rights from the University library associated with their Associate Lecturer status. Students on professional nursing and social work courses, alongside BA Social Welfare students who will largely be employed in the social care sector, have the opportunity to gain valuable knowledge from SUAC who have experienced health and social care services at point of delivery. SUAC are acknowledged by the University as experts in their own right, offering a different type of expertise alongside academics and practitioners. As students become the

new generation of professionals, this interaction with SUAC is seen as valuable in the creation of a new cultures and fresh approaches to care.

Literature Review

There is a growing body of literature (e.g. Happell et al. 2014; Perry et al. 2013; Rhodes 2012; Robinson and Webber 2013; Skills for Care 2010; Terry 2012; Webber and Robinson 2012) regarding the evaluation of SUAC involvement in the learning and teaching of HE students. The findings of these studies provide a developing body of knowledge about the role and effectiveness of SUAC involvement in Higher Education learning and teaching across the fields of health and social care, with some differentiation being found between pre-qualifying and post-qualifying courses. For example, Webber and Robinson (2012) concluded that the empowerment of service users was the more prominent outcome in their study of post-qualifying social work courses rather than there being any added value to the educational experience of students. One of their findings was that professionals who were already working with SUAC in the field expressed that they could not learn anything more from classroom-based SUAC sessions over and above what they already knew from their everyday work. However, views from pre-qualifying nursing and social work students (e.g. Anghel and Ramon 2009; Chambers and Hickey 2012; Skills for Care 2010) were generally far more positive in their findings that SUAC involvement throughout their courses had led to heightened levels of awareness about SUAC needs which they thought would help make them better professionals. Happell et al. (2003) carried out a small scale study in Australia with students on a mental health nursing degree and found that general student support for SUAC involvement increased after exposure in the classroom, although no tangible outcomes of practice were identified. A study at a Canadian university (Lane et al. 2010), again in the field of mental health nursing, found similarly that affective learning increased after exposure to SUAC involvement in the classroom although tested levels of cognitive learning after similar sessions only improved slightly. Robinson and Webber (2013) noted the lack of outcome-focused measures in their systematic review of the literature concerning SUAC involvement in social work courses at Higher Education level, 25 of their 29 papers reviewed having come from the UK.

Sixteen of the papers reviewed by Robinson and Webber (2013) might be deduced to have involved classroom teaching or classroom skills assessments, the other papers drawing evidence from a range of SUAC involved activities such as home visits, conference attendance, assignment marking and placement feedback. Kirkpatrick's (1967) adapted scale for the evaluation of training identified 4 Levels - Level 1 reflects students' own perceptions of their learning and satisfaction with the course: Level 2 looks for evidence of the acquisition of knowledge and skills and modification in attitudes and perceptions; Level 3 looks for evidence of organisational change using new knowledge and skills in practice and Level 4 is concerned with outcome measures of tangible differences in the quality of life of recipients of services attributable to exposure to SUAC. Robinson and Webber's (2013) findings were that only 3 of the 29 papers reviewed produced any kind of evidence at Level 2 regarding perceived changes occasioned by SUAC involvement while at university and no outcomes at all were produced at Levels 3 and 4. Indeed, most research regarding SUAC involvement in Higher Education to date (e.g. Happell et al. 2014; Perry et al. 2013; Rhodes 2012) has been largely concerned with identifying models of engagement that move away from tokenistic involvement to more meaningful programme delivery that better assures student understanding, empathy and practice.

Reports from Higher Education courses do sound some notes of caution regarding SUAC involvement in assessments and in the design and delivery of training programs. For example, Stacey et al. (2012) identified the concern of nursing students that SUAC do not have the academic knowledge to engage in marking assessments. Students also expressed apprehension that any recent SUAC experiences of poor care might adversely influence the nature of SUAC assessments. Gutteridge and Dobbins (2010) researched SUAC intervention from a health faculty perspective and explored models of interaction which would be suitable within the delivery of health programmes. They found evidence of caution from nursing staff regarding costs, staff time commitment and the difficulties of measuring the effectiveness of such activity even though staff inherently believed that SUAC involvement was valuable. The lack of substantive evidence on the actual impact of SUAC involvement in terms of sustained value-added to health and social care education is repeatedly acknowledged in the literature (e.g. O'Donnell and Gormley 2013; Terry 2012). The current research was specifically focused on the views of students on undergraduate and pre-qualifying courses regarding classroom experiences of SUAC and was designed to add new perspectives to the

existing knowledge base, to explore in depth the diversity of student experiences and to stimulate debate.

Methodology

Focus groups were the chosen methodology for this small scale qualitative study. Focus groups are recognised as being appropriate vehicles for the rich exploration of new areas in which consensus is not sought and where the topic of study is not highly sensitive (Krueger and Casey 2009; Stewart et al. 2007). The phenomena of SUAC involvement was certainly an explorative one for the students in the focus groups who had not discussed this area previously as part of any curriculum. The topic of SUAC involvement in classroom learning and teaching at Higher Education can be seen as being sensitive because of the content of some personal disclosures and their possible emotional impacts, attention having been drawn to the likely content matter of the focus groups in the information sheet sent out to participants prior to their attendance. Additionally, the issues surrounding sensitivity and confidentiality were re-iterated by the group facilitators immediately prior to each group's commencement. Described by Krueger and Casey (2009) as having the potential to be both permissive and non-threatening, focus groups work by encouraging group members to use each other's views to develop and critique the subject being discussed. Criticisms of a lack of reliability and the problems in generalising any findings have been levelled at focus groups as they could be at a range of qualitative methodologies (Ryan et al. 2014). Group dynamics will have an effect on any focus group but the skill and insight of the facilitator(s) might reasonably be expected to be alert to any particularly distortive dynamics. From a different perspective, however, the very presence of facilitators in focus groups can be seen as a further distortion in their working (Morgan 1996). Pragmatically, focus groups have advantages over the logistics of arranging a series of individual interviews but perhaps their greatest advantage is the aforementioned potential for bringing a richness to debate by hearing and reflecting on the perspectives of others and this was the main factor influencing the research team's decision to adopt a focus group methodology.

Students were invited to be participants in this research by their academic module leaders and volunteers subsequently attended the focus groups outside of class time. Twenty two students from three final year academic cohorts across the Institute of Health and Society (BA honours Social Welfare [n.8], BA honours in Mental Health Nursing [n.6] and MA in Social Work [n.8]) were chosen as convenience samples to engage in three focus groups which were audio-recorded. The areas for exploration and the focus group methodology were decided upon jointly by members of the research team although the actual focus group sessions were facilitated by the student researcher and by the service user researcher, both of whom were female. The staff member of the research team was excluded from the focus groups due to a concern that his presence might unduly affect the answers from the students.

The 22 participants (18 women, 4 men) were students in their final year of study who had experienced an average of 12 sessions involving SUAC either as lead lecturers, co-lecturers, involvement in question and answer panels in class or as part of a practical classroom assessment. Approval for the research was gained from the Institute of Health and Society Ethics Committee and semi-structured questions provided the framework for the focus groups. The areas of questioning within the focus groups were around the amount of student exposure to SUAC input experienced during their respective courses; any positives or negatives experienced as a result of SUAC involvement in the classroom; any effect that the SUAC involvement had on actual practice at placement or in employment and views were additionally sought regarding student views of how SUAC might most effectively be deployed in the classroom in future.

The focus groups lasted approximately one hour and the emergent recordings were transcribed before being thematically analysed individually and then collectively by the research team. A systematic approach was taken to this thematic analysis - familiarisation with data, the staged generation of initial codes, the identification of themes, the construction of thematic networks and then integration and interpretation of data, leading to the emergence of key themes (Robson 2011). These key emerging themes were analysed and re-visited over a four week period.

Key Findings

The research found that students perceived significant benefits from SUAC involvement in terms of their academic learning, interpersonal skills, empathy and abilities to link theory to practice. Some concerns were expressed by students about the nature of involvement by SUAC who were sometimes perceived to be vulnerable, especially in regards to their emotional state. Additional findings emerged regarding student views on best practice in the deployment of SUAC within Higher Education which will be discussed later in this paper. Student views have been categorised into the themes below:

- Creating safe learning environments
- New practice knowledge
- Developing empathy
- Making the SUAC experience real
- Challenging stigma
- Managing discomfort

The genders of students are not identified in the quotes below in order to best assure anonymity, given the comparatively small cohort size.

Creating safe learning environments

There was a consensus across all three focus groups that student skills were enhanced by a safe environment i.e. that of a classroom rather than otherwise exposing students to a first SUAC experience in the field where there may be consequences for passing / failing a course. Student perceptions of the use of the classroom environment for interacting with SUAC are illustrated in the following quote:

I think some people perhaps, I might be wrong, but some people may not have ever had contact with any service users before doing the course..... it's a less daunting atmosphere than perhaps on the wards when they first go out onto placement. That's the first time they've ever seen somebody unwell. So I think it gives you a more gentle way to get people involved or seeing service users.

The Social Welfare focus group identified the challenges of hearing the distressing experiences of a service user in lectures as good learning in that it prepared them for the realistic challenges of being in this type of crisis situation. The following quote is from a social welfare student regarding their immediate feelings after having listened to a service user who admitted to being a perpetrator of domestic violence:

I mean last week we had a gentleman with substance misuse and he was talking quite openly about how he had hit his wife. Now to me I was quite – ‘Oh, I don’t like that.
‘I felt uncomfortable at that minute, but that’s life isn’t it’?”

Social Welfare Student

One focus group commented that hearing the perspectives of a SUAC relating to an area of practice wherein the students had previous negative experiences can change their perspectives back to positive ones. Such direct exposure may well serve as an effective way of enabling students to challenge their own prejudices and the stigmas associated with certain service user areas:

I think doing a degree like this you see past the stigma, so you don’t really judge a person; you just see them as they are or else you’d be on the wrong degree wouldn’t you?

Social Welfare Student

New practice knowledge

Students in one focus group noted how they got a lot from hearing the SUAC perspective, even if they did not agree with that perspective. The negative consequences of overly ‘risk-averse’ professionals’ approaches shared with students by one SUAC presenter had encouraged students to resolve to be more SUAC-centred in their own future practice:

It has more of an impact, you remember it better if it's coming from the horse's mouth rather than a lecturer or you're reading the study from service users saying this or that. It's real rather than somebody like a lecturer stood there telling you what the service users think.

Mental Health Nursing Student

The student below clearly appreciated the honesty of the ways in which SUAC presenters were able to discuss the lived realities of health and social care services, free of the types of compromise that might apply to staff, some of whom may be part of the organisation they are critiquing:

Well with say the NHS.... rather than all the time going through uni and them telling you it's really good, the NHS are fantastic, they do this, it's good to put a realistic spin on it.

Social Welfare Student

The worlds of health and social care are rapidly changing and it is difficult for academics to keep fully conversant with all changes given the rate at which they are happening and this is especially the case for academics who teach across a range of disciplines and specialisms. The use of SUAC in professional education might be seen to offer the additional benefit of ensuring that curriculum is current.

Developing empathy

Empathy, the ability to understand other's perspectives and to adapt one's responses accordingly, is seen by Howe (2013) as being an essential skill in successful personal and working relationships within the caring professions. The involvement of SUAC in the development of empathic skills was a core theme that ran through the focus groups, as illustrated by the following quotes

which identify the SUAC member's personal presence as being a more effective mode of developing empathy in comparison to lectures or texts:

.... it's about hearing people's voices, the histories and helps develop maybe an empathy for us that we may not have had before, and more of a clearer picture of the ins and outs I suppose of people's lives that you can't get from a book.

Masters in Social Work Student

From the service user point of view it made me understand how they feel emotionally. So it makes me empathise with them and made me understand where they're coming from. Rather than from just reading it or being told that they go through this, this, this but from their personal point of view it makes me understand empathy.

Social Welfare Student

For me it's only a tiny thing but the gentleman that we just had said about he likes to be called by his name, not Mr so and so; he likes to be called by his first name. And last week we had someone in from substance misuse who said exactly the same, just to be called by your name, you're not a statistic, not a number, it's your name.

Social Welfare Student

At a time when health and social care services have been publicly criticised for failing to show empathy or provide dignity to individuals and their families in both institutional and community settings (e.g. Francis Report 2013; Jay Report 2014), the need to instil and nurture an appropriate skills and value base in the next generation of professional carers has perhaps never been so urgent. Meaningful SUAC involvement as an intrinsic part of professional training at HE could well be a most efficient and effective way of helping develop such a much-needed culture.

Making SUAC experience real

The value given to the lived experience of SUAC has been questioned in the literature, Glasby and Beresford (2006) having challenged the traditional hierarchy of importance given to the views of academics while the views of the people actually receiving services are attributed the least value or importance. The following student acknowledges how exposure to the lived experience of SUAC has led to the development of a view that perceives SUAC as experts in their own right:

I think it's a good idea because the service users are experts about their own lives. So they, more than anybody else, know about the issues they're facing on a daily basis.

Masters in Social Work Student

POSSIBLY INSERT OTHER QUOTES HERE

Each focus group was able to identify and speak in depth about at least two sessions which they had found helpful in enhancing their academic learning, students additionally identifying a range of practical measures that could help provide a conducive environment in which SUAC could introduce and debate issues of the greatest sensitivity. Students stated that they had found it helpful when lecturers had a pre-session discussion to reassure students in terms of asking questions and discussing boundaries, especially if a lecturer was aware that a service user or carer was prone to an emotional style of delivery. Additional good practice would be that students are signposted to appropriate counselling / support as a standard part of preparation for any course involving SUAC. Although students appreciated that displays of emotions from SUAC presenters can prepare them for the realities of practice in their chosen fields, they were concerned not to further upset someone who taken their time to participate in helping their education. The following quotes suggest that exposure to SUAC in the classroom underlines to students that they have a shared humanity with people and perhaps how easy it is to lose sight of this because of the pressures of home life, study and placements:

She was saying what she'd come from and the abuse that she'd encountered and how well she was doing now. But it was really real and I think she had

children and having children myself it made me sort of, I don't know, but I learned the most from that and that was my favourite session.

Social Welfare Student

Can I just make the point that we've talked about policies and agendas and things that are set by the government and such like, and having service users here can quite sharply bring into focus just how specific policies are impacting on individuals.

Masters in Social Work Student

There was also a proposal that SUAC might formally put themselves forward as 'real' cases and give feedback to students who would then be asked to construct care plans / other interventions. This was seen as being more meaningful than hypothetical case studies. Similarly, it was suggested by one focus group that SUAC might usefully be able to provide a role in listening and reflecting on the issues that students brought back from placement in addition to the role currently played by peers and academic staff in this respect. Building on this discussion, a further suggestion was made regarding the possibilities in buddying a SUAC person with a student throughout their course in order to help reflective practice and to embed the centrality of a SUAC focus.

Challenging stigma

Exposure to SUAC experiences may also lead to students becoming aware of prejudices they may be carrying, prejudices that perhaps surface more readily when a person is speaking personally about their experiences of discrimination and oppression. An appreciation that students can carry prejudices is illustrated in the following quotes:

It changes your perception of certain services users that you, sometimes you would have had a bad experience with a certain group of service users, and then you meet somebody whose voice you have an opportunity to hear, that changes your perception on how you view other service users sometimes.

Masters in Social Work Student

It wasn't just about how he was sharing his knowledge about the illness and his point of view, but the very fact he was there in front of hundred students proving that just a normal person in society, just normal members of society....So I think that dispels a lot of, I would like to think it would dispel a lot of myths that people may have had about what schizophrenia is and depression for that matter, it's not people necessarily locked away in a room.

Mental Health Nursing Student

The largely positive learning experiences reported above by students about SUAC involvement reflects findings from other qualitative and quantitative studies regarding SUAC involvement in Higher Education. For example, Robinson and Webber (2013) conducted a literature review which found that some students experienced modifications in attitudes and perceptions alongside the acquisition of new skills and knowledge.

Managing discomfort

Each focus group was able to put forward balanced views of their SUAC experiences during their education, suggesting that the focus group methodology facilitated an open exchange of views. Students were generally aware that SUAC might show deep levels of emotion or express partisan views, particularly if experiences had been negative:

So we had one person that was particularly tearful, and so you couldn't have asked her anything. Like you've got to have that safe environment to ask, we didn't have that because she was extremely fragile.....And then the other one, he had a diagnosis of bipolar and was going up and up and up, and going off on a real tangent when we were speaking, and he was very talkative.

Mental Health Nursing Student

Two groups felt that SUAC tended only to give negative perspectives on services and one group in particular were concerned about the lack of boundaries shown by a SUAC presenter who was extremely critical of local services:

We had a session with a carer I think who was helping to assess some presentations, and most of the people in the group found it very disheartening. And it was just criticism rather than positive criticism.

Social Welfare Student

These two quotes above both led to a full discussion in their respective focus groups and underline the need for a clear briefing / de-briefing for presenters and students. The question of representative nature of SUAC was raised in two focus groups:

You can't get a service user in when their life is at crisis because they're not in a stable place to be able to offer that kind of training to people, whatever you want to call it. So the people that we've spoken to are the people that have managed their lives and are back on track and are very much in control. So the real service user that we will be working with to some extent we don't get the access to.

Masters in Social Work Student

I'm not sure whether the service users we access are representative of all service users out there, I don't think they are really.

Social Welfare Student

Further areas around representation included a request from two groups that a wider representation of SUAC might be sought, children and young people, people with learning disabilities and carers all being noted as low in numbers.

As regards practical arrangements for SUAC involvement found to be helpful by students, it was noted that lecturers who used pre-session briefing sessions to discuss any likely shows of emotion / areas of particular sensitivity regarding the SUAC presenter and post-session debriefing discussions to link the SUAC presentation into a module's intended learning outcomes were particularly valued. All three focus groups agreed that between three to four lessons with SUAC input across a standard twelve session module was likely to lead to meaningful, rather than superficial, learning. Such a level of coverage was seen as enabling theory and practice to be consolidated and a model proposed was one whereby an academic and SUAC member might share sessions, each giving their own perspectives on the same

topic. Students in all three groups lamented that SUAC involvement had not been consistently carried through from induction through to all years of study, inputs having been sporadic or overly concentrated in certain semesters and this again can be changed under an approach to curriculum planning that gives appropriate priority to SUAC involvement.

Discussion and Conclusions

In conclusion, the focus groups largely reported having experienced positive learning from SUAC, reflecting findings from studies such as Anghel and Ramon (2009), Perry et al. (2013) and Skills for Care (2010) in their perceptions that SUAC sessions were humanising and led to attitudinal change. Students appreciated the value of having input from SUAC in academic lectures as a way of enhancing many areas of their learning and personal development and often acknowledged that the SUAC views they were exposed to offered a different, expert type of knowledge that supplemented their learning from academic staff and the literature. Such involvement was also seen to provide a realistic and unique opportunity to engage and challenge in a safe learning environment without fear of being passed, failed or judged. These views challenge those of Webber and Robinson (2012) who saw no added value for students from SUAC involvement and concluded that the prime beneficiaries of SUAC involvement in Higher Education were SUAC themselves who were empowered by such involvement.

The notes of caution sounded by Gutteridge and Dobbins (2010) and Stacey et al. (2012) about the need to prepare both students and SUAC for the classroom were points also echoed in this study's focus groups and are addressed below in the Recommendations section. The lack of diversity in SUAC representation is a difficult challenge and striking a balance between engaging SUAC who are still experiencing extreme volatility in their lives raises ethical questions in respect of both SUAC and students. Only using SUAC who have fully adjusted / accepted their services and care plans is non-authentic and would not present students with realistic views. Student interaction was found to have largely been with adult service users and survivors of crisis rather than with carers or children and young people, partly to do with ethical issues but also to do with the timings of University sessions which

usually take place within school hours and the reality that carers need to find alternative carers if they are to participate in events outside of the home.

Despite expressions of being uncomfortable with some shows of emotion on behalf of SUAC presenters, students were able to appreciate the importance of such experiences and the need to appropriately prepare students for such experiences is a very important role for the tutor in particular, although experienced SUAC often prepare students about what to expect at the commencement of any session. The literature that is critical of the lack of outcomes –focused evidence about the usefulness of SUAC involvement at Higher education level (e.g. Robinson and Webber, 2013) perhaps misses the point about the importance of the humanising effects of such exposure. These are the same students who will be working in a health and care service where recent core failures to acknowledge users of services as individuals worthy of respect and dignity (Francis, 2013; Jay, 2014) has led to national outrage and political intervention. Involvement of SUAC during Higher Education qualifying courses and as an integral part of ongoing professional development is a positive way of trying to develop different cultures of care in future generations of professionals.

The recommendations below are seen as positive affordable avenues for challenging some of the problems identified above and should better help ensure that SUAC involvement in learning and teaching at Higher Education is effective, practical, engaging and sustainable.

Recommendations

Despite the small scale of the focus groups, the findings of this study suggest the following recommendations for improving ways of involving SUAC in the classroom:

1. SUAC sessions should be consolidated over the full duration of courses and not be concentrated in any one year.
2. Students and SUAC presenters should be appropriately briefed by academic staff prior to all SUAC sessions regarding boundary issues and the linking of all sessions with the intended learning outcomes of a module.
3. The model of shared academic / SUAC sessions as standard practice should be further explored, possibly with a theory / practice content differentiation

4. To further consider the buddying system proposal of a SUAC person with a student throughout their course of study to embed commitment to SUAC and to aid reflective practice via a new construct of mentorship.
5. That SUAC groups involved in Higher Education consider putting themselves forward as 'real' cases and giving feedback to students who are asked to construct care plans / other interventions around these real life situations rather than rely on hypothetical case studies for their learning.
6. That funding for carer cover should be made available to encourage students' to be exposed to a higher profile of informal carers and their issues.
7. That initiatives to involve children and young people effectively and ethically as part of a wider spectrum of SUAC lived experience be taken up e.g. inviting representatives from existing Children and young people's forums.

These above recommendations are being incrementally adopted at the University of Worcester in consultation with students and a further large scale evaluation of the effectiveness of SUAC involvement in the classroom is planned. It is also suggested that the insights gained from this small scale study merit further research on a larger scale if policy and practice in the field of service and user involvement in Higher Education are to move forward with the involvement of all stakeholders.

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