



Service User Involvement

A comparative study of England and South
Africa



Gary Spolander, Coventry University

Annie Pullen-Sansfacon, Montreal University

Lambert Engelbrecht, Stellenbosch University



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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

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Context

- 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

“Service User”

- 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
 - “Clients & “Client systems” (SACSSP, 2007, RSA, 2006, RSA, 1997)
 - “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)

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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)

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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

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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)

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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

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