Five Years On:

Service User and Carer Involvement on the PsychD training programme, University of Surrey

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Since 2004 the PsychD clinical psychology training programme at the University of Surrey has included service users and carers in all aspects of its training - in selecting candidates to come on the programme, in lectures, on NHS placements, in research. This is the story of how we did it, our achievements and the lessons learned. This document is designed for other courses - principally clinical psychology courses, but also other health and social care courses - as a way of sharing our learning with others.
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Five Years On:  
Service User and Carer Involvement  
on the PsychD training programme,  
University of Surrey

“In mental health debates, service users are a legitimate presence where before we were a notable absence.”

Peter Campbell, trainer and Mental Health System Survivor ¹

Beginnings: how this document came about

I received an email some time ago from a tutor on another clinical psychology training course: “Does Surrey already have its own service user/carer involvement strategy?” The answer was, no we don’t. But as we have been involving service users/carers on the clinical psychology training programme (PsychD) at Surrey for five years now, I thought it was time to write one. So this is it.

The PsychD doctorate in clinical psychology training programme at the University of Surrey in Guildford was some way ahead of many other courses in involving service users/carers. We had been holding Service User & Carer Advisory Group meetings every month since 2004 with myself employed as part-time Co-ordinator of Service User & Carer Involvement in post since 2006, and I was finding that we were increasingly being consulted by other clinical psychology training courses around the UK (there are about 34 of them) about a whole range of projects that we had successfully initiated to include the views, experiences and contributions of service users/carers. More importantly, we were making real, and measurable, changes to the training programme. Trainees were enthused and we were gaining a reputation for our innovations that include service users/carers in ways beyond the most traditional method - ie inviting them into lectures to talk about their experience of mental distress. We were going beyond ‘invite’, into the realms of ‘consult’.

¹ Foreword, Good Practice Guidelines: Service User and Carer Involvement within Clinical Psychology Training, (Barbara Riddell & Mark Hayward, Division of Clinical Psychology, The British Psychological Society, 2008).
So I thought I would try and capture the 'story so far' in one document to celebrate five years of service user/carer involvement in the training programme with the history, aims, strategy, projects, lessons learned and changes made between 2004 and 2010. In writing this, it has given me a chance to reflect on some of the questions and answers that can be lost in the day-to-day work environment.

Some of those questions have been: why set up a service user/carer initiative in the first place?, what were the aims?, have they been achieved?, what's worked?, what hasn't worked?, what have been the highlights?, what setbacks have we experienced?, and so on. I can't say we have answered or resolved all of these, but we have had a jolly good try!

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The changing face of mental health services

"Within the current culture of mental health provision, a different value base is emerging, based on principles of partnership between practitioners, service users and carers ... Each is seen as being able to offer their own valuable contribution ... " (Learning from Experience, p10)

The recent past has seen changes in national healthcare policies and service provision that now focus on partnership working, by increasing the involvement of users of mental health services and their carers in shaping these services. "It is important that there is real involvement of service users, carers and members of the local community in commenting on priorities and giving feedback on the quality of services. In a modern mental health service ... this is a critical driver for reform." (p74) So says the Government’s ‘New Horizons: A Shared Vision for Mental Health’, a cross-party strategy document published in 2009 as a replacement for the National Service Framework for Mental Health, published ten years ago.

Mental health services and treatments have traditionally been derived from a medical model and embodied in social and political policies. Recipients of these services frequently complain that practitioners within mental health services can be out of touch with service users'/carers' needs, wishes and priorities. Many service users/carers report that they have experienced discrimination and oppression by the very services they believe should be helping them. Indeed, many service users (including Peter Campbell) describe themselves as 'survivors' of the mental health system.
Whose knowledge?: training mental health professionals

"...it is the process of education that is likely to be more powerful than its content in shaping the attitudes and capabilities of the practitioners of the future." (Learning from Experience, p10)

The clamour for patients to be more involved in service planning and in their own care, particularly in mental health services, has been growing for the best part of twenty years or more. Health care services have traditionally been shaped and run by professionals working in these services, rather than the people who use these services. Service users’ and carers’ knowledge about their own lives, their own distress and their own experiences of treatment have long been marginalised or ignored altogether. And in the education of mental health professionals there was historically a tendency to prioritise academic knowledge over the ‘lived experience’ of service users and carers. The rise of what has come to be known as the ‘service users’ movement’ dating from the 1970s, with service users/carers requesting a voice in how services affecting them are shaped, has had considerable influence on Government healthcare policy and legislation.

But if mental health services are to be informed by a partnership approach, then they must be underpinned by mental health education. It is here, within training, where mental health professionals of the future gain first hand knowledge and understanding of what users of mental health services and their carers want, like and need from professionals and services.

The value of including service users and carers in training is often seen as benefitting the development of good therapy skills – being a better communicator, a better listener, more empathic. But this isn’t the only benefit of including service users and carers in training. It can lead to the development of an altogether different knowledge base, one that can challenge prevailing theories. Take voice hearing. Many service users who experience hearing voices now desire a way of accepting their voice hearing, in opposition to their mental health professionals who may view hearing voices as a worrying symptom to be treated. And an alternative knowledge base can lead, in turn, to an alternative evidence base, and ideas of what
constitutes 'knowledge' itself can be viewed differently through a service user/carer lens.

This is a move away from past assumptions that the rightful place of knowledge about mental distress and the treatment for it resides with mental health professionals - that there is somehow a difference between practitioners (and educators) and people with direct personal experience of mental distress/disability or their carers.

Foregrounding medical knowledge of mental distress over the knowledge of service users/carers also leads to an imbalance in the power relationship and can throw up a powerful, often uncomfortable, challenge to those who have trained for many years in these professions.

Bringing in 'non professional' service users/carers into the training arena can be unsettling and is not always welcomed as a positive means of changing practice. Issues which preoccupy service users/carers may not even occur to providers of mental health services. Inviting service users/carers into a clinical psychology training programme can inject new life into it - teaching staff can find new perspectives, new ideas, new skills, as well as being challenged about their existing ways of teaching. While it can be unsettling for some staff (and trainees) it can invigorate courses and breathe new life and new ideas into the learning arena.
Service users and carers: definitions

I refer throughout this document to 'service users/carers'. There are many words and phrases in use to describe people who access mental health services and their carers, including patient, consumer, client, survivor, people with 'lived experience' etc.

We use 'service user/carer' for two reasons:

1. it is a description widely recognised across most clinical psychology training programmes
2. service users can be carers and vice versa.

For the purposes of involving service users/carers in our projects on the PsychD training programme, our definitions are:

- **Service users should have some** experience of using psychological services within an NHS setting (for instance, in a Community Mental Health Team (CMHT), in learning disabilities services, child and adolescent services, older people’s services, etc). This means that you have been referred to a clinical psychologist for your own needs, either now or in the past. Alternatively, we would expect you to have a good understanding of how a clinical psychologist can help people.

- **Carers should be** a carer of someone who uses or has used psychological services in an NHS setting, including carers of people with learning disabilities or carers of children who use or have used psychological services in an NHS setting.
What is service user/carer involvement in clinical psychology training?

"Understanding how services are perceived and experienced by service users has been invaluable when thinking about how I conduct myself and the ways in which I work with my clients."

(Trainee clinical psychologist, University of Surrey)

Traditionally, the limit of 'involvement' experienced by most service users/carers in health and social care training courses has been by invitation - to attend a lecture to talk about their experience of mental distress, as 'guest speakers'. To include service users/carers in clinical psychology in a genuine and meaningful way needs to go beyond inviting 'them' in to train 'us'. There are a number of papers and articles (see Bibliography) which state the case for inclusion of service users/carers in clinical psychology training. I'm starting this document from the point that the Surrey programme was at five years ago:

- there was a clear desire from some course team staff and trainees to involve service users/carers
- clinical psychology's governing body, the BPS, requires it for accreditation
- Government policies require it
- service users/carers want it
- a growing body of evidence says it makes a difference
- we want to equip our trainees with training that will make them alive to the needs of real service users/carers - future practitioners who can make a difference to treatment, to services and to people's lives.

Having established the need to include service users/carers, how did the Surrey programme go about it? Who did we approach? How did we do it? What did we learn? What difference has it made?
Why do it?: better outcomes for all

"We would therefore expect such involvement to help to produce practitioners who are capable of delivering improved (and more relevant) outcomes for service users and carers ..." (Learning from Experience, p11)

Training informed by service users/carers is still in its infancy, both on the Surrey training programme - which has pioneered the involvement of service users/carers in PsychD clinical psychology training - and on other PsychD courses. Nurse training and social work training courses now routinely involve service users/carers, but for clinical psychology training at postgraduate level it is a relatively new endeavour; obtaining funding to support service user/carer involvement is notoriously tricky to obtain.

At Surrey our aim, to quote one of our carer colleagues, is “to train better clinical psychologists”. Naturally, we always try to ensure that our service users/carers colleagues derive enjoyment and benefit from being included and consulted.

Trainees

It is to be hoped (expected, even) that training by service users and carers and not just about them, will produce practitioners with realistic understandings of service user/carer issues, and thus offer improved outcomes for their clients. There is a growing body of evidence that says direct involvement of service users does result in improved service outcomes (see for instance J Carpenter and S Sbaraini, ’Choice, information and dignity: involving service users in care management in mental health, 1977).

Service users and carers

“Of course I am an expert on the services I receive. I have received services all my life, of one sort or another and you just get to be an expert.” (Making User Involvement Work: Service User Network and Knowledge, p30)
Our approach to service user/carer involvement on the PsychD training programme at Surrey is to ensure:

a) that it is effective for our training programme  
b) assists our trainees’ learning  
c) is meaningful for our service user/carer colleagues

We believe service user/carer involvement:

- make genuine changes to training  
- offer a space for a collective view  
- be a genuine and positive force for changing training policy  
- can be user/carer directed  
- add to service users'/carers' skills base

**Teaching staff**

For teaching staff, new ideas and different perspectives offered by the inclusion of service users/carers can benefit the whole curriculum. Tutors can find themselves more in touch with the issues that concern service users/carers. As well as the gaining of new knowledge and different perspectives, the inclusion of service users/carers in the teaching programme can provide a challenge to existing teaching values and practice, and lead to more equal learning experience for all.
Putting it all together:

- our strategy
- our philosophy
- our model
- our focus
- theory and practice

"I have been so impressed over the years how all of us on the advisory group coming from so many different disciplines and walks of life have worked together as colleagues - to one end, namely, enhancing the involvement of service users and carers in all aspects of the training of clinical psychologists." (Surrey Service User & Carer Advisory Group member)

Our strategy
In November 2000, at the annual conference of the Group of Trainers in Clinical Psychology (GTiCP), three clinical psychologists facilitated a workshop on “user involvement in training”. Inspired by this and by the work done on the clinical psychology training course at Exeter University involving service users and carers, Mark Hayward, an academic tutor on the Surrey programme, set up a series of meetings with local service users, carers, trainees and others to investigate how to include service users/carers on the Surrey programme. A number of the course team members on the Surrey programme had had personal experience of the enormous benefits of developing relationships with service users/carers within the domains of teaching and research. The greater involvement of service users/carers within the programme has been driven by the rewards that trainees get from working with service users/carers outside of the therapeutic relationship.

The result of Mark’s consultations was the formation in 2004 of the Surrey Service User & Carer Advisory Group, which has been meeting monthly ever since. The Advisory Group is at the heart of the ideas flowing from service users, carers, staff and trainees and others to the rest of the course. In 2006 Mark obtained funding to employ a part-time Co-ordinator of Service
User & Carer Involvement for one year - at the time, a post few health training courses had and I joined the Department in March 2006.

Traditionally, service users and carers had been contributing to teaching sessions on the Surrey programme by talking in lectures about their experiences of mental distress and the treatments they had been given; they had not been involved in more collaborative work with the course structure itself. Mark's desire was for a greater degree of partnership working; his aim was to make service users'/carers' views, experiences and contributions integral to all aspects of the programme. From work done by other clinical psychology training courses (Exeter University and Manchester University in particular) it was evident that we needed to:

- produce guiding principles for the working group, preliminary aims and expected outcomes
- establish core activities
- identify gaps in training
- propose recommendations for greater involvement of service users/carers
- draw up terms of reference
- identify a 'service user/carer champion' among the academic staff
- gain funding to employ a worker
- establish membership criteria
- prioritise targets for service user/carer involvement
- pilot the work
- evaluate the work and refine it.

Our guiding philosophy

Our guiding philosophy for the involvement of service users/carers is to make a positive, and unique, addition to the learning of our trainees. Of course, we value our service user/carer colleagues, and always strive to make sure their contributions are relevant and enjoyable for them. We never forget that without our service user/carer colleagues we wouldn't be able to do any of this ground-breaking work!

Our principles are that service user/carer involvement must:
- offer meaningful learning to the training programme
- be collaborative - service user/carer colleagues' input is of equal value
• be effective – real change happens
• be comprehensive – encompassing all aspects of training, whether academic (within the University) or clinical (out on placement, working in the NHS).

**Our model**
We have taken the ‘action learning model’ as one on which to base our service user/carer involvement initiative. This was pioneered by Reg Revans in the 1940s as a way of resolving real issues and challenges by sharing the skills and knowledge of peers, as opposed to resorting to theoretical models alone. It is employed widely as a management and organisation tool in many workplaces. Action learning proposes that people learn best when they focus on a situation or problem together and share their prior knowledge and experience to tease out the answers to what they don’t know to innovate and improve. On the Surrey programme, that is what we do in two ways:

- by working in conjunction with the teams within the training programme – Academic, Clinical and Research Tutors – to identify areas of learning that can be informed by the direct involvement of service users/carers.

- by drawing on the ideas, views, experiences and contributions of our service user/carer colleagues external to the programme.

Interestingly, action learning is now being piloted as a way of supporting people who use mental health services towards a journey of recovery. In 2007 two local Mind associations, Westminster Mind and Hammersmith & Fulham Mind, piloted a project to guide individuals on their path towards recovery, getting a small group of six people to pool their resources and develop their own plans for work, training and education. The results have been encouraging. People whose desire to return to work after a long period of not being employed found that ‘taking action’ was key to creating and supporting the motivation to get going and keep going.

**Our way of working using the action learning model, can be represented thus:**

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A word about ‘othering’

"Then you’ve got people who are actually qualified professionals who may have had to keep their experiences of using mental health services a deep, dark, secret in order to just get on the training courses ... I think that sometimes ... it’s actually the universities and colleges that are particularly pernicious in their attitudes towards survivors." (Peter Relton, survivor worker, \textit{\textsuperscript{3}Inclusive Practice within Psychology Higher Education}, p107).

The process of ‘othering’ - for instance, viewing service users/carers as people somehow outside of or different to those people doing the teaching and receiving the learning - has become almost axiomatic in the literature about professional practice. Those who have experienced mental health crises and are open about them are few and far between - clinical psychologists Rufus May and Rachel Perkins are two examples, but where are the others?

Seeing the experiences of service users/carers as something external to the course, in that it can be brought into training, utilised and learnt from then sent home again, is alienating to both the service users/carers and

\textsuperscript{3} quoted in Snow, R., (2002). 'Stronger than ever': Report of the 1\textsuperscript{st} National Conference of Survivor Workers UK. Stockport, UK: Asylum.
those being taught. To open up the learning arena to those within the course, and ask how their experiences can be used, can be risky, leave trainees and course team members feeling uncomfortable and asking who is the expert?
Our focus

“Thank you for adding such a positive, encouraging and inspiring element to my training.”
(Trainee clinical psychologist, University of Surrey)

The focus of our approach is towards trainee learning. Many initiatives involving service users/carers have focused on the benefits of involvement for them. At the heart of our service user/carer initiative is ‘trainee learning’. We value the input of all our service user/carer colleagues who have worked with us over the years - and could not have achieved what we have done without them. However, our aim of involving them is always for the benefit of training learning. This doesn’t mean that service user/carer colleagues don’t gain something from their input to our programme, but the primary aim is to ensure our trainees benefit from learning offered by the very people they will be working with in the future.

And there’s no doubt trainees benefit from the input of our service users and carers as the quote from one of our own trainees above testifies.

Theory and practice

“Theory is from books, it has its place but it is not what makes a good social worker ... That comes from knowing and listening to other service users and realising, I think, that everyone can be a service user, we are human too.”

(Developing User Involvement in Social Work, p9)

What constitutes good practice in the involvement of service users/carers in clinical psychology training? We believe it covers the following:

- service user/carer involvement in all aspects of training
- challenging existing ways of teaching and learning
- offering alternative perspectives – ie from the service user/carer point of view rather than an organisational one
- changing attitudes of staff and trainees
- believing service users/carers can be ‘experts by experience’
- collaborative working – professionals and service users/carers working jointly, bringing together differing views to create positive change
- theory and practice – service users/carers are uniquely placed to offer a way of putting new theories into practice.

In 2007 Mark Hayward and myself were commissioned by the Division of Clinical Psychology (part of The British Psychological Society) to produce a document for other courses on involving service users/carers in clinical psychology training.

While it had been seen as good practice to include service users/carers within the training of clinical psychologists at postgraduate level, it had never formed part of the accreditation criteria. In 2007 the DCP made revisions to the accreditation criteria, making it mandatory that:

"Programmes must work collaboratively with service users, carers and community representatives to identify and implement strategies for the active participation of these stakeholders within the programme. These strategies, and the practical support available to implement them, must be acceptable to the different groups in the programme and have wide support."

The resulting ‘Good Practice Guidelines: Service User and Carer Involvement within Clinical Psychology Training’, was published in 2008, with a foreword by Peter Campbell, freelance trainer and mental health system survivor. Peter has lectured on the Surrey course for a number of years, his most well-known lecture being one on ‘Empowerment’. For the publication, we consulted colleagues on other clinical psychology courses, as well as our own colleagues – staff and service users/carers – as a way:

"... to guide members of the profession and training providers in ensuring that clinical psychologists, upon qualification, have a broad sense of the needs, perspectives and aspirations of the recipients of services, and the skills to work alongside service
users and carers in a variety of roles and contexts.” (Good Practice Guidelines, p3).
Delivering the strategy:

- someone to do the job
- an advisory group
- terms of reference
- ‘the 4 strands’
- disseminating the strategy
- recruiting service users/carers
- service user/carer Skills Bank
- expectations
- paying service users/carers
- setting up a new project

Someone to do the job: funding for a worker

By about 2005, it was becoming clear that the Surrey programme needed someone to do the job of co-ordinating service user/carers involvement. Mark Hayward, one of the Academic Tutors on the programme, was taking the lead on this initiative and some of his teaching time had been freed up to devote to increasing the involvement of service users/carers. During this period, the Advisory Group had debated the issue, including the suggestions of recruiting an unpaid volunteer. Mark had by then identified a pot of funding from the Higher Education Academy that would pay for a development worker for one year on a part-time basis; in conjunction with like-minded colleagues at Salomons the bid was put in for a worker to cover the post part-time, working one day a week each at Surrey and Salomons.

He applied, was awarded the funding, a job description and person specification were written and the post advertised. I was in post in March 2006, with my first day at Salomons, where it was a case of starting from scratch as they had no service user/carer initiative as such - although lots of staff who had been wanting to involve service users/carers in training for a number of years.

There’s no doubt courses benefit from having someone dedicated to service user/carers involvement. Often, their physical presence alone is a reminder in itself to ‘think service user/carers involvement!’ In 2009 the DUCIE network (Developers of User & Carer Involvement in Education, part of the
mhhe, Mental Health in Higher Education) produced guidelines on just this issue. They recognise that an increasing number of higher education institutions are employing people whose remit is to “recruit, train and support service users and carers to contribute to professional programmes.” However, these posts “need to be well constructed and supported.” (p3).

The DUCIE guidelines are invaluable for any course thinking of employing such a worker. Topics covered include: the development worker’s role, drawing up a job description, costings and budgets.

Following the end of the one-year funding for my post, we managed to obtain further funding, including a two-year commitment of funding from the South East Coast Strategic Health Authority, which allowed my post at Surrey to be extended to two days a week. By 2010, the Programme Director had made the commitment of the Co-ordinator of Service User & Carer Involvement’s post to be funded on a permanent basis. This time, the post is for two days a week working on the Surrey programme (Salomons now has its own Co-ordinator of Service User & Carer Involvement, although the two programmes still work closely together).

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The Surrey Service User & Carer Advisory Group

"Our mission is to make better clinical psychologists“

(Surrey Service User & Carer Advisory Group mission statement)

We came up with the aims for the Advisory Group as well as the terms of reference (all in consultation with members of the Advisory Group).

**Aims**

The Service Users & Carers Advisory Group is attached to the PsychD training programme at the University of Surrey. It aims to:

- include the views & experiences of service users and carers in training clinical psychologists
- work with local service user & carer organisations
- train clinical psychologists who are sensitive & supportive of service users & carers
- ensure our psychologists make a positive difference to service users’ & carers’ lives

(Taken from the Advisory Group leaflet)

In higher education, there are conventions and procedures that can be baffling or even alienating to many service users/carers. The very language - committees, ratification, chairing of meetings, accreditation, terms of reference, plenaries, and so - can be daunting. At Advisory Group meetings we strive to be ‘jargon free’ and to make them as informal and friendly as possible for everyone while still complying with the needs of the Department, for instance, by producing and circulating minutes of the meetings.
### Surrey Service User & Carer Advisory Group: terms of reference

Below are the terms of reference for the Advisory group, ie its membership, its aims, who it reports to and from, who it liaises with etc.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Surrey Service User &amp; Carer Advisory Group</th>
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<tr>
<td>Reports to (within University of Surrey):</td>
<td>Programme team meetings, Board of Studies, Trainee Service User Group, Trainee Cross Years' Business Meeting.</td>
</tr>
<tr>
<td>Reports to (outside University of Surrey):</td>
<td>Strategic Health Authority</td>
</tr>
<tr>
<td>Takes reports from:</td>
<td>Trainee Service User Group</td>
</tr>
<tr>
<td>Liaises with:</td>
<td>DCP Service User &amp; Carer Liaison Committee, SAGE (Salomons Advisory Group of Experts), Rethink (Godalming), National Autistic Society (Surrey), Surrey Young Carers, CAPITAL.</td>
</tr>
<tr>
<td>Membership:</td>
<td>Service users, carers, trainees, Co-ordinator of Service User &amp; Carer Involvement, regional psychologists and other interested parties.</td>
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<tr>
<td>Minutes:</td>
<td>Formal minutes are produced after each meeting and circulated to all trainees and members of the programme team. In addition, a report will be produced of the Advisory Group's activities for quarterly meetings of the Board of Studies, and circulated to trainees, Advisory Group members and the programme team.</td>
</tr>
<tr>
<td>Frequency of meetings:</td>
<td>Monthly</td>
</tr>
<tr>
<td>Statement of purpose:</td>
<td>For the expertise of service users and carers to form an integrated part of the training experience. This will facilitate the development of the training of clinical psychologists at Surrey and help them to actively develop relationships with service users and carers. These relationships will foster mutual learning in pursuit of services that are founded upon a diverse range of perspectives and experiences.</td>
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<tr>
<td>Objectives:</td>
<td>1. Make recommendations for more extensive involvement of users and carers across all aspects of the Surrey clinical psychology training programme. These recommendations will be the result of ongoing consultation processes with interested parties across the region. 2. Evaluate the progress towards greater involvement of service user and carer colleagues within the training programme, and disseminate lessons learnt. 3. Liaise and develop relationships with other training programmes. 4. Build relationships with service user and carer bodies and other interested parties.</td>
</tr>
<tr>
<td>Roles of Advisory Group members:</td>
<td>1. To attend monthly meetings (or send apologies) 2. To have views that are informed by a broad range of perspectives 3. To be able to express points of view and to maintain a group culture that is open, safe, respectful and welcoming of new ideas.</td>
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The 'four strands': teaching, selection, placement, research

Our breakdown of core activities involving service users/carers is split across the ‘four strands’ of the teaching programme:

- teaching - in lectures within the University
- trainee selection - recruiting candidates to come onto the course
- placement - when trainees are working as paid employees of the NHS in community settings as part of their training
- research - trainees undertake two pieces of research as part of their training

Teaching: lectures, Lunchtime Presentations, essays, ‘oral presentations’

"I genuinely find the teaching sessions involving service users to be the most interesting and valuable and learn so much more from hearing their stories than I believe is possible from even the best of lecturers, since it adds a unique perspective that can only be offered by someone who has personal experience."

(Trainee clinical psychologist, University of Surrey)

By ‘teaching’ we mean the direct inclusion of service users/carers in lectures at the University. Including service users/carers in lectures is something the programme had been doing for some time, usually in the form of service users/carers telling the audience of their experience of mental distress, treatments or their experiences of using mental health services. While there is the potential for the personal nature of these disclosures to be unsettling for the service user/carer relaying the information, it can be an empowering experience for both service users/carers and trainees.

At the University of Surrey our trainees say over and over again how valuable to their learning is the inclusion of service users'/carers' direct contributions to lectures. The quote above by one of our current trainees is typical of the feedback we have consistently received over the past five years.
Like many PsychD programmes, Surrey relies on a number of external lecturers, and many (but not all) will use a contribution from a service user/carer, not necessarily in person. For teaching on child, adolescent and family issues, where it would be inappropriate to ask a child or young person along, lecturers often use a video recording of a client session (where permission has been given for others to view the session).

In 2008, trainees were introduced to service user/carer involvement on the programme via a whole day's teaching during the induction block, when second and third trainees talk about their experiences of service user/carer involvement on the programme while carers from local groups and the Advisory Group talk about their experiences of being a carer - one of the few occasions on the course that they get direct teaching about carers, let alone from carers. The afternoon is rounded off with a lively, thought-provoking session on 'Empowerment' by Peter Campbell, the well-known service user survivor/activist, who has contributed to lectures at Surrey for a number of years. The day was such a success that it ran again in the same format in 2009, and will continue in the coming academic years.

There are also other, less formal teaching sessions, such as the Lunchtime Presentations. These are optional, and open to trainees and staff and offer an additional opportunity for trainees to present or for them to invite speakers in to share experiences of subjects that are outside the teaching on the curriculum. Topics have included a trainee's experiences of working in Bosnia, living with borderline personality disorder, service user research, living with Asperger's syndrome, carers' issues, etc.

The Advisory Group also suggests essay titles for first and second year trainees, which are included in the range of topics offered. Interestingly, in 2008 more than 50% of first year trainees opted for the two essay titles set by the Advisory Group. It was a logical extension to consider asking service users/carers to mark the essays and this was given a trial. Although, in theory there is no reason why service users/carers cannot mark essays, we found that the expertise represented by our pool of colleagues - although wide - was not extensive enough to cover all the issues that trainees can write about in their essays that would offer consistency for all trainees. This is something we will continue to revisit.
Also under the ‘teaching’ heading is the ‘Oral Presentation’, a new way of examining trainees' case study work. In place of one of their written case studies which trainees submit at the end of their second year, the programme replaced this in 2008 with an 'oral presentation', whereby trainees present a case study of real work done with real clients in the form of a video recording or transcript.

The new Oral Presentations took the programme’s team two years to plan, develop and implement and service user/carer colleagues were included in the judging panels from the start. Two trainees undertook to conduct their first-year service related research project (SRRP) into the added value that service users/carers give to the oral presentations. The research highlighted the importance of service user/carer contributions to training mental health professionals at the early stages of training “because it demonstrates the value of moulding a profession based on the people it is aimed at.” (quote from one of the SRRPs, June 2009).

Example: Oral Presentations – comments from two service user/carer colleagues who took part in the first one, in 2009:

“I would like to thank you for making me feel so welcome and appreciated at the Oral Presentations. I really enjoyed the day and found it enlightening and educational.”

“... [the tutors] made me feel a valuable member of their team from the outset which made the whole experience fun as well as informative alongside the more serious implications for the students.”

Trainee selection – the starting point

The first strand to fully integrate service users/carers at a strategic level was trainee selection, in 2006. To achieve this, the Advisory Group contributed to the development of an interview task (including marking criteria) using a group discussion format, whereby a group of six candidates was asked to discuss a service user/carer related topic. The subject was deliberately controversial and relevant - it asked candidates to discuss how they would respond to learning that a clinical psychologist colleague had a diagnosis of schizophrenia. The discussion task was marked by service
user/carer colleagues and tutors who were rating candidates on their level of knowledge and understanding of service user/carer related issues, as well as their team working skills.

Over the years, opinions have varied widely about the experience of undergoing this discussion task - some candidates reported it being the worst experience of the whole interview day, while others loved it! "It wasn’t stressful, quite fun actually. Great way to start the day," reported one, while another said they found it "... more anxiety provoking because I hadn’t done something like this before."5. However, the fact that the topic was set and marked by service users/carers made it clear that the Surrey programme is committed to service user/carer issues – indeed, some trainees choose Surrey specifically for that reason.

This has set the pattern for subsequent years’ Selection process: based on evaluations and revisions from the previous year, a dedicated interview task is devised and marked by service users/carers and tutors.

In 2010, the task was further refined; candidates were interviewed on an individual basis by a clinical psychologist and a service user/carer. The scenario they were asked to discuss with the two interviewers was based on a real-life situation and the questions were designed to elicit candidates’ awareness across four dimensions:

- issues relating to diversity and discrimination, including the use of appropriate language
- the quality of their thinking skills, including flexibility, thinking 'on one’s feet', use of creative solutions, breadth of thinking, use of a novel approach
- level of self-awareness in coming up with solutions, including reflexivity, authenticity, use of transferrable skills, willingness to admit to uncertainty, gaps in awareness, knowledge or experience
- personal skills, including interaction skills, stress tolerance, empathy, openness, warmth, and humility

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5 A move towards a culture of involvement: Involving service users and carers in the selection of future clinical psychologists, (Tushna Vandrevala, Mark Hayward, J. Willis, Mary John; Journal of Mental Health Training, Education & Practice, 2, 34-43, 2007).
Candidates were rated on a scale of 0 to 4, with 0 being ‘unacceptable, exclude from training’ and 4 being ‘excellent, include in training’.

One of the commonest gripes heard about mental health professionals by service users/carers is their poor ‘people skills’. Certainly, involving service users/carers in recruitment can ensure that candidates will make good communicators with service users/carers. But, additionally, at Surrey our task is to ensure that candidates are chosen for their full range of abilities - a good first degree (2.2 or a first), previous appropriate experience, rigorous research and academic abilities, as well as the interpersonal skills required of a professional practitioner working at a high level, such as team working skills, leadership skills, adaptability, reflexive thinking, etc. Admittedly, we do ask a lot from our trainees!

A paper produced in 2009 looked at the involvement of service users/carers in social work and clinical psychology courses at Birmingham University. A survey conducted at the University among successful candidates and those who interviewed them examined the underlying rationales of involving service users/carers and queried the importance of the presence of service users/carers in the interviewing process. Another important point highlighted by the survey suggests that service users/carers are uniquely placed “to select workers and students who can relate to service users appropriately” (Social work service user)” (p10). The authors caution, however, against the certainty that different candidates are selected, or rejected, solely because service users/carers have been involved in the selection process.

As more clinical psychology courses include service users/carers in their selection procedures, it remains to be seen how this influences the kinds of candidates who get selected, or rejected, and how candidates make their choice of courses to apply to. While more research needs to be done in this area, it is becoming clear that the effect of having service users/carers directly - and visibly - included in the selection procedure sends a message

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to applicants that the course pays serious attention to client-centred practice.

Example: Service user/carer involvement as a reason for choosing Surrey: One current second year trainee had this to say about her reason for applying to Surrey: “In my interview day I got a real sense of how Surrey puts service user and carer perspectives right at the heart of their approach to clinical training ... the other reason I chose Surrey was because the interview procedure seemed to be genuinely interested in candidate trainees' values and beliefs about working together with non-professionals ... this was in such marked contrast to some of my other clinical interviews ... I believe my impressions at interview have been borne out through my experiences so far as a Surrey trainee.”

Trainees on placement

'Placement' refers to the part of the training course when trainees work in an NHS setting as a paid employee, handling a caseload of their own clients under the supervision of a qualified clinical psychologist.

While on placement, trainees have to demonstrate competencies, which include the involvement of service users/carers. These are also in line with the 10 Essential Shared Capabilities (2004) for all mental health professionals: ie “working in partnership”, developing and maintaining working relationships with service users, carers, families, colleagues, lay people and the wider community.

We have involved service users/carers in a variety of innovative ways in our trainees' placements. Two trainees have completed part-placements with service user/carer organisations - one with the National Autistic Society and the other at CAPITAL (Clients and Professionals in Training and Learning), a Sussex-based organisation.
**Example: placement at a service user organisation**

Surrey trainee, Rosalie, requested a part-placement at CAPITAL, where she was supervised by Kathryn, a service user. One of Kathryn’s concerns were that Rosalie would try and ‘psychologise’ the staff at CAPITAL, while Rosalie wondered if her presence at CAPITAL might be seen as undermining user empowerment and whether this would be resented. In the end, both Kathryn and Rosalie found the experience rewarding. Kathryn gained confidence and rediscovered some of her forgotten supervision skills, while being on placement in a service user organisation provided Rosalie with a different perspective on her work as a clinical psychologist. (‘User involvement in placement activity: The full monty’, Clinical Psychology Forum 167, November 2006)

In 2007 we devised an even more innovative way of directly placing our first year trainees on placement in Sussex in contact with service users/carers. The Placement Advising Scheme, as it is called, gives five trainees who are on placement in Sussex a monthly meeting with a local service user/carer who is not known to them, and the pair talk about issues that they agree on together. Topics have ranged from inpatient experiences, local mental health services, the carer’s role, ethnicity, and the service user movement, to whether CBT is a one-size-fits-all treatment, the problems of service users getting back into work, suicide prevention and the difference between psychiatrists, psychologists and psychotherapists. Just for starters!

We set up the Placement Advising Scheme in conjunction with our colleagues at Salomons; trainees from Surrey and Salomons are on placement throughout the whole of the South East of England - Kent, Surrey, West and East Sussex, South West London. The Scheme is based on evidence which demonstrates that students taught by service users/carers show greater empathy and a more personal approach in their contacts with clients, while service users/carers report an increase in self-confidence and say they feel genuinely empowered. One of our trainees who took part in the Placement Advising Scheme said “the meetings ... have already influenced some of my routine practice”. (See OpenMind 161, for full details. See also ‘Sewing the seeds of change: trainee clinical psychologists’ experiences of service user and carer involvement on placement’, also in the Bibliography, for trainees’ experiences on this Scheme).
Example: Trainees’ experience of the Placement Advising Scheme

Four trainees who took part in the first year of this Scheme wrote an article on their experiences for Clinical Psychology Forum, 209, May 2010.

The Scheme allowed trainees “time and free reign to talk in depth about issues that we found it difficult to reflect on in a setting that is evaluative (such as supervision)” says Clara (p23), while Laura adds: “I found myself thinking in new and creative ways about my interactions with clients, not necessarily as a ‘trainee’ or a ‘clinician’, but as a fellow human being ...” (p24).

All the trainees agreed that “Participation in the service user and carer adviser project has been a major influence on our development as trainee clinical psychologists ... this project shifted the normal service user-professional relationship and enabled us to create a unique space where different learning was possible. Instead of emphasising difference, these relationships highlighted the similarities between people occupying different roles in mental health services.” (p26).

Another way of ensuring continued engagement with service user/carер groups and their concerns, views and experiences is by contributing to the Surrey programme’s annual workshop for qualified clinical psychologists who wish to become supervisors. Within these is a dedicated space to highlight the importance of service user/carer involvement, outside of the therapeutic relationship. Suggestions include ideas for contacting local service user/carer organisations and how trainees under their supervision can make contact with these groups. Working in conjunction with the Clinical Tutor team, we have revised the Placement Induction Contract to ensure that trainees’ supervisors are aware of service users/carers. Included in the Contract is a list of local service user/carer groups for the trainees to make contact with.

Trainee research

Trainees on the Surrey programme are asked to undertake two pieces of research during their three-year training. The first is a piece of research related to the service they are working in while on placement in their first year of training - the Service Related Research Project (SRRP). The other is the Major Research Project (MRP), a piece of work of 20,000 words which
is produced in their final year, although they begin work on this in their second year (or even their first year if they know what topic they wish to research).

As service user/carer involvement is mandatory for trainee research, especially their MRP, we encourage trainees to involve service users/carers as much as possible at all stages.

There are three ways that I support trainees with their research:

a) by reading and commenting on their research proposals, as well as any accompanying documentation such as adverts to recruit participants, information sheets for participants and the research questionnaires themselves. I can suggest any changes to make these as accessible to participants as possible; look at the language used to ensure it is ‘jargon free’; ensure the material is clear to a lay audience what the research is about, what it hopes to achieve, what the participants’ roles would be, etc. In conjunction with the Research Director, we have formed good relationships with some of the most prominent service user/carer groups in the Surrey area, including the Godalming branch of Rethink, seven local branches of the Alzheimer’s Society as well as the local National Autistic Society. These groups have agreed that their members can be called on to act as ‘consultants’ should our trainees request it.

b) one of my earliest tasks in my Co-ordinator role was to compile a list of all the service user/carer organisations in the areas in which our trainees are on placement (Surrey, West Sussex, South West London). This Contacts List was compiled specifically to assist trainees when they wish to contact a local group to assist them with their research.

c) For implementation in the next Academic year (2010-2011), our latest innovation is to form a Service User & Carer Research Panel. This evolved as a result of feedback from trainees and members of the Advisory Group.
Example: new Service User & Carer Research Panel

The idea of forming this new Panel is based on feedback received from trainees and the Service User & Carer Advisory Panel. Trainees are required to consult service users/carers for their MRPs, so the Service User & Carer Research Panel will assist them with this process. Evidence of consultation with service users/carers has to be produced for Ethics Committee approval. Submitting their MRP proposals to the Service User & Carer Research Panel will act as a record of that. Any amendments made in the light of the feedback they receive from the Panel can be made before submission to the Ethics Committee. The Panel’s remit will be:

- to offer comment, critique and advice on Surrey trainees’ MRP proposals
- to offer ideas, suggestions and solutions on any service user/care related issues trainees have with their research

Trainees will be encouraged to take their MRP proposals to the new Service User & Carer Research Panel on a voluntary basis for the first year, after which we will review how it is working. As with all our service user/carer related projects, training will be run for this (by one of the programme’s Research Tutors), outlining:

- the purpose of an MRP
- what is being looked for in the research
- the stages each MRP goes through (eg proposals, ethics committees, etc).
Disseminating the strategy

Over the past five years, we have created a variety of different ways of disseminating our strategy to internal and external audiences:

• **communications** - we inform a variety of internal and external audiences about our work by means of:
  o the creation, in 2004, and continuation of monthly meetings of the Service User & Carer Advisory Group which acts a two-way channel of communication between service user/carer colleagues, trainees, programme team members, Board of Studies, etc
  o producing a quarterly Service User & Carer Activity Report which is submitted to the Board of Studies and circulated to the programme team, trainees, supervisors working in the regions, and to our service user/carer contacts.

• **networking** - we proactively make contact with relevant service user/carer groups and organisations in the areas that trainees are on placement - Surrey, West Sussex, South West London.

• **‘products’** - to inform external audiences about our work:
  o a leaflet about the Service User & Carer Advisory Group. This is colourful and eye catching so that trainees and others can offer it to people they meet who might be interested in coming along to the Group.
  o a booklet called "Clinical Psychology: What’s it all about?". This is specifically for service users/carers, explaining what clinical psychologists do, the people they work with and the issues they address, how clinical psychologists are trained, why service user/carer contributions are important and what trainees get out of these contributions.

• **policies** - for instance the development and implementation of a Payments Policy for paying service user/carer colleagues.

• **publications** - in publications (eg Clinical Psychology Forum, Openmind, etc) detailing the results of the work we have done in including service
user/carer contributions into the programme, the lessons learned and the results achieved. See Bibliography for a full list.
Recruiting service users & carers

Recruitment of people to join the cause of 'service user/carer involvement' on the Surrey PsychD programme, began informally at first. Mark Hayward, one of the academic tutors on the programme, began championing the cause around 2004. Initially he held meetings with personal contacts he had with individual service users and carers, interested trainees and others, such as regional psychologists and an occupational therapist with an interest in service user/carer involvement.

From its early informal beginnings, what came to be known as the Surrey Service User & Carer Advisory Group, has grown its membership organically, by inviting anyone "who is passionate about service user and carer involvement" to attend. Members don't necessarily have to be a user of mental health services or a carer, nor do we require people to attend meetings every month, just as and when they can.

The best recommendation is still by word of mouth. Trainees are an important resource here, as are their supervisors working in the regions where trainees are on placement. Both trainees and supervisors are in regular contact with service users/carers who want to play an active part in influencing the training of clinical psychologists.

This is one reason we produce a colourful leaflet about the Advisory Group which can be sent to trainees and supervisors and anyone they know who would be interested in attending the Group. Like any group, members come and go - lives change and people move on - although currently we have a strong core group of members, made up of highly experienced service users and carers who have taken part in a number of our projects.

Service User & Carer Skills Bank

Our service user/carer colleagues bring a wealth of skills, knowledge and experiences with them - not just in their use and experience of mental distress and using mental health services.

In order to capture all that in one place we devised a Service User & Carer Skills Bank. This details all the experiences, skills and knowledge that our
service user/carer colleagues bring so that they can be matched with particular projects. When a new member joins the Service User & Carer Advisory Group they are invited to complete a Skills Bank form. This ensures that skills, knowledge and interests can be matched to the projects we run.

We now have a good spread of experience gained in all sectors in which clinical psychologists work. Our service users/carers have experience with children, young people and families; people who experience physical health problems; adult mental health and children and adults with a range of learning disabilities.

In addition, our service user/carer colleagues can offer skills and expertise in the following areas:

- media, PR and journalism
- finance and accounting
- research
- counselling and psychotherapy skills
- people with learning difficulties
- employment issues
- teaching, lecturing and group facilitation
- charity and voluntary sector work
- fundraising
- not to mention all the skills, knowledge and experience gained by being a service user and/or a carer in mental health!
Expectations

"Being involved has done a lot for me. It's given me hope and positivity, knowing that I can make changes for the better and help the trainees in their learning.” (Surrey Service User & Carer Advisory Group member)

What service users/carers can expect from us

As already stated, the primary objective of involving service users/carers in the clinical psychology training programme, is to enhance trainees' learning.

The secondary objective is to ensure that our service user/carer colleagues find being involved on the PsychD programme a rewarding and interesting experience, and that they feel a valued member of the team.

For all our projects, we ensure that service users/carers receive full training. This is usually in two parts - one specifically for service users/carers and another for all personnel involved. The service user/carer training includes a refresher on: what clinical psychologists do, how they are trained, why service user/carer input is so important, and what the trainees get from service user/carer involvement. The second session puts the project into context for all, including service users/carers, and offers the opportunity for everyone to meet and practice the task together.

There is a process of recruitment, training, and evaluation for all our projects. (See separate inserts for these).

Each project has its own:

- a description of the specific project
- role description
- person specification
- confidentiality agreement form
- payment details
- evaluation form
We don’t automatically expect that because service user/carer colleagues have contributed to a particular project in the past that they will do so in the future. It is always their choice. Over the past five years, we have found that the more our service user/carer colleagues contribute to the training programme, the more they want to contribute. This ensures we have a solid team of service users/carers, who bring their experience, viewpoints and expertise to the programme and who are now experienced in the projects and the work we do on the programme.

Our expectations from service user/carer colleagues include the following:

- they will be expected to familiarise themselves with the values of the clinical psychology training programme at University of Surrey (we will supply guidelines)
- they will be expected to familiarise themselves with the aims of the project in which they are participating
- they will be expected to attend meetings on time or send apologies
- they will be expected to respect the views of others in the meeting
- they will be expected to ask for anything they don’t understand to be explained
- they will be expected to prepare suitable materials (notes, PowerPoint slides, etc) with the assistance of the programme’s administrative staff
- they will be expected to review the outcome or feedback from the event

Finally, we only ask our service user/carer colleagues to contribute what they feel comfortable with and capable of doing and this can be reviewed at any time. We appreciate that our service user/carer colleagues have busy lives, so we try and recruit them as early as possible (often nine months to a year in advance!) and always appreciate them taking the time to come to the University to work with us.
What trainees can expect from service user/carer involvement

Trainees continuously report how valuable the contributions from service user/carers are across all aspects of their learning - in lectures, on placement, at the interview stage and in their research.

We asked our trainees what they expected from involving service users/carers in their training and these were some of their comments:

- they expect to attend the Service User & Carer Advisory Group meetings
- they expect opportunities to feed back their own experiences of service user/carer collaborations in their training
- they expect to hold in mind issues pertinent to service users/carers in all areas of their academic and clinical work
- they expect service users/carers to be incorporated creatively into all academic teaching (not just a physical presence, but also the use of videos, testimonials, etc)
- they expect as many opportunities for involving service users/carers during their clinical placements as possible.
Paying service users/carers

Paying service users/carers is recognised as a thorny issue, not just for us but for any educational course that wants to invite service users/carers to contribute. Many service users/carers rely on social security benefits for their livelihood, and any additional income can result in a deduction of those benefits – which is hardly an incentive to service users/carers to contribute to training programmes such as ours.

There is also the problem of any payment by an institution being seen as ‘regular employment’ and the service user/carer deemed an ‘employee’ with all the rights and obligations that this implies on behalf of the University.

Our original payments policy, agreed in 2007, was based on the principle of payment of an hourly attendance fee, plus travel costs and any necessary caring costs (for a child or adult) to be paid in cash on the day of the event. This meant that payment in cash would not attract a deduction at source of tax or National Insurance contributions, making it clear to service user/carer colleagues that it is their responsibility to inform any department from which they receive benefits (such as Jobcentre Plus, Department for Work & Pensions, etc) that they are in receipt of additional income.

It took persistence on our part for this policy to be passed by the University’s financial regulations. Fortunately, we found a way of ensuring that our service user/carer colleagues could be paid in cash that would abide by Inland Revenue rules, ie that it was not ‘regular’ and did not exceed a certain amount. Because of the nature of many service users'/carers' circumstances not being well understood by staff working in other departments of the University we needed to be patient and persistent in our efforts to get this policy passed, which it eventually was.

However, our success in involving service user/carer colleagues has now reached a point where we can no longer make those payments in cash on the day. Projects which involve service user/carer colleagues to attend for a whole day (such as trainee selection and the oral presentations) mean our reserves of cash are no longer large enough to cover these payments.
In order to become sustainable in the long term, we have therefore had to revise our payments policy, paying attendance fees and travel expenses via the usual University of Surrey payments method, ie through payroll, which attracts an automatic deduction of tax and NI. Frustrating as this is, we currently can see no alternative, although we are still able to offer payment in cash on the day of an hourly attendance fee and travel expenses for one-off events, such as attending the monthly Advisory Group meetings.
Setting up a new project involving service users/carers

Projects on the PsychD programme at Surrey involving service users/carers start life by being generated by or fed into the monthly meetings of the Service User & Carer Advisory Group and discussed. Ideas come from:

- Advisory Group members who are service users/carers and others (e.g., representatives of local service user/carers organisations)
- Trainees - via the Trainee Service User Group which meets monthly and feeds back to the Advisory Group
- From staff, via individual staff members, Course Team Meetings, Board of Studies, etc

Information is fed back from the Advisory Group to members, trainees, staff and Board of Studies via minutes plus a quarterly Activity Report dedicated solely to service user/carers activities on the programme.

As with all of our projects involving service users/carers, we group our activities under one of the ‘four strands’: teaching, selection, placement and research. Opportunities to maximise service user/carers involvement in all aspects of trainee learning are identified and brought to the Advisory Group for discussion. As this is such a new initiative for the Programme, and for those of us working on it, we can generate a lot of exciting topics!

Over the past five years we have devised, developed and refined a number of ways of ensuring that service user/carers inclusion benefits trainees’ learning in as wide a way as possible. We work in this way:

- Idea or suggestion is put on the Advisory Group agenda for discussion
- Feasibility and benefits discussed by Advisory Group
- Project outline formulated in collaboration with relevant stakeholders
- Project returned to Advisory Group for endorsement
- Projected devised and circulated to Group members
- Suitable service users/carers recruited via Skills Bank
- Service users/carers training in new project
- Project is role played and any refinements made
- Afterwards, the project is evaluated by service users/carers involved and amendments carried forward to the following year.
Service user/carer involvement in clinical psychology training: a guide for other courses

"This work keeps us grounded and stops us overlooking the human aspects of training ... Potential benefits include increased respect, reduced sense of "them" and "us", greater acknowledgement of emotional issues and vulnerability ..."

(Hand in Hand: User & Carer Involvement in Training Clinical Psychologists, Christine Curle and Annie Mitchell)

The following ideas are the result of the workshop held at the annual conference of the Group of Trainers in Clinical Psychology (GTiCP) in November 2000 mentioned on page 12 when three clinical psychologists facilitated a workshop on “user involvement in training”.  

They decided that user involvement is:

- lively, irreverent
- inspired, invigorating
- a sense of joint endeavour
- challenging
- respectful
- a way of rethinking theories and concepts (eg the meaning of ‘hearing voices’, being ‘compliant’)
- a new area of research – what is important to service users/carers, rather than to professionals?
- able to incorporate user-run groups (eg self help and support groups, Alcoholics Anonymous, etc) as a valid part of a client’s care plan

Later on, Christine Curle and Annie Mitchell who at the time worked on the PsychD programme at the University of Exeter invited service users who had taught on the Exeter programme to come and share their thoughts and ideas on what they felt constituted service user/carer involvement. The following

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7 Involving users of services in clinical psychology training, (Dave Harper, Louise Goodbody, Linda Steen: Clinical Psychology, 21, pp14-19, Jan 2003).
are suggestions contained in a paper written by Christine and Annie. 8 These were some of the things that the participants said they would want from service user/carer involvement:

- informal meetings with facilitators rather than a chairperson
- notes rather than minutes
- equal contributions to the agenda
- flexible attendance without a feeling of obligation
- travel and carer expenses, but not a fee
- lunch with social time together
- feedback about the impact of their input
- trainees able to see things from users' point of view
- a recognition that users do not speak with one voice and that there will be disagreement/debate on some issues.

Based on our experience at the University of Surrey and on those of others (the Exeter PsychD programme as well as Manchester University's PsychD programmes, mhhe, INVOLVE, etc) here are some suggestions that could help others to set up their own service user/carers initiative.

**A champion**
A service user/carers initiative needs a 'service user/carers champion' on the team to take the first steps. This could be a tutor, or other senior member of the team. Ideally, they will need to have time freed up from their other responsibilities to undertake the work.

**A steering group**
This can include service users/carers, staff, trainees, representatives of local service user/carers organisations, or anyone who is passionate about service user/carers involvement. A diverse range of views and backgrounds is ideal - not just from clinical psychology but other fields of mental health professions. Our Advisory Group has included regional psychologists, an occupational health psychologist, representatives from service user/carers groups (eg the National Autistic Society, Surrey Young Carers), as well as service users/carers from the local Surrey area and beyond.

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**Contacting and recruiting people**

Contacts - from programme team members, trainees, existing service users/carers - are the first port of call. Our trainees are an invaluable source in meeting interested service users/carers and being able to invite them to attend the Service User & Carer Advisory Group, which is one reason for having a leaflet that can be handed out.

Finding local service users/carers is not always easy: many groups are small, run by volunteers and can come and go very quickly. One of the best ways of sourcing these groups is via your local CVS (Council for Voluntary Services). Each borough in England and Wales has one and a CVS function is to support the voluntary sector in that area, including local charity and voluntary groups, support and self-help groups, and local branches of national organisations such as Mind and Rethink.

CVS vary in what they call themselves, although they all perform the same function: for instance, Surrey’s CVS is called Surrey Community Action. Most CVS will have a database of these groups on their website, although each CVS runs independently and may vary widely in the services they offer.

The easiest way to find your local CVS is to Google your area name, county or borough + CVS. Don’t be surprised, though, if nothing comes up or the website is out of date; the voluntary sector struggles for funding, so database and website maintenance may not be high on their list of priorities!

Other sources for recruiting people include PCTs’ newsletters and websites, local LINks (Local Involvement Networks) which replaced PPIs. LINks are a Government initiative introduced in 2008 as a new way for people to have a say on health and social care issues; although Government-funded, LINks are independent of the NHS and local government.

Don’t forget national organisations such as:

- Mind
- Rethink
- Depression Alliance
- Young Carers
- Age Concern
- b-eat (eating disorders)
Many of these – especially Rethink, Manic Depression Fellowship/The Bipolar Organisation, Hearing Voices Network, b-eat, etc – have groups which meet locally and which are often listed on the databases of local CVS.

Reaching groups of people whose voices are seldom-heard (for instance, people with learning difficulties, older people, carers, people from ethnic minorities) will require some thought. Our experience of inviting someone with LD to attend the Advisory Group led us to review our strategy. We decided eventually that, much as we would like to be more inclusive, we would have to revise our whole approach to service user/carer involvement. At the time we did not have the resources to undertake this, but is something we realise we are deficient in.

Example: SAGE group

While working at Salomons (my role originally was split between the Surrey and Salomons courses), I set up their service user/carer advisory group, calling it SAGE (Salomons Advisory Group of Experts). But I was pessimistic about how many people would make the trek to attend. For a start, Salomons is in the middle of the Kent countryside, but with little access to public transport. Secondly, Salomons’ catchment area is vast and ranges from south east London, as far as Brighton and taking in all of Kent. However, I was pleasantly surprised as service users/carers came from Brighton, the north Kent coast - as well as someone from the local village. Many had heard about SAGE from another service user/carer, despite my having contacted as many groups and individuals as I could find. So never underestimate the power of word of mouth! (Barbara Riddell, Co-ordinator of Service User & Carer Involvement, University of Surrey)
The starting point
Which areas can service users/carers contribute to in clinical psychology training? These will probably be:

- trainee selection
- clinical placements
- teaching / curriculum
- research / evaluation

The steering group’s principles should ideally be based on those of collaboration and inclusiveness – all working as equals, across all areas of training. The work should be meaningful – involving service users/carers should have an effect on training which can be measured and it should be pragmatic. Big ambitions are all very well but our approach has been ‘work small, work smart, think big – but make it do-able’.

Outcomes
So what ‘added value’ do service users/carers bring to a PsychD training programme (or to any health or social care training course)? What difference does it make to trainees’ practice when qualified? And how to measure that effect?

At Surrey, we have seen the difference that service user/carer involvement can make to our training; our initial research tells us that 9. Also, anecdotally, trainees tell us over and over again how much difference it makes to their learning and to their practice. And many choose the Surrey programme to apply to precisely because of our service user/carer involvement initiative.

Finally, a worker - if you’re lucky!
Having a dedicated development worker based in the department and paid a salary sends a message to trainees, potential candidates and staff that the programme is committed to service user/carer involvement. Many methods have been suggested and again, I would refer readers to the DUCIE guidelines on the Development Worker Role (see Bibliography).

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9 Holttum, S., & Hayward, M., ‘Perceived improvements in Service User Involvement in Two Clinical Psychology Training Courses’, Psychology Learning and Teaching 9(1), 16-24
So, you have funding for someone to do the job - how and who to recruit? for how many hours?, do they have to be a service user/carer?, have a degree?... and other questions.

Our experience is this:

- *as an academic department*, it is probably important (although not essential) that the worker is a graduate - not necessarily in the same field but so that s/he understands the process of academic work and its requirements

- *direct experience of using mental health services is essential*, in order to understand the needs of service users/carers and how NHS mental health services work. This may also give the worker protection under the Disability Discrimination Act to make any 'reasonable adjustments' necessary to fulfil the role.

- *the number of hours* will be dependent on the level of funding obtained, but our experience is that it is not realistic to do the job in less than two days a week.

- *recruit* - via service user groups, contacts, local and national newspapers, word of mouth.

- *the worker needs to have all the skills* associated with a post working at a high level - for instance, project management skills, excellent communication, facilitation/teaching, writing and presenting skills, experience of working with service users/carers, etc.

- *the department needs to offer* the worker all the administrative support that other staff receive

- *salary* - as the post will most usually be situated in an academic department, the salary is likely to be based on tutor salary levels.
Barriers, hurdles and obstacles to involving service users/carers

"... their entire way of working is based upon the assumption that service users are 'in need' and pathetic, grateful. And when you challenge that they don't like it or know how to deal with you.”
(Making User Involvement Work, p36)

So, what are the hurdles, barriers and obstacles to involving service users/carers in a training programme for clinical psychology? Like other educational institutions who train health and social carer students, our experiences have been similar. Some of the main obstacles include:

- **resistance** - from mental health professionals who may be reluctant to let go of the expert scientific practitioner role. The dominance of the medical model from which this position derives, views the expertise of those with ‘lived experience of mental distress’ as an inferior knowledge. Research has demonstrated that there is trepidation among clinical psychologists that service user/carer involvement could reduce or eliminate the role of the clinical psychologist 10. Additionally, there is the fear that clinical psychologists will be deemed ‘unfit to practice’ if they reveal any emotional vulnerabilities, limitations or frailties.

- **stigma and discrimination** - aligned with this resistance there can be undercurrents of belief that service users are ‘ill all the time’ and therefore cannot be relied on, without acknowledging that service users/carers have their own coping skills, strengths and resources.

- **jargon** - the terminology used in academia can be alienating and distancing (indeed, it can be in services themselves). Any service user/carer initiative doesn’t need to add to that. Ideas generated by the Exeter PsychD course include giving the role of chair of the meeting to a service user/carer, not having meetings first thing in the morning, etc.

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morning (not helpful for people whose medication makes them groggy
in the morning or those who need to arrange childcare or care for an
adult), bringing food to share, and so on.\footnote{Hand in Hand: User and Carer Involvement in Training Clinical Psychologists (Christine Curle & Annie Mitchell; Clinical Psychology: 33, 12-15, 2003).}

- \textit{representativeness} - this can be something of a red herring! If we
  wait until we have service users/carers who can represent all the
groups that clinical psychologists work with, we would need an advisory
group of about 150 people! Our philosophy at Surrey is to be realistic
and utilise the people and the skills and expertise they bring and build
from there.

- \textit{paying service users/carers} - this is an issue that is a definite
disincentive, but many service users/carers do contribute because
they believe passionately in making real changes to mental health
services. Other payment methods suggested have been payments in
tokens (which some service users/carers find demeaning)
Conclusion

The first stage of our service user/carer initiative - ie the past five years - has seen:

- the establishment of our Service User & Carer Advisory Group
- an integration into all aspects of the training programme
- a range of innovative ideas as to how to do that
- accompanying publications and evidence to back up our work and our ethos
- securing long-term funding for a Co-ordinator to carry out the work

At Surrey, we have seen the difference that service user/carer involvement can make to our training; our research tells us this 12 and the effect on trainees is noticeable too - the additional, different and new learning that the involvement of service users/carers brings to training.

Five years on, with our service user/carer initiative firmly established and with the funding secured for a Co-ordinator to continue the work, we can turn our attention to evaluating and researching the difference it makes to our trainees learning experience on the PsychD programme by adding the contributions from service users/carers - and add to the growing evidence base.

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12 Holttum, S., & Hayward, M., 'Perceived improvements in Service User Involvement in Two Clinical Psychology Training Courses', Psychology Learning and Teaching 9(1), 16-24
Afterword
Although this document includes a number of academic references, it is not intended as an academic treatise on the involvement of service users/carers in the training of clinical psychologists.

It may sound as if we had a plan and carried that out to the letter. In reality, things have been more organic than that. Our model has been not to focus on writing documents that justify our actions, nor track down evidence for doing so - instead our approach has been to 'learn by doing'. We believe this is a better way of getting service user/carer involvement embedded into the training programme, but also brings benefits and enjoyment to our service user/carer colleagues. Every step of the way, they have been fully included in our plans, our discussions, our head-scratching moments - and in 'road-testing' our projects. Feedback from our service user/carer colleagues tells us that they feel truly valued, knowing they are making real changes to the training of future generations of mental health professionals.

Our trainees have been vital to our work too. Everything we have done that includes service users/carers has been primarily for the benefit of trainee learning. And their feedback reinforces the value of our work year in, year out.

Finally, on a personal note, I have a vested interest in all this - and not just from a work satisfaction viewpoint. As a service user myself, when I next sit down in front of a clinical psychologist, I want to be reassured that s/he has been trained to be fully aware of my issues, my needs, my strengths, my hope and my recovery.

Barbara Riddell,
Co-ordinator of Service User & Carer Involvement, Department of Clinical Psychology, University of Surrey, Guildford GU2 7XH

June 2010

tel: 01483 689441
email: b.riddell@surrey.ac.uk
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Appendix

1. **Person specifications, role descriptions, confidentiality & agreement forms for service users/carers participating in:**

   - Selection
   - Placement Advising Scheme
   - Oral Presentations

   (these will be extended to other projects when they arise).

2. **Service User/Carer Evaluation Sheet** (to be issued after each project involving service users/carers)

3. **Contact details sheet** for service users/carers

4. **Skills Bank Form** for service users/carers: to capture the skills, experiences and expertise of service user/carer colleagues
Introduction to Trainee Selection (or ‘Selection’)

Service users/carers contribute to many aspects of the training of clinical psychologists at the University of Surrey. Our trainees value the skills, knowledge and expertise that service user/carer colleagues bring; indeed, many trainees specifically choose the Surrey training programme because of our service user/carer involvement.

Since 2004 service users/carers have devised and marked their own interview task as part of the interview process. This is one of the most important ways that service users/carers can influence the training of future mental health professionals.

* * *

Who are service users and carers?

- Service users should have some experience of using psychological services within an NHS setting (for instance, in a Community Mental Health Team (CMHT), in learning disabilities services, child and adolescent services, older people's services, etc). This means that you have been referred to a clinical psychologist for your own needs, either now or in the past. Alternatively, we would expect you to have a good understanding of how a clinical psychologist can help people.
• **Carers should be** a carer of someone who uses or has used psychological services in an NHS setting, including carers of people with learning disabilities or carers of children who use or have used psychological services in an NHS setting.

• **You can be** both a service user and a carer.

There are many words and phrases in use to describe people who access mental health services and their carers, including patient, consumer, client, survivor, people with ‘lived experience’ etc. We use ‘service user/carer’ for two reasons:

3. it is a description widely recognised across most clinical psychology training programmes
4. service users can be carers and vice versa.

* * *

**Person Specification – Selection**

We don’t formally interview our service user/carer colleagues. Instead, we expect them to bring some of the skills, experiences and abilities listed below:

• **Have experience of discussing psychological issues / mental distress / disability / mental health services** (either as a service user or as a carer or both) with qualified health professionals in an NHS setting.

• **Be fair** and objective.

• **Be able to critically reflect** on your views. This means being able to look at your own thoughts, ideas and feelings in an objective way without being overly emotional.

• **Be aware of diversity issues**, ie, gender, class, age, ethnicity, sexuality, etc and how these can impact on mental well-being and the relationship between client and clinical psychologist.
• **Be able to** concentrate and listen for a period of up to one hour at any one time and to let us know of any reasonable adjustments which we can make to help you with interviewing.

• **Commit to being at the University for a full working day.** The process for Selection interviews starts at around 9am (excluding your travelling time) and goes on until about 4.30pm. It can also be a tiring (although highly rewarding!) day, especially if you are interviewing over all three days. (Lunch will be provided on interview days).

• **Be on time.** The University campus is large and some of the rooms/buildings are not easy to find (even though we supply a map). Also, roads around Guildford can get congested in the rush hour or in bad weather, so please allow plenty of time.

• **Be available by phone & let us know if you are going to be away the week before** Selection so that we can contact you should there be any last minute changes.

• **Contact** our Administrator, Charlotte King, (number at the end) in the event of an emergency making you unable to attend.

* * *

**Role Description – Selection**

Selecting trainees to come on the course takes place in May each year, with two training sessions of two hours each during March/April.

**During Selection you will:**

• **Commit to interview on at least 2 of the days when Selection takes place.** Selection takes place in early May each year (exact dates will be advised). For continuity, it would be ideal if you can interview on all three days, but we realise it is a big commitment! It is vital that if you have committed to interview on a particular day(s), we expect you to attend on those days

• **Attend** at least one training session:
• **[DATE & TIME]** at the University – for service user/carer colleagues only

• **[DATE & TIME]** at the University – this is for all interviewers. (Lunch will be provided on this day)

  - *Be willing to act as* a reserve interviewer, if asked. (We have 'reserves' in case someone is ill, has travel problems, etc, on the day).
  
  - *Listen* to an individual applicant for 25 minutes plus 15 minutes' discussion time afterwards with a clinical psychologist colleague
  
  - *Ask* relevant and appropriate questions of the applicant
  
  - *Rate* the applicants based on their replies
  
  - *Return* all materials and documents afterwards

Interviewing experience is not essential for service user/carer colleagues, although it would be useful, as full training is provided.

**Payment**

We pay a £10 per hour attendance fee and travel expenses (car, bus, train, receipts must be provided). You do not have to accept any payment at all if you prefer.

*Training sessions* - attendance fees and travel expenses for attending the Selection training sessions can be made in cash on the day, with no tax or National Insurance deductions being made from the amount paid. This is a special arrangement the University has made for our service user/carer colleagues.

*Selection interviewing days* - on these days, payment of your attendance fees and travel expenses cannot be made in cash and must be paid via the University’s payroll system, which means that tax and National Insurance
deductions will be made. Payment is via the BACS system, which means you must have a bank, building society or Post Office account (an account with a number and a sort code). This is because the Inland Revenue will not allow cash payments above £50 to be made in any one week.

**Please note:** it is your responsibility to inform the agency who pay your benefits that you are getting additional income in the form of earnings from the University of Surrey (or any other earnings) and we strongly advise that you notify these agencies, which may include:

- Department for Work & Pensions
- Jobcentre Plus
- Housing Department (for Housing Benefit)
- Council Tax Office (for Council Tax Benefit)

(Disability Living Allowance is not affected by doing paid work, although we recommend that you inform the DLA office).

* * *

**Confidentiality – Selection**

As you may have access to confidential details about individuals, you are required to accept the confidentiality terms described below:

*During the course of Selection you may have access to, gain knowledge of or be entrusted with information of a confidential nature. This may include sensitive or personal information concerning candidates, clients, trainees, supervisors or other members of staff.*

You agree to discuss this confidential information only with staff members involved with this year’s Selection. You will not disclose the confidential information to any other person(s), either inside or outside of the University of Surrey, now or at any time in the future.

*If this agreement is broken through the inappropriate sharing of confidential information, you would be individually liable for any legal action instigated by the individual whose information was shared.*
Agreement form – Selection

Please sign below to say that you agree to abide by the conditions in the Person Specification, Job Role and Confidentiality Agreement and return it to Barbara Riddell (address at end) by at least one week before the date of the Selection interviews.

I, [insert name] ..........................................................................................agree to abide by the conditions outlined in the Person Specification, Job Role & Confidentiality Agreement.

Signature:

Print name:

Date:

Further information:

Barbara Riddell, Co-ordinator of Service User & Carer Involvement, Department of Psychology, University of Surrey, Guildford GU2 7XH
email: b.riddell@surrey.ac.uk
Tel: 01483 689441

Charlotte King, Programme Administrator, Department Psychology, University of Surrey, Guildford GU2 7XH
email: c.king@surrey.ac.uk
Tel: 01483 689441
Place ment Ad v i sing S c h e me: 
2010 - 2011

Service User/Carer:
Person Specification
Role Description
Confidentiality
Agreement Form

For service user/carer colleagues taking part in the Placement Advising Scheme with University of Surrey & Salomons

* * *

Introduction to the Placement Advising Scheme
Service users/carers contribute to many aspects of the training of clinical psychologists at the University of Surrey. Our trainees value the skills, knowledge and expertise that service user/carer colleagues bring; indeed, many trainees specifically choose the Surrey training programme because of our service user/carer involvement.

The Placement Advising Scheme is a joint project with Salomons, which is part of Canterbury Christ Church University. Salomons is based in Tunbridge Wells, Kent and also trains clinical psychologists at postgraduate (PsychD) level. Over the past five years Surrey and Salomons have begun working with each other and with service users/carers to create training approaches that place a higher value on what is important to service users/carers. These training approaches have primarily concerned University-based activities such as teaching and trainee selection, yet the most influential domains of learning are in the NHS where trainees are on placement.

Aims of the Placement Advising Scheme

Although clinical psychologists are trained to be sensitive when working with service users/carers, the prevailing culture tends to favour professional opinion over that of service users'/carers'. The Placement Advising Scheme’s aim is to change this, by giving trainees an additional element to
their learning while they are on placement by working on a one-to-one basis with specially recruited Service User/Carer Advisors. These Advisors are highly experienced, and are not known to the trainees beforehand and are recruited from service user/carer groups in the Sussex area, including CAPITAL (Clients and Professionals in Training and Learning), Focus on Health, MIND and Rethink.

Meetings between trainees and Advisors

Fourteen first year trainees from Surrey and Salomons who are on their adult mental health placements within Sussex Partnership Trust (which covers East and West Sussex) are paired with a Service User/Carer Advisor. Each trainee and their Service User/Carer Advisor meets for an hour each month throughout the year, with meetings taking place at the premises of a local service user organisation, voluntary sector organisation or healthcare service.

The meetings create a space for reflection on such issues as: service users'/carers' needs for information and clear communication; for a truly collaborative approach; to be listened to and heard; for help with aspirations and achievements; to have their strengths recognized; for help with overcoming obstacles; for working towards a more fulfilling life.

This is the fourth year we have run such the Placement Advising Scheme and it benefits trainees and their practice, as well as having a wider effect on the other mental health professionals they work with by enabling them to espouse the values and attitudes consistent with the Ten Essential Shared Capabilities (DoH, 2004a) and practicing in a more client-centred and inclusive manner.

Trainees taking part in the Placement Advising Scheme are more likely to:

- place a greater emphasis on respecting diversity
- challenge inequality
- promote recovery
- identify clients' needs and strengths
Service User/Carer Advisors also benefit from the opportunity to receive validation of their knowledge, experiences and skills as well developing self confidence by acting as advisors to mental health professionals in training.

The Placement Advising Scheme will also add to the evidence base for the value of service user/carer involvement within the clinical psychology programmes at Surrey and Salomons. Within Sussex Partnership Trust the evidence will be used to influence workforce planning and supervision within psychological services.

Topics for discussion during the meetings:

**Yes:**
- general aspects of clinical practice
- provision and organisation of local mental health services
- personal experiences of local mental health services (good and bad)
- aspects of local mental health services that work well and any areas that might be improved
- activities of local service user and carer organisations
- discussion of personal experiences of mental and emotional distress in a manner that informs the learning experience

**No:**
- no mention of other people’s names (staff, service user, carers, etc)
- no discussion of specific clinical cases

At the end of each meeting, the trainee and the Advisor complete a simple Feedback Form which offer thoughts on the meeting. Forms must be completed after the first two meetings; after that, each pair decides between them whether to complete the form or not.

**Training and Supervision for Advisors**

Training sessions are provided for all Service User/Carer Advisors as well as supervision at regular intervals throughout the Scheme. Supervision is
within a group setting and gives Advisors the opportunity to discuss their meetings with trainees and how they think the Scheme is going.

**Who are service users and carers?**

- **Service users should have some** experience of using psychological services within an NHS setting (for instance, in a Community Mental Health Team (CMHT), in learning disabilities services, child and adolescent services, older people’s services, etc). This means that you have been referred to a clinical psychologist for your own needs, either now or in the past. Alternatively, we would expect you to have a good understanding of how a clinical psychologist can help people.

- **Carers should be** a carer of someone who uses or has used psychological services in an NHS setting, including carers of people with learning disabilities or carers of children who use or have used psychological services in an NHS setting.

- **You can be** both a service user and a carer.

There are many words and phrases in use to describe people who access mental health services and their carers, including patient, consumer, client, survivor, people with ‘lived experience’ etc. We use ‘service user/carer’ for two reasons:

5. it is a description widely recognised across most clinical psychology training programmes
6. service users can be carers and vice versa.

***

**Person Specification – Placement Advising Scheme**

We don’t formally interview our service user/carer colleagues. Instead, we expect them to bring some of the skills, experiences and abilities listed below:
• **Have experience of discussing psychological issues / mental distress / disability / mental health services** (either as a service user or as a carer or both) with qualified health professionals in an NHS setting.

• **Be able to critically reflect** on your views. This means being able to look at your own thoughts, ideas and feelings in an objective way without being overly emotional.

• **Be aware of diversity issues**, ie, gender, class, age, ethnicity, sexuality, etc and how these can impact on mental well-being and the relationship between client and clinical psychologist.

• **Be able to** concentrate and listen for one hour and to let us know of any reasonable adjustments which we can make to help you.

* * *

**Role Description – Service User/Carer Advisor**

The Placement Advising Scheme begins at the start of each academic year and trainees and their elected Service User/Carer Advisor should aim to have their first meeting by November. Service users/carers who agree to act as an Advisor on the Scheme should:

• **Attend** the training session and any supervision meetings (dates and venues to be advised)

• **Agree to attend** the meetings with your elected trainee. It is the responsibility of each pair to arrange a suitable meeting venue, meeting dates and times throughout the year as well as writing up notes after the meetings

• **Let us know** if you don’t feel well enough to take part in a meeting or meetings or if taking part in the Placement Advising Scheme is affecting your mental health or if you have any concerns about yourself, your trainee or the Scheme. Barbara Riddell (at Surrey) and
Laura Lea (at Salomons) are there specifically for Advisors to discuss anything they have concerns about and will try to resolve these sensitively and in accordance with your wishes. You can contact Barbara or Laura by phone or email (details at the end). You can of course contact any other staff associated with the Placement Advising Scheme (details at the end).

- **Not** discuss specific clinical cases or mention names (service users, carers, staff, etc)

- **Attend** the focus group at the end of the year in order that we can capture lessons learned

* * *

**Payment**

We pay a £10 per hour attendance fee and travel expenses (car, bus, train, receipts must be provided). You do not have to accept any payment at all if you prefer.

Payment of your attendance fees are made at the end of the year and are paid via the University’s payroll system, which means that tax and National Insurance deductions will be made. Payment is via the BACS system, which means you must have a bank, building society or Post Office account (an account with a number and a sort code). Travel expenses are paid in cash when the Academic Tutors leading the Scheme meet with Advisors. (This payment method is unique to the Placement Advising Project due to the remoteness of participants from the Universities bases).

**Please note:** it is your responsibility to inform the agency who pay your benefits that you are getting additional income in the form of earnings from the University of Surrey (or any other earnings) and we strongly advise that you notify these agencies, which may include:

- Department for Work & Pensions
- Jobcentre Plus
- Housing Department (for Housing Benefit)
Council Tax Office (for Council Tax Benefit)

(Disability Living Allowance is not affected by doing paid work, although we recommend that you inform the DLA office).

***

Confidentiality – Placement Advising Scheme

As you may have access to confidential details about individuals, you are required to accept the confidentiality terms described below:

During the course of the Placement Advising Scheme you may have access to, gain knowledge of or be entrusted with information of a confidential nature. This may include sensitive or personal information concerning, clients, trainees, supervisors or other members of staff.

You agree to discuss this confidential information only with staff members involved with this year's Placement Advising Scheme. You will not disclose the confidential information to any other person(s), either inside or outside of the University of Surrey or Salomons, now or at any time in the future.

If this agreement is broken through the inappropriate sharing of confidential information, you would be individually liable for any legal action instigated by the individual whose information was shared.

***
Agreement form – Placement Advising Scheme

Please sign below to say that you agree to abide by the conditions in the Person Specification, Job Role and Confidentiality Agreement and return it to Barbara Riddell (address at end).

I, [insert name] .......................................................................................................................... agree to abide by the conditions outlined in the Person Specification, Job Role & Confidentiality Agreement.

Signature:

Print name:

Date:

Further information:

The Scheme is being led by Sarah Johnstone (Clinical Tutor, University of Surrey) and Anne Cooke (Year 3 Director, Salomons). Co-ordination of the Scheme is done by:

At Surrey:
Barbara Riddell, Co-ordinator of Service User & Carer Involvement, Department of Psychology, University of Surrey, Guildford GU2 7XH
email: b.riddell@surrey.ac.uk
Tel: 01483 689441

At Salomons:
Laura Lea, Co-ordinator of Service User & Carer Involvement, Clinical Psychology Training Programme, Salomons Canterbury Christ Church University, Salomons Centre, Salomons Estate, Broomhill Road, Tunbridge Wells, Kent, TN3 0TG
email: laura.lea@canterbury.ac.uk
Tel: 01892 50764
*Introduction to the Oral Presentations*

Service users/carers contribute to many aspects of the training of clinical psychologists at the University of Surrey. Our trainees value the skills, knowledge and expertise that service user/carer colleagues bring; indeed, many trainees specifically choose the Surrey training programme because of our service user/carer involvement.

Clinical psychology training at postgraduate level (PsychD) takes three years to complete. At the end of the second year of training, each trainee presents a case study in the form of an 'oral presentation' using a video or audio tape to examiners at the University. The Oral Presentations are based on real work the trainees have been doing with their NHS clients during that year, when they work with children, adolescents, people with learning disabilities and their families or carers. The Oral Presentations are an important piece of work as they form part of the trainees’ final mark.

The Oral Presentation judging panels consist of two clinical psychologists and a service user/carer colleague. Each panel assesses five to six trainees over the course of a day (the Oral Presentations are over two days).
The trainees make their presentations to the judging panel and then discuss it with the panel. This takes about 45 minutes and there is time afterwards for the panel to discuss the presentation among themselves and then award a mark. The role of the service user/carer on each judging panel is to act as an advisor to the psychologists. Although you will not be awarding a mark towards the trainees’ Oral Presentations, your unique contributions, skills and expertise as a service user/carer will be taken into account by the other two judges.

**Training**

There will be a training session for service users and carers, lasting approximately two hours (date to be advised). This session will include service user/carer colleagues plus Barbara Riddell (Co-ordinator of Service User & Carer Involvement) and we will explain fully the Oral Presentation procedure. Please don’t be afraid to ask anything you don’t understand - we would rather you asked than be unsure!

***

**Who are service users and carers?**

- **Service users should have some** experience of using psychological services within an NHS setting (for instance, in a Community Mental Health Team (CMHT), in learning disabilities services, child and adolescent services, older people’s services, etc). This means that you have been referred to a clinical psychologist for your own needs, either now or in the past. Alternatively, we would expect you to have a good understanding of how a clinical psychologist can help people.

- **Carers should be** a carer of someone who uses or has used psychological services in an NHS setting, including carers of people with learning disabilities or carers of children who use or have used psychological services in an NHS setting.

- **You can be** both a service user and a carer.

There are many words and phrases in use to describe people who access mental health services and their carers, including patient, consumer, client,
survivor, people with 'lived experience' etc. We use 'service user/carer' for two reasons:

7. it is a description widely recognised across most clinical psychology training programmes
8. service users can be carers and vice versa.

* * *

Person Specification – Oral Presentations

We don't formally interview our service user/carer colleagues. Instead, we expect them to bring some of the skills, experiences and abilities listed below:

• **Have experience of discussing psychological issues / mental distress / disability / mental health services** (either as a service user or as a carer - or both) with qualified health professionals in an NHS setting.

• **Read** any relevant documentation that is sent to you in your own time before the day of the Oral Presentations. (Transcripts and other supporting materials are posted to judges the week before, so we will need a postal address for you).

• **Be fair** and objective.

• **Be able to critically reflect** on your views. This means being able to look at your own thoughts, ideas and feelings in an objective way without being overly emotional.

• **Be aware of diversity issues**, i.e., gender, class, age, ethnicity, sexuality, etc and how these can impact on mental well-being and the relationship between client and clinical psychologist.
• **Be able to** concentrate and listen for a period of up to one hour at any one time and to let us know of any reasonable adjustments which we can make to help you.

• **Commit to being at the University for a full working day.** The Oral Presentations start at around 9am (excluding your travelling time) and go on until about 5pm. It can be a tiring (although highly rewarding!) day. (Lunch is provided).

• **Be on time.** The University campus is large and some of the rooms/buildings are not easy to find (even though we supply a map). Also, roads around Guildford can get congested in the rush hour or in bad weather, so please allow plenty of time.

• **Be available by phone & let us know if you are going to be away the week before** the Oral Presentations. This is so that we can contact you quickly should there be any last minute changes.

• **Contact** our Administrator, Charlotte King, (number at the end) in the event of an emergency making you unable to attend.

* * *

**Role Description – Oral Presentation**

The Oral Presentations 2010 take place on:

• Thursday 14 October 2010 (all day) and
• Friday 15 October 2010 (all day)

(Trainees unable to attend then will present on Monday 22 November 2010).
During the Oral Presentations you will:

- **Listen** to an individual trainee for 25 minutes plus around 15 minutes’ afterwards discussing and asking questions of the trainee relating to their presentation.

- **Advise** your judging panel colleagues on elements of the presentation that strike you as relevant from a service user/carer perspective, plus any other points that occur to you.

- **Discuss** the trainee’s presentation with your judging panel colleagues and reach a mutual agreement.

* * *

**Payment**

We pay a £10 per hour attendance fee and travel expenses (car, bus, train, receipts must be provided). You do not have to accept any payment at all if you prefer.

**Training sessions** - attendance fees and travel expenses for attending the Oral Presentation training sessions can be made in cash on the day, with no tax or National Insurance deductions being made from the amount paid. This is a special arrangement the University has made for our service user/carer colleagues.

**Oral Presentations days** - on these days, payment of your attendance fees and travel expenses cannot be made in cash and must be paid via the University’s payroll system, which means that tax and National Insurance deductions will be made. Payment is via the BACS system, which means you must have a bank, building society or Post Office account (an account with a number and a sort code). This is because the Inland Revenue will not allow cash payments above £50 to be made in any one week.

**Please note**: it is your responsibility to inform the agency who pay your benefits that you are getting additional income in the form of earnings from
the University of Surrey (or any other earnings) and we strongly advise that you notify these agencies, which may include:

- Department for Work & Pensions
- Jobcentre Plus
- Housing Department (for Housing Benefit)
- Council Tax Office (for Council Tax Benefit)

(Disability Living Allowance is not affected by doing paid work, although we recommend that you inform the DLA office).

* * *

Confidentiality – Oral Selection

As you may have access to confidential details about individuals, you are required to accept the confidentiality terms described below:

During the course of the Oral Presentations you may have access to, gain knowledge of or be entrusted with information of a confidential nature. This may include sensitive or personal information concerning clients, trainees, supervisors or other members of staff.

You agree to discuss this confidential information only with staff members involved with this year’s Oral Presentations. You will not disclose the confidential information to any other person(s), either inside or outside of the University of Surrey, now or at any time in the future.

If this agreement is broken through the inappropriate sharing of confidential information, you would be individually liable for any legal action instigated by the individual whose information was shared.

* * *
**Agreement form – Oral Presentations**

Please sign below to say that you agree to abide by the conditions in the Person Specification, Job Role and Confidentiality Agreement and return it to Barbara Riddell (address at end) by at least one week before the date of the Oral Presentations.

I, [insert name] ..................................................................................................................agree to abide by the conditions outlined in the Person Specification, Job Role & Confidentiality Agreement.

Signature:

Print name:

Date:

* * *

**Further information:**

Barbara Riddell, Co-ordinator of Service User & Carer Involvement, Department of Psychology, University of Surrey, Guildford GU2 7XH
email: b.riddell@surrey.ac.uk
Tel: 01483 689441

Charlotte King, Programme Administrator, Department Psychology, University of Surrey, Guildford GU2 7XH
email: c.king@surrey.ac.uk
Tel: 01483 689441
Thank you for taking part in this year's [NAME OF PROJECT & DATE]

In order to keep improving our standards I'd be grateful if you could complete this short form and return it to me as soon as possible.

I would like to share any comments or suggestions or other feedback you make with other relevant members of staff.

Although your email address will tell me who the form has come from, your name will not be attached to any suggestions, comments or other feedback supplied. Our aim is simply to make the [NAME OF PROJECT & DATE] in the future as positive an experience for all of us - trainees and colleagues alike.

Kind regards
Barbara Riddell
b.riddell@surrey.ac.uk

DATE

*************

1. What did you most enjoy about the [NAME OF PROJECT & DATE]

2. Did you feel your contribution as a service user/carer was valued?
3. Was the training you received beforehand adequate?

4. Was the information supplied beforehand adequate?

5. What improvements could we make for next year?

Any additional comments you would like to make?

For further information:

Barbara Riddell, Co-ordinator of Service User & Carer Involvement, Department of Psychology, University of Surrey, Guildford GU2 7XH
email: b.riddell@surrey.ac.uk
(Barbara works Tuesdays and Thursdays)
Tel: 01483 689441
Contact Details: 
Service Users and Carers

for service users & carers working with the clinical psychology programme at University of Surrey

Title: (Mr, Mrs, Miss, Ms, Dr):

First name:

Last name:

Home address:

Postcode:

Phone:

Home:

Mobile:

Email:

What is your preferred method of being contacted? Please tick ✓

Home phone

Mobile

Email

Post

Please return to:
Barbara Riddell, Co-ordinator of Service User & Carer Involvement, Department of Psychology, University of Surrey, Guildford GU2 7XH
Tel: 01483 689441
b.riddell@surrey.ac.uk
Dear Colleague

We have a number of service users and carers working with us on the clinical psychology training programme at the University of Surrey. Most of our service user/carer colleagues have skills, expertise and experiences - gained either through paid work, voluntary work, ‘life experiences’ etc - that they can bring to the training programme.

Your experiences, skills and expertise could be in the field of mental distress/disability, as a service user or carer (or both) who accesses mental health services. Or you could have other experiences (for instance, interviewing skills) that you could offer to the service user/carer initiatives on our clinical psychology training programme.

As a way of gathering this information in one place, I would be grateful if you could complete this Skills Bank Form. Please put as much detail as you like.

What sort of information? Our service user/carers are involved in projects that come under what we call the ‘four strands’: Teaching, Research, Placement (when trainees work in the NHS as paid employees seeing clients of their own), Selection (interviewing people who have applied to come on the training course). So, the skills and experience we are looking for could relate to any of those categories.

Confidentiality

All the information about yourself that you put down on this Form will remain **STRICTLY CONFIDENTIAL** and will only be seen by Barbara Riddell (Coordinator of Service User & Carer Involvement at University of Surrey) or Mark Hayward, Academic Tutor. The information you supply will only be used to match up your experience and skills with the projects we are thinking of running. None of your information will be passed on to anybody. A postal address is useful so that I can see what area you live in and also because I’m old fashioned - in the event of an email failure I can at least put something in the post! Also, not everyone (me included) has email at home.
How the Service User & Carer Skills Bank will work
If your skills, expertise and experience match a project that we run or are thinking of running I will contact you to see if this is something you would be interested in. Most of you know that we have service users and carers involved in all aspects of our training course – in teaching, in selecting new trainees to come on the course, in the oral presentations (final exams), in research and so on.

By completing the form, you are not committing yourself to anything – you can say ‘no’ to anything at any time. And, if you do get involved with one of our projects, we won’t assume you are always going to be available – or interested. We will always give full training beforehand.

Thank you!
Our service user and carer colleagues have made valuable contributions to all aspects of the teaching course for many years and this involvement has made genuine, positive changes to the way we train our clinical psychologists. It’s something trainees also value highly; they say over and over how valuable it is to learn about real issues from real people. And only our service user and carer colleagues can offer that - so thank you for helping to produce better clinical psychologists!

If you have any queries then please don’t hesitate to contact me.

With best wishes

Barbara Riddell
Co-ordinator of Service User & Carer Involvement
Department of Clinical Psychology
University of Surrey
b.riddell@surrey.ac.uk
## SKILLS BANK FORM
For service users & carers working with the clinical psychology course at University of Surrey

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**What is your preferred method of being contacted? Please tick ✓**

- Home phone
- Mobile
- Email
- Post

What kinds of skills, expertise, experiences, do you have that you think would be helpful to us? These could be gained from personal experience of using mental health services or caring for someone who uses mental health services; mental health problems, learning disabilities or physical health issues.

Or you may have skills and expertise gained through work (whether paid or voluntary) or from your own ‘life experiences’. (You do not have to give details of diagnosis, only experiences of using mental health services).

Below are some of the skills, experience & expertise our current service user/ carer colleagues can offer. Please write about any of these skills you have - or anything else you could offer!
Recruitment/Interviewing:

Attending, running or facilitating groups (eg self-help or carers’ group):

Experience of accessing mental health services as a service user:

Experience of accessing mental health services as a carer:

Working with people with learning disabilities:

Writing:

Training, teaching, lecturing:

Public speaking:

Making presentations to small groups:

Experience of receiving therapy or counselling:

Experience as a counsellor or therapist (also kind of therapy):

Fundraising:

Campaigning:

Media/journalism:

Research:
How did you hear about us?:

Anything else you would like to add:

Thank you for completing this form!

Please return to:
Barbara Riddell,
Co-ordinator of Service User & Carer Involvement,
Department of Psychology
University of Surrey
Guildford GU2 7XH
Tel: 01483 689441
b.riddell@surrey.ac.uk