Involving Service Users and Carers in Admissions for Courses in Social Work and Clinical Psychology: Cross-Disciplinary Comparison of Practices at the University of Birmingham

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Abstract

Rationales for involving service users and carers in professional health and social work education tend to derive from arguments of empowerment, consumer rights and/or improvement in service outcomes. In the UK, these rationales are now firmly embedded, and involvement is increasingly expected in all aspects of training, but little literature...
exists describing or evaluating the impact of involvement outside teaching activities. This paper describes the approach to involvement in admissions interviews in the social work and clinical psychology programmes at the University of Birmingham. It reports the results of a post hoc survey into the experiences and expectations of the 2007–08 cohorts of successful applicants and interview-panel members from each programme, with the aims of highlighting underlying rationales and informing future practice. Survey respondents tended to focus on outcome-based rationales rather than value-based ones in support of involvement. Impact on the selection process was cited by many as important, but service user and carer visibility to applicants may be a more significant outcome. Disagreements among panel members were uncommon, but did raise some training and procedural issues. To be meaningful, the rationale(s) for involvement should be clearly articulated at the outset and the mode(s) of involvement should reflect this.

**Keywords:** Social work education, clinical psychology education, service users, carers

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**Introduction**

There has been a steady shift over the last twenty or thirty years in health and social care services in the UK towards emphasising a role for service users and carers in policy development and service provision rather than viewing them just as recipients. In explaining this shift, some (e.g. Braye and Preston-Shoot, 1995; Repper and Breeze, 2007) point to increasingly ‘consumer’-focused government policies exemplified by the NHS and 1990 Community Care Act and associated guidance, but there has also been increasingly powerful lobbying from service users themselves, which critiques the consumerist approach and emphasises empowerment and partnership (e.g. Beresford and Croft, 2001).

Coupled with such value-based rationales, and often underpinning them, is the belief that working with service users and carers will lead to services that better meet their needs and improve outcomes for them. In more recent literature on service user and carer involvement, the strands of rationale—value-based and outcome-based—tend to be stated briefly (where they are canvassed at all) without close examination, suggesting that they have become accepted articles of faith. For example, Hayward and Riddell (2008) state that:

These policy and legislative initiatives are premised on the right of service users and carers to be consulted about the services they receive, and the potential value of engaging with the experience of those who have used health care services (Hayward and Riddell, 2008, p. 6, emphasis added).

Indeed, these ideas are now so widely accepted that service user and carer involvement in the training of health and social care professionals, as well as in policy development and service provision, is increasingly expected across the spectrum of training programmes. In social work in particular,
involvement of service users and carers is now mandatory in all aspects of selection and training (Department of Health, 2002). However, in a culture that expects evidence-based practice and that is acutely aware of the costs of implementing change, there is also pressure to show impact and value for money and it may not be enough to argue that people’s rights are being upheld or that involvement has potential value. There is a need for a clearer statement of the outcome-based component of the rationales, so that the impact of involvement in training can be assessed. Levin (2004), in a SCIE resource guide for service user and carer involvement in social work education, makes the case thus:

The involvement of service users and carers in the design and delivery of the social work degree offers a major opportunity for a new generation of social workers to gain a thorough grounding in service users’ and carers’ experiences and expectations from the very start of their training and careers (Levin, 2004, p. 2).

This implies that service user and carer involvement in course design and delivery are expected to contribute in the longer term to better practitioners and hence better experiences and outcomes for service users and their carers.

However, while published material is emerging that describes service user and carer involvement in professional training programmes, Repper and Breeze (2007) have shown, through a comprehensive review of the available literature, that very little of it evaluates outcomes, and that material evaluating or even describing involvement outside teaching roles is very scarce. Given that involvement is now increasingly expected, if not required, in all aspects of professional health education, there is a need for more information on how involvement outside teaching is being implemented and what effects it might be having.

This paper examines the involvement of service users and carers in admissions to the social work programmes and of service users to admissions to the clinical psychology programme at the University of Birmingham. It describes the approach to involvement in the two programmes and, through the results of a survey, reflects on the experiences and expectations of the successful applicants and the interview-panel. It concludes by discussing what these findings might say about underlying outcome-based rationales for service user and carer involvement in admissions and considering certain issues for its implementation.

Background

The social work profession has traditionally valued self-determination (Braye, 2000) and this can be seen in the lead role social work education has taken in involving service users and carers, with service user
perspectives being promoted, in large part, by service users/survivors themselves (e.g. Beresford et al., 1994; Tew et al., 2004).

Taylor and LeRiche (2006) reviewed the literature on ‘partnership’ with users and carers in social work education and conducted their own survey of practice across social work programmes in England, Wales and Northern Ireland. In terms of the impact on students, their results indicated that ‘few studies...are sufficiently outcome focussed to judge whether partnership education made a difference’ (Taylor and LeRiche, 2006, p. 442). The benefits most often claimed were ‘recognising the strengths and wisdom which users bring to the relationship’ and ‘really listening’. Benefits to the users involved were also claimed by a number of papers.

Repper and Breeze (2007), following a systematic literature search, reviewed thirty-eight papers focused on involvement of service users in areas of health care training. They found few studies that evaluated involvement and concluded that most ‘focus on process rather than outcome’. Of those surveyed, only two measured effects on student learning but both these showed that the biggest difference between students exposed and not exposed to user involvement was their ability to demonstrate empathic understanding, an individual approach and an appreciation of good communication skills.

Changes in requirements for social work training in the UK (Department of Health, 2002) have made service user and carer involvement compulsory at every stage but the means of achieving this are not prescribed (Levin, 2004). Most often, published literature describes instances of service user and carer involvement in teaching (e.g. Humphreys, 2005; Waterson and Morris, 2005; Stevens and Tanner, 2006; Tyler, 2006), and there is little information on how involvement is being tackled outside this. Crisp et al. (2006) have reviewed papers on involving non-academics, including service users, in assessing social work students’ performance. There is evidence that service user and carer involvement in social work admissions is happening (e.g. Baldwin and Sadd, 2006) but, to date, we have found no published work that describes or assesses it in any detail.

Indeed, very little has been written analysing admissions processes in social work education at all, with almost no mention of a role for service users or carers. Holmström and Taylor (2008) have reviewed policy, theory and research relating to social work admissions and note the complexity of the issues. On service user and carer involvement, their sole comment is that ‘however welcome, [it has] resulted in additional complexity, challenges and a wide variation in how this has been implemented’ (Holmström and Taylor, 2008, p. 521). They and Dillon (2007), surveying admissions practices in four social work programmes, give some clue about the complexity when they highlight social work programmes’ need to balance the call for ‘widening participation’ with the role of ‘gatekeepers’. Dillon observes that social work programmes are ‘expected to be reasonably sure the students that they select have the ability or potential
to undertake social work roles, will not compromise professional standards or put the public or others at risk’ (Dillon, 2007, p. 883). Involving service users or carers in this already difficult process—adding another layer of complexity to an already demanding task—needs careful consideration if it is to satisfy the expectations of the parties involved, especially when there is no clear consensus on what involvement might achieve.

Information on service user and carer involvement in any aspect of clinical psychology training is hard to find. Townend et al. (2008), following Repper and Breeze’s (2007) methodology, reviewed literature on service user involvement in training of ‘psychological therapists’—not limited to, but apparently including, clinical psychology—and found no published papers on user involvement. Our own literature search of online bibliographic databases (with the search terms ‘service user OR carer AND involvement AND education OR training AND social work OR clinical psychology’) found only two examples of service user or carer involvement in clinical psychology. Curle and Mitchell (2004) described the recent establishment of a service user and carer advisory group for the Exeter Doctorate in Clinical and Community Psychology, while Vandrevala et al. (2007) have evaluated service user and carer involvement in the selection of clinical psychology trainees at Surrey.

The scarcity of published work notwithstanding, a consensus is emerging that service user and carer perspectives should be incorporated into clinical psychology training. In 2004, the Clearing House in Clinical Psychology (based at the University of Leeds and responsible for processing applications to all postgraduate clinical courses in England, Wales and Scotland) surveyed clinical courses about their work with service users and carers. The following year, the Clinical Psychology Group of Trainers at the British Psychological Society (BPS) ran a workshop at their annual conference on service user involvement and in 2008, the BPS produced a good-practice guide (Hayward and Riddell, 2008).

Of the published work we have seen looking at service user and carer involvement in non-teaching roles in social work and clinical psychology programmes in the UK, only the paper by Vandrevala et al. (2007) on selection for the Surrey clinical psychology programme is at all similar to the present work. For that study, a new selection task was developed, alongside the existing admissions processes, whereby groups of four applicants commented on a hypothetical scenario while being observed and rated by a panel comprising a service user or carer and a programme team member. Panel members then took part in focus groups discussing the potential impact of service user and carer involvement. Two main themes emerged. First was an acknowledgement that the initiative reflected ‘a national agenda of increased recognition of the involvement of service users and carers involvement in mental health services’ (Vandrevala et al., 2007, p. 37) coupled with a demonstration that user and carer perspectives are valued in clinical psychology training. Second, the new selection task was
seen as instrumental in enabling selection of applicants with a ‘positive attitude towards learning from the service user and carer colleagues’ (Vandrevala et al., 2007, p. 38).

While similarly motivated to contribute to ‘an evidence base for the effectiveness of involvement in training’ (Vandrevala et al., 2007, p. 35), our research differs in a number of ways. First, we are examining service user and carer involvement in admissions to a social work programme. This, as far as we know, has not been done in published work to date. Second, we are drawing comparisons between the social work programme and a clinical psychology programme with very different selection processes, which might a priori be expected to affect the impact of involvement. Methodologically, we have used a written survey rather than focus groups and have sought the views of both the interview panel members and the successful applicants about their experience of the service user and carer involvement in the admissions interviews. Finally, the service user and carer involvement in both the programmes we describe is an established component of admissions to those programmes, for which our work has already contributed to refining the involvement processes.

**Social work admissions at Birmingham**

The University of Birmingham offers undergraduate (BA) and postgraduate (MA) qualifying social work programmes. In 2007–08, 818 BA and 369 MA applications were received. Three hundred of these applicants were interviewed and 131 were recruited across the two programmes. Undergraduate applicants had to successfully complete a written examination to be accepted for interview. Available data show that the successful applicants in both programmes are predominantly female (89 per cent in 2007–08) and come from a variety of backgrounds. In 2007–08, some 95 per cent in both the BA and MA programmes were British residents, but less than 60 per cent considered their ethnicity to be British. The majority of the remainder defined their ethnic origins as ‘African’ or ‘Asian’.

When invited to an interview, prospective students are told that they will be assessed by a panel comprising an academic, a service user, a carer and a practitioner. At interview, groups of twelve to sixteen applicants watch a documentary about a social worker supporting a troubled adolescent and her family. The applicants have five minutes to consider the issues raised by the film. They are then split into two groups and join a panel that introduce themselves by name but not by role. Each group is invited by the chair to discuss the film, guided by set questions. During the discussion, panel members observe silently and take notes. The chair terminates the discussion after twenty minutes and asks each applicant to reflect upon their performance within the group and say why they would like to study social work. Each panel member is tasked to observe two applicants and mark
each using jointly generated criteria on content and inter-personal skills. Admission decisions are reached through discussion between the panel members based on their scoring of the individuals they have observed. Where consensus cannot be reached, the papers are passed to the Admissions Tutor, who makes the final decision based on all the evidence collected during the admissions process.

The format used in these group interviews was originally suggested by a service user during a workshop to develop the new programmes. Service users and carers have been involved in the admissions process and other aspects of training since the current programmes were developed in response to the revised requirements (Department of Health, 2002). The programmes have a pool of around fifty people on whom to draw. Participants were initially recruited from Suresearch, a mental health service user education and research group that has been working with university staff since 2000 and that is now based at the University’s Centre of Excellence in Interdisciplinary Mental Health (CEIMH). The pool was soon extended to incorporate a wider range via academic staff’s existing links with local authority user/carer groups and local voluntary organisations. When a part-time Service User and Carer Coordinator was appointed in 2007, she identified gaps in representation and recruited people from under-represented groups. Participants are paid for their time and reimbursed for expenses. They attend a half-day admissions training session and those interested can attend six-monthly review days.

Twenty-eight people were involved in admissions interviews in the year of the study. Table 1 provides a break-down by age.

Depending on their availability, they took part in from one to six panel sessions. Those attending four to six times tended to be older, but were an equal mixture of male and female, service users and carers. Twenty-one defined themselves as service users, six of these also being carers. Two were young people in care. Seven stated they had physical impairments and eight had suffered mental health difficulties. No one identified themselves as having a learning disability or physical health difficulties. The remainder had other issues or chose not to specify. Carers dealt with a range of issues, including mental health, learning disabilities, dementia and physical impairments. There were no foster-carers. Of the twenty-eight, nine were of BME backgrounds, including three African-Caribbean, two African and one Asian, with white-British people being over-represented in the group.

Clinical psychology admissions at Birmingham

Clinical psychology is a professional doctorate programme which in 2007–08 recruited twenty-one trainees (students) from 380 applicants, sixty of whom were interviewed. In 2007–08, as with social work, the cohort was
predominantly female (86 per cent). All were British residents and 76 per cent identified themselves as ethnically British.

At interview, applicants are given a written exercise and are then interviewed to assess their academic skills, clinical knowledge and personal suitability. Equal weighting is given to each of these three areas and service user interviewers are involved in assessing personal suitability only. The academic interview explores applicants’ understanding of research in clinical and applied settings and the relationship between research evidence and clinical practice. The clinical interview explores applicants’ ability to think through broad clinical issues, and their understanding of clinical psychology in practice.

Questions for the personal suitability interview are developed each year in a workshop by ten to twelve service users. The ‘ideal’ qualities of a practitioner suggested by the service users are grouped into themes and prioritised, and a question and model answer are developed for each theme. Typical themes include ethical conduct and applicants’ willingness to reflect on their own actions. A service user and a clinician interview each applicant and the interviewers decide how they introduce themselves. Each interviewer evaluates the candidate’s responses using the predefined model answers. Applicants’ interpersonal skills, such as clarity of expression, warmth and eye-contact, are also evaluated.

The inclusion of service users in admissions for the clinical psychology programme followed discussions at the Group of Trainers in Clinical Psychology workshop in 2005 mentioned above. Service users were involved in developing questions for ‘personal suitability’ interviews in 2005 and as interviewers for personal suitability from 2006. The service users were recruited from a service user group supported by a local mental health trust and from Suresearch (see above). They are given two afternoons of training by Clinical Psychology programme staff and are then involved in one or two (paid) half-day interview sessions, depending on personal

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**Average age** 54
Youngest 17
Oldest 76
preference. To date, those involved have predominantly been white-British, but the group has included one African-Caribbean and one Asian person.

The survey

The aim of the survey was to illuminate people’s attitudes, particularly those of the students and trainees who will become tomorrow’s professionals at the start of their training, and to compare the two programmes in order to inform future service user and carer involvement practices.

As this was a post hoc evaluation of interviews that had taken place some months before, the range of topics was necessarily limited and focused on:

- Is involvement in admissions important?
- What might be gained by each of the parties involved?

The cohorts of social work students and clinical psychology trainees who commenced training in September 2007 were surveyed about their admission interviews at meetings early in their training. To complement the student survey, the professionals, service users and carers that had conducted interviews in some or all years since service user and carer involvement commenced were surveyed by post. Ethical approval for the survey was obtained from the ethical committees in the two university departments and, as we were surveying social work practitioners working in Birmingham, we also obtained approval via the local authority’s research ethics process. The numbers of surveys distributed and returned are shown in Table 2.

Responses were anonymous and no demographic information was sought. Respondents ticked a box to give their permission to be quoted. Responses to all questions were formatted as yes/no tick-boxes together with ‘please comment on why you say that’. For each question, the yes/no responses were tallied. For the qualitative responses, a basic thematic analysis was conducted within cohorts. The themes were then aligned across cohorts to draw out common and divergent elements.

Findings

Importance of involvement

Everyone was asked whether it is important for service users and carers to be involved in interviewing applicants. All but one of the students and trainees agreed. All service users and carers agreed and only two professionals disagreed.

When saying why it was important, two main themes emerged:
outcome-based arguments about impacts on selection;

value-based arguments around service user and carer involvement.

Outcome-based arguments

Well over half of the clinical psychology trainees and three-quarters of the social work students felt that service user and carer presence would affect who was selected. Two-thirds of the service users and carers and two-thirds of the professionals also offered outcome-based reasons for considering their involvement important.

The most explicit statements suggested that service users and carers are uniquely sensitive to, and therefore more able to assess, applicants’ attitudes and abilities. Four of the service users’ comments were of this kind:

Service users have an insight into how they see the people who work in the caring professions carry out their duties. This insight is utilised in these interviews to select workers and students who can relate to service users appropriately (Social work service user).

Specialist experience or knowledge was expressly referred to in half of social work undergraduates’ and a third of social work postgraduates’ comments:

I think it is advantageous as they experience the care system and experience ‘social services’ (Postgraduate).

Although clinical psychology trainees gave similar reasons, the biggest group of comments concerned balancing academic views, such as:

They can provide feedback about suitability that clinicians/academics may not consider. For example, service users may value traits such as warmth, awareness of impact on others, above what professionals might (Clinical psychology trainee).
A third of the comments from professionals also cited a plurality of views and/or non-academic input as important.

Value-based arguments

Responses appealing to values were less common. The idea that service users/carers had a right to be involved, sometimes justified by arguments on the lines of ‘they are the recipients’, emerged in something over a tenth of the social work students’ comments and a third of clinical psychology trainees:

It seems important that those who will use a service have some say in who will provide that service (Clinical psychology trainee).

A service user (one of four) who also appealed to this argument said:

Our involvement in the process acknowledges the social change from a deferential society to one where the individual has a good idea what they want and looks to discuss and agree with the professional the best way forward. The mantra, ‘Nothing about us without us’ sums it up. And where better to start than at the student recruitment stage? (Social work service user).

None of the professionals couched their rationale in terms of rights, but four social work academics and two social work practitioners talked about showing students that service users and carers were valued:

It sends a clear message to applicants, from their very first involvement with the university, about the importance of service user and carer perspectives (Social work academic).

Gains for trainees and students

Almost all the clinical psychology trainees felt they benefited from being interviewed by service users. However, a quarter of undergraduate and half of postgraduate social work students said they did not gain. This is largely an artefact of the social work admissions processes—the majority of the students who said ‘no’ cited either lack of contact with the panel or its anonymity:

No, I was not aware of who was the service user therefore I treated all the panel the same (Social work postgraduate).

No—I would have perhaps if we could talk with the service users or carers in a more detailed way (Social work undergraduate).

Among the social work students were two, one postgraduate and one undergraduate, who observed that their own backgrounds, as a carer and a service user, respectively, meant that they did not gain particularly, although both felt that if this had not been the case, they would have.
For those who gained, the reasons were varied. Across all groups, there was a theme of increased self-awareness from knowing they were being assessed by service users (and carers). The clinical psychology trainees, having been directly questioned by service users, tended to focus on how they might appear, such as referring to ‘client-centred’ communication, ‘not speaking the lingo all the time’ or focusing on ‘the language I use’. The social work students, having less direct contact, reflected more on the programme or profession they were entering, such as:

Made me more aware of the responsibilities of the role and impact it has on people’s lives (Postgraduate).

A few in each group suggested that a service user/carer presence broadened the interview or made it more ‘real’, while ten social work students felt that gaining a place suggested endorsement from the service user or carer. Finally, six students and one trainee gained from seeing the institution or programme work with service users and carers:

Gave me a better view of the course, improved my opinion of the university and how it works, made me select this university apart from those I applied for (Social work postgraduate).

Perspectives of the panel members—gains

The twenty-one service users and carers who responded to the survey all said they gained from being involved. People talked of gaining confidence, a feeling of being heard and valued, of gaining knowledge and insight, or of gaining practical skills:

I certainly gained personal self esteem which is something which is difficult for me (Clinical psychology service user).

I can understand what is required for a student to be accepted for social work and the type of training given. I felt valued (Social work carer).

Sixteen of the nineteen professionals indicated that they benefited from working with service users and carers on admissions—from ‘the reality check’ of hearing directly about service users’ or carers’ priorities and perspectives, through to sharing decisions:

It was really helpful to have a user perspective as useful to confirm my own views about suitability (or not!) and to add that personal perspective of having used the services we train people to be employed within (Clinical psychology clinician).

However, three social work academics, although they gained, had certain reservations. One noted:

I don’t feel there is a service user and carer perspective (just as academics and practitioners have a range of perspectives and some people can’t help but wear more than one hat). The training and process for decision
making is important for it to be meaningful involvement for all, and not about representation for presentation which we have been eager to avoid.

A second was concerned that a forceful service user or carer could, on rare occasions, hold too much sway with practitioners who might think that ‘they know best’, and queried whether all panel members should continue to have equal say.

Most professionals saw benefits accruing to the university through the varied input on the selection panels and through forging closer links between academia, the profession and the community. Two social work academics made a distinction between outcome-based and value-based rationales. Both were unsure whether, based on their experience, involvement in admissions greatly changed selection outcomes, but while one argued that it was, nevertheless, ‘really important for ... students to see us working together as one part of a bigger process of partnership working’, the other felt that while ‘involvement presents a better and more collaborative face to the world ... that is a political issue and not one I am so keen to adopt’.

Perspectives of the panel members-disagreements

When asked about disagreements on the panels, the overall tenor of responses from the service users and carers was that these were rare. In social work, seven of sixteen service users and carers described an occasion of disagreement but in only four cases was no consensus reached following discussion. Three out of five service users from clinical psychology described a disagreement but only one was viewed as unresolved, with the service user feeling that s/he had been ‘completely overruled’ by the clinician.

Nine out of eleven social work academics involved in admissions panels responded to the survey, which therefore offers a fairly representative picture of the programme team’s overall experience and attitudes. Whilst seven said they had experienced disagreements, their responses supported the impression from service users and carers that this was uncommon, although it could, they acknowledged, result in lively debate. Four felt that they had, on occasion, been appropriately swayed by service user or carer views. In one instance, however, an academic felt persuaded by the panel, against his/her better judgement, to offer a place to someone who had subsequently prompted concerns about his/her fitness to practise. On the other hand, four academics felt that sometimes service users or carers might not make allowance for things that could change during training. That is, according to one, ‘there was discrepancy between what should be expected prior to joining the programme and what is developed during the course’. Such disagreements did raise issues that, according to
another academic, led the social work team to seek ‘agreement that the academic needed to be the chair of each panel and recognise their ultimate accountability within this process’.

Only five of twenty-two practitioners involved in social work admissions responded to the survey and their comments did not suggest a significantly different experience from those of the academics.

In clinical psychology, one clinician, out of only five in the survey, recalled disagreements and felt that ‘more preparation and more clear scoring guidelines would be useful’.

**Discussion**

As already observed, value-based and outcome-based rationales have been put forward for involving service users and carers in professional education, with involvement at all stages increasingly required. It is beyond the scope of this paper to critique value-based arguments for involvement, supposing that such a critique were deemed necessary. It is clear from the literature, from shifts in policy and practice, as well as the results of our own survey, that they are now widely shared and accepted as fundamental tenets. However, involvement rhetoric notwithstanding, social work programmes, in particular, have both ‘gate-keeping’ and ‘widening participation’ responsibilities (Dillon, 2007), which it is perhaps unfair to expect lay-people to share equally. Furthermore, time and money must be expended if service users and carers are to be involved in ways that do not exploit or become tokenistic. It is, therefore, important to study the processes and outcomes in order to ensure user and carer involvement in admissions is meaningful and productive.

Our results on the importance of involvement show that promoting people’s rights or personal empowerment was cited by a minority, with most people seeing involvement as important for bringing practical benefits to the selection process, couched most often in terms of the unique insights available to service users and carers or the value of a plurality of views.

This is a crucial issue. Both in our survey and in the focus groups in Vandrevala et al.’s (2007) study, impact on selection was highlighted. However, while we share the belief that service user and carer insights are valuable, we are aware that it is very difficult to be certain that different applicants are chosen or rejected because of service user or carer input than might otherwise have been the case. In fact, two of the social work academics in our survey were unconvinced that significantly different decisions had been made over their several years’ experience of working in this way. Indeed, given the tensions in gate-keeper versus widening participation roles that social work educators must balance, it may well be that it is not appropriate for service users and carers to share an equal responsibility in this regard and their impact on selection must needs be mitigated.
In contrast, the service user presence in clinical psychology interviews, despite being a much smaller component of the selection process, is much more overt and appears to have made a uniformly greater impression on the applicants. The literature on involvement in training often claims positive impacts on students’ perceptions about service users and carers (see, e.g. a number of the works cited by Taylor and LeRiche, 2006). While most students’ and trainees’ comments in our survey did not overtly refer to ‘partnership’ or ‘respect’ as a result of user/carer involvement, a number spoke of increased insight, or of being more mindful of service user or carer perspectives, or of more focus on their own communication style during the interview.

If involvement is to have such impacts, though it would appear that the nature of the interview is important. The difference in scale of the two programmes we have studied means that while individual interviews are feasible in clinical psychology, in social work they are not. As a result, a group-interview technique has been developed, with the panel responsible for observing, rather than interacting with, the applicants. Hence, clinical psychology applicants must interact with the service user and so, our results suggest, were able to focus more directly on the significance of their presence. In social work, the minimal contact resulted in some students being unaware of the service users and carers while others felt little impact from their presence. As a result of our survey findings, the script for academic panel chairs in social work now reminds them to reiterate to the interviewees that the panel is made up of service users and carers, as well as academics and practitioners. Subsequent informal feedback from students to the social work admissions tutor suggests that direct interaction with service users and carers at interview would be appreciated.

However visible they may be, service users’ and carers’ presence in admissions alone will not have a vast impact on student or trainee perceptions, or on the professionals they ultimately become. Nevertheless, their visibility right from the start, and the overt acknowledgement of the importance this carries, as the first step in an education that consistently promotes their perspectives, rather than any significant impact on selection, may well be the most tangible outcome for the students and trainees themselves of service user and carer involvement in admissions interviews.

For most of the professionals in the survey, working with service users and carers emerged as a valued ‘grounding’ experience, reassuring them of their shared understanding of the qualities needed in their professions, as well as providing an important space for critical debate and the emergence of new insights. This is a valuable outcome, the importance of which should not be underestimated.

Another tangible outcome is the impact on the service users and carers themselves (as opposed to any presumed empowerment of all service users and carers as represented by these individuals). If people with firsthand experience of services are to be involved in educating future
professionals, they need to find the experience worthwhile. Our evidence suggests that service users and carers involved in admissions in these programmes have felt valued by being recognised as respected partners. Whatever their original motivation for involvement, their responses reveal they saw benefits mostly in personal terms—for example, in increased self-esteem or a better understanding of professional training. One service user from clinical psychology did, however, comment on an unsatisfactory experience of being ‘completely overruled’. While the selection process in this instance should not have been affected, as each interviewer scores applicants separately, it highlights the need for service users and carers to be able to offer feedback on their experiences—anonymously if necessary—in a supportive environment. Involvement in the social work programme is at a more advanced stage and the support framework for service users and carers involved in that programme does provide more such opportunities.

The survey responses on the topic of disagreements also serve to highlight procedural issues that need to be addressed when deciding on the role service users and carers are called on to play. Our comparison of the two programmes shows that the kind of admissions process in question can make a significant difference to the collaboration that must be negotiated. The tensions highlighted by some academics in social work, about service users’ and carers’ capacity to assess applicants’ potential and the need for the academic to have a final responsibility, have led to changes in the procedure for dealing with a ‘no agreement’ outcome. This now requires the papers to be passed to the Admissions Tutor for a final decision based on an overview of all the evidence gained during the admissions process. These issues appear to have largely been avoided in clinical psychology because of the different format and the smaller part the service users play in decision making.

Conclusions

The aims of this project were, first, to describe the approach to service user and carer involvement in the admissions processes in social work and clinical psychology at the University of Birmingham, second, to discover the attitudes and expectations of the various participants with regards to this kind of involvement, and, third, to reflect upon the participants’ experience of the process. We hoped that insights gained from this study might be used as a basis for future discussion about the ways in which service user and carer involvement within admissions on professional programmes might be developed.

How does one go about testing the assertion that service user and carer involvement can improve the selection process? Ultimately, such judgements rest on the quality of the professionals emerging from training, but
the factors involved in turning a novice into an effective practitioner are
diverse and it is difficult to see how one could isolate the impact of
service user and carer selection at admission. Rather, we have suggested
that the impact is more likely to be observed in the message sent to students
and trainees. Whilst it would be hard to sustain a claim that service user and
carer involvement in admissions alone will have a substantial impact on out-
comes within health and social care systems, involvement here may be
acknowledged as part of a bigger picture of respect and client-centred prac-
tice that should permeate professional education. We believe that
education in a climate that demonstrates that it values service users and
carers at all stages may well have an impact on future practitioners’
behaviour, with the effect being cumulative and the message of understand-
ing and respect for service user and carer perspectives coming to permeate
professionals’ attitudes and practice. Although evidence of this is as yet
scant (Taylor and LeRiche, 2006; Repper and Breeze, 2007), our findings
do show that the vast majority of people involved in the social work and clini-
cal psychology admissions processes do value service user and carer input. A
follow-up study, investigating the attitudes of students from the original
cohorts as they qualify and prepare for practice, could offer further insights.

Involvement in admissions is now required, but people need to under-
stand the rationales for this and so there is a need to articulate how and
why service users and carers are being involved—what kinds of processes
are used to assess applicants and which aspects of admissions might
benefit most from involvement. Tokenistic inclusion, driven by government
and professional bodies seeking ‘involvement at all stages’, is pointless.
Involvement should be meaningful, with expectations and responsibilities
clearly defined, understood and respected by all parties. In this way, we
model the very practices we are seeking to promote to our students.

References

service agency staff learning how to share power in running social work education
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