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**Corresponding author:** Joy M Rooney<sup>1,2</sup>,

<sup>1</sup>IMPACT, Allied Health and Community, University of Worcester, Worcester WR2 6AJ  
07918603049 [j.rooney@worc.ac.uk](mailto:j.rooney@worc.ac.uk)

<sup>2</sup>Worcestershire Health and Care NHS Trust, Kings Court 2, Worcester, WR5 1JR  
[joy.rooney@nhs.net](mailto:joy.rooney@nhs.net)

<https://orcid.org/0000-0002-0985-7479>

**Co-author:** Peter F. Unwin<sup>3</sup>

<sup>3</sup>Allied Health and Community, University of Worcester, Worcester WR2 6AJ  
01905 855126. [p.unwin@worc.ac.uk](mailto:p.unwin@worc.ac.uk)

# Service user and carers' views of best practice in student selection at an English University

## ABSTRACT

Service users and carers' (SUACs) inclusion in student selection days at English universities is accepted as standard practice, since such inclusion is mandated by a range of professional health and social work regulators. However, SUACs' voices are little heard; this study addresses this knowledge gap for the first time. Student selection research was co-produced by a member of an English university's SUAC group and an academic. A qualitative, semi-structured interviewing approach was undertaken with SUACs (N=10/14) involved in selection days across social work, nursing, associate nursing, occupational therapy, physiotherapy, paramedicine and physician associate disciplines. Thematic analysis was employed resulting in four main themes-expected contributions of SUACs; perceived: benefits; challenges; and suggestions for areas of improvement. Sub-themes included: perceived benefits and challenges for students, staff and SUACs, respectively. Within these, a rich tapestry demonstrated the ability of SUACs to 'professionally' undertake their selection duties by providing realistic insight to candidates into what they might expect working with SUACs, while discerning some candidates' limitations, for example, emotional strength and personality. Most SUACs thought that their inclusion was valuable and valued, however, they saw much room for improvement in the transparency and logistics of processes; also perceiving and empathising with the challenges faced by academic staff. Greater reintegration into the planning, delivery and decision making for candidate selection was desired by SUACs, which was perceived to have diminished over time due to a need to increase student numbers. Recommendations are made which may be relevant to other HEIs and professional regulatory organisations.

KEYWORDS Service users and carers; student selection; student recruitment; health and social care

## Introduction

### Background

SUACs are people who experience health and social care either for themselves, or in respect of the person/people they care for. They, or the person they care for, may have single or multiple disabilities, for example, mental health, sight and/or hearing impairment, physical conditions and those that affect mobility. In some cases these people were once nurses or social workers prior to caring or disability. Others, also SUACs, have a genuine interest in making a difference to how health and social care are taught, and practiced base on their experiences and may have an academic background or otherwise. This is also referred to as people with lived experience.

SUACs' input into university health and social care courses in the UK are mandated by the regulatory professional organisations (nursing and nursing associates-Nursing and Midwifery Council 2018a; occupational therapy/physiotherapy and paramedics-Health and Care Professions Council 2017; social work-Department of Health 2002 and The International

Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW) 2020). Physician associates' courses at this university follow the requirements of the Faculty of Physician Associates which is part of the Royal College of Physicians (2020); SUACs' involvement is recommended but not mandated. Within all these learned professional bodies, information on SUAC-involvement in student selection, even where mandated, in social work is defined as '...with active involvement of practitioners and service users in relevant processes' (IFSW and IASSW 2020), nursing as '[SUACs] engaged in partnership in student recruitment and selection' (Nursing and Midwifery Council 2018b), and occupational therapy, physiotherapy and paramedics as 'SUACs must be involved in the programme' (Health and Care Professions Council 2017) leading to a plethora of interpretations by higher education institutions (HEIs).

During 2005, a conference in Vancouver, Canada: 'Where's the patient voice in health professional education?' brought together 240 health professionals worldwide to identify the state of patient involvement in education, identify emerging issues and future directions. Ten years later a second conference was held to examine progress: '10 years on: Where's the patient voice in health and social care professional education' The conference committee worked toward production of a statement, the 'Vancouver Statement' - that would set the agenda for the next five years, and serve as a resource for participants in their own institutions and organisations. The conference was attended by 250 delegates from 16 countries and representing all of the major health disciplines, including the authors of this article. Most were educational leaders or practitioners; just over 20 percent identified themselves as patients or community members (Towle et al. 2016).

This international statement on SUACs included a section relevant to student recruitment in a five year action plan – '5.4 [to] Introduce the patient's voice initiatives to learners as early as possible, and sustain them throughout the educational continuum, including selections processes, curriculum and assessment' (Towle et al. 2016 p. 22). The Vancouver statement influenced current research, together with ideas from the SUAC group at this university.

SUAC-involvement in student selection, whether tokenistic or co-produced with full involvement in decision making, is reviewed in Unwin and Rooney (in press), where the views of university lecturers involved in student selection are discussed. Within the university researched, each health and social care course (social work, nursing, nursing associates, occupational therapy, physiotherapy, paramedicine and physician associates) selects students using their own criteria and include SUACs to varying extents (Unwin and Rooney in press). Essentially, SUACs are expected to score according to that discipline's criteria during 'face-to-face', individual or group exercises and role plays, also involving academic staff and practitioners. SUACs have a final say in which candidates are successful in occupational therapy and physiotherapy courses where they sit on formal interview panels. None of the disciplines use SUAC weighted scores to determine whether or not candidates are successful.

At the University of xxxx there is a group of 40 SUACs, 14 of whom are trained to carry out student selection, in partnership with lecturing staff and practitioners. A proportion of these

(10/14) volunteered to be interviewed by a SUAC known to them (although not as a student selection colleague) and an academic member of staff also known to them.

This study redresses an absence in the literature, by demonstrating, for the first time, SUACs' voices in selection of students across health and social care disciplines (social work, nursing, nursing associates, occupational therapy, physiotherapy, paramedicine and physician associates) at a single university. SUACs' perceptions of the benefits and challenges to potential students during selection days were evident as were the challenges of staff and SUACs to engagement in such selection days. SUACs believed they complemented the selection team by providing a focus to potential students for those in receipt of healthcare services. They provided realistic insight into what potential students might expect working with SUACs at this university, while discerning some candidates' limitations, for example, emotional strength, incompatible personality type and from a sheltered background. Through 'face-to-face' interactions SUACs were able to assess soft skills, for example, compassion, empathy, care and courage demonstrated by potential students. SUACs' multiple challenges were also considered in detail. Greater reintegration into the planning, delivery and decision making for candidate selection was desired by SUACs, which was perceived to have diminished over time due to a need to increase student numbers. All challenges will be addressed and practical examples are given.

### Literature review

Vandrevala et al. (2007) aimed to discover the views of SUACs pre- (N = 6) and post- (N = 4) involvement in selection of mental health clinical psychology students during a discussion-based task, through semi-structured focus groups. Such views were sought in terms of potential benefits, problems, impact of involvement, and expectations/experiences. Their findings were in terms of a concern of tokenistic use of SUACs in this national initiative; whether candidates had the potential to see a 'whole person'; and that SUACs experiences are normalised and empowered by being able to challenge stereotypes and work more collaboratively with university staff. Post-selection SUACs spoke about being able to distinguish candidates with good communication skills; sharing of candidates' personal experiences during selection was also mentioned as being important and that SUACs and academics worked side by side

Since Matka et al.'s (2010) detailed SUACs' involvement research regarding social work and clinical psychology student admissions, more professional bodies have mandate the inclusion of SUACs in this process (nursing and nursing associates-Nursing and Midwifery Council 2018a, occupational therapy/physiotherapy and paramedics-Health and Care Professions Council 2017; social work-Department of Health 2002). Matka et al. (2010) demonstrated, in a single university study, that social work interviews benefited from the interpersonal skills SUACs were able to assess from earlier involvement and agreement of questions and model answers. From a questionnaire with 21 responses from SUACs, they were able to demonstrate SUACs are uniquely sensitive to, and therefore more able to assess, applicants' attitudes and abilities. A values based argument as to having a right to be there was also highlighted. In addition, SUACs believed they personally benefitted 'People

talked of gaining confidence, a feeling of being heard and valued, of gaining knowledge and insight, or of gaining practical skills.' (Matka et al. 2010 p. 2148). In social work selection, there was occasional dissent between interview panel members, and a mechanism to alleviate this through an admissions tutor reaching the final decision outside the panel was employed. It was recommended that a SUAC was introduced as part of the interview panel to a candidate. In addition, it was thought that during clinical psychology selection, SUACs had less involvement, only interacting with candidates, possibly being introduced, and not being part of interviewing; however, it was stated that they received greater levels of respect and equality.

Rhodes and Nyawata (2011) demonstrated, during a semi-structured focus group of four SUACs involved in interviewing nursing students in a pilot study with an academic and practitioner present, that SAUCs bought 'a taste of reality' to the process, which they enjoyed while also developing their personal skills. They were also involved in final decision making of successful candidates, which was not without some areas of disagreement, although it was thought that SUACs did not wish to be contentious in their views.

Service users with learning disabilities (N = 6) gave informed consent to agree eight qualities necessary to fulfil a staff role in their service (Hurtado, Timmins and Seward 2012). Two different service users utilised the resulting checklist to interview a number of candidates for 15 minutes each following a 40-minute interview by staff from the service. Following all interviews, a planned 40-minute meeting to share and discuss the day was represented by the service users' facilitators due to service users' tiredness, discussing their scores; there was no disagreement and a suitable candidate was appointed.

In 2013, Robinson and Webber reviewed SUAC models and involvement in social work education. For recruitment they highlighted how SUACs are involved in the selection of social work students: suggesting questions to include in admissions interviews (Anghel and Ramon, 2009); and interviewing applicants (Baldwin and Sadd 2006; Matka et al. 2010). While some felt it was important to be involved in the process, other SUACs reported that they did not feel well-enough informed, or it was not their role to be involved in the selection of students (Fitzhenry 2008 cited in Robinson and Webber 2013 p. 937).

Also, Lyon et al. (2013) made a theoretical comparison between measures of emotional intelligence in nurse recruitment, for example, questionnaires. They concluded that SUAC-involvement in selection was more likely to distinguish candidates' care and compassion than that of such questionnaires. Richardson et al. (2013), at the same higher education institution, demonstrated, over three years, that an operating department practitioner programme benefited from SUACs' involvement in interviewing candidates, along with an academic and practitioner. SUACs developed a scenario based on their lived experience of health and social care systems to use during each interview and all were able to observe how a candidate reacted to the SUAC (one of seven from a pool) in terms of their interpersonal and communication skills. SUACs were enabled to discuss their scores to reach a consensus at the end of each of ten interviews per selection day. In addition, they were invited to a review of all students interviewed to observe which were offered places. SUACs reported feeling valued and making a difference to the interview process.

Rouse and Torney (2014) employed a questionnaire, responded to by four out of eight SUACs, involved in nurse selection. This small sample agreed that SUACs' involvement was appropriate and beneficial in that it enhanced and improved the selection process; there was no dissent in the decisions made.

Rooney, Unwin and Osborne (2016) suggested SUACs' perceived impacts on the quality of students recommended for admission across social work and related courses, emphasising the contribution they made to an assessment of soft skills due to their lived experience.

Cree et al. (2018), using a non-social worker researcher, interviewed SUAC groups from three Scottish universities; some thought they should be involvement in student selection while others did not, due to their perceived belief of a necessity for specialist knowledge. Two types of involvement emerged: those producing questions and scenarios for use in staff interviewing, and those assessing written feedback and/ or scenarios. SUACs believed they were able to identify qualities that make a significant difference, for example, in knowing what would comfort and provide reassurance to a carer.

Heaslip et al. (2018) interviewed SUAC (N = 9) who were involved in assessing candidates in a group activity using 'values-based recruitment', also containing a nursing academic and a practitioner. An agreed final score between all was made, after independent scoring following each group activity. SUACs thought 'they looked beyond the academic ability of the candidates and instead focused upon the human aspects and qualities that they wanted from nurses that they had come in to contact with as patients' (Heaslip et al. 2018 p. 109). The impact of SUACs' involvement was in terms of personal development and commitment, with increasing confidence, despite finding selection sessions exhausting. A further theme was 'working together' and SUACs thought that they were a voice for other vulnerable people.

All the above SUACs' views involved 'face-to-face' interactions with potential students which might be seen as best practice, 'gold standard'. Although there is use of SUACs in student selection which might be considered tokenistic, or second-best such as the use of videos. Such methods were reported by O'Boyle et al. (2012) for nursing students, and by McGraw et al, (2018) for public health nurse students. Without greater prescription from regulatory bodies, these tokenistic exercises may continue to fulfil requirements and are cost saving because SUACs are paid for the time they spend during 'face-to-face' selection days.

## Methods

### Design and setting

The research was co-produced from conception to write-up, the university's SUAC group having raised initial interest in the topic. A member of the SUAC group and an academic staff member subsequently led the research, using the SUAC group as a reference point as the study progressed. Both researchers have many years of research experience and had previously worked together on the successful co-production of research. Ethical approval was gained from the university and the standard set of information, consent forms and details of withdrawal and anonymity/confidentiality were given to participants. Closed and

open interview questions were drawn up asking technical questions about working in university selection days with academic staff and practitioners. The semi-structured interview questions are listed below:

- How long have you been involved in student selection for students in which disciplines?
- How do the selection processes differ between the various courses and disciplines for potential students?
- What are you expected to contribute to your selection panels?
- Do you perceive potential students benefit in any way from SUACs being present during selection panels?
- Do you perceive any disadvantages to potential students?
- What do you feel you benefit and achieve by being included in student selection?
- Are there any challenges and barriers limiting your involvement in student selection?
- Are there any ways in which SUACs' involvement could be improved/expanded in student selection?

All SUACs (N = 14) involved in the recruitment in health and social work departments in the university were contacted by e-mail explaining that volunteers were needed to take part in semi-structured interviews exploring the ways in which SUACs were deployed across the disciplines. Most SUACs readily volunteered to be interviewed, ten were available and a timetable drawn up; others were not for a variety of reasons, including health and caring responsibilities. While ten participants may be seen as a low number to interview, it is a number comparable with other qualitative studies (Heaslip et al. 2018 N = 9; Hurtado et al. 2012 N = 6; Rhodes and Nyawata 2011 N = 4; Rouse and Torney 2014 N = 4; Vandrevalla et al. 2007, N = 6 and N = 4), all of which produced rich findings.

## Analysis

Interviews were audio-recorded and transcribed professionally verbatim before being independently thematically analysed (Braun and Clarke 2006) by both researchers. This approach is concerned with identifying all data that seems to exemplify the same issue with a similar coding. Therefore each researcher independently drew up two sets of initial, line by line codings. Ninety-seven pages of combined SUACs' transcripts were read, re-read, coded, linked, cut into multiple selections, redefining themes, summarised and counted. The resulting sections were then further explored iteratively by both researchers until the final stage of integration and interpretation, with consistent and overarching four themes, sub-themes with quantitative counts of categories emerging, as agreed by both researchers.

## Results

The range of experience of SUACs for selection interviews days was between 0.75 and 7 years, with a mean 3.8 and median of 4 years. All ten SUACs were involved in social work



and nursing recruitment, with eight in paramedics, five in occupational therapy and physiotherapy, four in physician associates and two in nursing associates.

Two SUACs commented on their involvement in these research interviews, one positively while the other said they would have preferred the nine semi-structured questions in advance. This was explained with reference to the participation information sheet and the research design which was looking for discussion around the topic, rather than expecting any 'right' or 'wrong' answers.

Four main themes emerged: expected contributions of SUACs; perceived: benefits, challenges, and suggestions for areas of improvement. Sub-themes included: perceived benefits and challenges for students, staff, and SUACs respectively.

### Expected contribution

While SUACs were expected to contribute individually, performing role plays, assessing group exercises and sometimes being involved in interviews; there were marked differences between disciplines in their selection days. In almost all cases the six Cs (care, compassion, competence, communication, courage and commitment) were assessed and scored individually by all participants with a resulting amalgamated unweighted score being used to determine a potential student's selection success.

A few SUAC group members involved in recruitment were from nursing (1), social work (2) and paramedicine (1) backgrounds. Two SUACs believed good training resulted in identifying, and not using individual bias to sway scoring. SUACs' perceived skills included empathy (3), care (3), compassion (3) and courage (1). Lived experience of healthcare systems (7) was thought to be highly relevant:

...maybe to give a reminder that they'll be dealing with people, and that it's a people focused profession. SUAC2

That does not preclude academics and practitioners also having similar experiences and insights to SUACs about healthcare services. However, it is the role taken by the selection team, as perceived by potential students on the day that is important, be it SUAC, academic or practitioner.

..we're receivers of services, so know what works, what doesn't work....academics...practitioners could be looking for something in particular, but we are the ones who are going to be receiving services. So we bring something completely different to the process SUAC7

Two SUACs reported that involvement in recruitment appeared to have declined in some disciplines, for example, a greater number of selection day tasks were introduced.

*Commentary*-The recent lived experience of healthcare services from a pool of SUAC-recruiters will often be over and above that of their academic/practitioner counterparts, thus their trained perceptions of soft-skills will complement those of academics and practitioners.

### Perceived benefits

## Students

SUACs (5) volunteered perceived positive student feedback overall for the inclusion of SUACs as listed below:

- Selection process at the university of xxxx good with SUACs no matter which course (1)
- Really good role plays (1)
- Positive curiosity about further SUACs' involvement (1)
- Very beneficial (1)
- Dismissing roleplay as unimportant because this person stated he had no ability (1)

All SUACs (10) believed being involved in student selection was of benefit to potential students. A list of categories occurs below:

- There from the beginning of their student journey (2)
- Provide a real experience (2)
- Insight into what they might expect working with SUACs – both type of disability and communication skills needed (2)
- To enable potential students gain confidence (1)
- Shaping the next generation of healthcare professionals (1)
- Provide a different slant to an academic (1)
- Ability to concentrate on the person and not how they are dressed (1)
- Provide the vocational element in these academic courses (1)

*Commentary*-Through feedback received from potential students and SUACs' perception of potential students' benefits of being present during selection, their real presence during the whole student journey will provide insight into what they might expect working with SUACs at the university of xxxx

## SUACs

All those SUACs (5) involved in occupational therapy and physiotherapy selection believed that they benefitted from equality and co-production with academics/practitioners during selection days.

SUACs recognised that their professional and personal development had benefited. They felt privileged as being part of a University (2) and found it fruitful (1), had developed as a person (2), found selection interesting (1), were giving something back (2), increased confidence to communicate and seek support (1). Many also enjoyed (7) and thrived (1) on their recruitment experiences.

It's just been quite a nice experience to have been involved and, you know, its developed me as a person and I've learnt things that I may not have been aware of and stuff. So I think overall it's been quite a fruitful thing to do.

Well I feel privileged to be involved in it I have to say, and it is very, I don't want to say entertaining, that sounds like the wrong word. But I enjoy it. SUAC5

*Commentary*—The above findings suggest wide-ranging perceptions of overall benefit to SUACs' involvement in selection days. Many are not previously described in this detail in the literature.

## Perceived Challenges

### Potential students

Four SUACs believed there were no challenges, while others that were perceived are identified as listed below:

- Emotional strength - unprepared to see SUACs/not taught role play (8), horrors experienced during placement (1)
- 'Personalities' of potential students - scared (2), empathy removed through working as carers (2), uncomfortable/squirmy (2), shy (1)
- Sheltered upbringing (3)
- Introduced as a SUAC by academic, saying a few words, and then needing to interact as a SUAC in roleplay (2)
- Not coping well on the day (1)
- Meeting a SUAC they already know (1)
- Potential student thought SUACs' involvement of no value (1)

*Commentary* – It is not known how frequently 'real' SUACs are currently present during potential student selection across the UK. Compared to other university selection processes, these potential students may seem disadvantaged, given that this may be the first time they ever have spoken to people with SUAC backgrounds. However, SUACs were able to discern the necessity for emotional strength, personality type and non-sheltered background as being important successful traits.

## SUACs

### Academic/practitioner interviewers

For specialisms other than occupational therapy and physiotherapy, SUACs stated they did not believe there was equality and co-production during selection days with academics and practitioners (6). Sometimes their physical, mental or sensory needs were not recognised (2); they thought they were not useful (2), ignored (2), a spare part (2), disregarded (1), irrelevant to process (1), devalued (1), academics/practitioners too busy (1), out of place and unnoticed (1), forgotten (1) or not involved in interviews (8). Another SUAC (1) stated it varied, and a further SUAC (1) that things had changed over time, notably a reduction in role as selection days were more hurried and complex.

### Logistics

There were 15 perceived challenges by eight of the SUACs, while two said there were none. These are summarised below:

- Training (1)
- Disability: sensory (3); sight (2); hearing (2); mobility (2)

- Time constraints as a carer (1)
- Imperative to have a scribe – usually great response (8)
- Timetabling: sudden room changes (6); sufficient notice (2); arrangements (1)
- Handling frightened potential students (3)
- Working alone during role play (2)
- Frustration when low numbers of potential students attended (2)
- Poor memory (1)
- Keeping up to date with each disciplines’s selection process (1)
- Being assertive with potential students (1)
- Administration/payment (1)
- Getting stuck in a lift (1)
- Time it takes to go to the loo in a wheelchair and length of breaks (1)
- Start/end times (1)

A particular challenge experienced by all SUACs (10) was the volume of potential students and SUACs’ exertion during each selection day:

Yeah, well I did about 30 in one day. I was spinning by the end of it. It’s exhausting. SUAC2

And I have noticed if I’ve done a lot of roleplay by the time you get to the last student, you’re feeling pretty saturated. And I’ve sometimes felt oh I hope that I’ve done that last applicant the best I can, because it can be quite tiring. SUAC9

### Involvement in decision making, feedback and annual reviews

A further challenge was whether SUACs were involved in final decision making which was in the ratio 4:6 against.

Not really, no, because it’s done on scoring. And you put in your scoring and then you don’t know whether they got through or not. Because your bit is only a small part of the process, because they have one-to-one interviews with an academic, they have, or a practitioner. SUAC1

A final challenge centred on no feedback being given to some SUACs (6) during and following selection days for most disciplines. Two SUACs mentioned there was no annual review of selection days, and that any SUACs’ views requested constitute a ‘tick-box exercise’.

*Commentary* – While there are marked improvements since the SUAC voice at this university was consulted about its inclusivity in higher education (Rooney et al. 2016), further change is necessary. In particular, the demands placed on SUACs during full selection days may be unreasonable, whereas authentic equality and co-production in design, implementation and evaluation of selection days were not perceived to be evident for the majority of disciplines, and year on year SUACs’ involvement was perceived to be declining.

### Staff

There was empathy expressed by SUACs for academic coordinators and other staff during selection days, in terms of needing to 'sell their course' in order to gain more students (2), that potential students did not arrive on their selection days (2) and availability of suitable rooms to accommodate SUACs' needs (1).

*Commentary* – There was no bursary available to all healthcare students, excepting those hoping to undertake social work courses, at the time of this research, resulting in greater competitiveness between universities to secure students. In addition, there is a business driver to increase student numbers year on year, due to a managerialist and marketised environment of health and social work qualifying training.

### Areas for improvement

While one SUAC believed that this university had done a good job involving SUACs in student selection, the critique of others generated seven categories as listed below:

- More involvement of SUACs in redesign of recruitment and selection days from the beginning (4)
- Involving SUACs in other selection days in the schools of humanities and community and nursing and midwifery, for example, social care foundation degree, and therefore further training to increase the pool of those SUACs available (4)
- Better administration by all, including rooms–availability/size/noise (3); notice/confirmation period (4); timing (2)
- At start of each academic year hold a training day for all, by discipline (2)
- More time to speak to students/ answer their questions (2)
- Buddy system for SUACs strengthened for newcomers (1)
- Always introduce those from SUAC group as service users and carers and not service users alone (1)

### Discussion

This is believed to be the first study of SUACs' voices in selection of students across health and social care disciplines (social work, nursing, nursing associates, occupational therapy, physiotherapy, paramedicine and physician associates) at a single university. It is linked to another study of staff views of SUACs' involvement in student recruitment in which the quality of involvement was highlighted (Unwin and Rooney in press).

The principles of the Vancouver Statement (Towle et al. 2016), which is part of a world-wide impetus using SUACs' voices in health and social care education underpinned this study. Here, disability and caring responsibilities in SUACs are not seen as barriers to providing a 'real life' viewpoint on the types of potential students and provides 'best practice' during selection days.

In earlier reports, academic and practitioners believed there was a value of including SUACs in selection days (Cree et al. 2018; Heaslip et al. 2018; Hurtado et al. 2012; Matka et al. 2010; Rhodes and Nyawata 2010; Richardson et al. 2013; Robinson and Webber 2013;

Rouse and Torney 2014; Vandrevalla et al. 2007). However, perceived benefits and challenges experienced by potential students being assessed by SUACs in selection processes have not previously been reported in any detail. Both verbal feedback from potential students to SUACs, and perceived benefits to potential students by SUACs, suggested that this was an introduction to their presence during a whole student journey. Beginning with selection, SUACs provide insight into what potential students might expect from working with SUACs at the university of xxxx, including those with different disabilities, improving communication skills, and assisting with confidence building. SUACs' discerning interpersonal and communication skills were seen as important by Matka et al. (2010), Richardson et al. (2013) and Vandrevalla et al. (2007).

The expectations of SUACs' contributions across all disciplines were stated in terms of their ability to perceive compassion, empathy, care, and courage in candidates. Only Lyon et al. (2013) previously mentioned care and compassion in relation to questionnaire-based measures of emotional intelligence. Other authors report on the importance of SUACs bringing soft skills (Rooney et al. 2016) and reassurance to a carer or a staff interview (Cree et al. 2018; Hurtado et al. 2012), human aspects and qualities (Heaslip et al. 2018). The importance of SUACs bringing different attitudes and abilities was emphasised by Matka et al. (2010).

In the present study, SUACs did their best to put candidates at their ease. However, due to what some SUACs perceived as a lack of emotional strength, personality type and a sheltered background, it was reported that some candidates, did not interact well with SUACs. In addition, it occasionally appeared that candidates did not appreciate or value SUACs' presence.

Despite the mandatory nature of most SUACs' involvement in recruitment, in this study it was occasionally perceived by SUACs that their physical, mental or sensory needs were not recognised, were not useful, ignored or were a spare part. These findings support the views of some academics (Unwin and Rooney in press)

SUACs face multiple challenges based on their individual life experiences, disabilities, and caring responsibilities, which they overcome to be punctual and reliable in selection duties; this concurs with earlier work describing SUACs' involvement in higher education (Rooney et al. 2016). The exhausting nature of working with large numbers of potential students on selection days was previously reported in Heaslip et al. (2018). Such exhaustion poses a question about whether university systems need to adopt different approaches which adhere to the core principles of inclusion and are not premised on the principles of ableism (Unwin and Rooney in press).

The literature partly addresses the issue of how much executive decision-making influence SAUCs hold regarding whether a potential student is offered a place. This is either some influence reported (Matka et al. 2010; Rhodes and Nyawata 2011) or none (Cree et al. 2018; Fitzhenry 2008; Heaslip et al. 2018; Hurtado et al. 2012; Richardson et al. 2013; Rouse and

Tourney 2014; Vandrevalla et al. 2007). In the present study, there were two disciplines which fully engaged SUACs equally in the final decision making; consensus by SUACs is that equality and authentic co-production should increase across all disciplines. SUACs stated such decision making had declined over time, partly perceived to be due to logistical pressures of the managerialism and marketisation of higher education. There are very few reports of true co-production in student recruitment (Matka et al. 2010), which demonstrates this is a process in development (Heaslip et al. 2018).

Personal and professional development of SUACs as a result of being involved in student selection is widely reported (Heaslip et al. 2018; Matka et al. 2010; Rhodes and Nyawata 2011; Rooney et al. 2016) and resonates with that reported in the present study; most SUACs in the present study also reported how much they enjoyed taking part, concurring with Rhodes and Nyawata (2001) findings.

SUACs also perceived and empathised with the challenges which faced academic staff due to logistic demands of candidate numbers on selection days, room availability and the pressures of managerialism and marketisation that demand maximum numbers of students on university courses. We are not aware that such understanding and empathy was reported in previous studies.

There were lots of ideas presented for improving student recruitment processes, such as giving SUACs increased say in final decision making and receiving feedback/review. Overall, these included the notion of increased equality as might be modelled in co-produced planning, development and joint training days within and possibly across disciplines, encompassing SUACs, academics and practitioners.

With respect to best practice, it is clear that even McGraw et al. (2018 p. 351) believe that face-to-face SUAC-involvement is preferred as they conclude: 'an ideal state of participation, where public health nurse service users hold a clear majority of seats on the selection panel and ensure decision making is not biased toward performance in the academic elements of the interview regardless of performance in the elements pertaining to understanding and desire to care.' Clearly, until professional regulatory organisations define SUACs' roles and responsibilities in student selection in some detail, there will be wide interpretations across HEIs.

## Conclusion

Despite huge personal challenges due to lived experiences of health and social care services, caring responsibilities and disabilities, this group of ten SUACs at a single university provided student selection input into most health and social care courses, namely, social work, nursing, associate nursing, occupational therapy and physiotherapy, paramedicine and physician associates, a through-put of 1000s of potential students a year. It is believed to be the first time SUAC-voices will be heard in such a range of student recruitment disciplines; their presence results in perceived benefits and challenges to potential students, while

SUACs also benefit and are challenged. Such detailed findings are novel and extend existing research by providing qualitative/semi-quantitative insights.

Perceived benefits and challenges to potential students are being addressed through the production and dissemination of social media material for potential student open-days. This 'pre-interview' material includes SUACs describing their involvement in health and social work studies at the university of xxxx, including selection. It is hoped that more reticent students will be acclimatised to the nature of vocational education at the university of xxxx. In addition, postponed internal seminar and national conference presentations will address potential student, SUACs and staff involvement in selection, laterally to transfer such knowledge across higher education.

Future plans are that interdisciplinary, co-produced task and finish groups be set up to improve SUACs' experience of selection, through joint training, planning and implementation initiatives. These will include the formalisation of SUACs' involvement in decision making for potential students successes through being involved with interviews, feedback and annual review. Further lobbying will also occur by SUACs through support of academic allies, and those involved in student selection, from 'grassroots' level. Such steps will result in equality and co-production, with cessation of a perceived diminution in quality and quantity of SUACs' selection involvement.

Challenges to the success of such initiatives will be the continuing business pressures on universities regarding student numbers and the continued lack of prescription by regulatory bodies regarding the requisite extent and quality of SUACs' involvement and responsibilities in student selection.

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## **Conflict of interest**

The author(s) declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

## **Authors' contributions**

Both authors contributed equally to the study design, development, implementation and writing up this research for publication.

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