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Being a service user and a social work academic: balancing expert identities

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Being a service user and a social work academic: balancing expert identities

I am a service user and academic working in a university social work department. My hybrid identity allows me to draw on different types of knowledge in all aspects of my work, including: academic, practice and experiential wisdom. Service user involvement is mandated across social work education but the scope and breadth of different kinds of participation is developed in diverse ways across university contexts. This article affirms the value of service user involvement in health and social care education, exploring its positive impact on students. When lecturers share personal experience of using services alongside practice and academic wisdom in the course of teaching, sometimes the value of experiential knowledge is doubted and its influence dismissed. I examine the importance of experiential wisdom in social work education, specifically when it is embedded in an academic role in a university social work department, and consider how it can be respected and valued. The parallel experiences of involving peer support workers in mental health services, who use their knowledge of recovery to mentor other service users, are then briefly examined, together with reflection of the concerns across mental health with professionals sharing their experiential wisdom with the people that they support.

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Introduction

Service users are increasingly becoming involved in all aspects of UK health and social care professionals’ pre-qualifying training (Anghel & Ramon, 2009; Rush, 2008) and often in their continuing professional development (Webber & Robinson, 2012), with social work having adopted this requirement for their participation in qualifying courses since 2002 (Levin, 2004). The professional regulator of UK social work education, formerly the General Social Care Council (Levin, 2004) and now the Health and Care Professions Council [HCPC] (HCPC, 2009), mandates the involvement of people who use services and their carers in all aspects of pre-qualifying training including: programme development, admissions processes, assessment practices, teaching and learning, and programme management. The increased participation of service users in health and social care education demands their recognition as experts-by-experience. This inevitably changes the perception of their role from passive recipients of services to active citizens (Barnes & Bowls, 2001); however many questions remain unresolved about the nature of a service user’s authority and expertise as they contribute their knowledge from experience to developing and delivering education.

Although it is a requirement that service users and carers contribute to social work education (HCPC, 2009; Levin, 2004), in many university contexts, there is a divide between the status to the different kinds of knowledge possessed by service users and lecturers respectively: experiential, practice and academic wisdom. I am a social work lecturer, a service user, a social work researcher, and an activist; a hybrid identity central to all aspects of my work. In the classroom, I share many of my own experiences of mental ill-health with students to enable them to understand this lived reality and to underline the need for mental health services to support recovery. In my capacity as a service user, alongside that of being a social work academic, I am able to reflect on experiences of oppression, discrimination and stigmatisation which are central to my identity as a mental health service user, and am able to convey multiple perspectives derived from experience, academia and practice.

My experience as a person who both uses mental health services and teaches social work leads me to disclose personal experience, and mix discussion of what occupies the personal and the professional realms. I encourage students to consider how services may be perceived by the user as oppressive when practitioners consider them to be supportive and effective in managing risk. For example, when I relate that, as both a prospective mother and an identified mental health service user, I was provided with an enhanced provision from maternity services (Fox, 2012; 2016) I reflect on how I felt I had to be a compliant patient as I was subject to professionals’ authority and yet wanted to be a self-advocate who challenged deficits-focused practice. Yet should we as social worker lecturers share experience or should we focus on ‘scientific’ and theoretically based academic and practice wisdom?

This consideration is underpinned by an implicit belief in how we value the different kinds of wisdom derived from experience, practice and education, and how we utilise these different perspectives in the professional arena. It leads to questions about the nature of expertise, authority, and wisdom. In this article the value of user involvement is underlined in health and social care education by highlighting the impact of experiential knowledge on student learning, with consideration of the diverse ways in which they contribute to education programmes. This leads to discussion of the potential role of the service user lecturer in social work academia, and reflection on the nature of their wisdom and experience. The article concludes with consideration of the best ways to embed real learning from expertise-by-experience in social work education.

Background

As previously stated, service users’ contribution to health and social care programmes can enable students to relate to their clients as experts-by-experience (Anghel & Ramon, 2009) leading them to apply the strengths approach in their practice (Fukai, Goscha, & Rapp, 2012). Gregor & Smith (2009, p. 24) note that social work students may ‘embark on their social work training with a strong conviction that they want to ‘help’ people in distress and it may therefore be more difficult for them to reconcile the fact that service users are indeed capable individuals who may not always require ‘help’.’ Service user involvement in education has the potential to rebalance and redefine power relationships (Fox, 2015) even when social workers traditionally hold the power; as indeed with additional training as Approved Mental Health Professionals social workers may invoke the law in specific circumstances to compel people experiencing mental ill health to be detained in hospital (Golightley, 2014).

Similarly, there is now growing evidence of the positive influence of service user involvement in the adjoining field of nursing education (Rush, 2008), with it now becoming an integral part of health care training (The Willis Commission, 2012). Rush (2008), in an early study in nursing training, highlights how nursing students experienced a sense of transformational learning (Mezirow, 2000) as they participated in a module developed in partnership between educationalists and service recipients. This allowed the power and authority between the different stakeholders to be redefined: the students sought to make sense of the service user’s story by engaging in dialogue with the service user and learning about their experiences. This demanded a reversal of the traditional roles with the service user becoming the helper and the students the helped. This approach, which emphasised a change in power differentials influenced the emotions of the student as their assumptions about people with mental health needs were changed. This led them to resolve to change future practice, thus reflecting a process of transformational learning.

There is a strong evidence base of the positive impact of service users’ contribution to the training of social work students (Allain *et al*, 2006; Anghel & Ramon, 2009; Gregor & Smith, 2009). Although many small scale qualitative studies have been undertaken in which the value of user involvement in education has been confirmed, a limitation of current research is its focus on evaluation of the process of service user involvement with little consideration of its impact on outcomes (Robinson & Webber, 2012),

Arnstein’s (1969) Ladder of Involvement was the first model that sought to quantify and understand the nature of service users’ involvement in decision-making processes. This has been widely used in community development work to evaluate the nature of power and influence that service users hold; similarly it can be used in education. Building on Arnstein’s (1969) Ladder of Involvement, Tew, Gell, & Foster (2004) proposed five stages of service user involvement that can be applied to professional training:

Level 1: no involvement

Level 2: limited involvement

Level 3: growing involvement

Level 4: collaboration

Level 5: partnership.

Additionally Webber & Robinson (2012) evaluated service user involvement in the training of post qualifying social work students and developed four levels of involvement: consultation, partnership, political and user control. This model reflects the stages developed by Tew *et al* (2004), building on Arnstein’s (1969) work. However the latter two stages of political involvement and user control emphasise the importance of utilising a democratic model of involvement that is underpinned by equality between service users and other partners. Webber & Robinson (2012, p.1268) highlight the political aspects of service user involvement which ‘model radical social work… by building a community of service users and carers and by seeking to contribute to wider political change’.

Despite strategic mandates which drive the participation agenda forward (HCPC, 2009; Levin, 2004; Willis Commission, 2012), as teaching programmes are developed, power and control tends to become concentrated in the hands of educationalists rather than in those of service users; although educators may choose, from a position of authority, to share some of their power with service users. Some lecturers confine user involvement to that of wheeling out the service user to tell their story (Gregor & Smith, 2009); this reduces user knowledge merely to the service user identity and undermines the potential ways in which experts-by-experience can contribute to professional development. This aligns in part to Arnstein’s (1969) notion of ‘tokenism’; and merely reinforces the idea of service users as passive recipients of services rather than active citizens who are experts-by-experience (Barnes & Bowl, 2001). Despite this, when all stakeholders collaborate to build effective involvement, service users can begin to share power. Allain *et al* (2006, p. 412) note that as experts-by-experience contributed in more creative and innovative ways to the development of the social work programme at Middlesex University they began to feel they had “reached rung six (partnership) where we are just beginning to negotiate a more effective participatory role.”

Sometimes lecturers, from a position of power, are anxious about the negative impact of involvement on service users’ well-being; despite service users often demanding their increased participation in ever more creative and innovative ways. Duffy, Das & Davidson (2013) discuss how students and staff perceived service users’ involvement in role plays which were used in a social work module to assess students’ readiness for direct practice. Concerns were expressed about using *real* service users in the role play scenario as it was believed that they could be negatively impacted by insensitive questioning from inexperienced students. Does this coincide with a professional’s duty of care to protect service users from harm? Or does it concord with risk averse practice? Social role valorisation (Wolfensberger, 1972), an early concept developed during transition from institutionalised care to independent living in the community, reinforces the need for professionals to support service users to develop positive social identities that can be respected by the wider community. Ion, Cowan, & Lindsay (2010) note how this concept can help us to understand the respect and authority that service users can gain when they make a useful contribution to training mental health professionals.

Despite this, it is noted that the attainment of a ‘positive’ identity, which is central to the notion of social role valorisation (Wolfensberger, 1972), is framed by the constructions of the community – i.e. a valued role is socially constructed by the normative framework. Moreover the recognition that is acceded to expertise-by-experience in social work education is also socially constructed and framed by those who have the power; this means that expertise-by-experience and its value and acceptability in social work education is defined by the dominant social work discourse. This begs the question: is the place of expertise-by-experience in social work education transient or is it perceived as a permanent and powerful aspect of social work education?

Coulter, Campbell, Duffy & Reilly (2013), drawing on Freire’s (1970) work, emphasised the notion of education as a liberating, anti-oppressive, political endeavour, in their context in a university setting in Northern Ireland. Their study, based in a community which had experienced the political conflict of the ‘Troubles’, evaluated the students’ responses as lecturers brought the ‘victims’ and ‘perpetrators’ of political violence into the classroom. This process enabled the social work students to reflect on the possible challenges of working with people who had both experienced and perpetuated political violence. Focusing on sharing diverse and challenging perspectives of conflict underlines the premise that user involvement in education can be a form of political expression (Freire, 1970; Webber & Robinson, 2012) as indeed the students own political perspectives were challenged and confronted. In support of this, Mc Laughlin (2009, cited in Duffy & Hayes, 2012) reminds us of the anti-oppressive nature of social work and its underpinning tradition of sharing power by working in partnership with those who receive services or who have experienced violence and oppression, reinforcing its political nature. More widely, the discourse of expertise by experience (Fox 2015), which highlights the capacity and skills of people who receive services, goes some way to challenging the prevailing belief in professional hegemony by underlining the value of experiential wisdom – emphasising the political nature of user expert knowledge.

This article has explored the nature of user involvement in education as a catalyst for transformative learning (Rush, 2008); as an anti-oppressive and liberating process (Coulter et al, 2013); and as a potentially political action (Webber & Robinson, 2012). In the next section I reflect on my hybrid identity as a lecturer who uses services and consider whether this is seen as an authoritative and effective way to convey the reality of experience.

Discussion

Social workers are encouraged to be reflective practitioners who critically consider the connections between their personal and professional ethics and how these influence their behaviour (Beckett & Maynard, 2013). When lecturers have lived experience of using services, which is central to their teaching, it is unclear on what basis their authority is founded and how their wisdom is valued by both lecturers and students in academia. My authority as an academic in the classroom is derived from my professional knowledge, yet it is the story of my lived experiences that most inspires my students. In order to resolve this conundrum, it is necessary to explore how academic and experiential wisdom interact and to consider what happens when the lines between professional and personal knowledge are blurred, and more widely how user involvement can be most effectively embedded in social work education.

Intersectionality, developed by Crenshaw (1989), provides a framework for understanding how the different identities that people possess can compound their sense of oppression. Crenshaw (1989) reflected on the multiple experiences of oppression of African American women in USA arguing that this was not related merely to their gender or their ethnicity, but was rather located in the intersectionality of both identities. The multi-dimensional experiences of exclusion experienced by women of colour were derived from being a part of a society that was patriarchal and which comprised a white majority, locating power in the hands of white men who failed to understand and relate to the needs of women of colour. As a lecturer I possess the authority from my status as an academic located in a university institution which expounds academic and scientific knowledge intersecting with the powerlessness and stigma of being a service user in a discriminatory society. How do students relate to this authority that intersects with experiences of powerlessness and discrimination?

Gregor & Smith, (2009) noted that when a service user comes into a classroom and becomes the lecturer, it can be difficult for the lecturer labelled as the service user to maintain a sense of authority, they may instead be labelled as ‘that person who has done really well to get to where they are’. Gregor & Smith (2009, p.27) consider that the ‘service user identity can be confusing for all parties, for they are neither a fulltime service user, nor social worker, nor full-time lecturer. This either / or / neither / nor’ can be projected on to the student group who may also become confused as to what role the service user is fulfilling’. They however highlight that because one in six people experience mental ill-health at one point in their lives there may inevitably be a blurring of boundaries between who is the service user and who is the potential professional; despite this they contend that it is often easier for students to ‘other’ service users by putting them into pigeon holes. Ion et al (2010, p.7) reflect that students may hold ‘damaging stereotypes’ about people with mental health issues and that ‘by introducing students to service users in the role of lecturer, we go some way to challenging these unhelpful and corrosive portrayals of, most often, very ordinary people who are struggling to cope with extraordinary experiences and circumstances’.

Simons et al (2007) advocate that the best way for service user knowledge and authority to be embedded in a university context is for the creation of a service user academic post to support the participation agenda. They built on a model developed in an Australian university that sought to develop the specific role of service user academic (Happel, Pinikahana, & Roper 2003). However some failures with this model in the English context were highlighted by Simons et al (2007) during implementation; they noted that the service user academic didn’t have the normal employment support such as an academic induction and she failed to undertake normal academic roles (like marking) as part of her normal day-to-day duties. This was designed to enable her to focus her time on developing service user involvement but her role was inevitably perceived as endowing her with less authority and influence.

Webber & Robinson (2012, p. 1264) argue that meaningful involvement ‘ideally requires embedding service users and carers in university social work departments as lecturers.’ They however highlight that such a role concords with the model of consultation, as presented earlier, rather than that of political or user control. They argue that this framework is focused on consulting a limited number of people rather than genuinely empowering service users or fostering a movement of control to them – although acknowledging that different service user academics will utilise such a role in different ways depending on their strengths and skills. Furthermore Beresford & Branfield (2012) note that current models of service user involvement draw on the consumerist model of involvement rather than the democratic model. The former is based on the idea of market forces in public services, whereas the latter emphasises the importance of citizenship, equal opportunities and the development of a rights- and responsibility-based society (Beresford, 2002).

Furthermore a consideration of the changes in health and social care discourse, shows that it is a *collective* movement that challenges established power, rather than the actions of *individual* experts. For example, physically disabled people, as a collective group rather than as individual experts, redefined established knowledge as they developed the social model of disability (Finkelstein 1990; Oliver 1983; 1990; Shakespeare, 2006). This radical movement led to a reinterpretation of the way physical barriers which prevented disabled people’s access to and participation in society were understood. This action by disabled people began to define the role of service users not just as service recipients but as citizens living beyond the label of their impairment (Shakespeare, 2006). Similarly the collective power of the mental health service user movement led to user involvement in service review and development (Rose, 2001).

This above discussion highlights wider concerns about the nature of effective user involvement in social work education and the concomitant value placed on individualised expert experience compared to that of collective knowledge. Harrison (2002), in an early paper on representation of users in service development and service review, questions the status of the individual service user as an effective representative. He notes (ibid, p. 29) that service users who speak on behalf of their peers can be perceived as professional users, ‘not typical users.’  He considers that it is very difficult for service users to represent their group’s views unless accountability processes are transparent; where this does happen, their credibility as service consultants is increased, and thereby their credibility with other professionals.   Without an established network, a representative cannot take a mandate from their peers, they are not accountable to the group, and cannot be said to represent the group (Barnes, 1997). This analysis directly challenges the premise that embedding a lecturer with lived experience in a university department is a sustainable model for implementing user involvement in social work education.

Furthermore Stickley (2006) radically questions the reality of service user involvement in mental health services by asking if the participation agenda is tokenistic, conforming to empty rhetoric. He argues that if service users sit on committees and become too professionalised then they can no longer challenge the dominant mental health discourse which has disempowered and disabled service users throughout many years. Stickley (2006, p. 576) contends that ‘The very system employed by those within positions of power to apparently promote more democratic change, that is, service user involvement in the existing powerful psychiatric system, is the very structure that will continue to retain overall control’. He argues for the necessity to confront the hegemonic authorities to enable service users to challenge the oppression of mental health services.

This analysis highlights that the very processes of involvement impact on what we consider are effective ways to convey authentic and tangible expertise-by-experience to health and social care students. However the questions remains: does my role as a service user and lecturer suggest an innovation that has potential to transform education and focus it on user expertise, or does it rather suggest a concession to the user involvement agenda? And even more widely; is a singular model of user representation credible or should a collective model of representation be developed in university social work departments? This allows us to return to the original question: how and when should lecturers who use services share experiential wisdom in teaching and what is the nature of their expertise and authority?

Contention about the knowledge that a professional lecturer should share when teaching social work students parallels much debate in mental health care as we consider the role of Peer Support Workers (PSWs) in supporting recovery. PSWs are employed to use their experiences of recovery to mentor other service users and are beginning to gain a greater presence in mental health care (Ockwell, 2012; Repper & Carter, 2010) as their authority is becoming more recognised. The debate about the role of PSWs in mental health care can help us to locate current arguments about the role of the service user lecturer in social work education for there are many parallel issues.

When service users contribute to education, they can help students to understand the need to work from a strengths perspective (Fukai et al, 2012) and to work in a way which promotes hope and optimism – in a context which is akin to the contribution that PSWs can make to the service users they mentor (Ockwell, 2012). Health and social care lecturers often question the ability of service users to maintain appropriate professional boundaries between themselves and students; this is similarly highlighted by practitioners as they consider the role of PSWs working with service users and in using their own experiences to support recovery (Repper & Carter, 2010). Duffy et al (2013) wanted to protect the mental well-being of service users as they considered whether they should take part in role play scenarios; such concerns are similarly held by health professionals as they consider the needs of PSWs (Repper & Carter, 2010), highlighting the need to ensure they didn’t take on too many shifts particularly during waking nights.

In a wider debate, concerns expressed about social work educators incorporating experiential wisdom alongside practice and academic wisdom in teaching is paralleled in debates in practice. How do we locate the place of trained professionals, such as social workers, CPNs, and psychiatrists, who also use services, and want to use experiential wisdom to support their practice? Indeed, all such debates relate to occupational and professional status and what is the best way to deliver best practice care and support in education, practice and research. As a service user lecturer I share many of the experiences similarly played out in mental health services, these are based on the stigmatisation of mental ill health and the accompanying suspicion that it is better to remain silent about these experiences and confine them to the personal realms.

Conclusion

This article has described the evidence base that underpins the usefulness of service user involvement in health and social care education, and considered the diversity of the ways in which service users contribute to different programmes. I have considered the potential ways in which the authority and influence of service users can be secured in social work education by embedding them in academic roles in universities, and highlighted the challenges to this more widely, by asking if a singular model of user representation is even credible or whether it should be replaced by a collective model of involvement I have concluded by drawing parallels between the experiences of PSWs in mental health services and service user lecturers in social work education.

Many studies have indicated that students themselves value listening to service users’ experiences in education (Anghel & Ramon, 2009) and note how it can lead to transformative learning (Rush, 2008). Students themselves affirm experiential wisdom is important in changing practice, therefore we must seek to increase the opportunities they have to learn from authentic experience. This will enable us to ensure that education is based on parity of influence between different stakeholders (Tew *et al*, 2004), and not on a foundation that allows lecturers to confine the service user perspective to them ‘telling their story’ (Gregor & Smith, 2009) – which often points to tokenism rather than partnership working (Arnstein, 1969).

As I teach students about social work I mix professional language and underpinning theory with personal experience. I remind students of the importance of understanding experience through authentic reflection and underline the impact of their power on service users’ lives (Fox, 2012; 2016). I am therefore able to make experiences of service receipt real and tangible to students. However more widely the diagnosis of mental ill health continues to be stigmatised and the professional utilisation of experiential experiences in education and in practice is still under-explored and under-valued; despite the mandate that service users and carers should be involved in all aspects of health and social care education. It is important to ensure that lecturers who acquire knowledge through experiential wisdom experience similar levels of authority and power as those who acquire expertise through their education and practice.

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