Service User Involvement

A comparative study of England and South Africa

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Reference:

Available at:
http://scholar.google.co.za/citations?user=YUORtfMAAAAAJ&hl=en
Overview of the project

• Core requirement in Social Work Education in England
• Overview of practice – England & South Africa
• Simple comparison difficult
• Needs to be viewed through social welfare policy lens – moulded by socio-political & economic contexts
• Munday (2007) Service user & citizen involvement seen as tool – democracy, empowerment, accountability & organisational, economic, social & political engagement & participation
• Service user involvement in training – rapidly increasing worldwide

• SW service provision differs
  – Nature of service user involvement differs
  – Care traditionally family responsibility in SA, England based on market model of welfare provision
Term “service user” – defined by social and historical context
“user” different connotations
Difficult to use “user” & “service user” interchangeably – derogatory meanings (Banks, 2006, Cowden & Singh, 2006)
People who share role expectations (labelled) may have their behaviour defined by interactions – thus rather than empowering terminology may increase feelings of service dependence (Stets and Burke, 2000)
Lloyd (2001) 57% mental health service users in Australia preferred term of “patient” or “client”, 28% “consumer”
 Raises questions about terminology & whether terms accord with those they are designed to serve
Service user involvement in South Africa

- Adopted social development paradigm of welfare following democratisation in 1994
- People-centred approach to social-economic development – redress past imbalances (RSA, 2003)
- Term not used in official documents
  - “consumers of social services” (RSA, 2006, RSA, 1997)
- Requirement that SW teaching is undertaken by qualified & registered SW’s
Service user involvement in England

• Involvement gained popularity in last decade – service users movement, legislation & overall theoretical development of SW practice (Waterson & Morris, 2005)

• Dept of Health requirements – involved in all aspects including course development & delivery, student recruitment and assessment of assessed work (Beresford & Croft, 2004)
Benefits and Barriers to service user’s involvement (from an English perspective ...)

- Evaluation of SW Degree Qualification in England TEAM (ESWDQE, 2008) reaffirmed commitment to principle of service user involvement
- Benefits for individuals – mental health, transferable skills for their employment status
- Students perceive involvement positively overall (Banfield, 2007)
- Danger of unequal power relationships – if involvement is tokenistic, draws only from some groups (Gupta and Blewett, 2008)
- Other barriers include payment for service users, barriers to building access & recruitment (Banfield, 2007)
Challenges for involvement

• Simplistically may try compare training by comparing constituent parts in each country – but assumes social work meets single model of practice
• Lens through which we view developments & differences needs to include socio-economic & political narratives – terminology is anchored in particular discourses, culture & historical contexts
• Danger only involve those that are articulate, accessible & successfully negotiated market driven context of care in England
• Most socially excluded, less articulate – often at receiving end of coercive services still not heard
• Rationale based on move away from paternalism of traditional professions, growth of “new public management”, that participation will improve services & morally justified – but groups are not homogeneous in composition
Challenges for involvement

- Democratic involvement & rights different:
  - Vote participation 77.3% RSA (IEC, 2009), UK 65.1% (BBC, 2010)
  - SA citizens guaranteed rights i.e. Health care, education, housing vs. UK no formal constitution – rights based on statute & case law
  - England – development of individual budgets and “personalisation” – move away from authorities defining what services should be available & commissioned. Model assumes that accountability & choice will result in consumers acting rationally, have full information & capacity to make informed choices from a plethora of services
  - SA – SW’s directly responsible to users of their services & have right to petition Constitutional Court for infringements of their rights
Challenges for involvement

- England - increasingly market is seen as way of improving accountability, perspectives _ embedding involvement in profession & training – improves empathy & understanding
- SA – self regulating nature of profession – SWs greater autonomy for professional judgements & decision making – often with impunity for judgements of others (Freidson, 1994), self regulation of training of tuition & educational requirements
- Results in differences to SW regulation – GSCC 2 SW’s out of 7 members, SA majority of qualifies SW’s
Challenges for involvement

• England – move from citizens rights to citizens responsibilities i.e. Compulsory intervention if citizens don’t accept help offered in mental health (Jordan, 2004), Anti Social Behaviour Orders (ASBO’s)

• Social inclusion increasingly being seen through the lens of paid employment, with SW services highlighting link between choice & individual responsibility (Parton, 2006)

• SW’s often involved in commissioning services
Challenges for involvement

- England welfare provision increasingly involves competition for limited resources in a deregulated & competitive environment (Adams & Shardlow, 2005) – mirroring policy in USA
- Moralisation of socially excluded through employment – individual pathology being seen in the increase of crime, substance abuse, poverty & homelessness (ibid)
- Burden of social risk therefore shifting towards individuals & families – resulting in excluded groups needing to petition for resources & greater rights often unsuccessfully – become increasingly dependent on coercive professional action, compulsory inclusion & enforcement (ibid)
- Services commissioned are mostly task focussed – fail to meet holistic needs of individuals (Knapp et al, 2006)
Conclusion

• Involvement is fraught with opportunities & challenges
• SW’s often deliver services to citizens most disenfranchised & socially excluded – often as a result of socio-political policies & systems
• Involvement may help to develop professionals understanding, improve service delivery to meet service users needs
• But... citizens need to be engaged for democracy whilst consumers make individual economic decisions (Munday, 2007)
• Shift in responsibility from society to individuals may result if sufficient participation by service users, but there are not powerful user movements which are able to drive policy & citizen accountability
• Need more than individual involvement - also collective responsibility of citizens to society to ensure state doesn’t usurp its responsibility with limited funding
Bibliography


Munday B. (2007) Integrated social services in Europe, Strasbourg Cedex, Council of Europe Publishing


