

## How to guide

# How to engage the public as lecturers

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Available to download from [www.emahsn.org.uk/public-involvement](http://www.emahsn.org.uk/public-involvement)



### Introduction

In the health and social care world, the effectiveness of teaching improves when students learn from experts by experience. The benefits of collaborating with people who have lived experience in the design, delivery and evaluation of teaching programmes at pre-qualification and in-service levels have been documented<sup>1</sup>. However, such practice is not embedded throughout all stages of learning and across all agencies in the East Midlands. The following paragraphs set out the case for such involvement, point to resources, and offer advice to assist both those arranging training and those who share their lived experience with learners.

This briefing paper was first drafted by a group <sup>2</sup> called together by the [East Midlands Academic Health Science Network](http://www.emahsn.org.uk) as part of its work on Public

<sup>1</sup> Tew, J, Gell, C., Foster, S. (2004). [Learning from Experience: Involving Service Users and Carers in Mental Health Education and Training](#). Nottingham: Higher Education Academy/ National Institute for Mental Health in England/Trent Workforce Confederation. Also Bailey, D. (2005) Involving Service Users in the Assessment of Student Competence, *European Journal of Social Work*, Vol. 8 No. 2 pp.165-179. Also *Social Work Education* Volume 25, Number 4, June 2006 - THEMED ISSUE: Service Users and Carers in Social Work Education.

<sup>2</sup> Peter Bates, Julie Gosling, Fred Higton, Theo Stickley, Ian Wilson and Rachel Wilson met in November 2013. Written contributions were subsequently received from Di Bailey, Joan Cook, Karen Machin, Mat Rawsthorne and Amanda Roberts. This paper was compiled and updated from time to time by Peter Bates

Leadership. As readers provide feedback, further insights will be used to update the paper. Please contact [shahnaz.aziz@nottingham.ac.uk](mailto:shahnaz.aziz@nottingham.ac.uk) to suggest improvements or tell us how you have made use of this paper.

### **A note on language and the reach of this paper**

In this paper, we focus on occasional lecturers who bring their personal experience into the learning environment. We focus particularly on people with a range of health conditions, experiences or circumstances that would make them eligible for health or social care support<sup>3</sup>, including being a relative or friend of someone in receipt of support.

We recognise that some full-time teaching staff in universities and elsewhere also live with a health condition or utilise social care support and have some particular issues that arise from 'living in both worlds', but this paper pays particular attention to people who serve as occasional, guest public lecturers.

In this paper we include learning encounters such as conferences and seminars as well as lengthy, full time programmes of training that extend over several years and are delivered in statutory, further and higher education settings, and we include learning that is delivered in practice environments. Role-plays and simulations are discussed in a separate *How To* guide, as is the use of digital in contrast to live presentation<sup>4</sup>.

Collaboration includes: event and curriculum design; presentations, whether face to face, video<sup>5</sup> or online; facilitation, and the evaluation of learning. By using the title of public lecturer<sup>6</sup>, we acknowledge the presence of people with lived experience within a growing community of lecturers who make an occasional contribution to academic learning. However, we note that the title

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<sup>3</sup> In this paper, we use the term 'public' to mean patient, carer, service user or expert by experience here. Where such a person contributes to the teaching programme, we call them a 'public lecturer'.

<sup>4</sup> See *How to choose between an actor and an expert by experience* [here](#) and *How to choose between digital stories and live presentations* [here](#).

<sup>5</sup> For example, one group of people worked with social work students to create short animated films that captured their experience of using social care services. See Morris G, Prankard S & Lefroy L (2013) Animating experience: Bringing student learning to life through animation and service user and carer experience *Journal of Practice Teaching & Learning* 12(1), pp.22-33. DOI: 10.1921/4302120103.

<sup>6</sup> Some universities and other organisations use the term 'Associate Lecturer' in a narrow and very specific way to mean people on a particular kind of contract. In this paper, we are using the term 'public lecturer' in a broad way, to refer to anyone who gives a lecture on a 'one-off', 'casual' or 'guest' basis, using their personal experience of living with a health condition or social care need. Other terms that might be used include sessional or occasional lecturer.

‘lecturer’ may be somewhat intimidating to some newcomers and welcome adaptation to local circumstances.

Finally, we note that engaging public lecturers is only a part of the wider process by which learning and teaching is delivered. It becomes more meaningful when the public are involved in negotiations with those who audit skills and commission learning programmes, select appropriate students<sup>7</sup>, appoint course leaders and review the quality of education.

## Why include Public Lecturers?

There are at least five reasons, as follows:

1. The UK’s disability civil rights movement has insisted on ‘nothing about us without us’.

2. People who have tried it<sup>8</sup> report benefits.

*“As Academic Lead for Mental Health, I would say that it has become a vital component of our nurse education.”* (Theo)

*“As a survivor of abuse, teaching has empowered and politicised me.”* (Julie)

*“Service user facilitators provide first-hand information that may not be found in textbooks.”* (student<sup>9</sup>)

3. Research<sup>10</sup> has confirmed that it enhances learning

4. Policymakers and professional bodies<sup>11</sup> expect it

5. Commissioners and regulators require it as a condition of funding.

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<sup>7</sup> See for example, Matka et al’s 2009 [report](#) of involving service users in the selection of students for psychology and social work training. Also for psychology, see Vandrevala T, Hayward M, Willis J & John M (2007). A move towards a culture of involvement: involving service users and carers in the selection of future clinical psychologists *The Journal of Mental Health Training, Education and Practice* Volume 2 Issue 3, pp 34-43. Also for social work, see Rae, Rosemary (2012) *Trust, Power and the New Professionalism: A Case Study of Service User and Carer Involvement in the Selection of Social Work Students*. Doctoral thesis, University of Huddersfield. See for nursing Rhodes CA & Nyawata ID (2011) Service user and carer involvement in student nurse selection: Key stakeholder perspectives *Nurse Education Today* 31 (2011) 439–443.

<sup>8</sup> See for example, [Comensus](#), [HEALEN](#), [Making Waves](#) and [Shaping our Lives](#).

<sup>9</sup> Quoted in Stickley T et al (2009) Participation In Nurse Education: the PINE project *The Journal of Mental Health Training, Education and Practice* Volume 4 Issue 1, page 16.

<sup>10</sup> Barnes, D. Carpenter, J. and Bailey, D. (2000) Partnerships with Service Users in Interprofessional Education for Community Mental Health: A Case Study. *Journal of Interprofessional Care* 14, pp189-200.

<sup>11</sup> See the Health and Care Professions Council [here](#) and Social Work [here](#). Webber & Robinson present some general findings on user involvement in social work education [here](#).

## Ideas for developing roles for public lecturers

### Find out what others are doing.

Talk to some of the organisations mentioned in this briefing paper and read some of the published material<sup>12</sup>. Check out whether you meet the standard for a PatientsIncluded Charter accreditation<sup>13</sup>.

### Ringfence funding and resources

This will enable the task of engaging public lecturers to be done properly. Like quality, this is not an optional extra that can be ignored until additional funds are provided, and nor can it be done for nothing. A percentage of the salary budget assigned to employ lecturers will be needed to engage, support and pay public lecturers.

### Build relationships

Whilst people sometimes start by seeking a single presenter for a one-off event, the goal should be to develop an ongoing relationship with an organisation through:

- working in partnership with relevant peer-led organisations. This provides public lecturers with a support group, enables quality control and helps with succession planning when a particular lecturer obtains employment or moves away. It helps to embed the contribution of people with lived experience into the whole learning process, including defining learning outcomes, curriculum design, teaching and work-based practice, and validation, rather than just a single lecture. It helps to reduce the power

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<sup>12</sup> DUCIE Network (2009) *Involving Service Users and Carers in Education: The Development Worker Role: Guidelines for Higher Education Institutions* Lancaster. Higher Education Academy/Mental Health in Higher Education, available [here](#). Penson W & Anderson J (2011) *Burning Issues in Learning and Teaching about Mental Health* London: Higher Education Academy, available [here](#). See also the online materials from the University of Nottingham [here](#). See also McKeown M, Malihi-Shoja L, Downe S & the Comensus Writing Collective (2010) *Service user and carer involvement in education for health and social care* Chichester: John Wiley, available [here](#). Johnson A (undated) *Service user and carer involvement in student selection and practice learning: A best practice guide for employers involved in the social work programme in England*. The Open University.

<sup>13</sup> See <https://patientsincluded.org/conferences/>

differential so that public lecturers have a stronger voice and are partners in the process of co-producing learning.

- building up community links with the places where people gather, such as faith centres, gyms, youth clubs, barber shops, GP surgeries, Job Centres.
- using the knowledge of people who are engaged grassroots community building through community health and development activities to identify people with potential.’

## **Honour Diversity**

Enrich the learning experience by ensuring that the least well heard voices are engaged, regardless of age, race, faith, gender, sexual orientation, culture and life circumstances.

Both learners and academic staff may need to learn how to respond to Public Lecturers. For example, a Public Lecturer may tell their own story and report on research that was conducted using a participatory method which engaged peer researchers. Students will need to debate the validity of different research methodologies, but this may not be the best setting in which to do so, as the pushback on methods may be perceived as a rejection of the Public Lecturer’s personal story<sup>14</sup>.

## **Harness creativity**

Some groups have developed approaches by which payments are shared or jointly held rather than being made to individuals, or by which members co-present rather than work alone, and such arrangements should be respected. Indeed, offering a range of options enables some people to present a lecture to a large number of students while others are more comfortable being filmed for a DVD or contributing to a tutorial, giving feedback on assessed work or designing case study material.

## **Establish proper terms and conditions**

While some public lecturers are quite willing to volunteer their time, it is good practice to engage people in the same way as other occasional lecturers, under

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<sup>14</sup> Groot B, Haveman A, Abma T (2020) Relational, ethically sound co-production in mental health care research: epistemic injustice and the need for an ethics of care. *Critical Public Health*. May 28:1-1.

the best possible conditions. This means that public lecturers should: meet the requirements set out in person specifications and task descriptions; sign a contract with clear performance expectations; be briefed beforehand and debriefed afterwards; have access to peer support and appraisal; and have opportunities for continuous development and career progression. We note that these conditions have not always been universally available in the past, and the arrival of public lecturers may prompt whole system change. In other situations, academic staff may assume that the support that they should provide to public lecturers will, in this case, be provided by health or social care agencies. Such expectations should be clarified at the earliest possible stage, possibly through a written memorandum of agreement between the public lecturer or their organisation, and the learning provider<sup>15</sup>.

### **Offer payment**

Public lecturers should receive an offer of payment. We note that there are very good reasons for both accepting and for rejecting the offer of payment, and individual choice should be upheld. Where payment is agreed, a frank discussion needs to be had regarding the implications for taxation and welfare benefits status. Payments are often best facilitated for people on benefits through an appropriate organisation<sup>16</sup>. The administrative procedure for making payment needs to be lean and responsive so that people are paid promptly and without too much trouble.

### **Develop skills**

People who share their experience may need to build on skills in managing disclosure, boundary setting, storytelling, resilience and wellbeing planning. People who prepare training materials or lecture notes may need skills in using ICT, online learning and social media; writing in plain English; and in creating learning events that are anti-oppressive, accessible to all and celebrate diversity. People who teach may need to build on skills in public speaking and facilitation, such as engaging people with diverse learning styles.

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<sup>15</sup> PFMD have created a model 'Community Speaker Agreement' that can be used when a patient advocate speaks at an event organised by a commercial pharmaceutical company. In effect, this makes the speaker a contractor. See <https://synapse.pfmd.org/resources/9de9e6f6-5d33-4aa7-8505-848646644baf/community-speaker-agreement-between-a-patient-advocate-and-a-pharmaceutical-company>

<sup>16</sup> For example, [Making Waves](#) have addressed these issues in their work with the University of Nottingham.

In passing, we note that it is important to avoid the stereotypical assumption that the academic will be skilled and the public lecturer unskilled, as these roles can sometimes be reversed. In one account, the public lecturer, who had learning disabilities, was far more experienced in speaking at conferences than his academic co-presenter<sup>17</sup>.

People who assess potential learners may need to develop skills in interviewing while those who assess may need to develop skills in marking. Training or peer support should be offered to help people develop relevant skills. In addition, academic and administrative staff within organisations may need to develop skills in engaging Public Lecturers as equals or in negotiating their 'dual identity' as an academic with lived experience. Learners and other audiences may need to confront their own assumptions and prejudices and may need to be provided with suitable information about the course or the session to assist them to clarify their expectations and address any misunderstandings.

However, paying attention to training and skills should not exclude people who have a powerful story but presently lack the skills listed in the paragraphs above or are intimidated by the formal job title and requirements.

*'There is nothing to compare with the face-to-face-nowhere-to-hide experience that comes with the telling of and the hearing of the story.'* (postgraduate learner)

## Support appropriate roles

People with lived experience sometimes tell the story of their encounters with health or social services, but their contribution is much wider than this. The following principles should shape the contribution of people with lived experience:

- I am not the voice of my condition, but rather just my own experience of it
- I will not tell stories that belong to others, especially members of my family, without their consent. By respecting people's right to own their story, Public Lecturers remind learners of the importance of the maxim 'nothing about me without me'.
- While medical care tends to deal with single, neat diseases, I remind learners that real life is often a combination of different personal conditions,

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<sup>17</sup> <https://www.learningdisabilitynurse.com/single-post/2017/06/27/Technological-issues-co-presenting-and-learning-from-a-person-with-a-learning-disability>

circumstances, social and political experiences - and I am a whole person with diverse beliefs, aspirations, interests and abilities too.

- I will set my own boundaries, and so may decline to answer some questions<sup>18</sup>.

### **Arrange support**

Powerful stories have an impact on learners and some may need signposting to sources of ongoing support. Public Lecturers who share their experience of distress may need more support than is routinely provided to other lecturers. People who promote opportunities for Public Lecturers will benefit from meeting others who share their values. Such networks allow people to pool ideas and solutions.

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<sup>18</sup> The international Association for Simulated Practice in Healthcare has published its Standards of Best Practice and this includes a section on psychological safety. While these standards are written for simulated patients rather than public lecturers, the principles that are laid out are equally applicable to both groups. See [How to choose between an actor and an expert by experience](#).