



Learning from service users involvement: A research about changing stigmatizing attitudes in social work students

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Stigmatizing attitudes can create barriers to forming partnership with service users and to developing people's empowerment. So, social work education must help students overcome their stigmatizing attitudes. A useful strategy for bringing about changes is service users and carers involvement in social work education, providing students with direct exposure to stigmatized people in roles that emphasize their humanity and strengths, rather than their deficits. The present study assessed the impact of a one-day meeting with service users and carers members of self-help and mutual-aid groups on freshman social work students. Students completed an adapted version of AIMQ (Attitudes to Mental Illness Questionnaire) before and after the meeting, and answered several qualitative questions. Data comparisons suggest that after face-to-face contact with service users and carers social work students showed reduced stigmatizing attitudes. Implications for further research and social work education are discussed.

Keywords: Service users, carers, involvement, stigma, social work education, Relational Social Work, AIMQ

Social work and stigmatizing attitudes

Stigma is particularly important in social work because most if not all people social workers work with will be subject to some form of stigmatization. 'Simply being a client of a social worker is often enough to attract stigma' (Thompson and Thompson, 2008, p. 216). Furthermore, social work has an important tradition and role in supporting vulnerable populations and in fighting discrimination and stigma (Cree, 2013; Fook, 2012; Banks, 2008; Dominelli, 2002, 2008; Burke and Parker, 2007; Barnes, 2006; Thomson, 2006). Nevertheless, social workers often share the negative view of social problems that is so widespread among general population. Stigmatizing attitudes are not only present in society at large, but also in helping professions, including psychiatry, psychology and social work (Nordt et al., 2006; Trevithick, 2005; Scheyett and Kim, 2004). Promoting users

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4 empowerment and partnership is pivotal to social work practice, but stigmatizing attitudes can
5
6 create barriers to forming partnership and to empowering people. Therefore, it is vital that
7
8 social work education helps students to overcome their stigmatizing attitudes (Zellmann et al.,
9
10 2014) as means to develop a ‘critical understanding of how socio-structural inadequacies,
11
12 discrimination, oppression, and social, political and economic injustices impact human
13
14 functioning and development at all levels, including the global’ (Sewpaul and Jones, 2005:
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16 220).
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20 Various ways to decrease stigmatizing attitudes in general population (eg Galletly and
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22 Burton, 2011; Weiss et al, 2006; Corrigan and Penn, 2015; Heijnders and Van Der Meij,
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24 2006; LeBel, 2008) and among professionals (e.g. Galletly and Burton, 2011) are described in
25
26 literature. As direct contacts and personal relationships with those stigmatized seem
27
28 particularly useful to reduce stigma (Corrigan, and Penn, 2015; Covarrubias and Meekyung,
29
30 2011), an important strategy for bringing about changes in professionals’ perceptions of
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32 stigmatized people has been to involve the latter in education and training, providing students
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34 and practitioners with direct exposure to stigmatized people in roles that emphasize their
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36 humanity and strengths, rather than their deficits (Shor & Sykes, 2002; Scheyett and Kim,
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38 2004).
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43 **Service users and caregivers involvement in social work education**

44 *Diffusion*

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47 In the last three decades, in the UK, service users and carers involvement in social work has
48
49 become firmly embedded in important aspects of social work education (Edwards, 2003;
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51 Branfield, 2009; Taylor et al., 2009). In recent years, service users involvement in university
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53 programmes has been started in other European countries – as Denmark, Germany, Norway,
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4 Sweden, in Northern Ireland (Agnew & Duffy, 2010), Croatia (Skokandić & Urbanc, 2009),
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6 and in Eastern European countries (Zavirsek and Videmsek, 2009). As far as we know, in the
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8 [name deleted to maintain the integrity of the review process] social work education system
9
10 only two experiences can be found, that were carried out by the University of [name deleted
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12 to maintain the integrity of the review process] and by the University of [name deleted to
13
14 maintain the integrity of the review process], respectively.
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16

17 18 19 ***Rationale***

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21 The involvement of service users and carers in social work education is thought of as
22
23 promoting the more collaborative ways of working that contemporary social work theory and
24
25 practice emphasize (Waterson & Morris, 2005), and as providing a balanced education
26
27 capable of building a good professional practice in students, especially when service users are
28
29 involved right from the beginning (Baldwin & Sadd, 2006; Tyler, 2006; Waterson & Morris,
30
31 2005). The central idea is that social workers must regard service users and carers as partners
32
33 in dealing with their life difficulties. So, social workers should not regard them merely as
34
35 recipients of interventions, but as people from whom to learn, both in professional practice
36
37 and education.
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41 Service users' everyday experiences are fundamental to equipping would-be social
42
43 workers with key elements of knowledge and expertise and to improving services (Beresford,
44
45 2000; Anghel and Ramon, 2009). The exposition to service user perspectives also aims to
46
47 help social work students, and freshmen especially, relate theory and practice (Cooper and
48
49 Spencer-Dawe, 2006; Irvine et al. 2015).
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52 53 54 ***Power sharing***

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56 In order to achieve an effective participation and to avoid the risks of a tokenistic approach,
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4 general issues about how users' role could be presented and how programmes could be
5
6 adjusted to promote effective changes in social work practice should be addressed (Askheim,
7
8 2012).
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11 There is the risk that users could be seen as 'case studies' instead of partners,
12
13 increasing the emphasis on the distance between 'us' (professionals) and 'them' (the users)
14
15 (Wilson and Beresford, 2000; Beresford and Croft, 2008). Conversely, only if service users
16
17 and carers feel respected for what they can offer, they are more able to share their
18
19 perspectives (Anghel and Ramon, 2009, p. 187). When groups or organisations of users are
20
21 involved, they are in a better position to effectively challenging conventional images of
22
23 service users (Beresford & Boxall, 2012)
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26 27 *Involvement domains and methods* 28

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30 Service users and carers have collaborated with social work courses in different ways: as
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32 personal testimonies, educators, co-teachers, recruiters of students (Askheim, 2012). They
33
34 have contributed by telling their stories and real-life experiences, as well as by producing
35
36 written materials (Reynolds & Read, 1999) and videos (Smith, 2013). Gee et al. (2009)
37
38 analysed what learning students had gained after spending 24 hours with service users and
39
40 family carers. Quinney and Fowler (2013) described a participatory initiative carried out
41
42 through online discussion groups run by users and carers.
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45
46 Judkins and Lahurd (1999) underlined the importance of involving service users and
47
48 carers in curriculum development and design, and not only as personal testimonies – they
49
50 should be regarded as partners in developing educational programmes (Molyneux & Irvine,
51
52 2004). To this purpose, they may take part to a wide range of tasks, as students selection,
53
54 development of teaching approaches and materials, programme planning, teaching and
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4 learning activities, feedback and assessment, quality monitoring and evaluation (Health and
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6 Care Professions Council, 2014).
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Though, service users and carers have been actively involved in assessing the
readiness of freshmen students in social work for their first period of practice learning (Duffy
et al., 2013) and in assessing students' achievement both in practice learning and in
institution-based learning (Gee et al., 2009), more compelling evidence about the
effectiveness of service users in such roles is needed (Skoura-Kirk, 2013). According to
Gregor and Smith (2009), prior to involving 'service users as educators', their potential role
and contribution, as well as their training needs, should be considered.

Recruitment and training

Involving service users and carers can mean working with individuals or working with groups
and networks of service users and carers, with voluntary organisations (Health and Care
Professions Council, 2014), with community organisations (Gupta & Blewett, 2008), with
local activity centres (Askheim, 2012). This outreach work always takes time and requires
careful preparation. It is essential to explain the initiative to the different individuals or
organisations targeted, and to learn what they may offer, whom else they are involved with,
and what their engagement conditions are (Levin, 2004).

Service users and carers may need support and training, particularly when they take
part in student selection processes or assessment tasks (Brown & Young, 2008). Help with
reading, understanding, and/or producing written may be necessary too (Gupta & Blewett,
2008).

Preliminary meetings among service users and carers enable them 'to present the
views of the group, rather than just their own experiences, which can be emotionally difficult

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4 for them and dismissed as unrepresentative by those receiving the training' (Gupta & Blewett,
5
6 2008: 468; Baldwin and Sadd, 2006; Irvine et al., 2015).
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9 10 *Outcome*

11
12 Most authors argue that service users and carers involvement in social work education is
13
14 extremely valuable to all parties (Brown & Young, 2008; Morgan & Jones, 2009; Irvine,
15
16 Molyneux and Gillman, 2015).
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18
19 Irvine et al. (2015) show that many students come to realize how keeping the service
20
21 users' perspectives at the core of practice is paramount in order to actualize social work
22
23 values. Thanks to service users' and carers' testimonies, awareness of the importance of
24
25 human experience within the social and health service system has grown (McCusker et al.,
26
27 2012). A student quoted by Smith (2013) said that he had learnt by service users the
28
29 importance of being aware of how social workers' behaviour and attitude impact upon them.
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33 Students acknowledged the importance of interacting with service users and carers
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35 away from their usual environments and roles (Benbow et al., 2011). The 'us-and-them'
36
37 distinction between the parties dwindled (Askheim, 2012). Significantly for the purposes of
38
39 the present article, it has been shown that the stigma associated with certain service user
40
41 groups, particularly in relation to mental health, decreases. This occurs to varying degrees,
42
43 depending on students' previous experience (Smith, 2013). One of the most important results
44
45 of the project carried out in Northern Ireland by Coulter et al. (2013) was showing how this
46
47 kind of initiatives appeared to increase students' awareness and capacity in a divided society.
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49 After talking with victims of violence and discrimination, students appeared more equipped to
50
51 meet the requirements of such a society (Judkins and Lahurd, 1999).
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55 Furthermore, learning by and with service users and carers develops communication
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57 skills (Skilton, 2011), and emphasises the value of listening (Branfield, 2009).
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4 There are indications that service users involved in social work education improve
5 their confidence and self-esteem, arising from a sense of making meaningful contribution
6 (McCusker, 2012; Benbow and coll. (2011). The significant literature review by Robinson
7 and Webber (2013) underlined that little effort has been made to ascertain if the participation
8 of service users in social work education actually improves outcomes for students. After
9 analyzing 29 international studies, they showed that none of them addressed the effects on
10 social work practices and only two measured change in social students' attitudes or in their
11 perception of service users and carers.
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22 The study presented in this article attempts to fill part of this gap by investigating the
23 effects of a meeting between freshman students in social work and service users and carers in
24 terms of reduction of stigma.
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30 **A full day meeting: Students and EBE together**

31 *Setting*

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33 For eight years the involvement of service users or ex-service users and carers as teachers has
34 been an important part of the social work education programme at the [name deleted to
35 maintain the integrity of the review process] University.
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42 Service users and carers participation is closely linked to the social work approach
43 taught at the [name deleted to maintain the integrity of the review process] University, i.e.
44 Relational Social Work. Relational Social Work (Folgheraiter, 2004, 2007) stems from
45 relational sociology (Donati, 2010) and focuses on relationships as the basis for change. The
46 central idea in Relational Social Work is that change emerges from a reciprocal aid, both
47 among people in difficult circumstances, family members, friends, neighbours, and between
48 that network and the social worker. The practitioner helps the network to develop reflexivity
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4 and improve it in enhancing welfare, and – in turn – the network helps the practitioner to
5
6 better understand how s/he can help it (Folgheraiter and Raineri, 2012).
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9 In Relational Social Work, service users are considered as ‘experts by experience’
10
11 (McLaughlin, 2009; Preston-Shoot, 2007; Saleebey 1996), because they have experience of
12
13 using care services, and especially because they are experts about their lives, and about their
14
15 difficulties.
16

17 18 19 *The meetings*

20
21 The present study looks at a learning experience that was part of a Social Work Orientation
22
23 Workshop [quote deleted to maintain the integrity of the review process] addressed to
24
25 freshman students and aimed at providing them with an opportunity to know a life story and
26
27 change their views of social problems and service users.
28

29
30 Every academic year, the University organizes a full day meeting between students
31
32 and service users members of self-help and mutual aid groups, who are invited as ‘experts by
33
34 experience’ (EBE). The program of the day is divided in two parts: in the morning each
35
36 student talks individually with a service user for 2 hours. It is not a professional interview, but
37
38 a simple conversation aimed at knowing each other and exchanging life experiences. After the
39
40 lunch time shared together in the university canteen, all the participants (students and service
41
42 users) meet together in 5 groups with about 15 EBEs and 15 students, to express thoughts and
43
44 feelings about the experience. Every group was facilitated by one of EBEs.
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49 In the academic year when the present research was carried out, the students met EBEs
50
51 with experience in the following problems: mental health; drugs addiction; alcohol addiction;
52
53 unemployment; disability; difficult partner divorce; parents of children in child protection;
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55 gambling addiction.
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Recruitment

EBEs were recruited through self-help and mutual-aid groups organizations, the so-called ‘umbrella’ organisations that gather a number of self-help and mutual-aid groups for the same type of problem, or many groups with different targets. EBEs must have been members of a self-help and mutual-aid group for at least a year.

Firstly, the initiative was presented to some key persons who had already contacts with the social work course and who were group facilitators. Then, the University sent a letter to each self-help and mutual-aid group, inviting all those who were interested in participating and suggesting to extend the invitation to other potentially interested groups.

A total of 80 members of self-help and mutual-aid groups participated to the full day meeting. This number can be seen as a significant success, since – according Levin (2004) – the number of individuals actively involved in social work education initiatives usually ranges from 4 to 20, with an average of 8-10.

The recruitment through self-help and mutual-aid groups organizations was chosen taking into account both the range of benefits arising from working in groups (highlighted above) and particularly what happens in this kind of groups. Self-help and mutual-aid groups produce strengths-driven processes promoting psychological insight and social skills (Steinberg, 2010). Self-help and mutual-aid groups imply an ongoing reflection on personal experiences, starting from the others’, in a peer-to-peer logic. In this way, individuals can develop narrations and points of view enhanced by the other members’ perspectives. When someone participates in a self-help and mutual-aid group for a period of time, s/he will not only elaborate his/her experience individually but s/he will also enrich it with the coping experiences of the other members. When motivated people who have lived similar experiences talk and listen to each other, they can develop a higher-standing life knowledge

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4 that expresses the shared experience and is less contingent on individual circumstances. In a
5
6 self-help and mutual-aid group the knowledge of individual members upgrades, just because
7
8 it becomes shared knowledge (Raineri, 2011).
9

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11 Thus, the student who meets an EBE listens to his/her life story, but in the dialogue
12
13 between them the experiences of other people expert in coping with a particular difficulty also
14
15 emerge. In this way the student does not listen only to the individual voice of an expert but
16
17 listens to his/her experience revisited in the light of experiences of others.
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19
20 Due to all these reasons, the experience in self-help and mutual-aid groups was
21
22 considered as an excellent basis of competence for EBEs involved in social work education.
23
24 Other minor issues were discussed with the key persons and with the workshop supervisors.
25

26 27 28 **Research Method**

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30 The research hypothesis was that face-to-face contact with people coping with life difficulties
31
32 would produce educational effects in the students, particularly by reducing the level of
33
34 prejudice toward service users who are experiencing life problems.
35

36
37 The research aimed at exploring how this educational experience affected participants
38
39 and at finding out, by means of a survey, if students' attitudes showed any change.
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42 Students were administered an adapted version of the 'Attitudes to Mental Illness
43
44 Questionnaire' (AMIQ - Cunningham et al. 1993; Luty et al. 2006), previously translated into
45
46 Italian, both in the two weeks preceding the meeting (pre-test) and in the two weeks following
47
48 it (post-test). The second administration included some additional qualitative questions.
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50
51 Students completed the questionnaire online.

52
53 The 5-item AMIQ has good psychometric properties and can be used in most
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55 situations (Luty et al. 2006). Respondents read short vignettes describing an imaginary service
56
57 user and answer five questions for each vignette. Respondents are asked to rate how likely
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4 some consequent events are to occur on a 5-point Likert scale (from -2 = most likely, to +2 =
5 most unlikely). The scores for the 5 questions are then added up, giving a total score that can
6 range between -10 and +10. Low scores indicate negative attitudes.
7
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10 The data collected by means of the questionnaire were analyzed through a statistical
11 program to look for differences between pre- and post- results. Differences were calculated by
12 subtracting each student's pre-test score from his/her post-test score.
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16 The full-day meeting was part of the common academic activity, so all freshman
17 students were expected to attend it. Responding to the questionnaire was discretionary and
18 students did it anonymously. Each student was asked to insert an alphanumeric code that
19 would allow us to make the pre-/post comparison.
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26 Prior to the meeting, students were told that they would take part to an initiative aimed
27 at gaining a better understanding of the life and difficulties of people who turn to social
28 services. The online questionnaire came with a note giving assurance about anonymity and
29 explaining that the research intended to gather information about some opinions and attitudes
30 of the students.
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37 The study was conducted with the freshman students of the Catholic University
38 (Milan, Italy) in 2014. A total of 100 students participated. Most of them (90%) were female
39 and Italian. The mean age was 20 years. 45% of them came from technical college and 55%
40 from high schools.
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48 Findings

49 The hypothesis of the present research, i.e. that after face-to-face contact with EBEs students'
50 attitudes toward service users would improve, was supported by the findings of pre-test/post-
51 test analyses. The data obtained through the first and second administration of the AMIQ are
52 shown in Table 1.
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4 Table 1 Pre-test and post-test scores [Table 1 near here]
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7 Post-test mean scores differ from pre-test mean scores for all the vignettes, with the
8 only exception of the disability vignette. The mean AMIQ scores improved from -0.45 prior
9 to the meeting with EBEs to +0.25 after that meeting, with a mean difference of +0.70.
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12
13 Through a second analysis, participants were divided into percentiles on the basis of
14 their total score at the pre-test. Three groups were identified: with a high, medium, and low
15 level of prejudice. It is apparent that the increase in mean scores is due to improvement by
16 students with lower scores (i.e. students in the sample who initially had a high level of
17 prejudice).
18
19

20 As Table 2 shows, change scores for this group of students are up to 2.71 for the
21 vignette about schizophrenia, and up to 1.37 in total.
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23

24
25 Table 2 Pre-test and post-test scores for students who initially had a high level of prejudice
26 [Table 2 near here]
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30 Qualitative data collected by asking some questions during the second administration
31 of the AMIQ revealed that participants appreciated the experience of meeting the EBEs,
32 following which they were able to identify some key concepts for social work practice.
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35 Students' answers confirmed that they had improved their personal attitudes toward
36 service users:
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39 "I have learnt more about drug addictions, revising my wrong ideas"
40
41

42 "I found out that these people have a problem, but are not a problem".
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46 The answers to the qualitative questions suggested that students' stigmatizing views of
47 service users as bad or lacking people were questioned after meeting them:
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4 “Prior to the meeting I was worried, but now I have to say that service users are strong
5 and brave people.”
6

7 “When I will become a social worker it will be important for me to treat each service user
8 as a unique person, giving him/her the chance to change and avoiding to focus on past
9 events.”
10

11 “Service users are people who take on the challenge of starting a new life. They are
12 people from whom we can and we have to learn.”
13
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15
16 For future practitioners engaged in human relationships, these statements are
17 meaningful, because being able to suspend one’s own conjectures and judgments, and to set
18 aside one’s own feelings and free associations in order to recognize the otherness will be
19 essential for them (Sevenhuijsen, 1998).
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25 Furthermore, students underlined that they needed to improve their personal reflexive
26 abilities:
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30 “I learned that prior to expecting other people to change I have to question myself.”
31

32 “To become a good social worker I need to work deeply on myself, coping with my
33 worries, understanding my limits and my resources.”
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36 To the question ‘Was the meeting a positive, negative or neutral experience for you?’,
37 none of the students answered ‘negative’, two students answered ‘neutral’, and most of them
38 expressed enthusiasm and satisfaction.
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44 **Discussion**

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46 Overall, the findings of the present study are encouraging. Data suggest that meeting face-to-
47 face with people who are expert in coping with their own life difficulties had positive effects
48 on social work students. Change scores show a reduction of stigma for almost all the vignettes
49 presented in the AMIQ.
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4 The only exception showing no improvement was the situation of a man with
5 disability (Claude). It is possible that the students who talked with people with disability or
6 their relatives during the meeting had already a good understanding of the everyday
7 difficulties of living with a disability, so their attitudes did not change significantly.
8
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11
12 Interestingly, stigmatizing attitudes seem to have decreased not only with reference to
13 the problems of which the EBEs had a personal experience (and about which, then, they
14 talked with the students during the meeting) but also with reference to the situation of Robert
15 (offender), that had no correspondence to any of the self-help and mutual-aid groups
16 involved.
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22 Despite the pre/post improvement, Robert was by far the most stigmatized character in
23 the opinions expressed by our sample of students. Therefore, particular attention will have to
24 be paid in addressing prejudice toward offending people and, if possible, it may be useful to
25 involve in future meetings also EBEs who have experienced this kind of difficulty.
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31 For the students of our sample, the full day meeting with the EBEs was one of the first
32 opportunities to interact with service users. Qualitative findings of the present study suggest
33 that this encounter has some characteristics of a relational and dialogical practice culture. It is
34 a brief intervention that may have a significant impact on students. The students of our sample
35 pointed out how this kind of experience could help them recognize users' value, respect their
36 identities, and facilitate empowerment and participatory approaches.
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40 41 42 43 44 45 46 47 **Limits**

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49
50 The most obvious limitation of the present study is the lack of a comparison group. Therefore,
51 it cannot be claimed that the decrease in students' stigma was entirely or mainly due to the
52 meeting with the EBEs, though it may be reasonably assumed. Moreover, it was not assessed
53 if and how long the changes in students' attitudes last. Future studies could address this issue.
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4 It would be both interesting and important, for future research, to gather EBEs' opinions and
5
6 perceptions about their engagement. The vast and enthusiastic participation by service users
7
8 and carers that has been observed over the years suggests that this activity benefits EBEs too.
9

10 11 12 **Conclusions**

13
14 Participants to the meeting expressed satisfaction and appreciation about this initiative.
15
16 Besides, data suggest that the full day meeting was effective in reducing stigmatising attitudes
17
18 and mistrust towards people who have personal and social problems.
19

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21 Stigmatising attitudes towards people with mental illness, drug addiction, or offenders
22
23 are commonly reported among professionals. It is widely recognized that in order to become
24
25 effective and morally upright social workers it is essential to develop some abilities related to
26
27 human, relational, and personal skills (Schön, 1983; Wilkes, 1985; Braye & Preston-Shoot,
28
29 1995; Thompson, 2002; Trevithick, 2005; Banks, 2008; Barnes, 2006). Promoting face-to-
30
31 face contact with experts by experience may be an effective strategy to reduce dangerous
32
33 feelings of anger, mistrust, and discrimination.
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36
37 To think of people who are living life problems as 'experts by experience' it is
38
39 necessary to recognize their power, their abilities, and their feelings, irrespective of the
40
41 resolution of problems. Furthermore, for social work professionals, the obligatory way to
42
43 'create' power is to take a step back and relinquish some of their own power (Folgheraiter and
44
45 Raineri, 2012). Social work education has the responsibility of encouraging students'
46
47 awareness about the need to establish fully collaborative relationships with service users, co-
48
49 creating help interventions. The reciprocity of help – letting the user be an equal and help the
50
51 social worker – is not an empty slogan or a luxury. It is a radical turning point (Folgheraiter,
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53 2012) because, if this reciprocity is absent, the help withers and dies (Beresford and Croft,
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55 2004).
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4 This study confirms that social work education can be enhanced through the
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6 participation of service users as ‘experts by experience’. Given that in a true helping
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8 relationship both human agents aid each other (Pettersen and Hem, 2011) and that both
9
10 experts and interested parties should work together in a synergic search for a common good
11
12 (Folgheraiter and Raineri, 2012), learning from service users is for would-be social workers a
13
14 valuable educational opportunity at the first steps on their path.
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19 References

- 20
21 Agnew, A., & Duffy, J. (2010). Innovative approaches to involving service users in palliative care social work
22 education. *Social Work Education*, 29, 744-759. doi:10.1080/15433714.2014.939382
- 23
24 Allegri, E. (2015). *Service users and carer involvement in social work education: Lessons from an innovative*
25 *Italian experience*. Paper presented at EASSW biennial conference ‘Social work education: towards
26 2025’, Milan, June 2015.
- 27
28 Anghel, R., & Ramon, S. (2009). Service users and carers involvement in social work education: Lessons from
29 an English case study. *European Journal of Social Work*, 12, 185–199. doi:
30 10.1080/13691450802567416.
- 31
32 Askheim, O. P. (2012). Meeting Face to Face Creates New Insights: Recruiting Persons with User Experiences
33 as Students in an Educational Programme in Social Work. *Social Work Education*, 31, 557-569,
34 doi:10.1080/02615479.2011.590972.
- 35
36 Baldwin, M., & Sadd, J. (2006). Allies with attitude! Service users, academics and social service agency staff
37 learning how to share power in running social work education courses. *Social Work Education*, 25, 348-
38 359. doi: 10.1080/02615470600593543.
- 39
40 Banks, S. (2008). Critical commentary: Social work ethics. *British Journal of Social Work*, 38, 1238–1249.
41 doi:10.1093/bjsw/bcn099.
- 42
43 Barnes, M. (2006). *Caring and social justice*. Basingstoke: Palgrave.
- 44
45 Benbow, S.M., Taylor, L., Mustafa, N. & Morgan, K. (2011). Design, Delivery and Evaluation of Teaching by
46 Service Users and Carers. *Educational Gerontology*, 37, 621-633. doi: 10.1080/03601277.2011.559849.
- 47
48 Beresford, P. (2000). Service users’ knowledge and social work theory: conflict or collaboration?. *British*
49 *Journal of Social Work*, 30, 489–503. doi: 10.1093/bjsw/30.4.489.
- 50
51 Beresford, P., & Boxall, K. (2012). Service Users. Social Work Education and Knowledge for Social Work
52 Practice. *Social Work Education*, 31, 155-167. doi:10.1080/02615479.2012.644944.
- 53
54 Beresford, P., & Croft, S. (2008). Democratising social work - a key element of innovation: from “client” as
55 object, to service user as producer. *The Innovation Journal: The Public Sector Innovation Journal*, 13, 5–
56 22. Retrieved from: http://www.innovation.cc/scholarly-style/beresford_2_democrat_sw.pdf.
- 57
58 Branfield, F. (2009). *Developing User Involvement in Social Work Education*. London: Social Care Institute for
59 Excellence.
60

- 1
2
3
4 Braye, S., & Preston-Shoot M (1995). *Empowering Practice in Social Care*. Buckingham: Open University Press
- 5
6 Brown, K., & Young, N. (2008). Building Capacity for Service User and Carer Involvement in Social Work
7 Education. *Social Work Education*, 27, 84-96. doi: 10.1080/02615470701381491.
- 8
9 Burke, P., & Parker, J. (2007). *Social work and disadvantage: addressing the roots of stigma through
10 association*. Jessica Kingsley Publishers.
- 11
12 Cabiati, E. (2015). Teaching and learning: an exchange of knowledge in the university among students, service
13 users and professors. *European Journal of social work*, 1-18. doi: 10.1080/13691457.2015.1024615.
- 14
15 Cooper, H., & Spencer-Dawe, E. (2006). Involving service users in interprofessional education: narrowing the
16 gap between theory and practice. *Journal of Interprofessional Care*, 20, 603-617. doi:
17 10.1080/13561820601029767.
- 18
19 Corrigan, P. W., & Penn, D. L. (2015). Lessons from social psychology on discrediting psychiatric stigma.
20 *Stigma and Health*, 1, 2-17. doi: 10.1007/s10464-008-9189-5.
- 21
22 Coulter, S., Campbell, J., Duffy, J., & Reilly, I. (2013). Enabling Social Work Students to Deal with the
23 Consequences of Political Conflict: Engaging with Victim/Survivor Service Users and a 'Pedagogy of
24 Discomfort'. *Social Work Education*, 32, 439-452. doi: 10.1080/02615479.2012.668180.
- 25
26 Covarrubias, I., & Han, M. (2011). Mental Health Stigma about Serious Mental Illness among MSW Students:
27 Social Contact and Attitude. *Social Work*, 56, 317. doi:10.1093/sw/56.4.317.
- 28
29 Cree, V.E. (2013). Stigma in Health and Social Work, in Beddoe, L., & Maidment, J. (2013). *Social Work
30 Practice for Promoting Health and Wellbeing: Critical Issues* (pp.76-85). London: Routledge.
- 31
32 Cunningham, J.A., Sobell, L.C., & Chow, V.M.C. (1993). What's in a label? The effects of substance types and
33 labels on treatment considerations and stigma. *Journal of Studies on Alcohol*, 54, 693-699. Retrieved
34 from: <http://dx.doi.org/10.15288/jsa.1993.54.693>.
- 35
36 Dominelli, L. (2008). *Anti-racist social work*. London: Palgrave Macmillan.
- 37
38 Donati, P. (2010). *Relational sociology: A new paradigm for the social sciences*. London: Routledge.
- 39
40 Duffy, J., Das, C., & Davidson G. (2013). Service User and Carer Involvement in Role-plays to Assess
41 Readiness for Practice. *Social Work Education*, 32, 39-54. doi: 10.1080/02615479.2011.639066.
- 42
43 Edwards, C. (2003). The involvement of service users in the assessment of Diploma in Social Work students on
44 practice placements. *Social Work Education*, 22, 4, 241-249. doi: 10.1080/02615470309138.
- 45
46 Folgheraiter, F. (2004). *Relational Social Work: Toward Networking and Societal Practices*, London: Jessica
47 Kingsley.
- 48
49 Folgheraiter, F. (2007). Relational social work: Principles and Practices, *Social Policy and Society*, 6, 265-74.
50 <http://dx.doi.org/10.1017/S1474746406003526>.
- 51
52 Folgheraiter, F., & Raineri, M.L. (2012). A critical analysis of the social work definition according to the
53 relational paradigm. *International social work*, 4, 473-87. doi: 10.1177/0020872812440588.
- 54
55 Fook, J. (2012). *Social Work: A Critical Approach to Practice*. Thousand Oaks: Sage.
- 56
57 Galletly, C., & Burton, C. (2011). Improving medical student attitudes towards people with schizophrenia.
58 *Australian and New Zealand Journal of Psychiatry*, 45, 473-476. doi: 10.3109/00048674.2011.541419.
- 59
60

- 1
2
3
4 Gee, M., Ager, W., & Haddow, A. (2009). The Caring Experience: Learning about Community Care through
5 Spending 24 Hours with People Who Use Services and Family Carers. *Social Work Education*, 28, 691-
6 706, doi:10.1080/02615470802404200.
- 7
8 Goffman, E. (1963). *Stigma: Notes on the Management of a Spoiled Identity*. NJ: Prentice-Hall.
- 9
10 Gregor, C., & Smith, H. (2009). I'm not a performing monkey: reflections of the emotional experience of
11 developing a collaborative training initiative between service users and lecturer. *Journal of Social Work
12 Practice*, 23, 21–34. doi: 10.1080/02650530902723290.
- 13
14 Gupta, A., & Blewett, J. (2008). Involving services users in social work training on the reality of family poverty:
15 a case study of a collaborative project. *Social Work Education*, 27, 459-473. doi:
16 10.1080/02615470701380261.
- 17
18 Health and Care Professions Council, (2014). *Regulating health, psychological and social work professionals*.
19 London. Retrieved from: <http://www.hcpc-uk.org/>.
- 20
21 Heijnders, M., & Van Der Meij, S. (2006). The fight against stigma: an overview of stigma-reduction strategies
22 and interventions. *Psychology, health & medicine*, 11, 353-363.
23 <http://dx.doi.org/10.1080/13548500600595327>.
- 24
25 Irvine, J., Molyneux, J., & Gillman, M. (2015). Providing a Link with the Real World: Learning from the
26 Student Experience of Service User and Carer Involvement in Social Work Education, *Social Work
27 Education*, 34, 138-150. doi:10.1080/02615479.2014.957178.
- 28
29 Judkins, B. M., & Lahurd, R. A. (1999). Building community from diversity: addressing the changing
30 demographics of academia and society. *American Behavioral Scientist*, 42, 786–799.
31 doi:10.1177/00027649921954525.
- 32
33 Lauber, C., Nordt, C., Braunschweig, C., & Rössler, W. (2006). Do mental health professionals stigmatize their
34 patients?. *Acta Psychiatrica Scandinavica*, 113, 51-59. doi: 10.1111/j.1600-0447.2005.00718.x.
- 35
36 Lebel, T.P. (2008). Perceptions of and responses to stigma. *Sociology Compass*, 2, 409-432. doi: 10.1111/j.1751-
37 9020.2007.00081.x.
- 38
39 Levin, E. (2004). *Involving Service Users and Carers in Social Work Education*. London: Social Care Institute
40 for Excellence (SCIE).
- 41
42 Luty, J., Fakuda, F.W., Umoh, O., & Gallagher, J. (2006). Validation of a short instrument to measure
43 stigmatised attitudes towards mental illness. *Psychiatric Bulletin*, 30, 257–260.
44 <http://dx.doi.org/10.1108/17570980200900011>.
- 45
46 McCusker, P., MacIntyre, G., Stewart, A., & Jackson, J. (2012). Evaluating the effectiveness of service user and
47 carer involvement in post qualifying mental health social work education in Scotland: challenges and
48 opportunities. *The Journal of Mental Health Training, Education and Practice*, 7, 143-153. doi:
49 10.1108/17556221211269956.
- 50
51 McLaughlin, H. (2009). What's in a name: 'client', 'patient', 'customer', 'consumer', 'expert by
52 experience', 'service user'-what's next?. *British Journal of Social Work*, 39, 1101-1117. doi:
53 10.1093/bjsw/bcm155.
- 54
55 Molyneux, J. & Irvine, J. (2004). Service user and carer involvement in social work training: a long and winding
56 road?. *Social Work Education*, 23, 293–308. doi: 10.1080/0261547042000224047.
- 57
58 Morgan, A., & Jones, D. (2009). Perceptions of service user and carer involvement in healthcare education and
59 impact on students' knowledge and practice: A literature review. *Medical Teacher*, 31, 82–95. doi:
60 10.1080/01421590802526946.

- 1
2
3
4 Nordt, C., Rössler, W., & Lauber, C. (2006). Attitudes of mental health professionals toward people with
5 schizophrenia and major depression. *Schizophrenia bulletin*, 32, 709-714. Retrieved from:
6 <http://dx.doi.org/10.1093/schbul/sbj065>.
7
8 Penn, D., Guynan, K., Daily, T., Spaulding, W., Garbin, C., Sullivan, M. (1994). Dispelling the stigma of
9 schizophrenia: What sort of information is best?, *Schizophrenia Bulletin*, 20, 567-577. doi:
10 10.1093/schbul/20.3.567.
11
12 Pettersen, T., & Hem, M. (2011). Mature Care and Nursing in Psychiatry: Notions Regarding Reciprocity in
13 Asymmetric Professional Relationships. *Health care analysis*, 19, 75-66. doi:10.1007/s10728-011-0167-y
14
15 Preston-Shoot, M. (2007). Whose lives and whose learning? Whose narratives and whose writing? Taking the
16 next research and literature steps with experts by experience. *Evidence & Policy: A Journal of Research,*
17 *Debate and Practice*, 3, 343-359. <http://dx.doi.org/10.1332/174426407781738056>.
18
19 Quinney, L., & Fowler, P. (2013). Facilitating shared online group learning between carers, service users and
20 social work students. *Social Work Education*, 32, 1021–1031. doi: 10.1080/02615479.2012.734801.
21
22 Raineri, M.L. (2011). Il valore delle conoscenze esperienziali. In Donati, P., Folgheraiter F., & Raineri, M.L. *La*
23 *tutela dei minori. Nuovi scenari relazionali* (pp.87-101). Trento: Erickson.
24
25 Reynolds, J. & Read, J. (1999). Opening minds: user involvement in the production of learning materials on
26 mental health and distress, *Social Work Education*, 18, 4417–431. doi: 10.1080/02615479911220411.
27
28 Robinson, K., & Webber, M., (2013). Models and effectiveness of service user and carer involvement in social
29 work education: a literature review. *The British Journal of social work*, 43, 925-944. doi:
30 10.1093/bjsw/bcs025.
31
32 Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social work*, 41,
33 296-305. doi: 10.1093/sw/41.3.296.
34
35 Scheyett, A., & Kim, M. (2004). Can We Talk?. *Journal of Teaching in Social Work*, 24, 39-54, doi:
36 10.1300/J067v24n01_03.
37
38 Schön, D. (1993). *The Reflective Practitioner. How Professionals Think in Action*. New York: Basic Books.
39
40 Sevenhuijsen, S., (1998). *Citizenship and the ethics of care: Feminist considerations of justice, morality and*
41 *politics*. London: Routledge.
42
43 Sewpaul, V., Jones, D., (2005). Global standards for the education and training of the social work profession.
44 *International Journal of Social Welfare*, 14, 218–230. doi: 10.1111/j.1468-2397.2005.00362.x.
45
46 Shor, R., & Sykes, I. J. (2002). Introducing Structured Dialogue with people with mental illness into the training
47 of social work students. *Psychiatric Rehabilitation Journal*, 26, 63. doi: 0.1080/09638231000118276.
48
49 Skilton, C. J. (2011). Involving Experts by Experience in assessing students' readiness to practise: the value of
50 experiential learning in student reflection and preparation for practice, *Social Work Education*, 30, 299–
51 311. doi: 10.1080/02615479.2010.482982.
52
53 Skokandić, S., & Urbanc, K. (2009). Participation of service users in social work education: Teachers'
54 perspective. *Ljetopis Socijalnog Rada*, 16, 327-354. Retrieved from: <http://hrcak.srce.hr/file/71645>.
55
56 Skoura-Kirk, E., Backhouse, B., Bennison, G., Cecil, B., Keeler, J., Talbot, D., & Watch, L. (2013). Mark My
57 Words! Service User and Carer Involvement in Social Work Academic Assessment, *Social Work*
58 *Education*, 32, 560-575. doi:10.1080/02615479.2012.690388.
59
60

- 1
2
3
4 Smith, M. (2013). Involving child protection service users in social work education. *The Journal of Practice Teaching and Learning*, 11, 77-91. doi: 10.1921/175951511X661255.
- 5
6
7 Steinberg, D. M. (2010). Mutual Aid: A Contribution to Best-Practice. *Social Work with Groups*, 33, 53-68, doi:
8 10.1080/01609510903316389.
- 9
10 Taylor, I., Braye, S. & Cheng, A. (2009). *Carers as Partners (CaPs) in Social Work Education*. London:
11 Workforce Development Report.
- 12
13 Thompson, N. (2002). *Loss and grief: A guide for human services practitioners*. Basingstoke: Palgrave
14 Macmillan.
- 15
16 Thompson, S., & Thompson, N. (2008). *The critically reflective practitioner*, Basingstoke: Palgrave Macmillan.
- 17
18 Trevithick, P. (2005). *Social work skills*. Berkshire: Open University Press.
- 19
20 Tyler, G. (2006). Addressing Barriers to Participation: Service User Involvement in Social Work Training.
21 *Social Work Education*, 25, 385-392. doi:10.1080/02615470600593394.
- 22
23 Waterson, J., & Morris, K. (2005). Training in 'social' work: Exploring issues of involving users in teaching on
24 social work degree programmes. *Social Work Education*, 24, 653-675. doi:
25 10.1080/02615470500185093.
- 26
27 Weiss, M. G., Ramakrishna, J., & Somma, D. (2006). Health-related stigma: Rethinking concepts and
28 interventions 1. *Psychology, health & medicine*, 11, 277-287. doi: 10.1080/13548500600595053.
- 29
30 Wilkes, R. (1985). Social work: What kind of profession?. In Watson, D. *A code of ethics for social work: The
31 second step*. London: Routledge and Kegan Paul.
- 32
33 Wilson, A., & Beresford, P. (2000). Anti-oppressive practice: emancipation or appropriation? *British Journal of
34 Social Work*, 30, 553-573. doi:10.1093/bjsw/30.5.553.
- 35
36 Zavirsek, D., & Videmsek, O. (2009). Service users involvement in research and teaching: Is there a place for it
37 in Eastern European social work? *Ljetopis Socijalnog Rada*, 16, 207-222. Retrieved from:
38 <http://hrcaak.srce.hr/file/71599>.
- 39
40 Zellmann, K. T., Madden, E. E., & Aguiniga, D. M. (2014). Bachelor of Social Work Students and Mental
41 Health Stigma: Understanding Student Attitudes. *Journal of Social Work Education*, 50, 660-677.
42 doi:10.1080/10437797.2014.947900.
- 43
44
45
46
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48
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VIGNETTE	PRE TEST MEAN (sd)	POST TEST-MEAN (sd)	CHANGE SCORE
John (cocaine)	-1.51 (2.84)	-0.68 (3.15)	+0.83
Tom (depression)	+0.52 (2.74)	+0.84 (2.69)	+0.32
Stefano (alcohol)	+0.05 (3.63)	+0.96 (3.42)	+0.91
Robert (law problems)	-5.43 (2.53)	-4.39 (2.82)	+1.04
Michael (schizophrenia)	-1.39 (3.29)	-0.17 (3.35)	+1.22
Claude (disability)	+5.22 (2.75)	+5.17 (2.61)	-0.05
Paul (birth parent of a child in foster care)	+0.4 (3.93)	+1.07 (4.09)	+0.67
Luke (gambling addiction)	-1.42 (2.75)	-0.81 (3.53)	+0.61
TOTAL	-0.45	+0.25	+0.70

Table 1 Pre-test and post-test scores
199x150mm (300 x 300 DPI)

VIGNETTE	PRE-TEST MEAN (sd)	POST-TEST MEAN (sd)	CHANGE SCORE
John (cocaine)	-3.14 (2.39)	-2.32 (2.52)	+0.82
Tom (depression)	-0.82 (2.77)	+0.36 (2.51)	+1.18
Stefano (alcohol)	-2.46 (3.40)	-0.61 (3.63)	+1.85
Robert (law problems)	-6.96 (1.68)	-5.39 (2.48)	+1.57
Michael (schizophrenia)	-3.89 (2.85)	-1.18 (3.18)	+2.71
Claude (disability)	+3.96 (3.34)	+4.46 (2.60)	-0.50
Paul (birth parent of a child in foster care)	-1.68 (3.67)	-0.68 (3.36)	+1.00
Luke (gambling addiction)	-3.43 (2.50)	-2.11 (3.24)	+1.32
TOTAL	-2.30	-0.93	+1.37

Table 2 Pre-test and post-test scores for students who initially had a high level of prejudice
199x150mm (300 x 300 DPI)