



COMMUNITY AUDIT & EVALUATION CENTRE

WIGAN SOCIAL SERVICES
TRAINING & DEVELOPMENT

AUDIT & EVALUATION: A SERVICE USER PERSPECTIVE ON THE EFFECT OF NVQ TRAINING

SUMMARY REPORT

March 2003

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Kimberley Osivwemu.

Audit & Evaluation:
A service user perspective on the effect of NVQ training.
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Community Audit & Evaluation Centre
Mike Cain, Gina Lewis & Kimberley Osivwemu



RIHSC: Research Institute for Health & Social Change

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To Mike Cain who as the Wigan service user representative has shown courage and temerity in the pursuit of enabling people to have a voice and express their views about the services provided to them.

NB – WHILE ACKNOWLEDGING THE VALUABLE CONTRIBUTIONS OF EACH PARTICIPANT THEIR RESPONSES / QUOTES ARE REPRESENTED ANONYMOUSLY.

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TITLE: SERVICE USER EVALUATION

“The effect of NVQ staff training.”

AUTHOR: Kimberley Osivwemu

COMMISSIONED BY: Sheila Gallagher

DATE: March - December 2002

I. TERMS OF REFERENCE

This report was commissioned by Sheila Gallagher, Team Co-ordinator NVQ, of Wigan Social Services Training and Development Department (WSSTD). Kimberley Osivwemu, an independent facilitator from the Community Audit & Evaluation Centre (CAEC) of Manchester Metropolitan University Applied Community Studies Department, undertook the research. The work was contracted to commence on 25th March 2002.

The scope and purpose of the report was to explore the effect of National Vocational Qualifications (NVQ) staff training, on service users. It was agreed from the outset that the focus of the research would be from a *service user perspective*, consequently, Mike Cain, a service user of Hunter Lodge Wigan (see appendix 1) became a key member of the core audit team from the implementation of the process.

II. INTRODUCTION

In total around 100 people were contacted throughout the life of the evaluation project, around half of them being service users themselves. Other people such as staff, volunteers, carers and friends provided information, advice and support to facilitate and maximise participation by service users. The research 'sites' were identified by WSSTD as appropriate Social Service provision, where people received a range of services underpinned by NVQ training, they are located in the Wigan and Hindley areas of Lancashire. Hindley Day Centre offers provision for older people and Brookfield Hostel provides temporary accommodation to people leaving in-patient psychiatric care. Hunter Lodge "Clubhouse", although not originally identified as a 'site' became a centre of activity. Providing innovative day care provision to disabled adults it offers accessible amenities that were not available in other centres, it also gave researchers access to active 'members' whose insights and contributions proved invaluable. While out of pocket expenses were offered service users participated voluntarily and on their own terms.

The Audit locations were chosen by members of the Wigan NVQ Operational Training Group as appropriate to the scope and scale of the audit. These sites respectively constituted a research base where meetings were held and research information discussed and brought together. All three sites were community-based and accessible to participants. Brookfield had limited wheelchair access. Hunter Lodge offered the use of office equipment, a computer with printer, a desk and a telephone where calls were made in pursuit of the research. Messages were left for and by the audit team and workers.

All three sites have some staff receiving level 3 NVQ training 'Promoting Independence'. At both Hindley and Hunter Lodge there are staff trained to Level 2 in 'Care'. Some of the participants have home carers. Some of these have NVQ qualifications. The participants were aware of the distinction in 'trained and untrained' home carers.

Contact with the centres was initially through the service managers. The team incorporated their work into the running of the centres as far as was possible. The participants were involved on a voluntary basis at each of the three centres. Those who attended the "Exchange Day" on July 19th 2002 were financially compensated by Social Services for their time. The CAEC worker and Wigan representative

travelled between the three sites. In carrying out the research along participation and empowerment principles; it was clear that the management style of the three participating centres from which users came had an effect on their level of involvement and understanding.

II. A. Methodology – A Participatory Framework

The research was underpinned by a commitment to the community development principles of participation, empowerment, informal education, anti-discriminatory/inclusive practice and self-help. This ethos necessitated a participatory research methodology, which was: ‘the voluntary participation of service users within selected Social Service provision’.

The preparation time in advance of the research was essential in order for the method to be successful. In anticipating possible blocks and how to overcome them *“ the ‘lead-in’ time, particularly in relation to using youth and community principles is crucial for successful participatory research. Initial resistance could be the result of a lack of understanding of what the term means and what the process will involve. Part of the worker’s role is to clarify the method of work and to identify the advantages to the agency and individual participants. ”*¹

In order to maintain a participatory focus it was important to allow timescales and agendas to be dictated by participants. This in itself caused organisational blocks in that participant timescales were led by differentials determined outside organisational timetables. In working with people who are service users it is clear that their agendas and timetables are often seen as secondary to the timescales of dominant institutions. Through negotiation and re-negotiation the researcher has to maintain focus on the participants.

Throughout this piece of work CAEC maintained a commitment to confidentiality and anonymity, therefore the names of the participants do not appear in the text.

¹ C.Packham *Community Auditing-Appropriate Methods for Effective Youth and Community Work Intervention* Ch. 9 p113 in *RESEARCH IN SOCIAL CARE AND SOCIAL WELFARE* Ed. Beth Humphries 2000 Jessica Kingsley: London

However, all those involved have received certificates acknowledging their contributions as well as a copy of a Participant's Summary Report.

Contributors were invited to attend an official presentation event hosted by Wigan Social Services Training and Development Department in conjunction with the Community Audit and Evaluation Centre. Sensitive information remains confidential within the team and the findings are presented anonymously, although where possible exact quotes are used so as not to misconstrue the intended meaning.

II. B. Methods – How the work was carried out

In order to carry out the research a number of methods were employed by the audit team these included:

- Informal semi-structured interviews
- Formal structured interviews
- Exchange day – where participants visited or hosted participants from other centres.
- Awareness groups.
- Support groups
- Focus groups
- Reminiscences
- Introduction and relationship forming sessions
- Information sharing sessions
- Informal education sessions as to process and involvement in the research considering ethical issues
- Recommendation and review of the methodology by the audit team
- Discussion meetings
- Group specific engagement techniques i.e. Relaxation, aromatherapy and visualisation
- Statement questionnaire
- Secondary data review

Questions were devised based on the NVQ performance indicators. The indicators previously identified through the evaluation of training by staff reflected those

raised by participants, and so it proved possible to use them as the basis of interviews etc. However, the language and jargon of the indicators meant that a lot of work had to be done to make the concepts accessible to participants. Therefore service users familiar with the concepts and language of NVQ staff training were able to make valuable contributions to shaping the questions and statements used.

A steering group of the Audit team, CAEC and WSS directed and endorsed the scope, scale and focus of the work. Due to the sensitive nature of the research it became clear that a support group would be useful to facilitate confidence in the audit and evaluation process but also to offer confidentiality and anonymity where this was felt to be problematic for participants. The support group was comprised of senior members of WSS.

Members of Hunter Lodge participated in the production of the indicator statement questionnaire, this was done in a fluid group setting in the IT suite at the clubhouse. That is to say that members were able to make contributions as and when they chose. Using statements was seen as important because it was identified that the starting position should be empowered and positive. Asking participants: "What do you think?" was viewed as dis-empowering in that it provided far too wide a range of responses. It was seen as too open a question. The need to concentrate participants attention on aspects of their care whilst allowing little opportunity for distraction was identified. The statements were clustered in content and focus, giving the participant a position and then a choice as to degree. This was selected as the most effective medium with which to elicit verbal response

The process of negotiating and agreeing ground rules for the conduct of discussions was essential in adopting a culture of acceptance at each opportunity. A lot of time and attention had to be given to encourage participation by some who would not ordinarily participate in a group discussion as a result of, for example a speech defect. In this respect the staff at Hunter Lodge were very helpful and instrumental in enabling participants to express themselves. At Hindley a model of self-help was used; staff time was not committed to participation. Discussions at Hindley moved slowly; leading to meetings being continued over two sessions instead of one. There were no communication barriers for those participants from Brookfield.

II. C. The Research Process

The audit team visited each site to identify structural issues emanating from the location and physical characteristics of each. Having evaluated the accessibility of each site a different base from that which was originally envisaged was negotiated. The home base was Hunter Lodge. The core on-site workdays were Tuesdays, Wednesdays and Thursdays. The conference room and café area at Hunter Lodge were used for audit team meetings.

Preliminary familiarisation meetings were held at each of the three centres. These were followed up by **presentations** of the work in outline. Two presentations were made at each centre. Presentations were followed with **information sessions** as to what the research entailed for participants. Those participants who wanted to become more involved in the research were supported to become part of **awareness groups**, which explored and developed group-work methods. Having agreed methods of working these groups chose areas around which they focussed their discussions. **Discussions** were led by subject area in small groups facilitated by the audit team and noted either contemporaneously or immediately after. In the groups at Hindley **relaxation and aromatherapy** was used to assist in the process, as were **reminiscence** techniques. All notes were read back and amended with the consent and agreement of the participants at the time of writing and then on typing up. Modes of operating, which facilitated active listening, were used. Working in pairs with material for **unstructured interviews** followed by report back was the standard format at Hindley. At Hunter Lodge larger **group work** and individual face-to-face work predominated. At Brookfield individual face-to-face interviews were used.

Participants demonstrated understanding and awareness of the service, which they received, and the context within which it was provided. Contextualisation of the service led them to request the opportunity to compare with service-users in other settings with a view to comparing their own service delivery. As a result of this an **exchange day** was organised. The exchange day was viewed as an opportunity for cross fertilisation of ideas and experiences, through support of users by users. The vehicle used was the set of **statements**, drawn from the NVQ performance indicators, which were used as the basis for discussion. This self-help model was

supported by Social Services and a date was set for June 19th 2002. The venue chosen was Hunter Lodge because of its inclusive systems and approach. Direct transport was arranged for those participants who needed it.

The Exchange Day - The date for the exchange was arranged by the audit team, in conjunction with the steering group and the Hunter Lodge briefing meeting. The publicity for the day was prepared at the IT suite in Hunter Lodge and distributed from there to the other centres and individual participants. Particular arrangements had to be made for disabled people who had their own timetables, so that the day could be fitted in with, for example a weekly hairdresser or chiropody appointment. The support group managed issues such as transport and the allocation of support staff.

On the day of the exchange semi-structured discussions in pairs reported to the larger group. Working in pairs was identified as the most effective method of consultation in that it created security and a sense of safety for the participants. The statements were read out with pace, vigour and humour to communicate the focus on their use as a tool to facilitate discussion and debate. Participants worked together; facilitators moved around actively engaging in debate and aiding exchange. Lunch was provided as part of the day at no charge and the participants received an ex gratia payment of fifty pounds for their expenses and in recognition of their contribution.

Follow-up: Having held the exchange day, **follow-up visits** to the three centres were made to confer with participants as to their input into the report. Letters were written thanking them for their contribution, informing them as to the uses of the report and seeking consent for the use of their photographs.

Presentation Event: On the 24th of September 2002 managers and participants were invited to attend Haigh Hall in Wigan. The event was partly to launch the key findings of the report to all those with an interest, and above all to thank the service-users for their contributions and involvement. Each participant was presented with a certificate of achievement and a copy of the 'Participant Summary Report'(PSR). The PSR is presented in a more accessible format than this comprehensive version, therefore making it more readable and interesting. It featured colour photographs of

the exchange day, large type and jargon free language it also omitted the quantitative representations of the questionnaire results.

II. D. Audit Issues – Overcoming barriers to participation

- ❖ In obtaining access and building relationships there were different levels of awareness as to the process. At Hunter Lodge and Brookfield access to participants was not seen as an organisational difficulty. Disclosure of the timetable and running of the day to day activities was made readily available and without reservation. At Hindley, a lot of time had to be spent explaining what the process was and answering queries as to the content and purpose of the research.
- ❖ Physical access to the sites meant that Brookfield could not be visited as regularly as the other sites in that it was less accessible for wheelchair users.
- ❖ Working with people who had different degrees of involvement in the management and provision of service delivery meant that there were differing degrees of awareness as to what the process was and how they were to be involved.
- ❖ As the audit was sited at the centres of service delivery there was a range of responses and issues raised as to the purpose and use of material disclosed. At Hindley a lot of work had to be done to allay the fears of participants that there would not be negative consequences as a result of what they disclosed. The sessions started slowly as a result, a lot of work had to be done with the manager as to the content, purpose and structure of the research prior to access being given.
- ❖ Access to ‘excluded’ groups (e.g. black & minority ethnic groups) was nil. There was a dominant culture, which precluded diversity. ²BME groups were absent as participants, users and providers.. ³
- ❖ There was no monitoring in relation to gender, ethnicity and sexuality. It was viewed that specific experience was not thought central to this initial exploration.

² This was identified at the outset , during introductory visits when enquiry as to access was identified as a non-issue.

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- ❖ The audit was constrained by its location within centres of provision in that it had to function alongside the day-to-day running of the centres; however, this facilitated observation of different modes of operation and managerial styles.
- ❖ As a result of time and energy-level constraints of the participants the audit had to be extended to 24th September 2002.
- ❖ An unanticipated issue identified by the participants was the need to network and support one another across the boundaries imposed by the service provision. Previous work done in setting up a forum had become inert and led to isolation.
- ❖ Obtaining access and building relationships with people who had different degrees of involvement in the management and provision of service delivery meant that there were differing degrees of awareness as to what the process was and how they were to be involved.
- ❖ Participants had differing levels of involvement in service provision both in terms of giving feedback as to its efficiency and effectiveness as well as participating in the training of staff in NVQs, this demonstrated itself in their knowledge of and preparedness to commit to the participatory process.
- ❖ As a result of organisational constraints; it was not possible to engage with informal carers; although they participated in providing support to participants throughout the process. The research team participated in a Carer's Day; but did not produce any data for the research.
- ❖ Apprehension as to involvement came from centre head level at one centre. It became clear during the span of the research that there had been a negative history of involvement which had to be worked on in order for psychological blocks to be overcome and the audit team to continue with its work. A support group was set up which made itself available to participants and audit team members who needed to have a "listening ear". Clarity had to be contracted as to the purpose of the "listening ear" and the need for action as a response.
- ❖ Accountability was an issue for the people from Hindley who were enthusiastic to receive and share information about service provision; but were anxious about being accountable for what they disclosed. Work had to be done to overcome physical as well as psychological barriers. Some

participants who had attended in the day centre were unable to participate in the exchange as a result of this.

III. FINDINGS

III. A i An Overview

The three centres were Hindley Day Centre, Hunter Lodge Club House and Brookfield Hostel. Some service users met regularly in groups, others were involved in the odd meeting or gave individual interviews. On the 19th June (2002) 20 service users and support staff participated in an exchange day held at Hunter Lodge, and on the 24th September a presentation of certificates was made.

The men and women involved had different contact with NVQ trained staff. All three centres have some staff receiving level 3 training, "Promoting Independence". At both Hindley and Hunter Lodge there are staff trained to level 2 in "Care" and some people also have home carers, with or without NVQ training.

Through discussion with the facilitators⁴ the participants identified general issues important to all of them in varying degrees. Although participants had different amounts of involvement with each element, it became apparent that there were useful comparisons to be made across centres and that many of these were relevant to NVQ training i.e.: -

- The serving of food – Service led versus user led
- Personal hygiene – Provision of personal care
- The exercise of choice – Informed decisions by service users

The experiences of service users were found to be different depending on a number of things:-

- Personal expectations of care and choice
- The day to day running of services
- The management of each setting

⁴ Kimberley and Mike

- The knowledge of training standards
- Previous experiences

Many people felt that NVQ's had a positive effect on carers skills and attitudes but for some it was difficult to tell and for others there were no obvious differences. The serving of food and choice differed according to the centre and did not seem to relate to NVQ training.

III. A ii Research Sites

In relation to the effect of NVQ's on service users, there were several variables within each site:

- Organisational structure
- Organisational management
- Staff development practices - to what extent does staff participate in this or are subject to it.
- Participants (in the research process) and their view of NVQ's.
- Service users (of WSS)– personal views of themselves as service recipients, partners, customers etc.
- Service users - views of themselves as a resource for development
- View of NVQ's - their value as a learning tool
 - Their value as a paper qualification.
 - How the process of qualification should be approached

Hunter Lodge

Hunter Lodge Clubhouse is day care provision run on Clubhouse lines for adults, in the context of this setting service users are considered to be 'members'. The clubhouse had been set up and established with the principles underlining NVQ training; 'Promoting Independence' is firmly and securely exhibited in practise. There is a daily briefing meeting which is made accessible to every-one in the centre. There is also steering group, which meets monthly and is made up of both staff and users, it's purpose is to address any major problems which arise in the day to day running of the centre.

Individual choice is exercised across the care package from involvement of the user in compilation of the care plan to allocation of a key-worker and participation in programmes of learning. Participants have a combined experience of home, centre and transport based care. Participants lived off-site. The participants saw "Having a voice", in the evaluation of staff development and training as well as the running of the centre, as a norm. This applied in both day to day as well as strategic management.

Hunter lodge is run with the underlying assumption that knowledge is to be shared; be it the availability of a different aid or method to enable a participant to overcome loss of skills or awareness of engagement processes for communication with other external agencies.

Brookfield 'Hostel'

Brookfield is a residential setting for people with enduring mental ill health who are coming out of hospital and regaining their independence by being placed in the community. This affected the audit in that one of the participants was re-housed during the audit and unable to attend the exchange day. Participants lived on-site and had experience of centre-based care.

At Brookfield the manager outlined the ethos of care provided. It bolstered independence as an imperative for the successful development of participants. The movements towards residents secure settlement in the community within the six-month time limit meant that personal choice had to be exercised with full responsibility. Either managers or service users did not consider curtailment of choice as an organisational option; emphasis was on supporting and enabling users to exercise choice. The development of personal programmes was seen as integral to successful re-integration into the community. A time scale of six months was set as the target within which members of staff had to work to support residents to self-motivation and independence. The enhancement of self-esteem was seen as an essential component at Brookfield. Group activity and the provision of food was not connected at Brookfield e.g. food was not provided at Brookfield.. The participants saw awareness of self and support for the development of individuals as a core element in their care.

Hindley Day Centre

Is a day centre for elderly people run on an hierarchical basis. People attending are allocated days on which they attend and there are visiting services such as the nurse and hairdresser, which they are able to access through the centre. A discussion group (held once a week) revolved around issues such as whether to hold Jubilee celebrations or not. Personal choice was exercised through the provision of a choice in food. Participants had combined experience of home, centre and transport based care. Participants lived off-site. The opportunity to participate in the audit was approached with reservation and a lot of work was done to include participants within these parameters.

At Hindley the timetable of drinks, meals, medication and medical treatment prevailed. Participants were taken out of discussions if they had, for example, to see the nurse or the chiropodist. Arranging exact timing was difficult because it was not within the participant's control. Flexibility at the centre was an issue in that things had to be negotiated through the manager. This meant that a lot of time was taken up at the outset setting out the expectations of the audit team as to access and how this could be arranged without disrupting the running of the centre timetable. Strong emphasis was placed on health and safety to the exclusion of personal choice. Participants (centre users) were viewed as a group by the agency and individual activity appeared not to be encouraged or enabled. The 'undemocratic' nature of the agency meant that those people who were intellectually very active were concerned about the effect that discussing their observations might have on their care e.g. they did not want any comments that could be seen as negative to be taken outside the setting.

How participants were engaged in the process was different because of their day-to-day needs. At Hindley the main factor was to assist the participants to over-come pain or distress and settle in to the assigned task. Reminiscence was used to enable participants to communicate within the group. Envisioning techniques were used to calm current concerns and produce an ambience of bon homie and camaraderie. Pain and discomfort were allayed through the use of aromatherapy. These techniques were not used at Hunter Lodge or Brookfield as other group work techniques were more appropriate such as thought showers and direct questioning.

111. B. QUALITATIVE DATA

The nature of participatory research means that it generates mostly qualitative results i.e. the things that people say or quotes. The sessions were recorded by hand and eventually typed up by word processor this made the recordings accessible to the participants should they wish to read or refer to them at anytime. Before finally producing the participant summary, the results were shown (or read) to the participants for their comments and or feedback.

Copious verbatim notes had to be taken. Preparation for discussions were agreed in advance (usually a week before) revisited in a pre-meeting meeting when there were opportunities to edit and change and then reviewed at the halfway point during the meeting. Materials were produced in Arial font size 16 on A4 paper with copies reproduced on A3 (as recommended by the RNIB) for posting at strategic points in the room for participants to read at their will.

Data obtained was always typed up as soon after the meetings as was possible (usually in the afternoons at Hunter Lodge) and then reviewed as the first item for consideration at the next opportunity. Participants were asked to pay attention to the words which were recorded and any changes were made as requested. The use of contemporaneous notes was essential because the process moved quickly once it was understood what was to be achieved.

NVQ - Performance Indicators

The National Vocational Qualification - performance indicators were used as the basis of information and awareness groups, which then led into discussion groups.

The two qualifications relevant to this service user evaluation were:-

- NVQ in Care – Level II
- NVQ in Promoting Independence – Level III

On considering the performance indicators there were several approaches, which were raised, mooted and adopted whilst others were quickly confined to the bin. Many discussions were had in the IT Suite at Hunter Lodge where most of the materials were drafted, edited and produced with the assistance of several members.

It became clear that the language would have to be changed as the ideology of equality; diversity and rights are remote if there is little understanding of the practical implications. Custom and practice, in other words the effects which entrenched practice have on expectations meant that it quickly became clear that a participant who had always been last to be served food because they had to be fed by the person serving the food; would not question the order of service.

Working with the members of Hunter Lodge gave insight into institutional disempowerment; because they had within the previous eighteen months moved out of positions of service dependency to greater independence and in so doing had realised what some institutional practices were. It was described as the "Does he take sugar? Syndrome"; the practice of asking a carer what a wheel chair user wanted rather than asking the wheel chair user themselves. An example of the practice of a medical model of care historically employed in work with older people and those with disabilities. The members at Hunter Lodge however have developed an expert understanding of these practices and are now able to openly critique both institutionalised and personal oppression. Hunter Lodge is a shining example of a social model of care in practice and therefore facilitates it's members to articulate their perspectives and in turn educate carers and service providers accordingly.

Therefore, the team (of service users and researchers) decided that the most effective work would be done by word of mouth. Giving people the opportunity to talk and communicate with one another as much as possible was identified as the most effective methodology. These discussions informed the research as to process and it was decided that work should be in pairs as far as was possible with a facilitator from the group noting what blocks and barriers there were and assisting in overcoming these. Using real examples known to the participants was seen as the most direct way of making it clear their contribution was sought. Asking general written questions with answers written down was seen as inaccessible.

The general headings that follow are those that relate to five of the mandatory units within the NVQ training for both of the qualifications in question (see Appendix). These in turn have been tested by groups of staff who have participated in NVQ training and evaluation. The quotes (in speech marks) are the words of participants

and the italics are the researcher observations as to the comments and the context of these responses.

a. Foster and promote people's equality, diversity and rights.

In considering the promotion of people's equality, diversity and rights there were attempts made to attain a 'level playing field' from which participants could give their view and evaluation of the effect of NVQ's on their service. This meant moving some participants from a perspective of exclusion to one of inclusion. The implications for participants were being able to do the things they wanted to do and eat what they wanted to eat: in exercising choice and how those choices were controlled participants expressed their commitment to being involved in the day to day management of their care packages.

"We see ourselves as equal now. Through changes in system we are now able to participate with Social Services e.g. Best Value."

"Makes own food; stir fry – uses adapted board, is good at chopping."

"I order from the café, choose chips and beans."

"Since the management change we do not go out much and it is more expensive."

"We used to go out, we should go out."

"There used to be theatre visits to see the matinees."

"Had cottage pie and a choice of four sweets for dinner."

"You can have a salad potatoes or chips; you can have a sandwich. At one time used to let you go out and get what you wanted."

"Brookfield has made me a different person"

b. Promote effective communication and relationships

The ability and opportunity to communicate with service providers was seen by participants as a relationship weighted in favour of the service provider as a result of the power contained in past relationships. Acceptance of change was calibrated by participant's perception of his or her own involvement in the process of change. Where participants communicated expressions of disempowerment and alienation; the process had been presented as a "fait accompli" – one in which they had no role

or purpose. Where participants expressed inclusion and empowerment they had a clear sense of role in the process.

“Difference here - interviewed staff, chose decorations. Get more involved. Have self-assessments every three months. Agree targets and if have not achieved ask questions why?”

“I have seen a lot of changes over the past eighteen months.”

“I’m not aware there’s been any change in service as result of NVQ training.”

“ I would like to go to visit other centres and see how they are run. I have attended the forum meetings and enjoyed them; meeting different people and talking to them about their centres and how they are run is important to me.”

About Home Carer: “Made a friend of her, if windows need doing she will do it. If beds need changing she will do it.”

“If you stay out you have to ring them and let them know.”

c. Promote, monitor and maintain health, safety and security in the workplace

The models of day centre in contrast to clubhouse were considered in the light of NVQ qualifications. It was not clear if the qualifications were an overriding factor; or if the organisational model pervaded the practice. As part of the club house model there was also a named key worker system. This enhanced the idea of personalised care, which was reinforced by vocational qualifications.

“It is a vast improvement. The response is better; two people will go if two buzzers.”

“NVQ’s help. She (*a member of staff*) came on a lot, participates more. Confidence- more, talks out a lot more. Before sat and listened. Not just (the member of staff)...NVQ’s help.”

The view at Hindley day centre mirrored observation rather than participation. Where it was unclear what role (if any) the participants had in maintaining and promoting health and safety the answers were distanced, almost in the third person.

“It is clean”

“I know what to do if there is a fire, I would leave the building.”

“The fireman came and told us about what we should do and we have to leave the building.”

d. Contribute to the protection of individuals from abuse

The audit team had clear tangible concerns about this. Work on this area took a lot of time and energy in creating safe environments for those who had fears to have those fears allayed. Where involvement was part of the management of the centre; participants were clear as to how they could be involved and what the value of their contribution could be. Freedom of speech is a basic human right, which our systems can accommodate and be recognised as accommodating if they are implemented. Recognition of availability of these rights increases self-esteem and a sense of self-worth.

“I join in briefings I like to come to listen.”

“Being able to do things myself, being able to have freedom of speech – to be heard. At ... felt as though were asked; but views were not incorporated”

“Medication is very well attended to at the centre.”

“Fewer home helps. Existing home helps are very busy and good.”

Promoting Independence – NVQ Level III, a participants statement.

This statement was prepared, typed and presented (at the presentation day) by a member (as service users are known) of Hunter Lodge. She is a user of Wigan Social Services and a volunteer at another day centre. In the past she attended a day centre as a service user; this experience is now seen as informing her current work. As a member of the steering group at Hunter Lodge and a founder member she has a folder of information documenting the development of Hunter Lodge from derelict site to fully viable and functioning clubhouse. She was part of the process

of empowerment, which the founder members went through in moving from day centre users to clubhouse members.

Whilst being a member of Hunter Lodge she has obtained accreditation for an award in food hygiene that means she is able to prepare food for the conferences held in the conference room and was part of the team that prepared food for the exchange day. She has a great sense of humour and optimism, which she has used to carry herself and several others through to the position where they are part of the management board for NVQ's assisting in evaluation and development

“There are different types of independence and different types of people.

- At Hunter Lodge I am a member of the clubhouse.
- I have been a day centre user.
- I am a volunteer at a day centre for elderly people.

At Hunter Lodge people cook for themselves. At day centres people are cooked for. For people who have never known any different, it is an achievement for them to know they can do it for themselves.

If you are cooked for, you are always dependent on someone to cook for you. There always has to be someone there. If you are cooking for yourself you can have a meal when you want. People in day centres never get to even make a sandwich.

In day centres it feels like “them” & “us”. Here at Hunter Lodge everybody treats everybody as equal. Everyone sits down and people are helped. At Hunter Lodge we go out grocery shopping for things that are needed at the centre. We do not have deliveries. People who want to cook go and buy the food they want to cook. By staff accompanying people to go shopping for food, these people are also learning about their own diets. So for example, if someone has to have a low fat diet, they are learning whilst shopping what their choices are.

Set meals confine your choice and leave you without choices so sometimes you will eat things that you shouldn't eat because they are put in front of you. Temptation is there.

At Hunter Lodge we have daily briefings. At day centres we were not told what was going on, there was no responsibility for the users. From personal care to wiping tables, the décor and care of furniture and making decisions, we share responsibility as clubhouse members.

My self-esteem has improved through not having to cope alone. Even if my key worker is not here: I will get help – I know I am not alone. Activities in a day centre setting are all done in one big room so diversity is hard to achieve. Mechanisms for communicating with one another and having discussions have to be developed. As a volunteer at a day centre I have a great sense of belonging. I also take with me ideas of how we do things at Hunter Lodge.

NVQ's have changed things because now I know they are a necessity for people getting the job. I know people could do the job without having an NVQ. Everybody has to start somewhere.

NVQ's have made good workers better by providing an opportunity for workers to exchange and share skills and ideas. NVQ's do not change a worker; they make a good worker stronger.

I interview workers at Hunter Lodge and they have to fit the criteria. We fix the questions, which have to be asked (along with the management). We have done training in recruitment and selection and we have to points score. I did basic food hygiene at Haigh Hall so when we have a booking for the conference room at Hunter Lodge I help prepare food and provide refreshment.

These things are unimaginable at the day centre. These things have given me a sense of achievement. I am a valued member of the centre with up to date qualifications. Because of my experiences over the past couple of years, I will speak up for myself and other people now. I will not be put off. Things like having to put up with the manager leaving a meeting to do something else and not being

able to answer a ringing phone all added to the sense of uselessness, disempowerment and frustration – cos’ you knew you could do it.”

III. C. QUANTITATIVE RESULTS

The purpose of quantitative representations is to triangulate numerical results with narrative findings. While in this piece of work the numbers, of people participating in the questionnaire, are not enormous they offer a different angle on the same subject area and were also a good tool for facilitating further debate around the subjects raised by the service users as important.

The use of questionnaires is a traditional research method but is easily adapted for use within a participatory methodology. The key difference is that participants are involved in the construction of the questions to be asked. The purpose of this participatory process is to make the questions relevant and accessible to the service users as well as increasing the sense of ownership of the research process. As a result of team discussions, detailed in the method section, an anonymous series of statements (see appendix b) was devised. The questionnaire was formulated as a series of statements around which group discussion was facilitated and replies recorded. Appendix c) gives a visual representation of the results in graph form.

Statement Questionnaire (appendix b)

Statements 1) - 4) test the distinction between knowledge and feelings. Knowing that a participant was treated as an individual was seen as being different from feeling that they were treated as an individual. In knowing that they were treated as an individual, participants gave examples of how they knew this. Having provision specifically tailored for them was seen as important in this.

How the package of care accommodates beliefs, religion and abilities is the crux of statements 5) to 8) . Participants talked about their own beliefs, religion and abilities in the context of their care.

These were a lead in to statement 10). Several participants identified Statement 10) as “the trick”. There was much debate around its meaning and interpretation. Some participants felt they were right to be treated differently because of their abilities; others felt the statement was about discrimination and took the opportunity to talk about how they felt they were treated differently because of their abilities.

Distinctions began to be made between people who were born with disabilities and those who had come to having a disability through ill- health or accident. The debate around question ten continued after the session ended and has been the topic of further discussions.

From statement 11) to the end of the exercise the focus moves to carers, both formal and informal and away from the participant. Statement 11) detaches the care received from the participant and enables the participant to look at the care as a separate entity; not detached from the whole but identifiable as a distinct - “it”. Statements 12) & 13) begin to consider carers as partners in the provision of care. So far the statements have considered self and the position of self. They were posited “I” and “My”. There is now movement to include others and their role. The remaining statements all scrutinise the part played by carers and the impact on the service user.

III. D. PARTICIPANT FEEDBACK

In order to evaluate the participatory process people were asked to comment on how and why they became involved in the audit. The following are quotes that were recorded on the day of the exchange in response to the evaluative questions asked (those written in bold type). The most important feature of these comments is they demonstrate the service users perspective on why and what is important about being involved in a particular way.

“I became involved in Mike and Kimberley’s research because...”

- 1) ...of the first meeting, I was interested that’s why I became involved
- 2) I asked at the Centre
- 3) As a service user at Brookfield I am interested in the effect’s N.V.Q’s have. I think it is a worthwhile subject to research and look forward to seeing the results.
- 4) I thought it would be interesting (which it was) to learn different things i.e. people’s opinion’s and idea’s. Meeting people.
- 5) I wanted a day out.
- 6) I was interested in what they were doing and learn about it.
- 7) I wanted to join in and meet other people and hear other points of view.
- 8) I found I was able to give my thoughts and use the thoughts I already had in my head.
- 9) I wanted to know what was going on. To find out what N.V.Q’s are about.
- 10) I needed some stimulation because I was getting very bored, it was like a breath of fresh air having to think and able to discuss everyday things.
- 11) I thought it might be interesting, that it was right to get involved.
- 12) ...of the discussion’s at Hindley Day Centre.
- 13) It gave me an opportunity to reply to the questionnaire form and meet other member’s of the group.
- 14) I enjoy being involved in all clubhouse activities.”

“I think the way I was involved was...”

- 1) Good, enjoyed coming and meeting different people.
- 2) Asked at the Centre, good involvement.

- 3) Firstly being interviewed at Brookfield. During the actual day I was involved because I took part in questionnaires and discussions with other service users.
- 4) Being able to have a say and getting over my opinion's, and meeting new friend's.
- 5) By talking to other people.
- 6) Talking to everyone and being asked questions.
- 7) Being in the group, being in different surroundings and group discussions.
- 8) Good because I have found out about N.V.Q's and how they affect me.
- 9) At Hindley Day Centre it was discussed and I was very interested during the talk and that is how I became involved.
- 10) It was the right thing at the right time.
- 11) By talking and listening.
- 12) Able to voice my opinion to Kimberley regarding Social Service transport"

"The things I have done have been..."

- 1) Good for me, I enjoyed discussions and meeting people.
- 2) Interesting, to talk to different people.
- 3) Taking part in questions and all planned activities. Plus I have took part in talking to other service users.
- 4) Having a say, filling in questionnaires and enjoying the sessions especially with other people. Over all I think everybody enjoyed it.
- 5) By talking to other people, I have learned of other people's view's, I have had a nice day and a very nice lunch.
- 6) Joined in with group discussion's, filled in questionnaire, being with people as a group.
- 7) Discussed topic's, meet other people with different disabilities other than my own, filled in a questionnaire.
- 8) Sitting in on the group discussion's
- 9) Answered questions, about caring, how we are treated and are we happy with what is going on in our file and also to help put things right if we are not satisfied.
- 10) I have enjoyed it.
- 11) Joined in on discussion's and had lunch.
- 12) Interesting and informative about the future."



IV. SUMMARY OF KEY FINDINGS

1. The way a service is run affects people using the service.
2. NVQ's support good workers and make them stronger.
3. Staff who are suited to the work benefit from NVQ training.
4. Being involved in NVQ training gives service users a better understanding of the service. "I attend the NVQ management board. I understand what they are looking for."
5. Having a role in NVQ training adds to self-confidence and self esteem. "It is a marvellous idea to have users involved in the running of the centre."
6. Having a role in NVQ training gives service users purpose and a clearer understanding of what they can give.
7. Working alongside paid workers gives members (Hunter Lodge) a sense of ownership and belonging.
8. There were different understandings as to how to be involved (in the research) and what to expect which were related to the way the centres were run.
9. Greater understanding of independence and what levels of care to expect leads people using the service to support one another in their care.
10. The disability forum provided the opportunity for users to meet, talk and exchange ideas.
11. Users as volunteers can assist other users.
12. Discussions about independence, and how to achieve it as far as possible, help users overcome fears and barriers.
13. The level of personal care provided is high - "Care here is very good cannot fault it at all".
14. People who received home care said that service was good but there were mixed opinions of the effect of NVQ's
15. The practice and understanding of 'promoting independence' appeared to be different depending on the centre that the service user attended.

16. The service for disabled people appears further advanced in promoting independence but appears to be different in older people's services.
17. Where service users are not routinely encouraged to take part in meetings etc. there was a general mistrust of what might happen if opinions were shared.
18. Some people felt unable to comment on the effect of NVQ training.
19. Service users had different experiences of NVQ staff training. This was due to personal expectations and the running of centres.

V. RECOMMENDATIONS

The research was met with flexibility and responsiveness from the commissioning agents and those participating continued without concern for any repercussions. The commissioning agents are to be commended for their empathetic response, which facilitated and enabled forward movement for individual confidence building.

For Service Users

1. More service users should be trained and supported to understand what NVQ's are and how staff are trained.
2. Users should have on-site notice boards, which reflect their interests and contribution.
3. More service users should be given a role in the NVQ training programme as it gives users a better understanding of the service; adds to service users self-confidence and self esteem; offers purpose and a clearer understanding of what they can achieve.
4. The Wigan Users Forum should be revived with the brief of creating a support network for those users who have concerns that they want heard on a confidential basis.
5. Service users who feel able should be encouraged to volunteer in other centres and supported with a package of induction and training.
6. Working alongside paid workers gives members a sense of ownership and belonging and this could be further encouraged.

For the service

1. A comparative audit of work-place settings should be considered
2. The model of independence and empowerment used at Hunter Lodge is a model, which should be incorporated by older people's services.
3. Exchange visits amongst users should be part of the package of care; particularly in review.
4. Having a key worker overcomes isolation and increases communication between the provider of services (e.g. social services) and the user of services. Inclusion in the training and development of key workers empowers participants: building knowledge and

confidence in their care.

5. Using a model of self-help to support one another in addressing and communicating their concerns would alleviate the stress of change which older participants from Hindley had.
6. People using older people's services should be encouraged and enabled to participate in training with, for example, the CAB.
7. Peer advocacy is a form of self-help which people using older people's services should be assisted in using. The provision of regular opportunities to share views as concerns good practice was strongly supported.
8. Systems for active listening would assist in the move towards self-help and independence for older people.
9. The Disability Forum should be started again with people from all centres being encouraged to go.
7. Informal education programmes in partnership with voluntary organisations such as "Add a Voice" should be incorporated into the programme of day care. Independence and what it means should be a topic for informal education within the centres.
8. Participatory evaluation/ audit work should be continued and revisited annually.
9. Training as to the appropriateness and availability of culturally sensitive care and how it can be provided, should be facilitated to enhance an awareness of the impact of dominant norms in agencies and their impact on service users.
10. A borough-wide focus group that disseminates examples of good practice around independence should be set up as a way of levelling the standards of provision within different settings.
11. While it is clear that the 'clubhouse' approach is to be applauded as a shining example of good practice the system would also benefit from the recruitment of disabled staff members.

VI. CONCLUSION

The preparation time in advance of the research was essential for the method to be successful. In anticipating possible blocks and how to overcome them

*“ the ‘lead-in’ time, particularly in relation to using youth and community principles is crucial for successful participatory research. Initial resistance could be the result of a lack of understanding of what the term means and what the process will involve. Part of the worker’s role is to clarify the method of work and to identify the advantages to the agency and individual participants. ”*⁵

In addition

“It is increasingly recognised that social divisions and exclusion found in society as a whole may also be manifest in the policies and practices of organisations providing social care. People who are cared for are usually relatively powerless in relation to the organisations that seek to meet their need and the care staff with whom they have frequent contact. Unless the detrimental consequences of powerlessness are recognised and challenged from within the organisations that provide care, the norms and experience of service users are likely to be devalued.”

“An exploratory study of the effects of progression towards National Vocational Qualifications on the occupational knowledge and care practice of social care workers” (Sargeant :2000⁶)

It was evident from information gathered that participants had different levels of awareness as to their power in the research process. This is likely to be a result of having different levels of power in their settings. They exercised power through choice, however, the range of choice and the systems through which they were able to express their choices varied widely. The system at Hunter Lodge consciously incorporated methods of involvement such as the newsletter and the daily briefings, which acknowledged and engaged in exploring methods of overcoming powerlessness. Participant’s input is positively reinforced and is being further developed through the availability of information technology and ongoing education programmes. Self-help as a methodology to overcome powerlessness is

⁵ C.Packham *Community Auditing-Appropriate Methods for Effective Youth and Community Work Intervention* Ch. 9 p113 *RESEARCH IN SOCIAL CARE AND SOCIAL WELFARE* Ed. Beth Humphries 2000 Jessica Kingsley London

⁶ Sargeant.A.V,(2000) *Social Work Education* vol. 19, no. 6, Carfax publishing

being built in through partnerships with other agencies such as CAB and Add a Voice advocacy service. These were actively being facilitated to add to the skills and abilities of participants; as well as their expectations of the service.

These areas of good practice are to be noted because, as Sargeant concludes *“Differences between work environments in the extent to which they facilitate or inhibit good care practice independent of the competence or knowledge of individual workers. Studies of the correlates of good care in residential care for adults and young people (Gibbs & Sinclair, 1992; Sinclair & Gibbs, 1998) suggest that workplace culture and structure have important influences independent of training and qualifications of the workforce.” (ibid.: 659)*

It was not always possible for the research to disentangle the effects of NVQ's on service delivery from the centre culture and structure. Staff who were qualified commented on pre and post qualification as being markers in their professional development. Centre participants who had been involved in the NVQ management board consolidated this. Those participants who had not been involved in the selection, training and support of staff were not able to comment directly on the effect of NVQ's.

Participants were satisfied with the service along the standards provided by NVQ principles (as evidenced in the sample data).

VII. APPENDICES

- a. Research Team Details**
- b. Statements**
- c. Quantitative Data**
- d. NVQ Performance Indicators**
- e. A Chronology of the Audit.**

VII. APPENDICES

a. Audit research team details

Kimberley Osivwemu was commissioned to carry out the research, overseen by Gina Lewis, of the Community Audit and Evaluation Centre. It was decided that Mike Cain, in his role as an NVQ validator, would take a key role in the audit team.

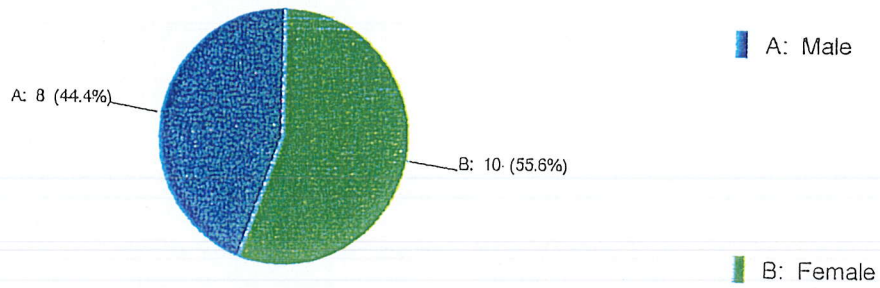
Mike Cain, a white disabled man from Wigan, is a user of Hunter Lodge Clubhouse that is day care provision. Whilst working on the research Mike secured the position of Senior Receptionist as a result of having worked in reception at the centre since it's opening, as well as being part of the steering group that decided to change the way in which reception is managed. Mike was the local element of the research team in that he had used various centres, knew service users, managers and staff and understood the climate within which service provision existed. He was an extremely valuable resource given his local connections, knowledge and wisdom. During his work for this research he faced many challenges in that he had to act as a vehicle for people to communicate views, which they had felt unable to express before the research. In this respect the research has acted as a vehicle of change.

Kimberley Osivwemu is a black mother of four , born and brought up in the Midlands of England ; with broad-ranging cultural heritage she is a non-practising Barrister and a qualified Youth & Community Work who has worked in a variety of community settings since 1982. Her practice in anti-oppressive community work led her to be part of the City of Liverpool Community College team at Liverpool 8 Law Centre that won the Equal Opportunities Award for 1995. In 2000 she was part of the team awarded a prize for "Educational Attainment" by Progress Trust. She is currently engaged in research into community participation commissioned by the Community Audit and Evaluation Centre in the Department of Applied Community Studies at Manchester Metropolitan University.

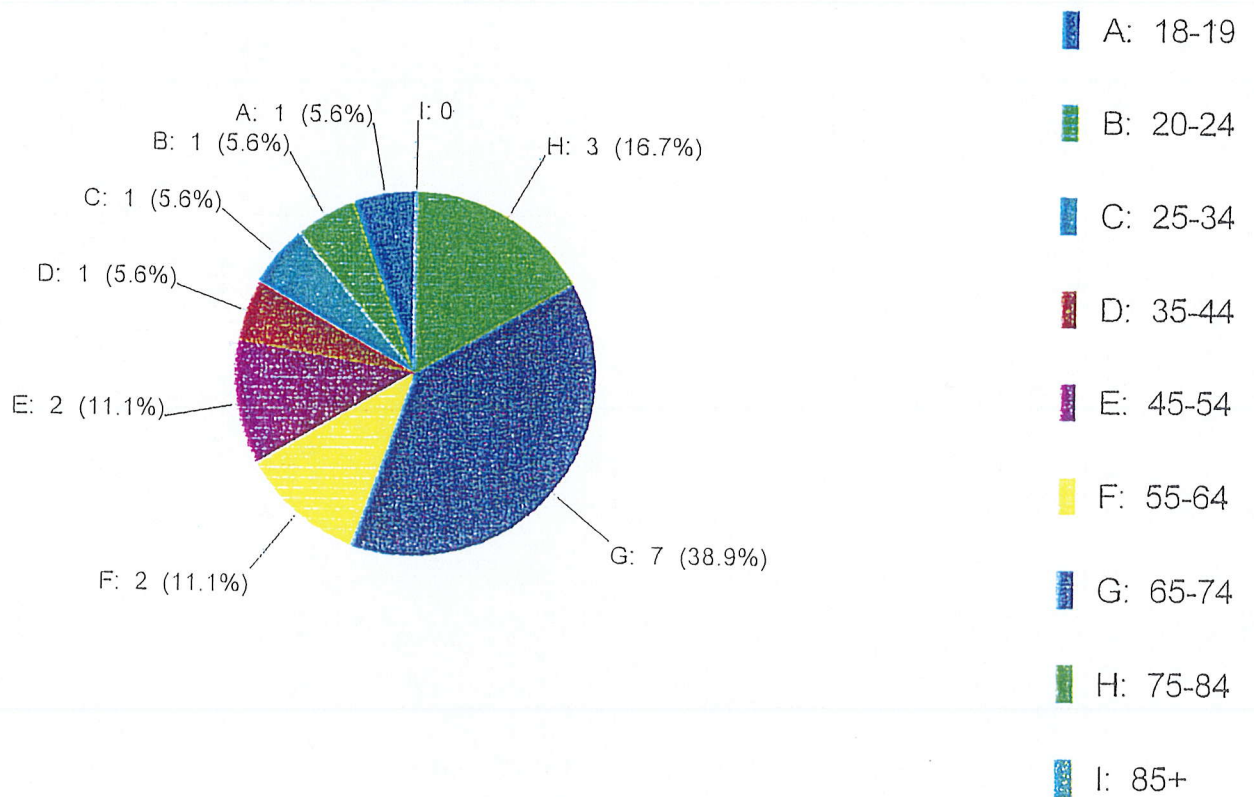
Gina Lewis is a white, working class, female from Brighton currently Co-ordinating the work of the Community Audit and Evaluation Centre for the Applied Community Studies Dept. of Manchester Metropolitan University. She is a qualified and practising Youth and Community worker and has previously been involved a number of participatory research projects as a facilitator/ researcher. Her professional background is in international youth work and residential social work.

STATEMENT How you are treated.	Strongly agree	Agree	Uncertain	Disagree	Strongly Disagree
1) I feel as if I am treated as an individual.					
2) I know I am treated as an individual.					
3) I feel as if my individual choices are respected.					
4) I know I have rights which are respected.					
5) I am aware of policies which affect the way I am cared for.					
6) My beliefs are part of my care.					
7) My abilities are part of my care.					
8) My religion is part of my care.					
9) It is important that my abilities are part of my care.					
10) I feel I am treated differently because of my abilities.					
11) If any part of my care concerns me ; I can talk about it.					
12) The people who look after me understand I have "off days".					
13) My care is the same whether I am grumpy or happy.					
14) My carers are aware of how they sit or stand when speaking to me.					

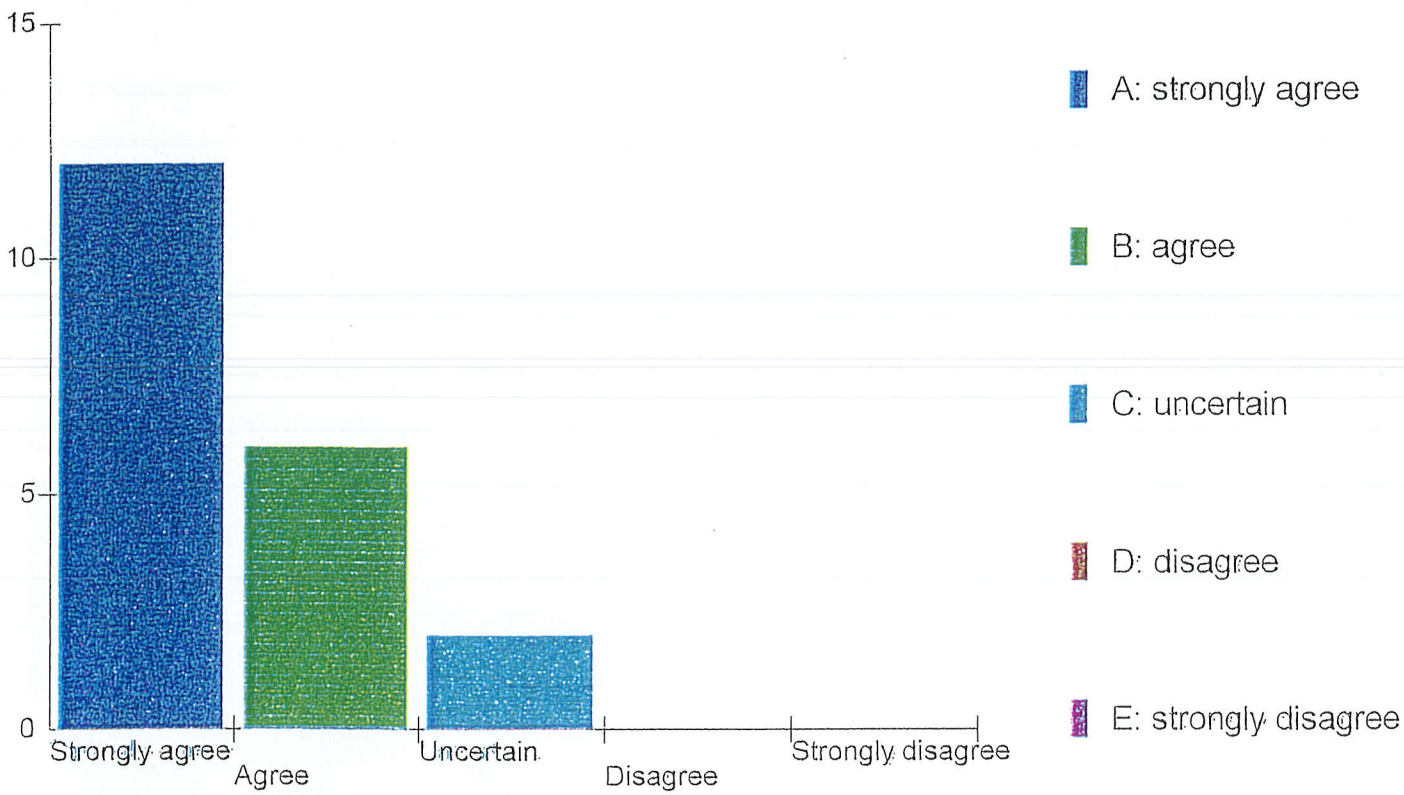
15) My carers are aware of the facial expressions they use when talking to me.					
16) My carers pay attention to me.					
17) My carers notice when I am feeling unwell .					
18) My carers notice when I am feeling unhappy.					
20) My carers do not make me feel responsible for their feelings.					
21) My carers keep their feelings to themselves.					
22) My carers talk to me about changes in my care.					
23) I feel I can talk to my carers about changes in my care.					



1. Gender

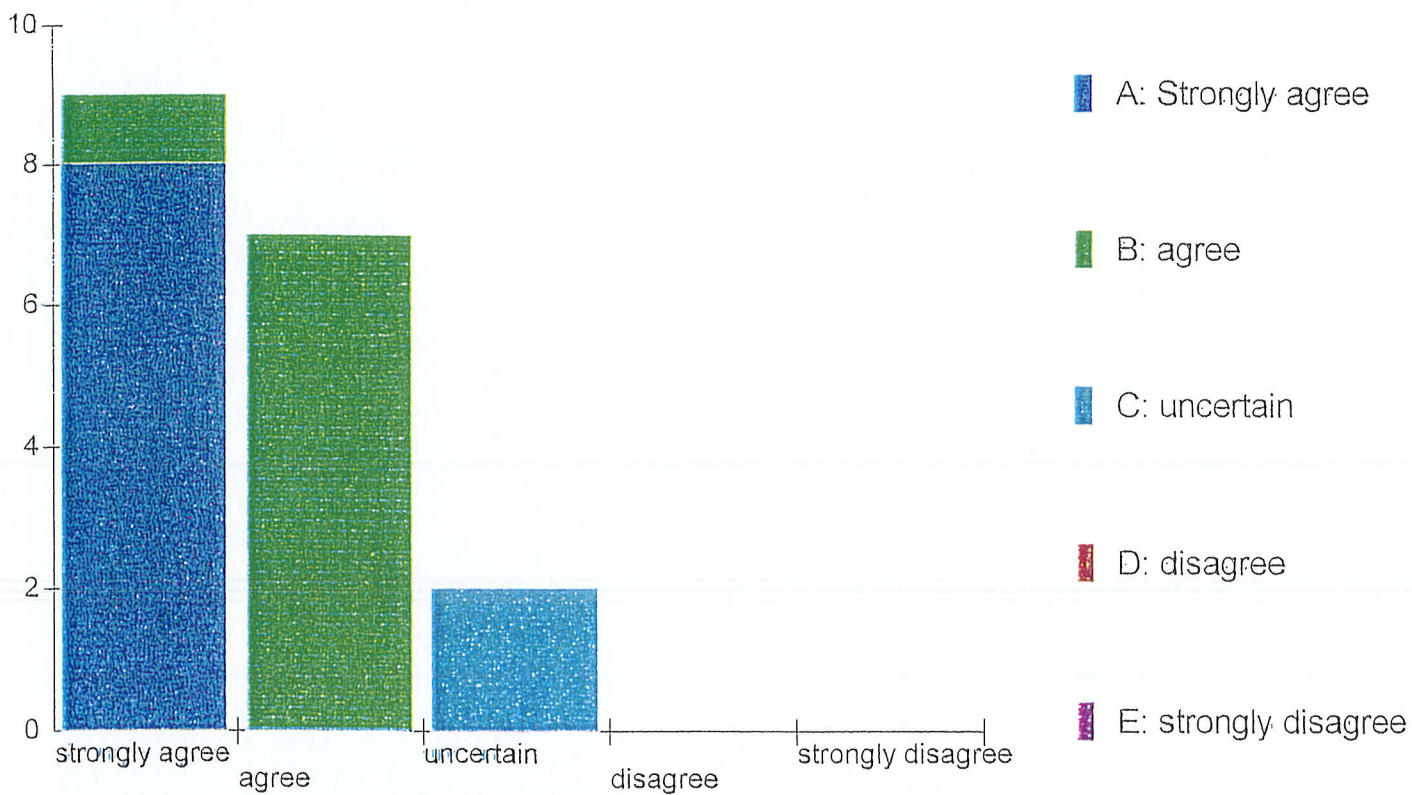


2. Age group



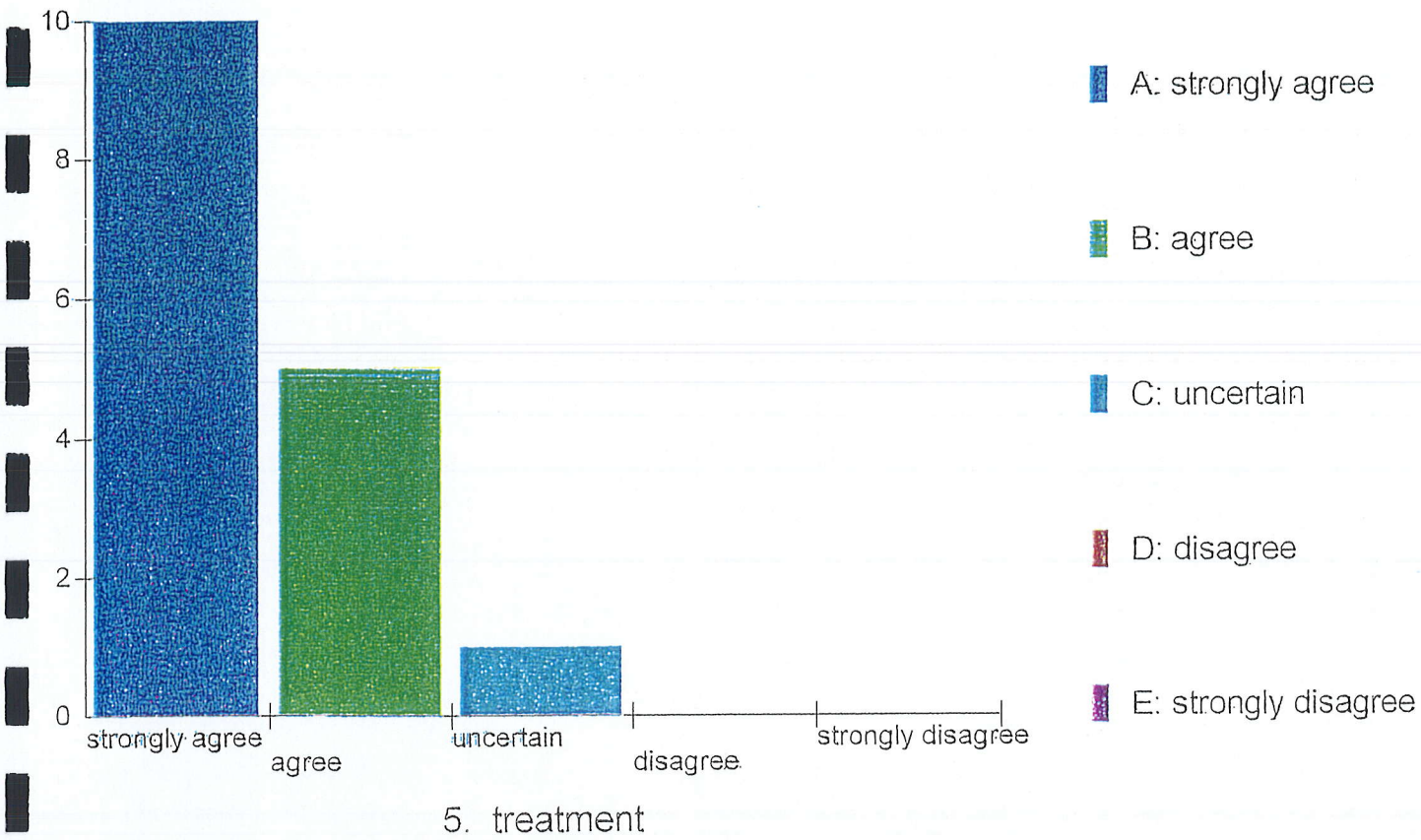
3. Individuality

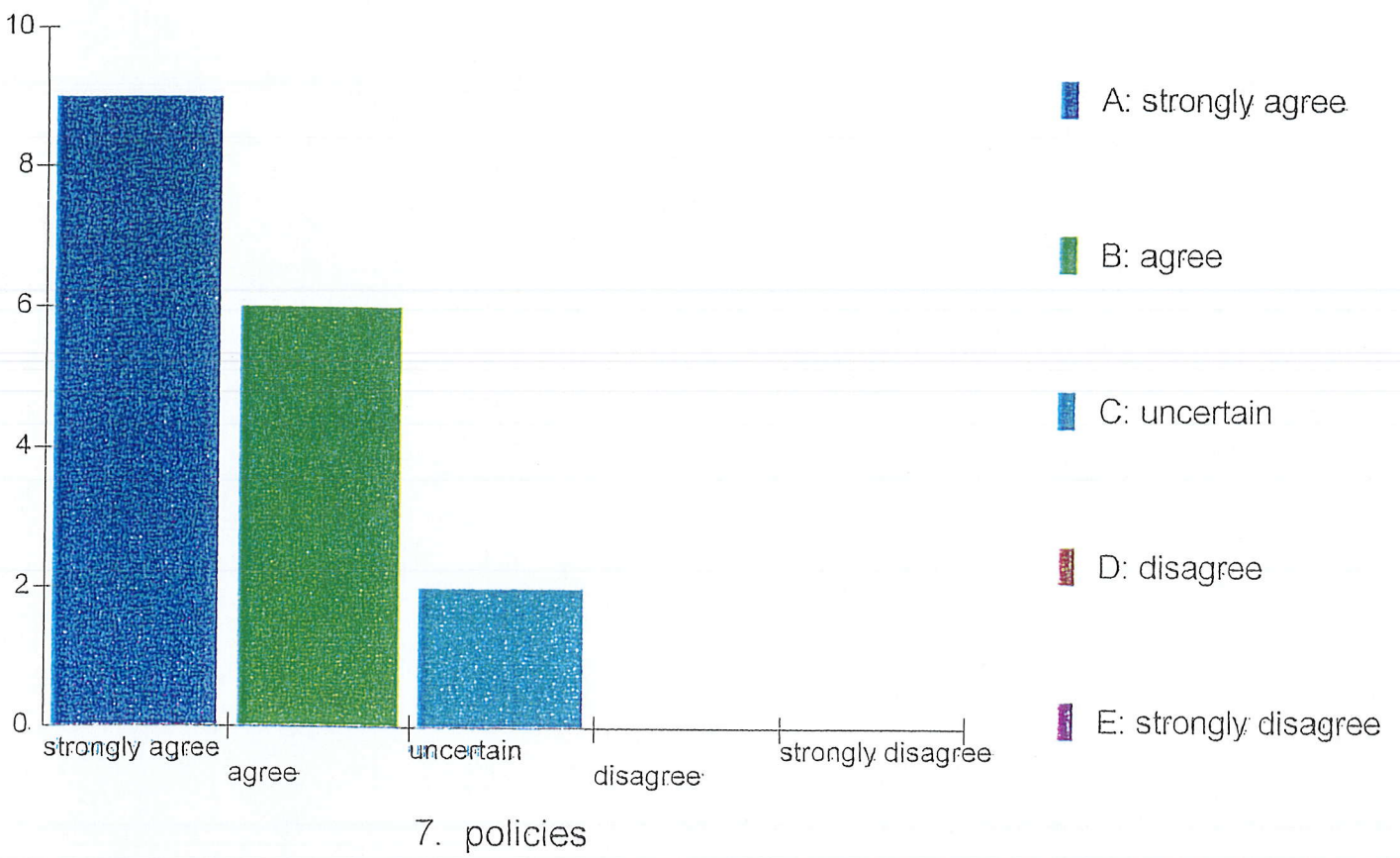
I feel as if I am treated as an individual.



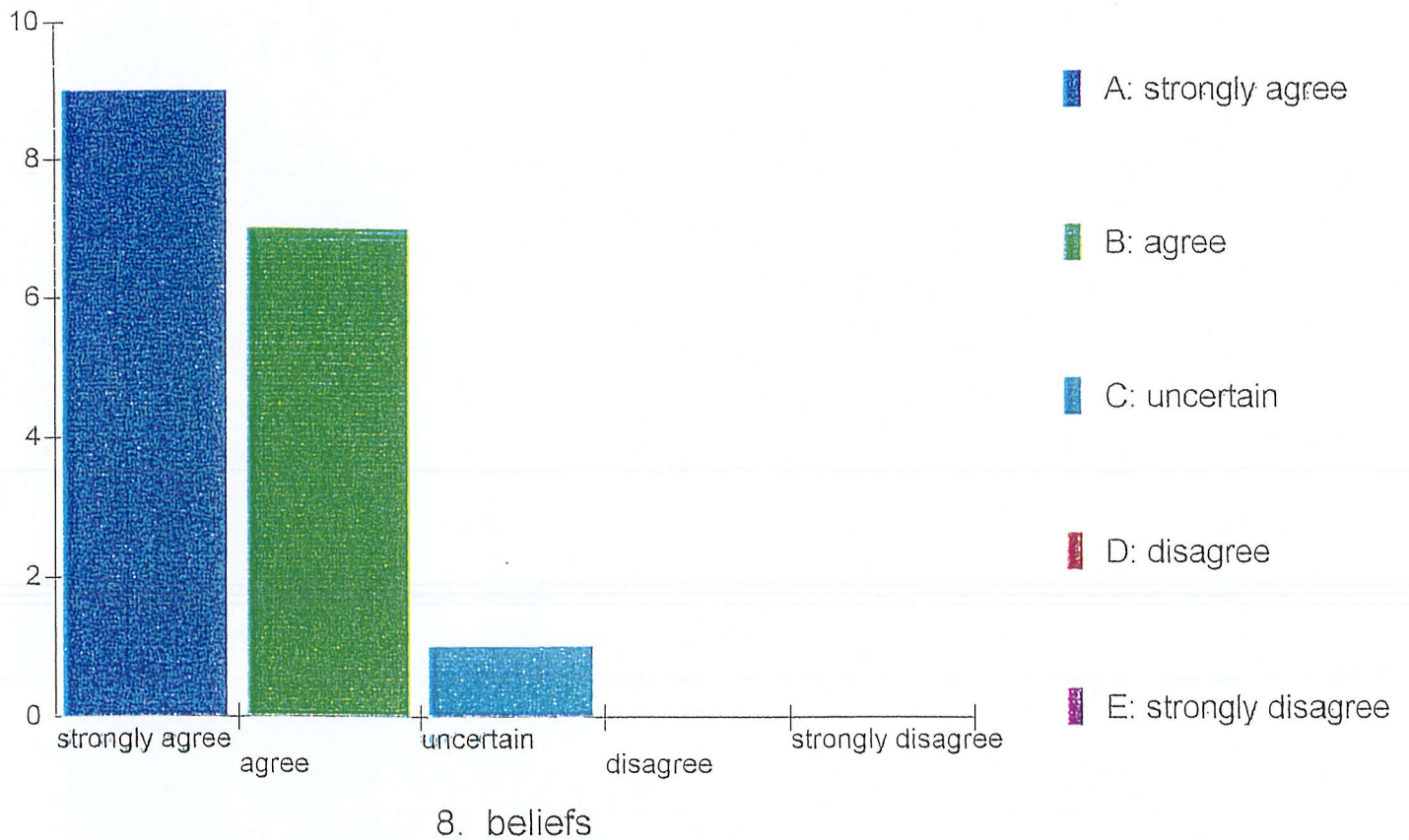
4. choices

I feel as if my individual choices are respected.

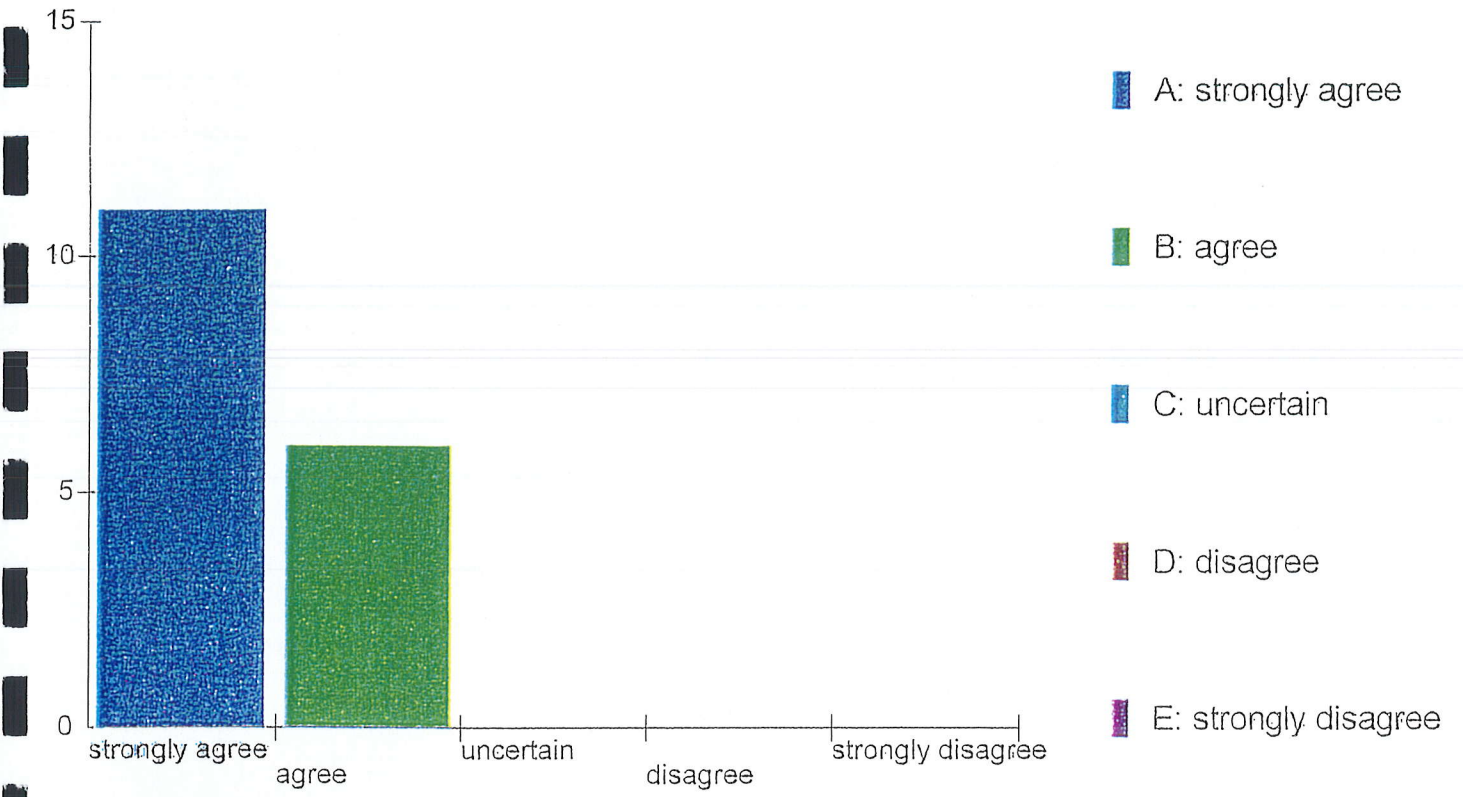




I am aware of policies which affect the way I am cared for.

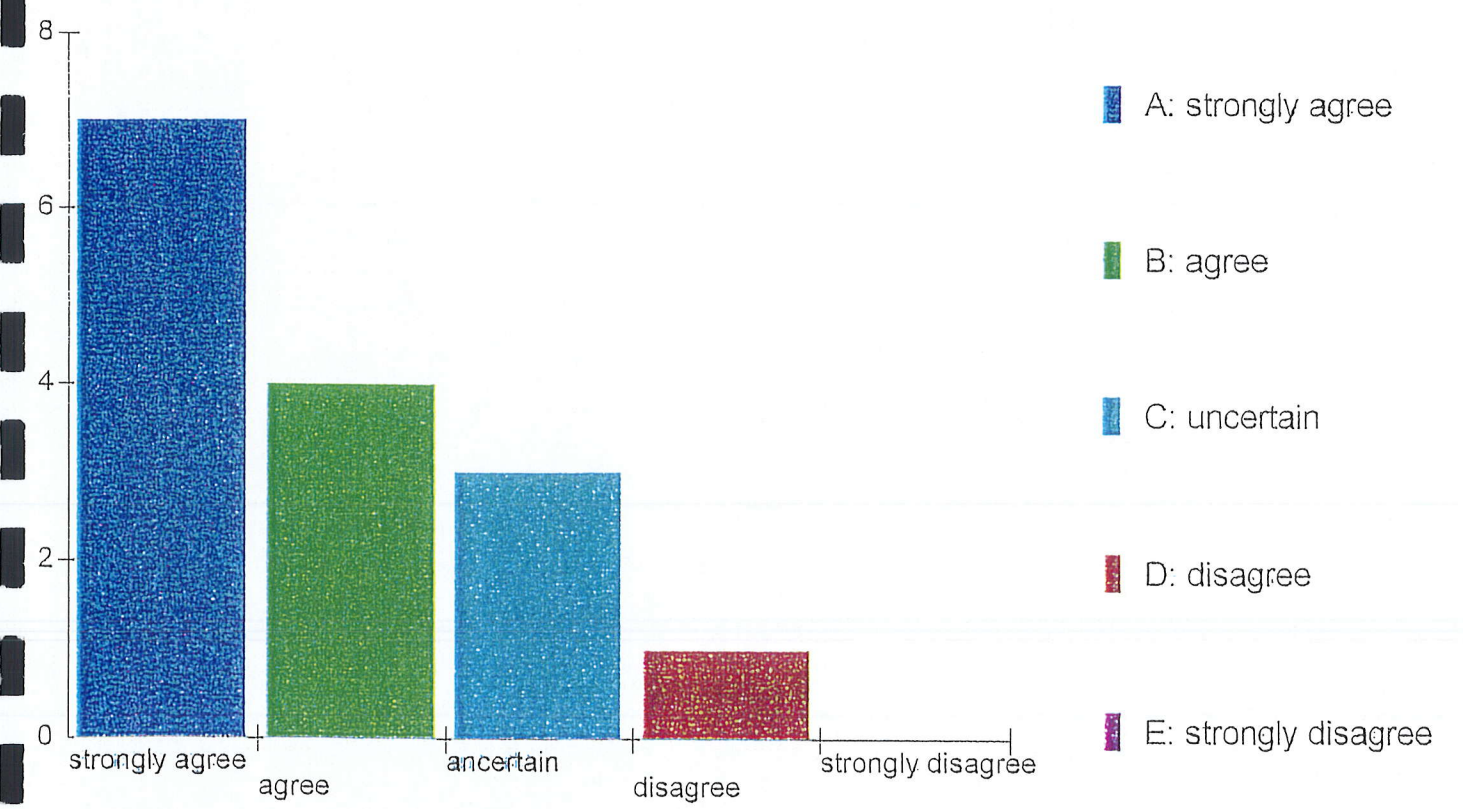


My beliefs are part of my care.



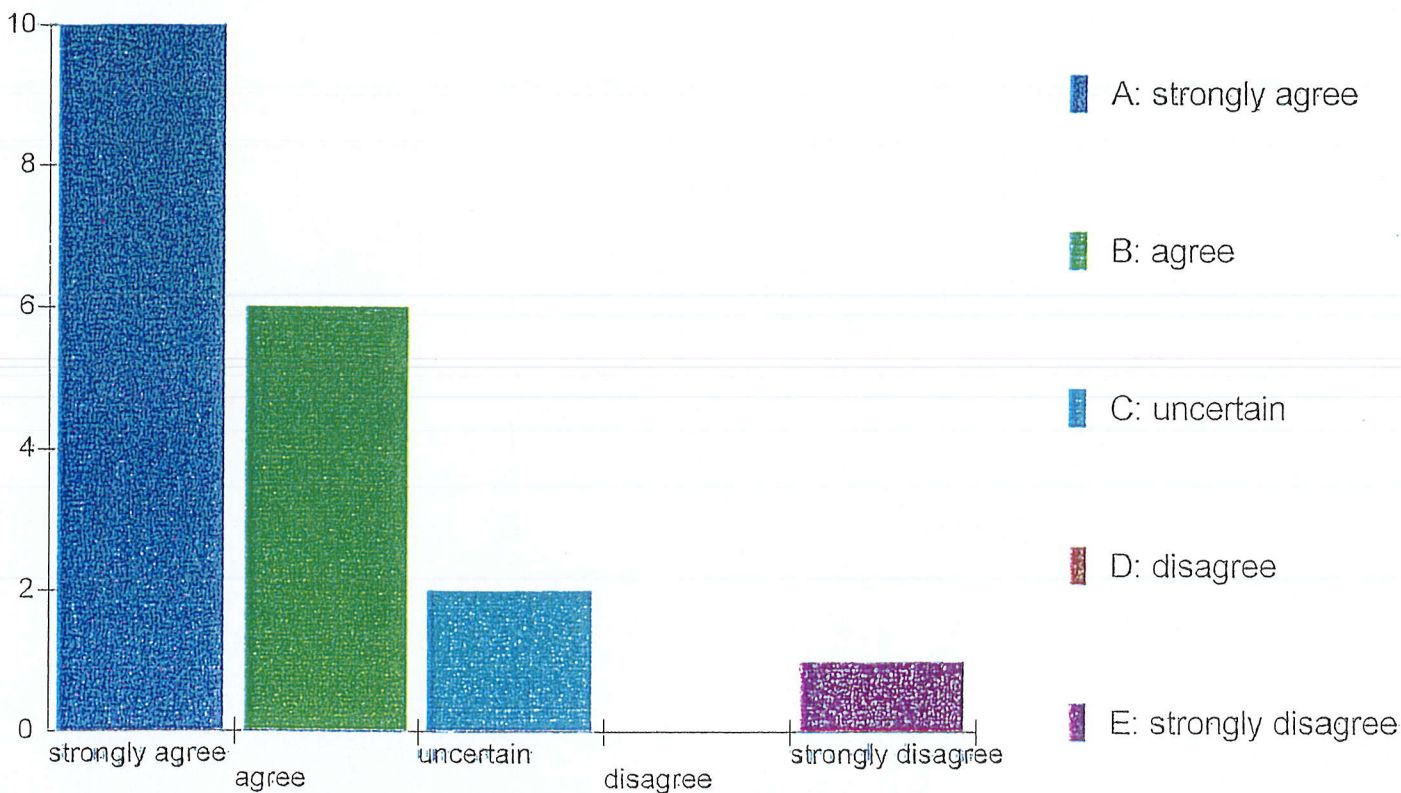
9. abilities

My abilities are part of my care.

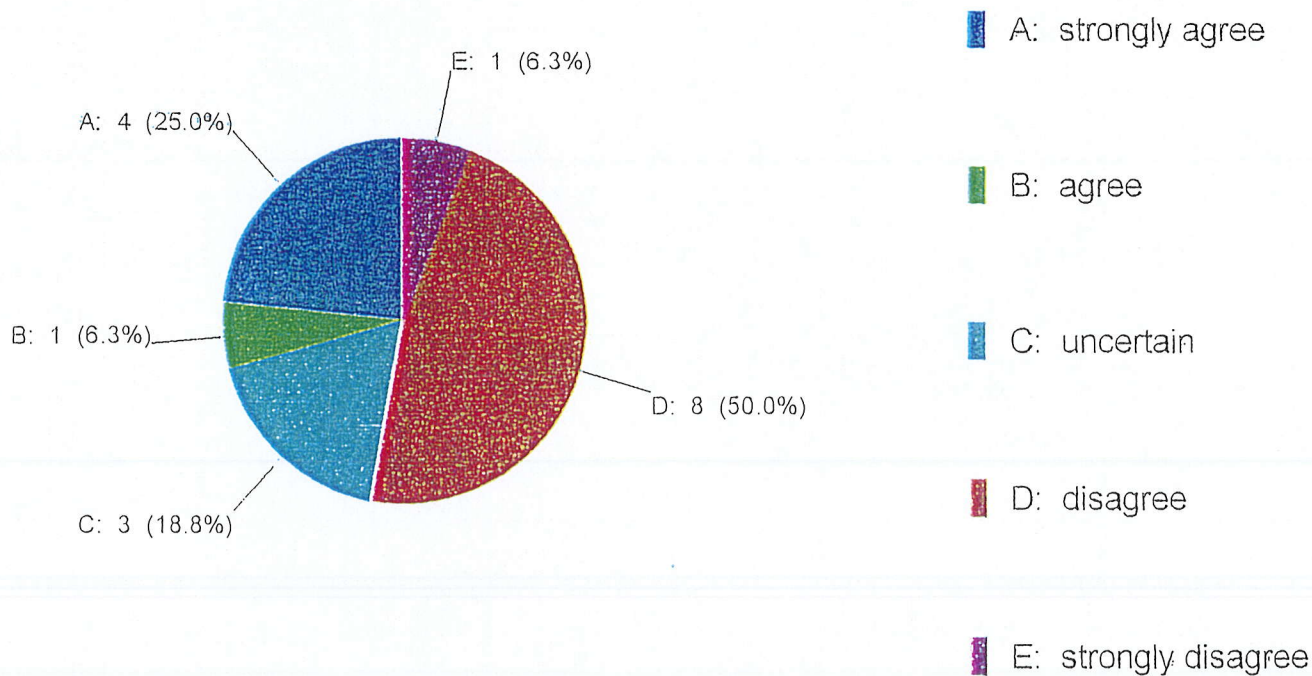


10. religion

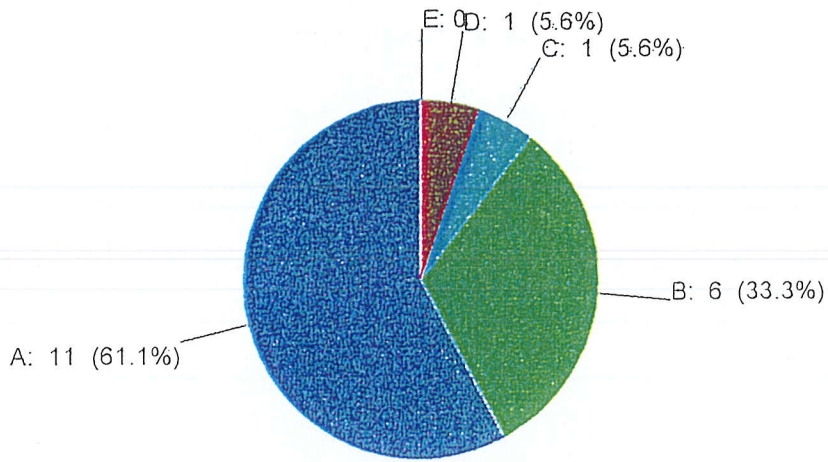
My religion is part of my care.



It is important that my abilities are part of my care.



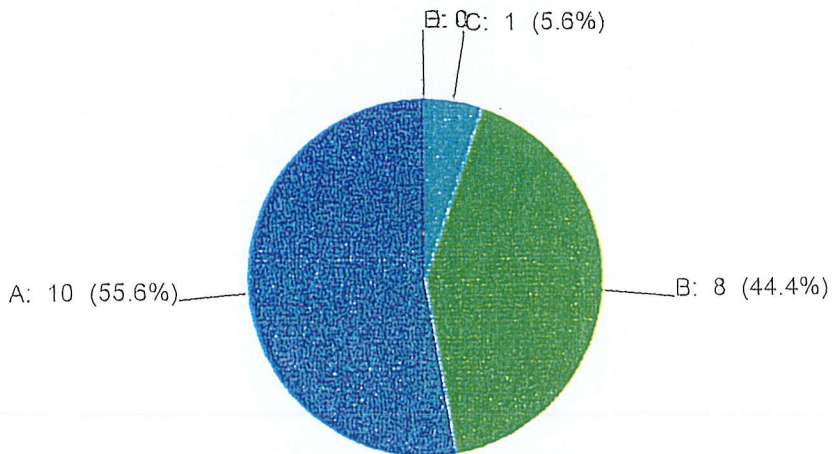
I feel I am treated differently because of my abilities.



- A: Strongly agree
- B: Agree
- C: Uncertain
- D: Disagree
- E: Strongly disagree

13. Concerns

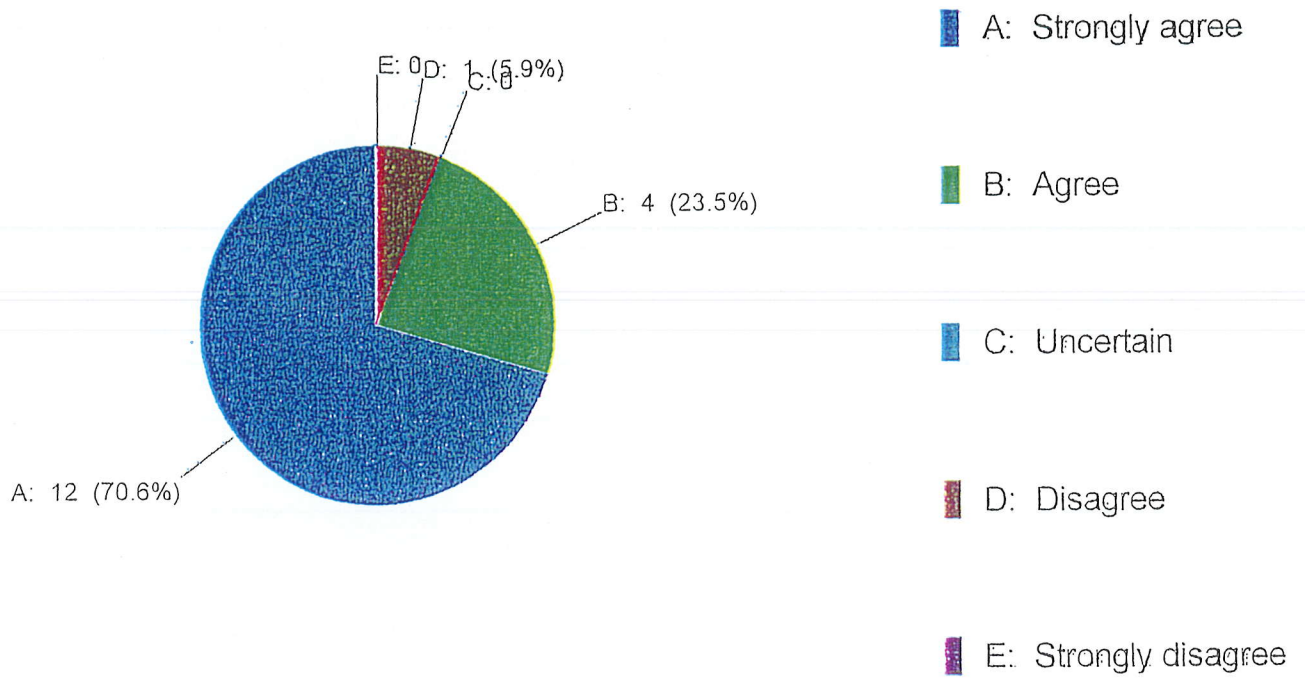
If any part of my care concerns me; I can talk about it.



- A: Strongly agree
- B: Agree
- C: Uncertain
- D: Disagree
- E: Strongly disagree

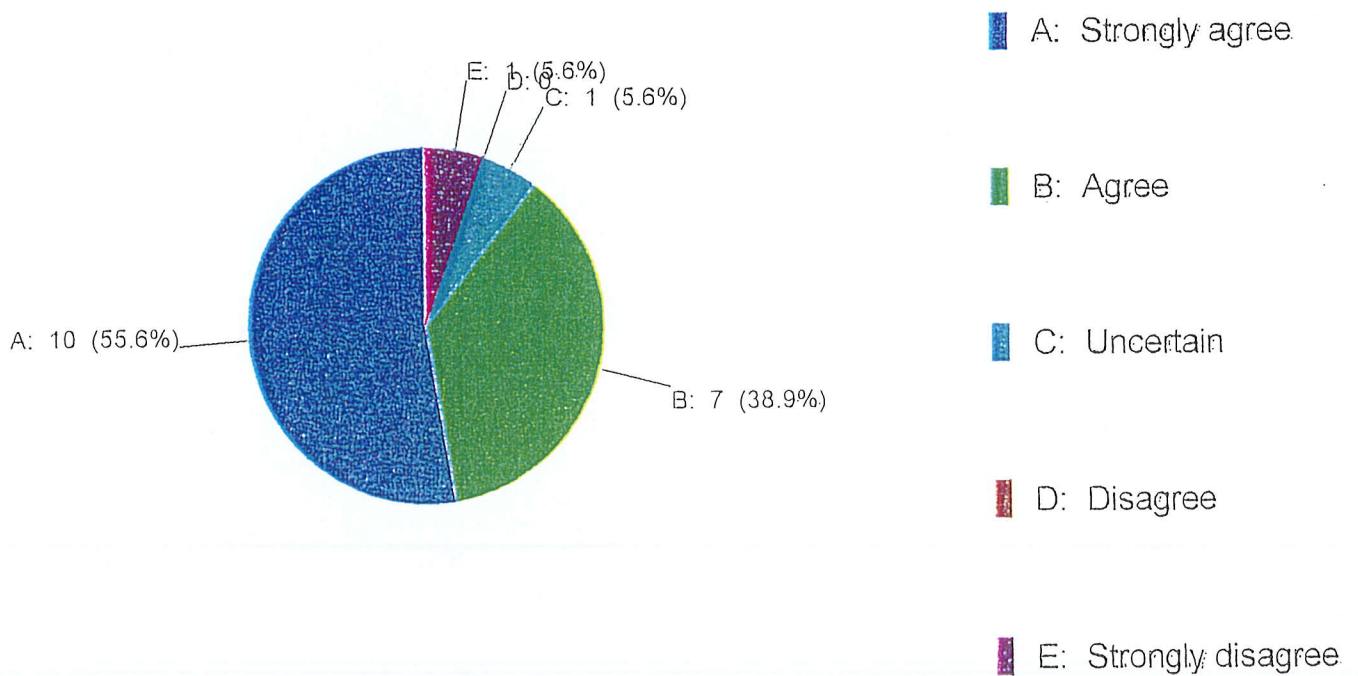
14. 'Off days'

The people who look after me understand I have "off days".



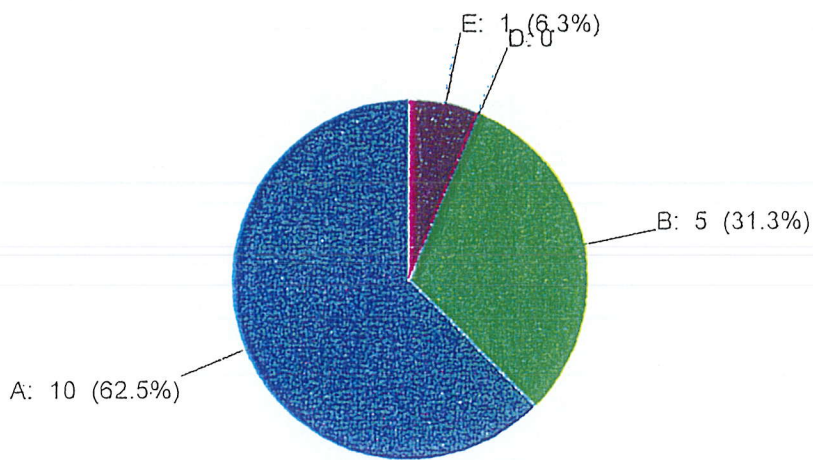
15. Happy or grumpy:

My care is the same whether I am grumpy or happy.



16. Body language

My carers are aware of how they sit or stand when speaking to me.



A: Strongly agree

B: Agree

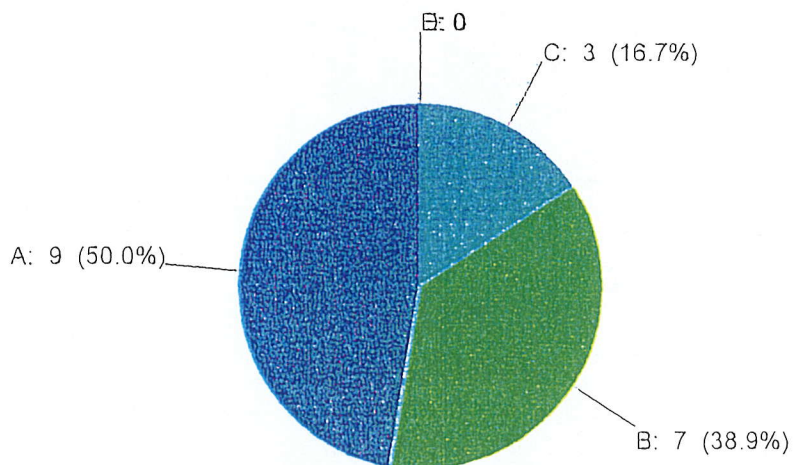
C: Uncertain

D: Disagree

E: Strongly disagree

17. Expressions

My carers are aware of the facial expressions they use when talking to me



A: Strongly agree

B: Agree

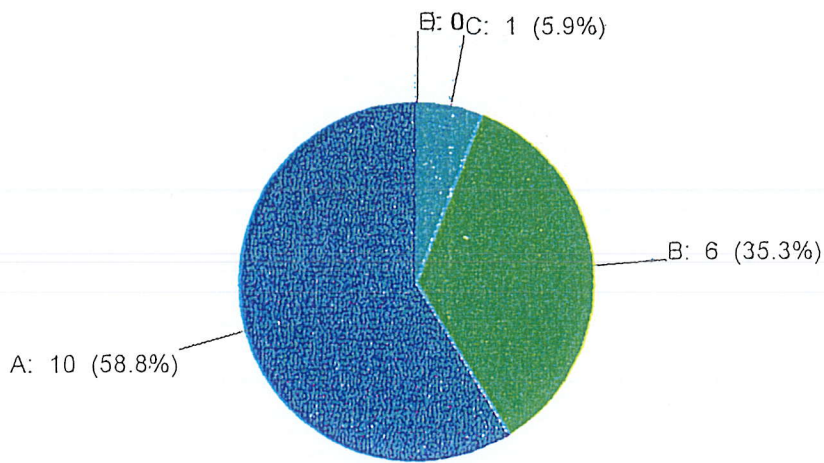
C: Uncertain

D: Disagree

E: Strongly disagree

18. Attention

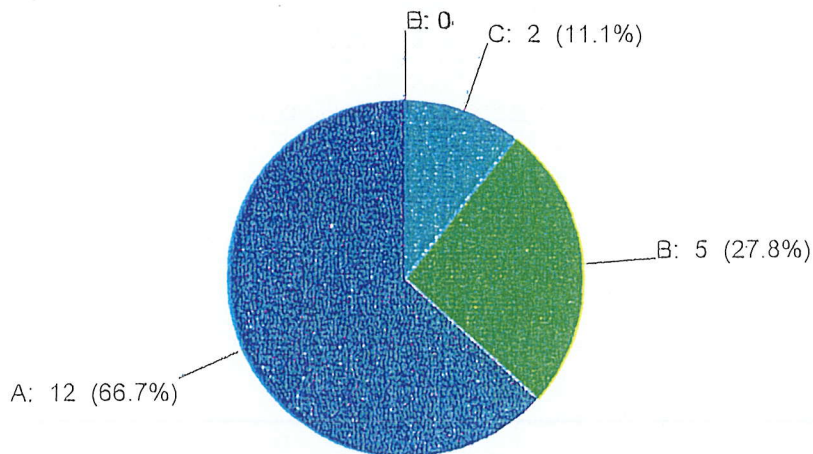
My carers pay attention to me.



- A: Strongly agree
- B: Agree
- C: Uncertain
- D: Disagree
- E: Strongly disagree

19. Unwell

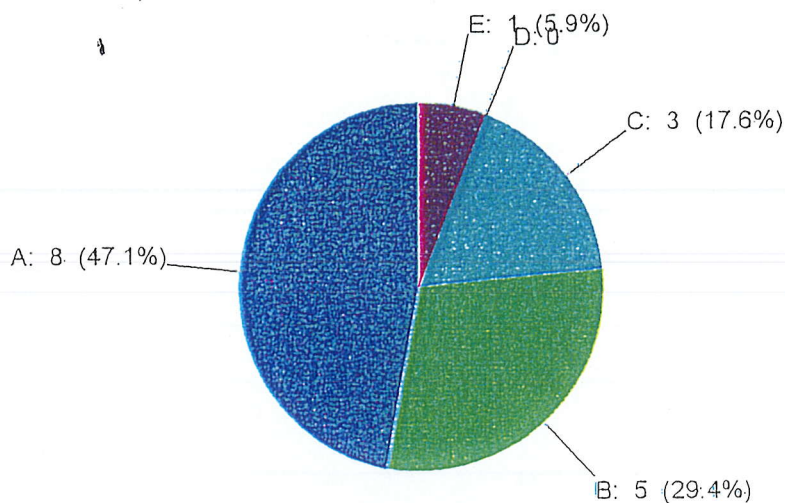
My carers notice when I am feeling unwell.



- A: Strongly agree
- B: Agree
- C: Uncertain
- D: Disagree
- E: Strongly disagree

20. Unhappy

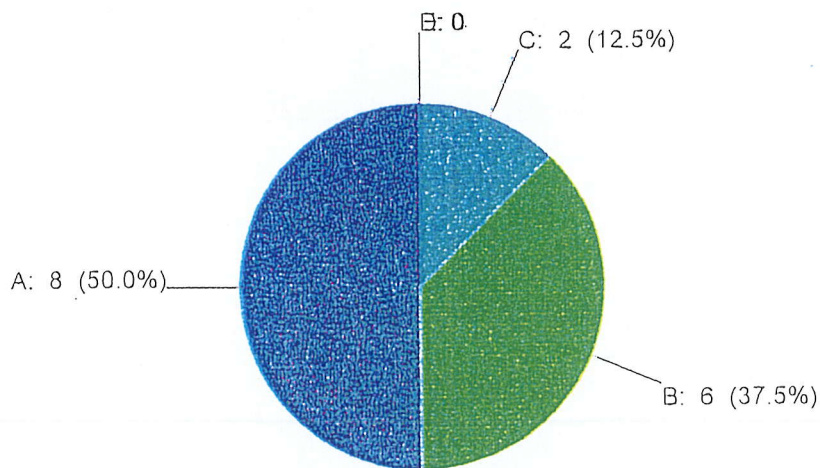
My carers notice when I am feeling unhappy.



- A: Strongly agree
- B: Agree
- C: Uncertain
- D: Disagree
- E: Strongly disagree

21. 'Carer's feelings

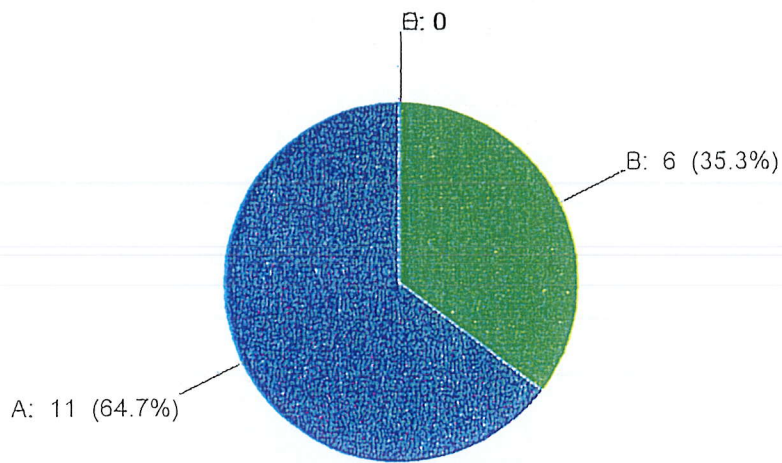
My carers do not make me responsible for their feelings.



- A: Strongly agree
- B: Agree
- C: Uncertain
- D: Disagree
- E: Strongly disagree

22. Carer's own feelings

My carers keep their feelings to themselves.



A: Strongly agree

B: Agree

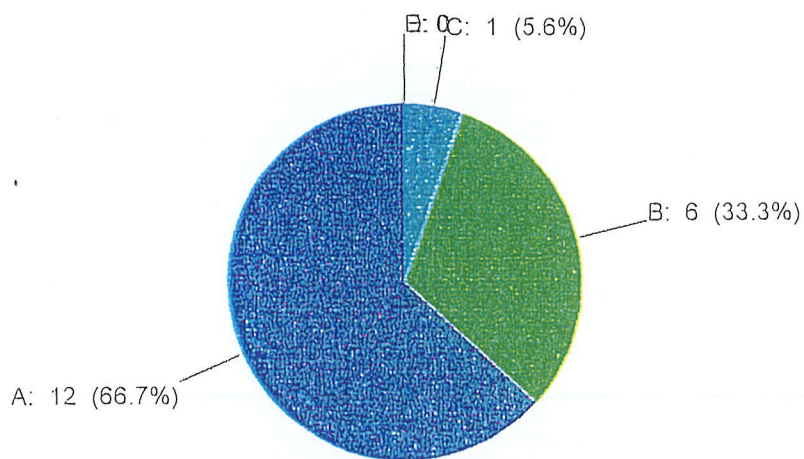
C: Uncertain

D: Disagree

E: Strongly disagree

23. Changes

I feel I can talk to my carers about changes in my care



A: Strongly agree

B: Agree

C: Uncertain

D: Disagree

E: Strongly disagree

24. Changes

My carers talk to me about changes in my care.

c. Quantitative Date

Promoting Independence, Level 3

To achieve this award, a candidate must achieve all 5 mandatory unit, plus 7 option units, at least 3 of which must be chosen from Option Group A. (Up to 7 units can be chosen from Group A, if appropriate.)

Mandatory units:

- O2 Promote people's equality, diversity and rights
- CL1 Promote effective communication and relationships
- CU1 Promote, monitor and maintain health, safety and security in the workplace
- SC8 Contribute to the development, provision and review of care programmes
- Z1 Contribute to the protection of individuals from abuse

Option Group A

- CL2 Promote communication with individuals where there are communication differences
- CU5 Receive, transmit, store and retrieve information
- CU9 Contribute to the development and effectiveness of work teams
- NC8 Enable individuals and families to address issues which affect their health and social well-being
- SC1 Contribute to the assessment of individuals' needs and the planning of packages of care
- SC3 Contribute to the monitoring and review of care packages
- SC14 Establish, sustain and disengage from relationships with clients
- W1 Support individuals in developing and maintaining their identity and personal relationships
- W5 Support clients with difficult or potentially difficult relationships
- X2 Prepare and provide agreed individual development activities for clients
- Y2 Enable individuals to find out about and use services and facilities
- Y3 Enable individuals to administer their financial affairs
- Y4 Support individuals in undertaking health care
- Y5 Assist individuals to move from a supportive to a more independent living environment
- Z2 Contribute to the provision of advocacy for individuals
- Z7 Contribute to the movement and handling of individuals to maximise their physical comfort

Option Group B

- CL3 Promote communication with others through the use of interpreting services
- CL4 Arrange and evaluate translating services
- CL5 Promote communication with those who do not use a recognised language format
- CL6 Promote communication through physical contact
- CL7 Promote communication and the development of relationships with individuals who lack development of social understanding and imagination

- CL8 Promote communication through the use of technology
- CU2 Prepare and maintain environments for clinical procedures
- CU7 Develop one's own knowledge and practice
- NC1 Enable individuals, their family and friends to adjust to and manage their loss
- NC2 Enable individuals, their family and friends to explore and manage change
- NC4 Support inter-disciplinary teams in delivering individualised programmes of care to clients
- NC9 Represent individuals' and families' interests when they are not able to do so themselves
- NC10 Contribute to developing and maintaining cultures and strategies in which people are respected and valued as individuals
- NC11 Contribute to the planning, implementation and evaluation of therapeutic programmes to enable individuals to manage their behaviour
- SC6 Support individuals to present their own needs and interests
- SC7 Contribute to the establishing and running of mutual support networks
- SC9 Enable one's own family and networks to support care services
- SI1 Enable a sensory impaired client to navigate within an environment (*Sensory Impairment*)
- SNH3U3 Promote the needs and rights of client groups in the community (*Special Needs Housing*)
- W4 Assist in the provision of environmental and social support to clients and carers in the community
- W8 Enable individuals to maintain contacts in potentially isolating situations
- X13 Undertake agreed clinical activities with clients whose health is stable in non-acute care settings
- X14 Prepare equipment for, and support clients during, occupational therapy
- X15 Assist clients to develop self and environmental management skills
- X16 Prepare, implement and evaluate agreed therapeutic group activities
- Z6 Enable clients to maintain and improve their mobility through exercise and the use of mobility appliances
- Z8 Support individuals when they are distressed
- Z12 Contribute to the management of client continence
- Z17 Support clients who are substance users
- Z18 Support individuals where abuse has been disclosed
- MCI/B1 Support the efficient use of resources (*MCI*)
- MCI/C7 Contribute to the selection of personnel for activities (*MCI*)
- MCI/C9 Contribute to the development of teams and individuals (*MCI*)

Appendix

A Chronology of events

Audit team	Management group	Participants
<p>WEEK ONE Initial meeting Haigh Hall. Studied workbooks. Conducted literature review re participants and NVQ's. Considered A. Sargent's research.</p>	<p>Initial meeting Haigh Hall; collected NVQ Care level 2 and Promoting Independence level 3 workbooks. Over view of how work would pan out agreed.</p>	<p>Notice of work being done. Work mentioned at briefings at Hunter Lodge .</p>
<p>WEEK TWO Introductions and preliminary assessments. Visited Hunter Lodge. Mike arranged visits to other sites. Mike made introductions to manager at Hunter Lodge as well as other members and how the centre runs. Wrote notes of visits and preliminary observations. Talked with Mike about NVQ performance indicators and how to approach them with participants.</p>	<p>Introductions and knowledge gaps analysis. Supervision and support arranged for audit team.</p>	
<p>WEEK THREE Getting to know you; familiarisation techniques; blending in; learning about the timetable and organisational culture. Met with Mike at Hunter Lodge ; went through notes of last visit; agreed direction of visits to other sites and managers. Talked</p>	<p>Research and production of materials re knowledge. Confirmation of organisational culture and protocols for participation eg Will material be confidential? If so to whom and to what extent? Is there a need to action any material? Met with</p>	<p>Introductions. Test abilities of participants. Identify levels of involvement to date – how much are they involved in the running of the site, if at all? Are they visibly participative? Are they marketed as participative? What decisions are they involved in – if at all and to what</p>

<p>with Mike about responses of managers to work. Issues raised were noted down in detail. Copies typed, read signed and dated by audit team. It was agreed that issues raised would be advocated.</p>	<p>managers of other two sites.</p>	<p>extent. Sat in on briefings at Hunter Lodge. Talked with support workers at Hunter Lodge about their work.</p>
<p>WEEK FOUR Creating a structure of communication and support. Identifying initial blocks. Went through notes of meetings with managers. Considered the physical qualities of the sites. Exploring the effects of blocks and barriers. Reappraising the site. Reality check – to what extent does the site proscribe the work? Decided Hunter Lodge should be the site at which based. Made presentations at Hindley and Brookfield.</p>	<p>Negotiate the possibility of management support to overcome blocks and barriers. Supervision and support.</p>	<p>Appraise and evaluate participants current involvement. Consider if emancipatory and self-help techniques are challenging within the organisational culture. Reality check as to the extent which the work can be emancipatory and empower the participants. Do not contract to do what you know you cannot.</p>
<p>WEEK FIVE Putting in place the channels of communication and support. As appropriate - change the site , if this is an option. Record any responses to requests to change site, support with barriers , how they are received; to what extent are they responded to. Mike arranged dates for</p>	<p>Report as to progress.</p>	<p>Present the work to be completed. Familiarise participants with the audit team and the process as proposed.</p>

presentations about work at Brookfield and Hindley. Made presentations at Hindley and Brookfield; spent day at Hindley.		
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Made presentations at Hindley and Brookfield. Noted responses of participants. Wrote detailed notes of participant's material from Hindley.		
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WEEK SIX	Supervision & support.	Saw participants separately and individually at Brookfield. Agreed notes of what said on spot. Typed notes and agreed to sharing them at next meeting.
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WEEK EIGHT Letters drafted, printed and sent from IT suite Hunter Lodge.		Went to Brookfield ; participants did not attend. Wrote to participants at Brookfield about future availability. Wrote letters from IT suite at Hunter Lodge with Mike. Isabel (volunteer) helped. Had lunch at Hunter Lodge.
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Attended briefing Hunter Lodge.		Sat in computer room chatting to people and making introductions, explaining work and discovering what they were doing.
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WEEK NINE attended briefing Hunter Lodge. Introduced myself at briefing and Mike	Supervision and support.	
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talked about work.		
Prepared presentation for Hunter Lodge. Presented presentation with Mike. Read back verbatim notes. Typed up notes in IT suite. Mike copied and circulated ground rules.		Concentrated on serving of food in discussion groups.
WEEK TEN Prepared Hunter Lodge meeting re independence. Discussed meaning of independence and different levels of involvement with NVQ's.		Meeting re independence. Some members more vocal than others. Individual work with members on statements.
Meeting Hindley Day Centre. Discussed ground rules, purpose of research and ethics re confidentiality, permission and reporting. Wrote up notes of Hindley meeting with Mike.	Raised blocks and barriers with managers and identified solutions. Agreed roles and responsibilities; channels of communication and reporting.	Identified blocks and considered how to deal with them. Set provisional date for exchange. Had to fit in with trips, hair dressing days, foot treatment etc.
Meeting about wording of questionnaire. Decided against a questionnaire and for a series of statements.	Agreed roles and responsibilities for exchange day. Transport to be organised by managers.	Drafted first version of statements in IT suite a Hunter Lodge with assistance of various members.
WEEK ELEVEN Reviewed meetings completed so far. Considered personal contributions and role of staff in supporting research. Thanked staff for their support.	Talked with managers at Hunter Lodge about exchange day.	Meeting at Hindley Day Centre about independence and part played in running of centre. Introduced exchange day.
WEEK TWELVE Gave list of current participants wanting		Prepared draft statements. Agreed amendments ;

<p>to attend exchange day to Mike. Mike invited people to exchange day. Prepared flyer for day. Mike circulated flyers. Agreed outline of day. Breaks and how to manage discussions.</p>		<p>copied final draft in preparation for exchange.</p>
<p>WEEK THIRTEEN Visited Hindley and Brookfield to remind people of exchange day. Mike rang round to remind people to attend and mentioned in briefing meetings.</p>		
<p>WEEK FOURTEEN Held exchange day. Discussions continued after the day. Following day – debrief and immediate thoughts. Issues raised re staffing levels and responsibilities of staff.</p>	<p>Led materials for exchange with Mike.</p>	<p>Participants completed statements and held one to one discussions. Took notes from some of the discussions.</p>
<p>WEEK FIFTEEN Drafted first findings from statements. Considered responses. Consulted re anonymity; decided as much as possible. Thank you letters to participants and request for permission to use photos unless withdraw consent.</p>	<p>Thank you letters and calls made to managers.</p> <p>Names and addresses of participants sent with consent to Training Officer for payment of ex gratia fee.</p>	<p>Chocolates and flowers shared at Hunter Lodge.</p>
<p>WEEK SIXTEEN Perused photos and materials from participants evaluation of research. Wrote up</p>		<p>Worked in IT suite Hunter Lodge with members and volunteer in reproducing photos.</p>

data re evaluation.		
WEEK SEVENTEEN Began to process data from statements. Writing up data.	Supervision and support. Data and materials shared.	
WEEK EIGHTEEN Writing up data from exchange day.	Meeting of NVQ management board.	
WEEK NINETEEN Meeting of support group. Mid-term review. Credit given for tenacity of audit team members; particularly Mike.	Date provisionally set for participant presentation taking into account Wigan Wakes, summer breaks and staffing. Managers agreed to make Haigh Hall available following participant requests.	
WEEK TWENTY Writing up of qualitative and quantitative data.	Confidential meeting re data ; verbatim notes disclosed. Queries made had not been as anticipated.	
WEEK TWENTY ONE First draft copied to audit team.	First draft copied to managers.	
WEEK TWENTY TWO Meetings to study first draft. Comments invited. Clarification re anonymity of sources sought. Took information about CAB and Add a Voice.	Comments on first draft invited. Amendments agreed and made.	Spent time at Hunter Lodge talking to members about format of presentation at Haigh Hall. Some members began to do own statements for presentation. Worked with them individually. Some members shared aspirations re advice line for people with disabilities.
WEEK TWENTY THREE	Support and supervision.	
WEEK TWENTY FOUR Preparation	Preparation of report for presentation.	Shared findings with members at Hunter

of materials for presentation. Explanations given re report and it's layout.		Lodge worked on materials for presentation.
WEEK TWENTY FIVE Prepared timetable of activity for presentation.	Agreed outline timetable.	
WEEK TWENTY SIX Visited centres and checked with contributing participants what their contributions were. Informal carers were to included.	Began to explore possibility of involvement with the University in presentation of data.	Final adjustments made to presentations and preparations.
WEEK TWENTY SEVEN Participants presentation at Haigh Hall.	Managers met and debated with participants strengths and weaknesses of participative approach.	Participants presented data re independence, the exchange; their part in the process and reflections on it. Participants received certification of their participation.

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