

# INORP METHODOLOGICAL GUIDELINES (O2)



**INORP**

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## Introduction

These guidelines have been developed as part of the project, *Innovation by supporting reflexivity and participation* (INORP): *Strengthening education and professionalisation of social work on the border of other professions*, co-financed by EU funds under the Erasmus+ K203-CAC1B7D2 strategic partnership for innovation for the period 2020-2023. The project partners include: Charles University (Czech Republic) -Project Coordinator; Gent University (Belgium); Helsingin Yliopisto (Finland); University College Dublin (Ireland) and Cooperativa De Ensino Superior De Serviço Social (Portugal). The Association Of Educators In Social Work (ASVSP) is an associate partner. The INORP project aims to develop methodologies to strengthen the skills and abilities of all stakeholders involved in or allied to the social work profession including academics, teachers, students, stakeholders from various group identities, including social and health, or professional and para-professional, in relation to using participatory and inclusive approaches to engage with services users and to promote reflexively in various areas of social work.

As part of this project the partners are exploring service practice and research in the different partner countries to compare and describe examples of good practice in social work through the lens of curricula and publications. Together, students, academics and teachers from each partner have prepared small case studies. After the completion of the first Intellectual Output (O1) (see below) partners including academics, teachers and students came together in Dublin at the end of October 2021 for a five day Intensive Programme of learning, presentation, sharing and discussion of relevant ideas. All of the previous work of the project partners has been used to inform these guidelines, which have been

prepared by the team at UCD who include, Prof Jim Campbell, Dr Sarah Donnelly and Dr Bláithín Gallagher.

The content and structure of these methodological guidelines has very much been informed by and builds on Intellectual Output 1 (O1) of the INORP project, *A Framework for analysing and reflecting on modes of services user participation in social work: A comparative perspective*. This review of the literature revealed the types of participatory approaches used in the partner countries of Belgium, Czech Republic, Finland, Ireland, and Portugal in in the fields of health and social care. The document revealed considerable variations in the level of research and publications across the countries. For example, there was a long history of educational and research engagement in Finland and Belgium with these issues, to a lesser extent in Portugal and the Czech Republic. In Ireland, there has been recent, growing interest in the field. There appear to be several reasons for such variation, including the level of political and policy drivers and the stage at which social work had become professionalised in countries, factors that will have to be followed up in the course of this project. Even where there were positive intentions to deliver services, education and research that considered the views of service users, there was evidence that governments, organisations and professionals often resisted change or assumed tokenistic approaches, which revealed (or rather obscured) issues of power and power imbalance. These are described and analysed in Diagram 1 of O1.

### ***The structure and content of the Dublin IP***

The content and messages from O1 were utilised by students and staff to prepare for the Dublin IP. Of note was a requirement by students to complete an assignment that described country-based participatory projects and then presented these to the audience in Dublin. In preparation for the IP, students

presented summary findings of assignments. At the seminar, there were also six specialist, local presentations and three field visits (*See content of presentations in Appendix 1*). These focused on a range of client groups and issues, including health care (6); older people (4); ethnic diversity (3); young people (2); addictions (2); mental health (1); social security (1).

This document, *Methodological Guidelines (O2)*, is collated under 10 themes. Each theme is illustrated with an example from the various case studies undertaken by the partners in the consortium. It is hoped that such examples will aid learners to reflect on what is important from this participative and reflexive approach. An evaluation of the IP was carried out, the findings of which are presented in **Appendix 2**.

### *Emergent themes and practice guidelines*

#### **1. The teaching and learning environment and trust building**

It has become evident through our activities that participation with service users was embedded in many areas of social work practice and education, in a variety of forms. Such processes of engagement, however, often created complex ethical and professional dilemmas. These ‘complicating’ issues were articulated by students, service users and academics. For example, it may be that students and service users are not always listened to by educators or are sometimes excluded from the design and delivery of teaching, as their (implicit) knowledge is often judged to be inferior to knowledge derived from standardized academic procedures. There also appear to be parallels with how policy and practice are delivered to service users in particular political cultures. When service users are involved in the classroom, or in the delivery of services, it was agreed that common ground rules should be established to enable difficult conversations

over divergent viewpoints and priorities to be carried out in safe spaces that correspond to the principles described below:

**Managing the self**

- Acknowledge our own pain and the pain of others, when dealing with problematic situations
- Attend to the emotional and cognitive content of discussions
- Own our own ideas and do not project them onto others
- Issues discussed are in strictest confidence before generalised conclusions can be drawn from them

**Pedagogic approach**

- Exploring common and contrasting dimensions of roles and identities
- Allowing service users, sometimes for the first time, to talk about their experiences, for example by expressing their experience of mental health issues, addiction, poverty, but also their experience in relation to dealing with professional organisations and policies designed to support them through with these issues.
- Encouraging services users to talk about future, as well as past and present services

**Catharsis**

- Opportunities for engaging more authentically with 'the other side' without stating pre-conditions
- Students can use the small and safe group space to listen to and engage with the often painful experiences of service users
- Services users' sense of recognition and esteem both in terms of their past experiences and the role they were now given as

educators.

**Theme 1) Case Study Example: Complex ethical and professional dilemmas and building trust** (see Donnelly et al.2021)

The Dublin case study relating to a Psychiatry of Later Life Team and the participation of people living with dementia and their carers in assisted decision-making and advance care planning, offers some useful learnings on complex ethical and professional dilemmas. The aspiration to ascertain the will and preference of the person living with dementia is often complicated when, for example, the person is perceived to make an 'unwise decision' or when their expressed will and preference differs from that of their family carer (particularly in situations when they are also dependent on their family member's support to 'action' the decision). There can also be tensions between expressed will and preference and what may be perceived to be in their best interests by the multidisciplinary team and/or family carers. Working in partnership, taking time, openness and transparency in conversations and creating an emotionally secure environment for the person living with dementia and their family members, all help when navigating this complex ethical terrain.

**2. The research environment**

The issue of co-production and engagement with service users in research projects was discussed, highlighting opportunities and contradictions. The fundamental question was raised about why and how service users could be supported to become full partners in the research process, rather than being simple objects of study, and this to happen in the interest of making research



findings correspond to the interests and needs of service users more precisely. Traditionally this underlines the role of researchers as facilitators of change and their associated responsibilities. This means, however, that these responsibilities cannot simply be 'delegated' to other participants. For these reasons, the nature and limits of the role of service users as research participants needs to be articulated in each project. Research projects must shift to a situation where service users are 'in the driving seat' and are setting the agenda, focus and the research questions, not merely being consulted after these decisions have already been made. There should be constant monitoring of why and under what circumstances proposals for participatory approaches are being made and, importantly, when, and why, they are being resisted.

These issues can be addressed by asking the following questions:

- How is contact with service users to be found, through what kind of channels and networks?
- What criteria guide the identification of a service user as participant and which processes are used (direct or potential contact with a service, ongoing or past direct engagement with service, level of understanding of the research objectives, member of user groups who have come to attention through their past lobbying)?
- How is the notion of representation understood (in terms of a spread of 'typical' service users or is it the selection of the most articulate, the most willing to cooperate)?
- What forms of language and information is used to help service users understand the research process?
- Is informed consent followed through?

- What were the criteria for funding and which modifications can be made arising from codetermination of goals with service users?
- What are the levels of participation, and does it include only advice or more collaborative direction of the research?
- Are the intellectual property rights made explicit and how can service users be included as co-authors in publications?
- Are promises of tangible change incorporated into research outcomes?

Prior familiarity with local and national conditions is essential and establishing credibility with participants is also a precondition for authentic research in this field. It may be possible to agree common guidance for such research approaches as follows:

- There should be an examination and acknowledgement of the pre-existing organisational culture of the institutions or groups and mainly whether they are disposed to change
- There should be consideration of how the 'credentials' of the researchers are established (for example, in terms of the previous research record, quality of training, biographical elements that demonstrate a possible affinity with issues and familiarity with the milieu)
- There should be authentic communication at all levels (for example, in the sharing of documentation, open discussion of aims, rules for the group and individual discussions. There should be external supervisors or experts with experience in

participative research who consult and monitor the progress of projects.<sup>1</sup>

## **Theme 2) Case Study Example: Embracing participatory approach and overcoming difficulties**

In the Portuguese case study, the approach to the field and to the participants starts with the realisation of the "ecology of place", where the researchers do a reconnaissance, both of the social housing neighbourhoods, and of all the projects and structures that may be used in the intervention defined for the participants. Afterwards, an informal contact is made with the participants, often mediated by the family, since there are usual problems of insecurity associated to these contexts. The close and regular contact between researchers and participants creates an environment of proximity and trust, essential for the participation of the elderly in the project.

### **3. The personal, professional, social and political**

Examples from the case presentations revealed the importance of issues of personal biography, professional expectations, social contexts, and political structures that must be taken into consideration because they may enhance or hinder opportunities for participatory approaches. At one level, these factors are country-specific, for example,

- in terms of understanding how services developed historically, (whether services developed through civil society or self-help initiatives or were implemented 'top-down'),

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<sup>1</sup> Indeed, it could be one of the outcomes of the INORP project to establish a pool of such international supervisors who can be consulted by projects with less experience in participative research (and teaching)

- professional cultures (the degree of 'professional autonomy', variations in professional practice and ethics),
- political cultures ('trust' in state organisations or strong opposition between private and public interests; traditions of political representation, experience with authoritarian regimes, paternalistic civil society institutions, lobbying and consumer activism.),
- and legal conditions (participation enshrined in law, privacy law).

Rather than suggesting one universal formula for the 'correct' approach to participation, it is the mix of the above factors which may determine the nature of the framework conditions of participation. This will then require distinct forms of negotiation under national and local circumstances. In particular, the history and success of self-advocacy, survivor and social movements in respective countries will provide reference points that help to orient practice in this field. It is important, however, to acknowledge that in some circumstances self-advocacy and social movements can work independently and in opposition to professional initiatives.

It was agreed, however, that simplistic statements of 'best practice' which do not account for the complexity of these factors, will not have an impact on policy, practice, education, and research, as evidenced from examples in each of the project countries. For example, where there was a long hiatus in the presence of the profession of social work in a nation's history (Czech Republic, Portugal) or historically traditional, paternalist policy making (Ireland), an unthinking approach to participation runs the risk of ending in tokenism and stigma for service users. In addition, the location and understanding of the nature of social work in social policy and higher education policies in terms of how they are regulated by the state may determine the framework conditions for participatory approaches. For

example, there is relatively little stigma attached to requiring the services of a social worker in Nordic countries. In contrast, in Portugal, social work tends to be underdeveloped and undervalued compared to other health and social care professionals and consequently perceived as a residual service with the associated risk of raising suspicion or resistance among service users over 'whose sides they are on'. This relates also to the role and strength of professional associations and the version of professional autonomy they enshrine. In Ireland and Finland, the professional is strictly regulated by the state, and within this regulation there is a requirement that practitioners, educators, and students embrace and operationalize participatory practices. A decisive impulse can also be developed from references to the 'Global definition of social work' formulated by IFSW and IASSW which states 'Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people.' A possible guide to participation would be to highlight ways in which these factors can inform types of practice in terms of:

- The personal disposition and experiences of the professional / researcher
- Cultural contexts that inform types of communication and sharing in public and private contexts
- Political conditions (the level and meaning of democracy; laws on personal rights to self-represent)
- Civil society drivers and mobilisation
- Professional cultures and practices
- Educational expectations (for example, in terms of balance between knowledge, skills, and values)

- The social work role and mandate, self-image, and identity

**Theme 3) Case Study Example: Influence of personal biography, professional expectations, social contexts and political structures on participatory approaches (See Tourne et al., 2022)**

In the Belgian case study, the impact of social contexts and political structures of participation in the social domain of education were discussed. The current neoliberal focus leads to a human capital perspective in educational policy in Flanders. Education is consequently mainly seen as an important economic strategy. This instrumental view on education results in education becoming increasingly outcome-based. Consequently, the framing of 'acceptable student behaviour' is narrowed down and homogenized. In higher education there tends to be excessive lists of rules, which often reduce students' space to manoeuvre within the educational system and carry the risk of students being penalised over trivial issues, which can lead to forms of exclusion. Furthermore, these policies seem to impose a rather homogeneous (student) identity; students who don't fit this predefined (for example, white and middle-class) identity are often labelled and stigmatised by both teachers and peers. In conclusion, these policies imply that there is an exclusionary educational system in which can contradict the principle that young people are formally guaranteed (through student councils), a voice, yet this apparent participatory approach rather seems to function as a smokescreen for an education system that excludes mainly vulnerable students due to a one-sided focus on the acquisition of human capital.

#### 4. Positive effects of (greater) participation

During the IP there were several discussions about the impediments or obstacles to participation. Where these obstacles can be overcome, then there were opportunities for change and interventions that promoted service user empowerment more purposefully and effectively:

- In some countries participation and co-production are expected by research agencies and funders. These framework conditions need to be related to core principles of social work rather than being applied 'mechanically'.
- These approaches can lead to greater efficiency and longer-term impact of intended changes, whereby the criteria of efficiency are again to be defined within the participatory framework.
- There can be a positive, 'pedagogical' effect where non-academic participants learn how to gain greater insight into the background of issues, develop skills, and manage teaching and learning environments autonomously.
- Engagement with service users can provide greater academic 'depth' to research topics, such as identifying new aspects and dimensions of the original research question and how it can be answered.
- Participatory approaches can enhance greater legal and ethical accountability and act as a defence against challenges of manipulation of data or self-interest in research projects.

**Theme 4) Case Study Example: Participation - Impediment and/or opportunities** (See Roets, Dean and Bouverne-De Bie 2022; Roets et al.2020)

In the Belgian case study, the language of disability rights has acquired symbolic potential in health and social care services and has been linked to wider concerns about disabled people's citizenship and participation. The case study indicated the complexity of bringing democratic participation in practice when working with Marie, a determined woman with intellectual disabilities. On the one hand, the professionals seem to be overfocussed on issues of individual choice and independence that permeates health and social care practice. Their professional judgments tended to censure her behaviour as that of an 'irresponsible citizen', unfit to cope with her relative autonomy and freedom. Their subtle and disciplinary, paternalistic and controlling professional orientation, tended to cast her as incompetent and incapable of making proper and reasonable choices, of managing her own care and support, and thus creates a dichotomy between 'us' and 'them'. It was argued that professionals should be more willing to embrace the frailty of the vulnerable human subject and celebrate universal interdependency. In doing so, they can work towards recognition of Marie's life knowledge as a leading figure in the self-advocacy movement and co-construct the nature of care and support as a democratic forum of dialogue. In that sense, health and social care professionals can create a public and democratic space in which Marie is enabled to participate in the interpretation of her concerns and aspirations.



## 5. Representation

A recurring, problematic theme in the literature that was frequently discussed during the IP was the definition and operationalisation of the concept of representation. For example, when service users discussed these issues with IP participants, they were keen to highlight the complex nature of this issue and its impact upon opportunities and conditions for participation. A summary of common representation issues is described below, using the following questions:

- How 'representative' are the (chosen) service users? Do they represent primarily themselves or a "community", and if so, if necessary, how is their status as representatives legitimated?
- Does a power differential exist between participants and professionals or in between the members of the participant group?
- How is the project advertised and how do participants become involved (through existing contacts or open subscription)?  
What are the 'thresholds' of representativeness?
- Have the representation requirements of the group been defined?
- To what extent are 'friendship groups' conducive and when do they become exclusive?
- Do the normative assumptions of the participants correspond with those of the researchers, educators or practitioners?
- Is the project openly declared as 'bottom-up' (in picking up on issues already existent among the participants as urgent, protest?) or as top-down' (where the interest in an issue must be raised initially)?

### **Theme 5) Case Study Example: Representation of community of service users**

The Finnish study involved a literature review that focused on unemployed people of working age and were representative of a community of service users participating in rehabilitative work activities. It was argued that the instructor of rehabilitative work activity tended to determine how participatory approaches are used. They could offer the person work tasks, but they could not offer support or customer-oriented approach to enhance these activities. It is possible that how reflective the instructors are and what kind of abilities they possess will determine the participatory approaches they can use (for example academic degrees in the field of technology).

## **6. Supporting and financing service users**

A dilemma often arises when finding ways to support and finance service users' engagement. This is particularly difficult if service users are in receipt of financial support through state social security which typically disbars teaching or research project payment of monies. Where the state can support participation, this may have a perverse outcome where communities can lose their independence and advocacy role through assimilation (for example, with Roma and Traveller organisations). The following examples of positive support and financing are provided to address these dilemmas:

- Applications to support research and educational projects should demonstrate an intention to include and cost participation

- This should include a lead in time to account for longer periods of discussion with service users to refine/achieve the aim of the project
- Where possible, collaborative networks should be built before making a specific application so that partners already share the same understanding of participation and a level of trust has been established (rather than having to make compromises afterwards) (Padmacs <https://www.nmhs.ucd.ie/clinical-engagement/promoting-assisted-decision-making-acute-care-settings-padmacs-care-planning> )

### **Theme 6) Case Study Example: Support and Financing of Participants**

In the Finnish case study, during rehabilitative work activities, the client receives a labor market subsidy and maintenance compensation. On the other hand, rehabilitative work activities are compulsory. If the unemployed jobseeker does not take part in the making of the activation plan or refuses to participate in rehabilitative work activities, the unemployed jobseeker will be given a 15-60 day mandatory waiting period, or the unemployment benefits may be refused for the time being. This can be viewed as problematic from a participatory approach point of view. Clients' motivation to participate in an activation plan or rehabilitative work activities can involve a fear of losing the unemployment benefits temporarily or for longer. In conclusion: these financial constraints and conditions reduce the opportunity for authentic service user participation.

## 7. The avoidance of tokenism through peer advocacy and building systems of social justice

As discussed above, the issue of tokenism was centrally raised during the IP and is related to the overall theme of representation. An alternative approach, which lays the ground for forms of collaboration based on a greater balance of power and influence is that of peer advocacy in a range of educational, research and practice contexts. Where it has been developed as a recognised form of self-representation by service user groups, such groups, can be effective in building relationships with academics, students, practitioners, and researchers and reduce the risk of participation in teaching and research becoming tokenistic. It is important that professional organisations and professionals find mechanisms to deal with this issue. The following set of principles and processes, used by the Irish Advocacy Network ([www.irishadvocacynetwork.com](http://www.irishadvocacynetwork.com)) in the context of mental health could be modified for different country contexts:

- Making information accessible to service users in the form that they determine.
- Promoting discussions among service users that provide options they consider relevant for their life situation.
- Facilitating decision-making by the individual over matters that affect their life situation.
- Supporting mental health service users to be heard and ensuring that what they say influences the decisions of service providers.
- Promoting self-advocacy through empowerment.
- Ensuring that service users are active and informed participants in their treatment and care.

- An advocacy service provided to people with mental health difficulties by people who have experienced similar difficulties themselves can reinforce principles of authentic empathy.
- These approaches can deliver different types of social justice for people with mental health problems, including cognitive, epistemic justice and testimonial injustice, leading to an end of moral injury

### **Theme 7) Case Study Example: Responding to Tokenism**

Tokenism can be addressed in research and practice contexts when the potential for tokenism is acknowledged from the outset and service user participation is not determined or defined by the researcher or social worker but rather is defined and negotiated/re-negotiated by the service users themselves. The case study of the SAOL project illustrated the importance of reciprocal participation, the dangers of tokenism and how academics/researchers can also be disempowered by the structures they must work within. This was illustrated during Covid19 when teaching input by the SAOL service users was reduced and service users challenged what they perceived to be the 'tokenistic nature' of their involvement with the students, demanding more meaningful input or withdrawal from the teaching programme. This triggered a complete review and re-evaluation of the nature of SAOL's involvement resulting in the reintroduction of additional teaching hours and a new co-designed video assignment for the students that the service users helped to design and jointly grade, as well as the need for further engagement from the academic to help develop a research project with the service users

examining their own human rights and social justice issues. In this way, a more authentic and mutually beneficial participation was created.

## 8. Finding a 'third space' and acknowledging contradictions

It was evident during the IP discussions that engaging in participatory approaches is complex and non-linear, and there is a need to avoid simplistic, instrumental solutions to complex sets of relationships. To achieve positive effects, participation in teaching, research and practice should avoid safe or 'correct' positions that avoid controversies. Given that the diversity of positions and the recognition that power inequalities are inevitable, there is a need to find a common, 'third space' in which these contrasting aspects can be acknowledged and negotiated and thereby lifted to a meta-level of understanding that does not deny the (relative) relevance to both sides, but suspends institutional dynamics that prevent empowerment. There are several principles and strategies that can be used to deliver more authentic, engaging participatory activities, where a meta-level understanding can be reached, as follows:

- It is critical that power differentials, which can be multiple and shifting, are recognised from the start, and that these may be necessary but also obstructing.
- Predominant medical or other "diagnostic" discourses based on "scientific expertise" can have the effect of 'boxing people in categories' or can be liberating from anxieties as a scientifically proved perspective (for example the simplistic assumption that there can be an automatic cure).
- Informal 'third spaces' can overcome blockages, such as having meals together, going for a shared car ride, interrupting

recurring impediments and objections with 'fantasy games' introducing 'surprises'.

- The space between 'expert systems' and 'experts by experience' needs to be explored to enable service users distinguish between choices whose range is determined for them by given power structures and choices that would challenge those 'given realities' (in terms of 'there is no alternative'). This is particularly relevant in the context of neoliberal ideologies that proclaim 'user choice' without equalising the conditions under which choices can be made and thereby can become a device of victim blaming.

### **Theme 8) Case Study Example: Mediating power dynamics in the professional relationship**

In Porto Importa-se, a project that aims to combat the social isolation of older people in social housing estates, involves a team of researchers who mediate the relationship between older people and both Domus Social, the public entity promoting the study, and the social support services. This enabled their voices to be heard in terms of their needs and in designing an intervention proposal. This was achieved using a team process where a meeting took place between the Domus staff researchers and service users. A discussion took place about types of intervention that would encourage social isolation and challenging social structures. This team is therefore, in a first moment, an investigator of the social problem identified and then a mediator for the articulated intervention with older people. It is in this context that the project is understood as a third space where the different proposals for overcoming the problem are negotiated.

## 9. Radical non-intervention

Although participants had many positive discussions about the opportunities for participatory engagement with service users, where there are difficulties in communicating and accessing marginalised communities, there is a case for more analytical approaches that ensure that these relationships are more meaningful. For example, the conventional process to 'invite' participation may have little meaning for some communities and may be immediately perceived as ways of reinforcing systems of power and privilege. Where this occurs, alternative approaches should be explored, for example, building upon the concept of 'radical non-intervention' in criminology (Edwin Schur), that take the emphasis away from achieving unrealistic outcomes. In doing so this can enable new forms of self-representation of identities to emerge. Leaving it open whether a participatory research project or teaching event will happen may clear the space for 'preliminary' or alternative discussions to take place on the following terms:

- Shifting the focus away from individual characteristics that are said to define people's situations to social characteristics that lead to people being labelled as part of specific groups/communities.
- Recognising and acknowledging power differentials and how they operate in detail from the outset.
- Promoting 'neutral/non-agenda' relationship building for the purpose of authentic rather than purpose-specific mutual understanding. Recognising how we define vulnerable/marginalized/seldom heard communities and how they define themselves and questioning and reassessing how we define them.



- The goal of participation in these 'non-interventive' encounters should be to develop a shared understanding of the surrounding social conditions that impinge on people's identities rather than the 'inherent' characteristics of individuals.

### **Theme 9) Case Study Example: Difficulties in accessing marginalised communities**

The Czech case study described the search for a way to give a voice to Roma workers in the social field. The Roma minority in the Czech Republic is often compared unfavourably with frequent tokenistic arrangements. This milieu often leads to distrust and suspicion between Czech and Roma workers. It was argued that the use of participatory research needs to create opportunities for a partnership of trust and security. The beginning point for the project was the establishment of a partnership with one Roma and one Non-Roma colleague who had known each other for a long time, and who both viewed the Roma's voice as unique. A discussion took place about a common understanding of the research and its goals. Although both perspectives were different, there was a unified approach to deliver the research process involving Roma workers from the social field in a focus group. Each of them was known to at least one of the organisers and were able to express their questions, worries, and past poor experience of service. This had a participative effect which enabled past experience to be processed and dealt with. They were listened and accepted. They agreed to participate because they experienced partnership, and they resonated, intending to express their point of view.

## 10. Organisational parameters

The three field visits offered participants opportunities to learn about Irish organisational practices in participation (youth, health and addictions services) to explore the opportunities and challenges in participatory practices. The feedback from these visits helped raise several questions and debates about how organisational culture can enhance or prevent participation as follows:

contexts:

- It is essential to understand the historical and contemporary drivers that led to participatory approaches in terms of institutional, financial, professional and service user factors.
- One must counteract the tendency to view service user problems and identities as homogenous rather than consider, for example, issues of ethnicity, race, gender and class.
- Where services were located in geographical areas which local communities were distrustful of, then community-based interventions maybe be necessary.
- It was crucial, in interdisciplinary settings and other settings that there are leadership and organisational commitments to authentic and not tokenistic forms of participation.
- More engaged practice and educational organisations build participation into higher levels of decision making and policymaking in the organization's system of management and service delivery.

## **Theme 10) Case Study Example: Organisational culture and participation**

In the Czech case study, a new team was created specifically for the research project. The process enabled the team to explore a range of organisational obstacles in the university and there was a decision to involve and reward non-academic participants in the project. This had the effect of creating more space and equal access in the non-profit organisation that supported the empowerment of minorities.

In another case study, in a cardiological intensive care unit, it was found that the opportunities for accommodating participative approaches can be hindered by the demands of time and energy experienced by workers. The organisation provided the IP participant with the opportunity for several weeks to exclusively focus on working closely with patients after myocardial infarction. This was part of an early discharge project taking place in the clinic. During the time with the patients, it was possible to gain many insights into their lives through conversation. Time spent with patients enabled forms of education to take place about their health condition. By actively asking them questions and answering theirs, they opened up and showed interest in managing their health condition. There were limitations to this approach given that the time and energy was consuming, so a question remained about how these advances could be achieved in a busy workload. One solution would be to fund dedicated nurses or healthcare social workers only for this task, which would enable a better discharge planning process where the patients' specific needs can be met. The patients appreciated the time and interest dedicated to them and benefitted from learning the most about their disease as the knowledge of their condition in participatory ways. Unfortunately,

systematic discharge planning or systematic routine social worker visits are not very common in Czech Republic, as the social interventions are usually carried out and planned by doctors and are mostly dedicated to serious cases. It was argued that staffing resources issues often prevent such positive participatory practice.

### *Links between the Dublin IP O2 and the Ghent IP*

During the Dublin IP, there were discussions about the importance of building intellectual links between the two learning experiences. As highlighted in the Irish PPI presentation, there was an acknowledgement that participatory approaches involve contradictions in process, planning and implementation, even where a well-developed macro framework and drivers exist. Reflexive processes are required to enable these processes to be understood and reworked in a way that considers these complexities. The following draft Ghent IP programme was agreed upon:

- The IP will aim to bridge skill gaps and develop capacity in participatory and inclusive approaches and collaborative reflexive skills among social and health work students and teachers by developing new learning and teaching tools.
- A transnational approach is necessary because of the different histories and social-political backgrounds of participants (Lorenz, Havrdova & Matousek, ed. 2020) so that the innovative tools for capacity building in the social and health intersections can be critically assessed across and between international contexts.
- The methodology designed to develop competences in participative reflexive decision making will involve a preparatory phase (January 2022

- April 2022) using case studies of interprofessional collaboration between health and social.

- A Teaching Training Activity will take place during the IP in Ghent, and after the IP, each partner will test the draft methodology emerging from the IP in different practices. A scientific paper will be published as part of disseminating the results.

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## Appendix 1 Field Visit Case Studies

### Field Visit - Merchants Quay Ireland (MCI)

Merchants Quay Ireland is a voluntary organisation providing services to people who are homeless and those struggling with addiction <https://mqi.ie/about-us/>. This visit highlighted the importance of integrated and seamless service provision when aspiring for person-centered care. For MQI, this took 20 years to achieve to ensure service users weren't 'falling through the cracks' - they had to start 'outside the system' and fill in the gaps between service users and other services. Voluntary service provider identity has helped maintain a critical element of their bridging capacity and the ability of the service to be immediate, flexible and responsive to changing needs in the service user population

*'a laboratory where the boundaries of what is acceptable, and what needs to be connected, is being experimented with'* (Field Work Participant).

The visit stimulated reflections about how we define 'participants.' An ecological systems framing is helpful in terms of differing levels of participation by service users, local neighbourhood, and community. This visit raised questions of changing attitudes to social work and impact on 'who is the expert' within the context of service users as experts of their own lived experience as well as the image and culture of service- do service users feel protected and cared for? Social networks and outreach agencies are more important and relevant to those who are more vulnerable. Also, issues of class, gender, ethnicity, structural issues, anti-oppressive practice, and intersectionality should be considered. Influencing factor of leadership styles on participation- policy/ways of working-mutual respect-team ethics. Impact of the structure of systems and issue of health and social care divide.

**Field Visit - TAG/TUSLA young people leaving state care visit**

This visit focused on the needs and aspirations of young people leaving state care. The TAG group are funded by Tusla (the Irish state organization delivering services for children and families. Care leavers are defined as young people aged 18-25 who were in state care during their lives (for example, fostering and adoption arrangements). Two young people and two Tusla staff explained the relationship between the group and the governance arrangements within Tusla with Portuguese participants.

The discussion focused on several issues. It was explained that, compared to other jurisdictions, Ireland has many fostering arrangements for children in state care. This represents a substantial move away from residential care in the last few decades, focusing on supporting families rather than using mandated interventions.

The young people explained aspects of their experience in state care and how it was important that Tusla and other organisations take these experiences and voices seriously. They provided examples of when social work interventions worked well and did not work well. There was a detailed discussion about how the group had opportunities to influence policy making in Tusla and that these processes were important to strengthen. For example, the group carried out a recent survey with other care leavers to explore what issues were essential for them.

The discussion then took place about how the Irish system might be compared to that used in Portugal. There appeared to be a significant contrast between the two. Although Ireland had many problems, particularly in terms of the abuse of children in residential care over a century, the move towards non-residential forms of care were improvements. In recent years, the law embedded services for young people leaving care, meaning that these young people had better opportunities for employment, education and housing. It would appear that the Portuguese system was less developed and overly dependent on residential approaches.

In conclusion, there was much interest in the Irish model and how these young people could engage in participatory ways in the design and delivery of state services. This model might be considered in Portugal. It was agreed that these discussions would continue between the Irish and Portuguese participants after the Dublin IP.

### **Field Visit - Carew House**

This visit focused on a Psychiatry of Later Life service that serves the local catchment area for individuals who are over 65 and who have complex mental health problems such as people with dementia who have particular responsive behaviours or other mental health conditions such as depression, bipolar disorder or schizophrenia. The service is a publicly provided service that is medically led, and patients are referred by medical practitioners. The initial assessment includes social workers, nurses, and psychologists and the service has a strong multidisciplinary teamwork focus with perceived mutual respect between team members.

A philosophy of the service is 'Recovery through activity (what a person does for well-being)' utilising a 'RAP' approach- planning for wellness and recovery, educational courses find out what people want to engage the right people – knowing that it is difficult to change culture, it's important to educate the professionals. Connection, being connected with, hope, identity, purpose and meaning of life, empowerment = Chine framework (Leany, 2011).

The service is also characterised by an emphasis on moving the knowledge stream and co-production, embracing the national approach for recovery in mental health (clinician, service user (SU), support person). This centres on four principles:

- 1) SU - Center
- 2) Everything concerning services is co-produced
- 3) Organizational commitment (working with the management team, with SU when revising or forming a new policy)

- 4) Recovery learning and practice are supported by others or co-production in practice.

The visit explored the question, what is recovery education? Principles such as co-produced adult educational model, experiential education model, values lived experience, increases the capacity in services and student, facilitated peer support, strength-based staff approach.

The service employs service users and 3% of the mental health staff comprises of service users. Some risks associated with this include peers becoming professionalized. Activities versus literacy - reflection - how we come together, what are the important aspects of working together? Reference is also made to Arnstein's (1969) Ladder of Citizen Participation. Time was highlighted as a constant challenge to participation and coproduction.

What is important? Process and context; good communication skills and there always must be a presence of a peer group (organic, strong base).

Three faces: Engagement - Implementation-Transformation.

## Appendix 2 Evaluation Feedback from Dublin IP

### INTENSIVE PROGRAMME IN DUBLIN

(Activities C1 and C3 within the Project), 26th October – 30th October 2021

#### Evaluation

To harness some of the learning from the programme delivery and help inform and improve the following IP in Ghent, feedback from participants was sought. This can be found below.

#### 1. How did the intensive programme meet your learning expectations and needs?

CZ1 The event **fully met my expectations**. Visits to service providers were an added value.

CZ2 **Well prepared programme** meeting the needs to listen, research, read, share and discuss relevant issues.

CZ3 The programme met all my expectations, really sophisticated, really intense

CZ4 It was very well organized, there were many interesting topics, and I learned a lot about how things work in Ireland compared to my country. It was very

**inspirational.**

CZ5 My ideas and expectations were met by an intensive program, and despite the necessary measures regarding coronavirus, I am glad that it went face to face. I appreciate the **friendliness of the organizers**, who were very supportive and lenient towards the language barrier of some participants. In my opinion, the program was compiled appropriately, which combined lectures and case studies. However, perhaps only a **small space was left for the interaction of individual participants. I might prefer less theory and more room for smaller group discussions in the future.**

BG1 Good

BG2 Good. I really appreciated the **relating of practice and theory (e.g., case studies, field visits + conceptual discussions and reflections).**

BG3 The intensive programme was very interesting and has stretched my horizon.

BG4 It was a very interesting programme which met all my learning expectations and needs.

CZ6 The programme has exceeded my expectations and met my needs.

CZ7 The programme has met my learning expectations. I have found out **new examples of good practice. And I have enlarged my view on participatory practice.**

PT1 Through open and frank discussion, good case studies and very fitting invited presentations and site visits that pointed out the value of meeting “on location”, giving also opportunity for informal exchanges

PT2 &3 This intensive program exceeded our expectations. Several presentations were shown, which **made it very clear to us that the work of a professional goes far beyond his duties.** We emphasized that participation in this project was what stood out the most; although **there were some language difficulties, no barriers were ever created**, we were always involved. This group interacted and made every effort to meet the needs of each one, always reinforcing the importance of participation.

(Joint)

IE1 Before the programme, I had hoped to learn more about participation in social work research and education and I think this expectation was met. It was also a great opportunity to **hear about research and practice taking place in other European** countries, so it exceeded my expectations in this regard.

FI This was the first time I participated in this kind of intensive programme, and that is why I did not have many expectations before the programme. I learned about **different types of participation in different countries** and especially in Ireland. **The fieldwork visit was the most interesting thing for me.**

FI 2 I haven't participated in this kind of intensive course before; everything seemed quite new and exciting to me. Still, I have some points in mind.

I would **have wanted more discussion about user participation in the neoliberal context** and how that can look and be differently interpreted in the participating countries. I think that the **discussion sometimes focused too much on small,**



**practical details** in each country, for example, regarding a certain project that had been conducted somewhere.

## 2. What was your key learning about social work and participation from the week?

CZ1 Equality of access from users to service providers and vice versa

CZ2 Confirmation of my perception of the issue – **participation is situated and fluid matter. Cooperation with service users in the academic environment is a tricky matter. Their standpoint deserves appropriate space and presentation style.**

CZ3 To be ?? in communication, collaborate

CZ4: Although it is not always easy and participation can add on some stress (mental, maybe even physical) on the workers, it is worth it. **Social work is the place where participation is necessary to reach long-term goals.**

CZ5 The program was full of very interesting lectures and case studies, from which I take a lot of new knowledge and new perspectives on the perception of various situations, for which I am very grateful. I get the most experiences from visiting the facility and from the lecture with the participation of clients/participants of the service. I perceive that different people perceive clients' participation and participation rate very differently. I am glad that we have had the **opportunity to perceive the subtle nuances of these differences and to become more cautious about participation. Participation is needed not only for the clients themselves but also for the provider towards the service staff.** I perceive that we students hold the position of participants in the INORP project. Therefore, I appreciate the opportunity to enter the individual steps in planning the program. However, during the week in Dublin, I noticed a significant degree of uncertainty among students about their position in the program. **So, what is expected of them further, what is the plan for the output of the program, etc.?** I would welcome to reduce this uncertainty by either the involvement of all students in internal communication or the **sending of partial reports on planned procedures for the future.**

BG1 The importance of path dependency and dealing with ambiguity

BG2 Opening up participation from the individual, pedagogical level (e.g., relationships with clients and their families) to the structural level (e.g., what do we know about the structural inequalities in relation to the people we work with, the places we work at, e.g., in terms of race, class, gender...) and **how we can think about participation on a structural level.**

The concepts of **non-participation, resistance, exit...** are **crucial to debates** about participation.

Need for **attention to power relations** at individual and structural levels.

**The importance of practising reflexivity on the part of the professional and social work as practice and discipline more collectively.**

BG3 The importance of historical awareness for the social work profession in relation to issues of participation, service user involvement and movements.

BG4 The importance of **participation but also how this can take on different forms and how non-participation is also valid & important to recognise.**

CZ6 I have learned that participation is a process that takes time, requires both individual and team reflection (reflecting on one's communication with others, what has worked, what not and thus should be modified etc.). It also welcomes a multidisciplinary collaboration and **needs to be supported from top to bottom and bottom-up approaches.**

CZ7 I realized the importance of understanding people's needs and the participatory practice knows how to listen and meet them.

It provides space and relationships to enable an expression of needs. And it also provides the support to meet them.

PT1 The importance of historical and political contexts for the understanding and development of the concept of participation

PT2&3 During this week everything was a learning experience, the sharing of experiences, the work that is done by professionals in different contexts, different areas, and in different countries. We learned that we should not overlap any professional, but treat each other with respect, strengthen the relational ties to give

together the best responses to the various needs. As the main function, the **social worker**, regardless of the area or the country, **must create a relationship with people**, and this was very present during the presentations. There was much talk about the importance of service users, particularly in social projects, being more present, integrating them, and involving them in participation. The last visit provided by the project coordinators was without a doubt the confirmation of the previous items, enriching and dignifying the social work.

One cannot answer without knowing the problem up close; the problem, which sometimes lies in the way the institution acts, must think more about people and not about the results. A result can only be positive when skills are developed.

IE1 My take home message from the week was about the **importance of relationship based research, education and practice**. Listening to participants from the Saol project helped to illustrate the **importance of involving clients in research and education**, not just in a tokenistic sense, but in developing relationships and working together with service users **to improve services**, and to teach the next generation of social workers **the importance of listening and relationship building**.

FI1 For me, the key learning was that social work and the level of participation is very different in different countries. This is interesting and I would like to learn more about the **differences between countries**.

FI 2 The **role of a social worker, and the work image, seemed to be quite different between the countries**. Also, anticipations about what social work is and how it practically should be performed varied.

### 3. What suggestions do you have for the follow up Intensive programme in Gent?

**CZ1 Health aspects of care in social services.**

**CZ2 Can we do less, slowly and more thoroughly?**

**CZ3** If the situation allowed more ?? inputs to the organisations practice in organisation and living??? Health and social organisation

**CZ4 More time for discussions, more practical examples** from participation in a healthcare setting if possible

**CZ5** As I wrote above, I think that greater student centered approach and awareness would be welcomed by all students. I also think that although the program was very, very interesting, it was quite extensive. I could imagine that, for example, the afternoon program would follow the morning program in the form of small discussion groups, I would welcome the use of the techniques of the world café, etc. To involve as many people in discussions and group work and overcome the fear of performing in front of a large group. I believe that international cooperation would bring a lot of new knowledge arising directly at the meeting place.

**BG1 More space for debate on the work of the learners**

**BG2** Focus more on the importance of the national context (historical, policy...) to gain a better understanding of national evolutions, initiatives... in relation to participation.

**BG3 To continue our discussion** to give more depth to the insights coming up in Dublin.

**BG4 More space for the presentations of the students + to debate them afterwards.**

**CZ6** I think the **reflection time** we were given was very useful, particularly the group reflection on Saturday has **generated a lot of helpful insights**. It would be great to have this time in Gent as well.

CZ7 I have really enjoyed the Dublin meeting. Maybe, I would recommend being a bit **more punctual about the schedule**. I would appreciate **fostering discussions** to become more deep and fruitful.

PT1 Somewhat **fewer formal presentations, more space for discussion and particularly the more intensive involvement of students as the “test objects” of the methods for teaching participation which we are aiming for**

PT2&3 It was quite interesting to have contact with the social workers of the institutions from different areas to do a "mini internship "of participant observation, in a group reflect to be discussed in a "Debate" session."

IE1 It would be helpful to have more **presentations on projects involving service users**.

FI 1 I think that it would be interesting to **compare more different countries** and how participation actualises in every day social work in different contexts.

FI3 The program could be **more structured**, i.e., timetable and what is expected of the participants in each lesson.

#### 4. How did the learning from this programme impact you in relation to your thoughts about professional practice?

**CZ1 Better search and finding of opportunities for participatory approaches.**

**CZ2 In my course I'd like to keep the service-research-teaching triad when it comes to participatory approaches. The dangers of applying participation in a mode of "discipline and punish" must be taken into account.**

**CZ3 I was excited and after a week positively motivated (by you to work?) with you to work. Among other thing I decided to work more on my English so that I could better present my ideas and thoughts.**

**CZ4 I see how much complex knowledge a social worker needs to have to be able to modify his approach towards clients based on clients' needs. It is a very difficult work and it takes a lot to do it right. For sure many nurses have a lot to learn from social workers considering their empathy and approach.**

**CZ5 Again, I have to emphasize the quality and scope of individual lectures, which shows that the preparation of this program must have been quite demanding and the organizers had a lot of work with it. I am glad that I had the opportunity to get to know how the approach to the profession works in other countries and also that I had the opportunity to meet many interesting and inspiring people from practice. Among other things, I take away from this meeting in the future that even though the services are set up differently in each country, the social perception of participants from different parts of the world is very similar and the goals of our work are all perceived similarly.**

**BG1 It stressed the importance of democratic professionalism**

**BG2 Participation is not the responsibility of the 'client', but also of the professional. Important to search for frameworks such as the 'critical', 'reflexive', 'democratic' professional to think through what kind of professionalism is necessary.**

BG3 It strengthens the finding that **professional practice is intrinsically complex and uncertain in nature.**

BG4 It helped me realise how **important it is to constantly reflect on our own frame of reference and behaviour.**

CZ6 It is, above all, about people. **If there is a good team, creativity can flourish and good ideas brought to life.** People are often not born (or raised) with pro-participative skills, but these skills can be cultivated. I learned that having a person in the team that would take care of the personal and professional growth (like Patrick) can be extremely helpful.

CZ7 It has **inspired me to be more creative in professional practice.**

PT1 I am beginning to **develop a much more differentiated understanding of participation through a heightened awareness of the risks of “tokenism” creeping in inadvertently (participants are always “selected” and hence reflect an “expert bias” – they can never be “representative” in the fullest sense)**

PT2&3 During this week, we learned a lot, we retained positive information so that we can use it in our work as social workers. **For good professional performance, we should not limit ourselves only to fulfilling functions, we should have respect for others, discipline in what we do, cooperate and communicate more with other institutions and other professionals, appeal to the participation of users.**

IE1 It validated my decision to use a critical participatory action research approach to my PhD study. It **reiterated the importance of empowering service users to research their own situations and in doing so, to have an emancipatory effect on their lives.**

FI1 I'm focusing more on client participation related issues when I'm doing my every day work as a social worker. I'm also interested in continuing this subject as I plan my dissertation.

FI2 I think my answer in the second question also applies here.



## 5. Please share any other comments or reflections from the programme

CZ1 Thank You☺ for useful and meaningful days.

**CZ2 I'd like to follow up on the case studies/papers prepared by students. I propose to discuss how they could be developed so they can become part of the Output 4/module.**

CZ3 For me, it was the first experience of active participation in a foreign academic field. In real practice, I would like to meet as passionate people with the understanding and effort of clients/patients as I met during the programme. I welcome inspiration from different countries. It is good to collect ideas and share about applying in your country. Thanks so much

CZ4 It was overall very lovely, great people, great topics. I would love more healthcare settings examples (healthcare connected with social work in other countries) but I know that it is not the main topic of the programme.

CZ5 First of all, I thank you for the opportunity to fill in this questionnaire because I feel that as a student, I am again a little more involved in program planning. I would also like to thank you for the opportunity to participate in this program and for the opportunity to meet the exceptional people who work on this project. I hope that the participation of the same students is expected in the future. I am sure that this future practice has greatly affected me, that I perceive the need for participation much more strongly and that my professional identity is being influenced in this direction. I am infinitely grateful for that and thank you again and I look forward to what this project will bring next.

BG1 Thanks for a good organisation

BG2 Thanks to the Dublin team for the organization, it was a success!

BG3 N/A

BG4 Thank you for the good organisation. It was an interesting and pleasant week.

CZ6 Apart from all the excellent presentations and field visits, it was very kind and generous of you to take us for the wine and dinner. It gave us valuable informal

moments and the opportunity to get to know each other better. It was also very thoughtful to provide us with the snacks and the very pretty bag with your university logo and a pen. Thank you so much for the whole Dublin experience.

CZ7 Thank you so much for the amazing week, your warm welcome and your inspiring, rich and valuable program!

**PT1 I want to pursue the topic of the pressures arising from the strong (and often superficial) emphasis on “demonstrating participation” in research and teaching arising from official pronouncements that might have more to do with political correctness than with a genuine concern for empowerment. On the contrary! This needs to be explored very carefully - and will make it difficult to produce “guidelines.”**

PT2 Thank you for such an enriching week! It was a pleasurable week with excellent content; we are sure that every meeting we can be together will always be rewarding.

IE1 I thoroughly enjoyed the week and look forward to the next one in Ghent. Thank you!

FI 1 This intensive programme was a very supportive and good experience for me (I was very nervous to participate and perform) and I think it encourages me to participate again in this kind of event if it is possible, so thank you for that! 😊