

“Having Your Say” – Reflections on a training course for older people volunteering to become peer visitors in care homes

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This article analyses the “Having Your Say” training course which was designed as the initial stage of a project developing peer visitors for older people’s residential care homes. Peer visitors are older people who volunteer to take on a role aimed at capturing a “peer” perspective on the qualitative aspects of living within a residential care home¹, in contrast to the empirical and regulatory perspectives which various managerial and inspectoral regimes already address as part of their statutory obligations. This training course represents part of an ongoing programme aimed at further developing partnership working between a statutory provider, a higher education institution and a range of service user organisations including Worcestershire Association of Service Users (WASU) and Worcestershire Older Peoples’ Forum, a further intention being to evaluate the effectiveness of the actual “Having Your Say” scheme itself once it has become more fully established.

Considered within the article are the processes of developing and implementing preliminary support and learning for peer visitors, the reflective learning environment’s ability to facilitate older participants’ learning and experience in order to further inform the project and an examination of the challenges involved in working with older people in learning and teaching activities. The “Having Your Say” project is believed to be the first of its kind in the UK.

Contextualisation of the wider “Having Your Say” project

The “Having Your Say” peer visitor scheme came about after the User Involvement Team within Worcestershire Social Services recognised that there was a gap in their quality assurance approach with older people’s residential care homes, namely the lack of an independent, peer voice. The “Having Your Say” scheme presented the opportunity for care homes to put themselves forward for accreditation in respect of the ways in which they involve older people in making positive choices about their individual lifestyles while living in that particular care home. Such voluntary accreditation, against standards drawn up by the “Having Your Say” partners would mean that these care homes could use the “Having Your Say” logo on their paperwork and in their advertising, hence bringing them potential extra custom as well as being a mark of humanistic quality in its own right and promoting a positive message about care homes. Residential care for older people has long been seen as an area of provision where poor standards of care and quality of life are experienced (e.g. Townsend 1962, Booth 1985). Current government policy (e.g. Department of Health, 2006) has emphasised the benefits of domiciliary care rather than the benefits of care homes although there have been a series of policies and critiques over recent decades aimed at presenting care homes as safe and positive choices (e.g. Wagner 1988, Peace 1997, Philpott 2009)

The involvement of lay people as assessors of care homes began as a result of Conservative governmental ideology in the 1990’s (Cabinet Office, Office of Public Service and Science 1991, Department of Health, 1994). Lay assessors were

¹ The older people who volunteered for the “Having Your Say” training course for peer visitors will be referred to throughout this article as “participants” and residential care homes for older people will be referred to as “care homes”.

members of the public recruited to work alongside professional inspectors as part of the regulatory inspection framework for care homes, their importance in better guaranteeing standards in an increasingly privatised world of care homes being seen in their potential to provide;

“.....common-sense observation in inspection and make a distinct contribution from the perspective of users, families and the wider community. Lay people in inspection work will have independent status, will play a full role in inspections, and will have the right to have their own views clearly incorporated in inspection reports.”
(Department of Health, 1994, paragraph 11).

Controversially, this formal, inspectoral role was phased out by the National Care Standards Commission in 2003, despite findings (Burgner 1996, Wright 2005) that lay assessors brought a useful, humanising, addition to the regulatory process within social care. The replacement body for the National Care Standards Commission was the Commission for Social Care Inspection (CSCI) whose involvement of lay people within its ranks was “arm’s length” in that it established Service Improvement Boards, whose constitution included service users and their carers operating more in a consultancy role on the shape of services rather than being directly in contact with services, as had been the previous case with lay assessors. The effectiveness of Service Improvement Boards and their involvement of service users and carers have not yet been evaluated.

The particular benefits of lay assessors, as perceived by Wright (2005), resulted from their ability to observe the care home environment from a non - professional point of view and talk directly with residents and staff. It was seen as an important part of the “Having Your Say” Project that the participants did not perceive themselves, or present themselves, once approved, as undertaking inspection duties; rather, their role was to develop relationships and dialogue with care home staff and residents in pursuit of achieving improvements that focussed on user involvement within the care homes.

The University of Worcester was approached with an initial brief to produce a training course that would help develop participants into peer visitors, who would be able to visit and assess the degree of user involvement and satisfaction with lifestyle within care homes. This training brief was to run alongside a training programme being independently run for care home staff about quality of life issues for residents. The authors took up the requested brief, having first established with the commissioners that the University’s philosophy of education was based on egalitarian principles that would involve older people themselves being core to the development of the training and the shape of the emergent peer visitor role. In keeping with this philosophy, the authors specifically sought involvement in the course of older people as co - facilitators who themselves had experience of using residential services. The decision to work in partnership with service user co - facilitators was an extension of the established practice of involving service users in professional social work education and training where its value has been extensively recognised in terms of increasing participation, social inclusion and social justice (Evans and Hughes 1993, Turner et al 2003, Molyneux and Irvine 2004, CATS et al 2004). Parallels can be drawn between these above principles of social work education and the principles that underpin life long learning and it can be argued that a course such as “Having Your Say” embraces both fields of knowledge, in that it was designed to offer a genuine opportunity through reflective education for older people themselves to challenge social structures and services in ways that they have traditionally not done. Indeed, commentators such as Booth (1985), Peace (1997) and Townsend (2006) provide a substantial body of evidence that older people in the

UK are primarily portrayed in policy and popular culture in a negative manner, for example as “challenges” or “burdens”.

Development of the initial training course

Working alongside service user co - facilitators, the authors developed three half-day sessions, based on campus with an additional pilot visit to local care homes that had volunteered for accreditation under the project.

The core aims of the training course were:

1. To introduce the concept of user involvement;
2. To raise awareness of user experiences within residential settings;
3. To develop insight into the complexities of establishing user involvement in residential settings;
4. To assist in the development of observational and recording skills;
5. To encourage reflection in decision making;
6. To establish forms of etiquette and interpersonal conduct suitable for working in a professional environment that is also older peoples’ personal living space;
7. To enable participants on the course to become able to make an informed decision about their continued involvement in the project;

How participants were identified

Participants came from across Worcestershire, largely having been contacted through a thriving network of Older Persons’ Forums and WASU. The University campus was chosen as a venue for course delivery due to its accessibility. Transport to the course was provided, where requested, and incidental expenses were paid to participants.

The participants ranged in age from 61 years to 90 years, four men and eleven women. Three were existing residents of older peoples’ homes, two were tenants in sheltered housing and the remainder lived independently in the community. The participants’ backgrounds ranged from having worked in managerial positions in health and care through to volunteers who had never set foot in a care home. As such the participants presented a heterogeneous group of older people with different cultural and educative backgrounds.

Motivation for participation

McCluskey (1974) identified four areas of needs that might be seen to motivate older learners;

- Coping Needs – need to cope in retirement, with ill health, with identity
- Expressive Needs – need to be involved with others
- Contributive needs – need to be actively contributing to society
- Influence Needs – need to perform roles that might bring about social change

As part of an early course exercise, small groups of participants used a graffiti board technique to share issues of motivation regarding having put themselves forward. Out of 37 completed “post – its”, the following themes relating to motivation emerged;

- Potential to contribute to standard raising in residential care (17 mentions)
- Opportunity to continue using past professional / personal caring skills (7 mentions)
- Vested interest regarding own future (4 mentions)
- Desire to be active in the community / give something back (3 mentions)

These themes can be seen to reflect those motivating factors identified by McCluskey (1974) and seemed to auger well for successful participation.

Content of training course

Session 1:

Introduction to the project
Ground rules
Exploration of personal motivation
The wider context of residential care

Session 2:

Debate on quality and standards
Observation skills
Skills of reflection
Preparation for initial care home visit.

Session 3:

Feedback from reflection exercise
Interpersonal skills
“Etiquette” for care home environments
Record keeping
Support systems for the project

Successful completion of the above three half day sessions was followed by pairs of participants undertaking a pilot visit to a care home and reporting back on this visit, prior to being allocated their own care homes to visit on a regular (twice yearly) basis. Out of the first cohort of participants, all 15 went forward to successfully complete this further stage and to become peer visitors.

Learning and Teaching approaches

The authors' aims in establishing the peer visitor training course had been to facilitate a reflective learning environment that valued the contributions of the participants and promoted mutual respect for different forms of expertise. As younger people, the authors were aware that their experiences were different to those of the older participants and recognised that a life course approach to learning that valued the narrative of the participants would be an appropriate pedagogical starting point. A further aspiration was to try to encourage participants to become reflective in their proposed practice in ways that might accord with Fook's (2002) definition of the reflective practitioner, wherein the;

“ on-going process of reflection allows for practitioners to develop their theory directly from their own experience....It allows them to take an holistic perspective because they must take into account all factors which impinge on the situation at any given time, so that they might accurately interpret their practice relative to its context” (p.40).

It was hoped that this approach would result in better informed and empowered peer visitors who would be able to contribute to the shape and success of the “Having Your Say” project, particularly if they could be facilitated to complement their own lived experiences with new knowledge about standards, professionalism, cultures, organisational behaviour and communication.

Methods utilised to help achieve a successful learning experience included icebreaker activities, critical reflection on case study material, personal narrative of care home experiences, participatory techniques e.g. graffiti walls, problem solving scenarios, simulated field observation, reflective note taking and reporting back on personal experience..

During the training period the wording of some of the “Having Your Say” standards were changed as a result of participants’ suggestions. For example, participants suggested adding an extra consideration to a question in the standards about the availability of up to date notice boards in respect of whether the board was readable from a wheelchair user’s perspective. This small but significant detail had actually been picked up as an issue affecting older people’s potential for inclusion by a wheelchair using participant on a pilot visit to a care home.

In the reflexive spirit of the course, participants had been encouraged to contribute to knowledge and the direction of the project from the outset and, indeed, to decide whether or not to continue with their interest at any point in the programme. Areas for consideration for future courses and practical matters for action identified by the participants were concerned with pragmatic, ethical and ongoing confidence /support/ learning issues and included;

- Requests for more specialist communication skills e.g. how to communicate with people who have dementia
- A session on “probing skills” e.g. how to form a view on whether a resident’s committee was conducted in a way that genuinely promoted participation
- Input into the course from a residential care manager
- The availability of ID badges
- The need for a “job specification”
- Questions about the amount of policy information that would be available beforehand about a specific residential home and its services, e.g. what lifestyles should be available within care homes for people with dementia?
- The need to know the content of the parallel staff training regarding the scheme in order to further mutual understanding regarding boundaries
- The need for the facilitators to be realistic about the actual time commitment inherent in the peer visitor role
- Greater emphasis on the fact that a peer visitor role is quite distinct from a befriending or inspection service
- A suggestion that the highly evaluated pilot visits to actual care homes should perhaps take place earlier in the course. to help make the issues more real, especially for volunteers who had no previous experience of care homes
- Whether peer visitors had the right to insist on a private space to carry out any discussions with residents?
- More paired work as part of the training as this style of working was to be core to the scheme in practice
- The need to perhaps vary the pairs who are visiting to enable continued “freshness” and learning from new perspectives.

These views have either been actioned already as the initial peer visitor scheme rolls out or will be put in place for the next cohort of participants seeking training as peer visitors.

Reflections

The course evaluated highly by the 15 participants and the authors also considered that the course had been both successful and challenging for them as facilitators. Reflections in the areas of appropriate terminologies, status of participants in relation to each other, the effectiveness of reflection as a pedagogy with older people, and

the use of narrative as a teaching tool which will now be explored in more detail below.

The participants demonstrated difficulties early on in the course in trying to agree shared terminology around the issues of user involvement, engaging with others and around the phenomena of residential care. Certain value positions and preferred terminology (e.g. "I've always been told "coloured" is the polite word"), exposed attitudes that were not consistent with the General Social Care Council's Code of Practice (2002), or with the general tone of contemporary professional training. This issue was not only confined to participants who had not experienced a previous professional career in the field of health and care. The facilitators were able to engage with the participants in the difficult area of not wishing to invalidate their previous experience but in recognising that times have changed in terms of values, standards and knowledge.

The question arose, if older people are to be involved in projects that have expectations of "professional conduct", then should we expect them to adopt professional terminology and etiquette? Although there is much evidence that older people can bring significant experience and wisdom to service user interfaces (Nolan et al 2001, Wright 2005, Clough et al 2006), there will sometimes be a need for sensitive intervention to give people the option to learn new approaches or decline to be further involved in such projects. The reality is that it just would not be tenable for a peer visitor under the "Having Your Say" scheme to visit care homes and use language considered by contemporary professional practice as unacceptable.

It should be added that a verbal contract was made with the participants during the "Ground rules" session that there would be a selective element throughout the training process and that participation on the course did not necessarily equate with automatic acceptance as a peer visitor. During this discussion there was a mutual appreciation of the need for formal terms of reference to better protect peer visitors, some of whom were new to the professional world of care homes.

There was also considerable initial debate on the appropriate term to use to describe the intended role that successful participants were to play under the "Having Your Say" scheme and it was in keeping with the inclusive nature of learning on the project that the participants themselves should feel comfortable with their title rather than have an imposed title. Suggested ideas were "inspector" "lay visitor" "volunteer visitor" and "peer visitor." "Inspector" was rejected as this term was thought to convey too formal an approach, had negative connotations, was easily confused with the statutory inspection process and did not reflect the voluntary nature of participation on behalf of the care homes that put themselves forward for accreditation under the "Having Your Say" scheme. "Lay visitor" was also seen as confusing in terms of lay visiting roles across other fields e.g. the prison service, and also as not being representative of the focussed nature of the project. "Volunteer visitor" was similarly seen as not being a focussed term and as being likely to convey similarities with befriending schemes. The term eventually settled on, by a majority vote, was that of "peer visitor" which was seen to be differentiated, focussed and distinctive. "Peer visitor" was thought to positively highlight the fact that the peer visitors were themselves older people with their own unique insights. Other participants saw the term "peer visitors" as being "too professional" and reminiscent of "peers of the realm". The use of the word "peer" is perhaps not a phrase familiar to older people as the more common use of the word has only come about in recent years, especially in educational circles (e.g. "peer observation" "peer review").

Although some of the wider debate about appropriate terminology proved challenging for some of the participants, they were well able to engage in the debate regarding

appropriate description of older people, especially vulnerable older people. This reflective exercise around terms such as “the elderly”, “old fogies” and “pensioners” demonstrated some considerable depth and enabled a more informed debate to take place around appropriate terminology in respect of gender, race, class, and disability.

Similar types of exercises, focused on appropriate language early on in any service user training programme are seen as useful and serving as a platform from which to develop and structure the rest of the programme after such issues have been aired, even if not fully resolved.

It had also become apparent to the authors from the outset that the participants had very diverse backgrounds and motivations for attendance, all indicating a need to spend some time “telling their story” and establishing their position / legitimacy within the group. Some of the participants were themselves resident in care homes and wanted to advertise the excellence of their own settings; others had a personal motivation from having been informal carers, whereas others had no previous experience of residential care whatsoever. All participants expressed a vested interest, both personally and for their peers, in wanting to help change the image and reality of residential care for older people.

It had also become apparent early on in the first training session that certain participants (for example, ex-professionals from health and care settings) were able to articulate their knowledge and confidence levels about the proposed peer visitor role from the outset using forms of presentation and language that may have had an intimidatory effect on other participants. The facilitation process was very careful not to privilege any one particular claim to status over another, using differentiated teaching techniques such as graffiti boards and anonymised participatory exercises aimed at giving equal status to all contributors and contributions. Deliberate mixing up of “friends” groups was a technique widely employed as were the techniques of continual reference back to ground rules plus a liberal sprinkling of humour when necessary to perhaps discourage over zealous participation by certain members.

Such differentiated approaches were utilised with the aim of building both group coherency and a shared sense of both purpose and confidence. To cite Citizens as Trainers (2002);

‘People who lack power can gain it by working together in groups’
(p.6).

As a consequence of these differentiated approaches to sharing views and knowledge, the group was able to develop its own identity, collective strength and safety. This was seen as an important part of the process of developing a sustainable group of peer visitors for the later phases of the “Having Your Say” project

During the course of the training programme, the authors themselves reflected on whether or not the very concept of reflection was an alien concept to older people who may not have been brought up to “blow their own trumpet” or indeed who may be “traditionally grateful” for any quality of service (Wilcocks et al 1987). Also, reflective processes may not have been experienced in the working lives of many of the participants. However, examples of considerable depth of reflective practice were evidenced particularly in the feedback received after the pilot care home visits. Participants had reflected on how their visits might have been construed by the various stakeholders - “Another stick to beat us with”; “the saviours”; “prospective residents”; “inspectors” or “do – gooders”. Participants had clearly demonstrated sensitivity toward older people in the care homes who had sensory impairments and also demonstrated sensitivity to staff who were often working under very difficult conditions.

The use of reflective personal narrative on the course by a service user facilitator who had experienced residential care was noted by the majority of participants as having been a very powerful and illuminative part of the training. The authors believe that the key to the successful use of personal narrative as a training tool lies in;

- the establishment of clear boundaries regarding confidentiality within the training group
- sufficient preparation / briefing of the person delivering the narrative
- the offer of personal support to any participant affected emotionally by the narrative
- the ability of the presenter to deal with questions arising from their narrative.

Conclusions

The setting up of this training course presented great challenges both for the authors who acted as facilitators, for the service user facilitators and for the older people who volunteered as participants. The reflective nature of the course and the valuing of its participants' narrative and life course experiences brought a richness to the learning and teaching that had not previously been experienced by either participants or facilitators. Such pedagogy presents a model of older people that differs from traditional, ageist, models wherein older people are constructed only as passive recipients of knowledge and services from "expert" to lay person. The engagement model demonstrated on the "Having Your Say" course can be seen to have led to the construction of new knowledge and services that were not derived solely from the ideologies of professionals

It is far easier to avoid the challenge brought about by such pedagogical stances and to present as expert to a class but this would be to deny the opportunity for creating excellence via inclusion. Training courses, assessment schemes and inspection – like processes in the world of social care that do not value the contributions of lay people or service users cannot ever claim inclusiveness nor, we would therefore contend, excellence.

It is to be hoped that the application of the new skills, confidence and knowledge gained by the participants who went on to become peer visitors will represent a small but significant step towards improving the lifestyles offered within Worcestershire's care homes, and help remodel care homes as places of positive choice in old age rather than as places of last resort. As part of its ongoing partnership work in the field of older persons' care, the University of Worcester is committed to further evaluation of the "Having Your Say" scheme, both in regard to further, refined delivery of training courses and evaluation of the effectiveness of the scheme as a whole.

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