

What's in a Name: 'Client', 'Patient', 'Customer', 'Consumer', 'Expert by Experience', 'Service User'—What's Next?

Hugh McLaughlin

Dr Hugh McLaughlin is Director of Social Work and Social Policy at the University of Salford he is also a member of the Salford Centre for Social Work Research. Prior to moving into academia, he practised social work for twenty-two years, both as a practitioner and as a senior manager.

Correspondence to Dr Hugh McLaughlin, Director of Social Work and Social Policy, University of Salford, Salford M6 6PU, UK. Email: h.mclaughlin@salford.ac.uk

Summary

This article challenges the terms we use to describe the relationship between those who assess and commission services and those who are the recipient of those services. In particular, the article identifies the different terms that have been used in British social work, including 'client', 'customer', 'consumer', 'service user' and 'expert by experience', highlighting their assumptive worlds and the relationships the terms suggest and signify. Service user (the most popular term at present) is highlighted and critically analysed and found to be increasingly problematic and unable to describe the complexities of the service–recipient relationship. Alternative terms are discussed and found wanting, whilst a possible way forward is suggested to avoid the negative connotations of any one particular term.

Keywords: Service user, consumer, customer, expert by experience

Introduction

This article seeks to trace the development of the terms we use to identify the relationship between those who commission or provide services and those who are in receipt of those commissioned or provided services. The article seeks to examine the different ways this relationship has been conceptualized and the implications of these conceptualizations for social

work practice. The article will particularly focus on the meaning and limitations of our current use of service user and how this term is becoming increasingly problematic and failing in its ability to reflect the nature of the social relationship. The article also considers alternatives to service users and whether these are more accurate ways in signifying the social work relationship. The article also asks whether how we describe the social worker–service recipient relationship matters and provides a suggestion for a possible way forward.

Labelling social work

Before we begin to examine the differing terms used to define the social work relationship, it is important to first consider why this is important. The labels the social work profession has used to describe the social work relationship have included such terms as ‘patients’, ‘clients’, ‘customers’, ‘consumers’, ‘experts by experience’ and ‘service users’. These different labels are very important, as they all conjure up differing identities identifying differing relationships and differing power dynamics. As McDonald (2006) has written:

The words we use to describe those who use our services are, at one level, metaphors that indicate how we conceive them. At another level such labels operate discursively, constructing both the relationship and attendant identities of people participating in the relationships, inducing very practical and material outcomes (McDonald, 2006, p. 115).

The spoken word carries more weight than its dictionary meaning. It is therefore important to deconstruct these meanings to tease out what they tell us about the nature of social work. McDonald goes on to argue that the words we use to describe those who use social services act as a sign or signifier, constructing and fixing labels such as ‘client’, ‘customer’, ‘consumer’, ‘expert by experience’ or ‘service user’. All these labels may be used to describe those who use social services, but all of them describe this relationship differently, with differing nuances and differing assumptions about the nature of the relationship.

In order to understand the critique of ‘service user’, it is necessary to examine some of the conceptualizations that occurred before ‘service user’ became the most common term within social work in the UK.

‘Clients’ and ‘consumers’

When I first started in social work in the late 1970s, the social work relationship was epitomized by the term ‘client’. The important texts of this period included such titles as *The Client Speaks* (Mayer and Timms, 1970),

Casework: A Psycho-Social Therapy (Hollis, 1964), *Introduction to Social Work* (Siporin, 1975) and the radical text, *Radical Social Work* (Bailey and Brake, 1975), all of which refer to 'clients'. 'Client' was also the term used in the *Barclay Report* (1982) in its review of social workers' roles and tasks. However, as Ragg (1977, p. 2) notes, the early social caseworkers who were employed as 'almoners' also referred to 'patients', as well as 'clients', highlighting the difficulties the medical social workers of this generation had in establishing a role for themselves in relation to the health sector within the then new welfare state. The term 'client', however, became more acceptable and is still the most widely used term internationally to describe the social work relationship (McDonald, 2006). In the UK, however, the term 'client' came to be challenged both from within and outside the profession. From within, there was a concern that the notion of a 'client' represented an objectification of the social work relationship whereby it was assumed power laid with the professional to identify what the passive client needed. The 'good' client was one who accepted the professionalism of the social worker to assess their needs and willingly acted on what they were asked to without question. This also led to notions of the 'deserving' and 'undeserving poor'—those whose dependency was beyond their control to prevent, such as children of 'poor' parents and those who have brought the situation upon themselves, such as those who misused drugs. Within this relationship, the 'client' is constructed as someone in need of help, because they lack either the necessary abilities or the capacity to help themselves and thus need the specialist knowledge and skills of the social worker. Such a model highlights the hierarchical power position of the social worker as the one with specialist knowledge and skills to change the situation, whose accountability rests with the client, the social work profession and their organization (McDonald, 2006).

Externally, the election of the Thatcher Conservative government in 1979 signalled an ongoing attack on the welfare state. Thatcher was already concerned that the UK was becoming too dependent on welfare and, as Elcock (1993) notes, her government:

... was innately hostile to the public sector in general and the local authorities in particular (Elcock, 1993, p. 154).

Thatcher's election victory was seen as a victory for the New Right, whose success was embodied in its ability to claim it represented 'freedom' and 'choice', in contrast to the reliance on professionalism or expert knowledge and citizen passivity:

The interests of citizens were held to be in jeopardy in the hands of social workers and the marketization and managerialization of state social work were promoted as the routes to freedom and choice (Harris, 1999, p. 921).

In particular, three management themes could be identified: an emphasis on the 'three Es'(economy, efficiency and economy), the establishment of

market conditions and the need to regard clients as customers. One of the key ways of achieving these changes was through major structural change, epitomized in social services through the 1989 Children Act and the 1990 NHS and Community Care Act, which pushed many local authorities to split their children and adult services. In the first instance, this was within the same directorate, but this split reached its logical endpoint in 2006 with the government's response to the Victoria Climbié inquiry (Laming, 2003), which resulted, in England, with the separation of most children's and adults' services into two separate directorates under two different directors within local government. This is not the case in the other three nations in the UK.

The introduction of these two acts increased the fragmentation of services and subjected social services (albeit unevenly) to the disciplines of the mixed economy of care. This involved the redefining of the role of social services from that of assessor and provider of services to that of 'enabler', 'commissioner' or 'purchaser'. As a result, in adult services, social workers became care managers and clients became 'consumers' or 'customers'. McDonald (2006) differentiates between consumers and customers. 'Consumers' signify a relationship in which welfare is seen as a product for the consumer, managed by a case or care manager who is accountable to the state and their manager much more so than to their profession or those using the service. 'Customers', on the other hand, signified a marketization of social care wherein welfare was a commodity for the customer. The worker became more of a broker, accountable to management, or even an entrepreneur in the case of private residential homes. Whilst these terms are conceptually distinct, they have tended to overlap and have often been used interchangeable within the UK experience and, for this reason, both terms will be used together, although the reader should be aware of the different roots of each term.

Within these trends, there was also an intention to transform social services from a welfare agency run by professionals, allegedly too much in their own interests, to a customer-centred organization run by professional managers. Associated with this was a diminution in the professionals' power and an increase in the power of the client. This change also precipitated a shift from the view of the client receiving services from a paternalistic state as right to the position of a customer or consumer who was seen as able to exercise choice and exit from any particular provider if their needs were not being met to their satisfaction. The previous conception of the client as someone whose needs were identified and met by professionals was challenged by the change from 'client' to 'customer' or 'consumer'. The user of social services was essentially viewed as a customer who was able to choose between the differing options on offer from public, private or voluntary providers (Harris, 1999). This promoted a discourse whereby welfare becomes a commodity to be bought or sold. This discourse of 'consumers' and 'customers' was never as thoroughgoing in children's

services as adults. For example, in children's services, it was difficult to see how those involved in child protection investigations could view themselves as customers or consumers. It was not as if they could decide to go to an alternative provider if they did not like the social worker, nor could they decide they did not like the outcome and would pay for a different one or exit from the process all together.

In adult services, most authorities made a split between the commissioners of services and the providers, often locating each in separate sections of the social services departments under differing business units. Kirkpatrick (2006) has questioned whether these changes have been as thorough in adult services as we are often led to believe. In his view, management practices have not been transformed, as there remains a significant gap between the theory and practice of strategic management in social services. Whilst consumers or customers may have wished to express a specific request for a particular service, local authorities did not necessarily have to commission or provide the service if it was too costly or where cheaper alternatives were available or where the assessment did not match the consumer's or customer's view of their needs. In certain circumstances, such as residential care, those with sufficient resources could approach an alternative provider from either the voluntary or the private sector.

The reconstruction of clients from citizens with rights to consumers or customers of market-produced services represented the invocation of a new identity. This alternative identity challenged how we thought about people who use services and, in turn, impacted upon their material experience (McDonald, 2006). This discourse of 'consumers' and 'customers' assumes that the ideal 'customer' or 'consumer' is one who is able to rationally access services through the market, 'buying' in services in an effective and efficient way to meet their own needs, irrespective of whether the provider is a state-provided or private service. There is also an inherent assumption of rationality that is challengeable. Rationality assumes that an individual has made a choice in full awareness of the relevant facts and features of their situation and after a careful analysis of the consequences of each of the choices, selecting the one which is most likely to serve their best interests (Rawls, 1983). Such a view negates how social or personal circumstances impact on individuals' abilities to make rational decisions and, as the examples of smoking and alcohol misuse clearly indicate, people are able to make choices which will ultimately harm them.

At the same time, this model also creates division between this ideal of the responsible citizen and those who are unable to pay their way and are welfare-dependent. These McDonald (2006) describes as the morally defective in that they exist oppositionally in relation to the responsible consumer or customer. As such, they are seen as socially excluded from both the labour market and other desirable identities, allowing them to be moralized about and managed in much the same way as children.

Following the defeat of the Conservatives in 1997, New Labour were elected and, far from reversing the direction of the Conservatives, they moved it onto a new level. Professional ‘tribalism’ was portrayed as a key barrier to organizational effectiveness and efficiency (Flynn, 1999). Labour’s big idea to address this and other ills of the public services can be summed up in the discourse of ‘modernization’. Modernization (Department of the Environment, Transport and the Regions, 1998; Cabinet Office, 1990; Department of Health, 1998) is represented as the necessary process for updating services to match the expectations of modern-day consumers. Newman (2000) notes that modernization continues the attack on provider dominance whilst seeking to sharpen accountability and continuing to look for business solutions to social policy problems. This move from tight centralized control to a greater use of scrutiny, inspection, evaluation and audit resulted in greater delegated authority for local managers who, at the same time, became more constrained by performance targets. Barnes and Mercer (2006) claim that one result of this movement has been to restrict service user influence over service provision.

Modernization also emphasized partnerships (Balloch and Taylor, 2001; Glendinning *et al.*, 2002), with the consumer or customer seen as someone who should be involved in these partnerships. This represented both a challenge to the view that the professional knew best and an opportunity to consider different ways of working. As Denise Platt, when Chief Inspector for Social Services, noted in her annual report:

The present government is committed to reforming the public services. Its vision is of public services where the services are designed around the needs of the people who use them, rooted in the values of the community. To deliver the agenda and to modernise the services we are asking the people who work in social services to work in new ways (Platt, 2002, paras 1.4–1.5).

The growth of the ‘service user’

The drive for a ‘service user’ mandate comes from both the consumerist tradition of the 1990s and the democratic tradition of developing participation to ensure the suitability of services. As already noted, New Labour’s modernization agenda placed those who used services at the heart of health and social care (Department of Health, 1998, 2000*a*, 2000*b*). This growing movement has expanded to all aspects of social work, including national service frameworks (Department of Health, 1999, 2001*a*, 2001*b*), representation on various care councils (Hasler, 2003), involvement in the development and approval of pre and post-qualifying social work (Barnes, 2002; Department of Health, 2002; General Social Care Council, 2005), the delivery of social work education (Citizens as Trainers *et al.*, 2004), in social care research (Hanley *et al.*, 2004; McLaughlin, 2006) and service development

(Young *et al.*, 2007). It can thus be suggested that service user involvement has become thoroughly embedded in social care. This would be to overstate the case, however, as Campbell (1996) and McLaughlin *et al.* (2004) have argued that service user involvement is all too often 'tokenistic' and unproductive. Wilson and Beresford (2000) also argue that service users' knowledge is being appropriated in areas like anti-oppressive practice, reinforcing oppression and the view of service users as passive whilst protecting professional power and legitimating controlling problematic practices. The 'service user' movement challenges this view with a demand for a voice and an increasing say in how services are developed and delivered, especially as they are the ones whom the services were expected to support and help.

Carr (2004) has published a review of the impact of service users on practice, emphasizing that where evaluation has happened, it was more likely to be interpreted in terms of successful processes as opposed to successful outcomes. The act of involving service users has become more important rather than providing more effective services, whilst McLaughlin (2006) also indicates that service user involvement in research has both benefits and costs and should not be entered into lightly.

Thus, whilst the rhetoric of service user involvement may be very positive, there remain questions as to its nature, impact and benefits. This is not to say that the author does not believe that meaningful service user involvement is intrinsically beneficial to social work and social care, but that we need to adopt a critical stance towards it to ensure service user involvement remains honest and does not degenerate into a tick-box exercise. This now leads onto a critical exploration of the term 'service user'.

A critical exploration of 'service user'

This section begins with a critique of 'service users' as a descriptive term for homogenous populations and then moves on to a more specific critique of its current use whilst also highlighting the issue of those who are eligible but do not receive services they want. In social care, social workers may refer to 'service users' in order to define a group of people with mental health needs, those who attend a children's centre or those accessing respite care. In terms of recruiting service users for management consultations, evaluation exercises or research studies, it is often claimed that it is impossible to be representative of all services. It is also said that managers, evaluators and researchers only chose the 'usual suspects' and unrepresentative service users. Proistle and Beresford (2007) robustly point out, in relation to service user movements, that the issue is not one of representativeness, but one of inclusion. It is just as limiting to think that all managers, social workers, nurses or researchers think all the same as it is to suggest that there is just one service user voice.

This leads onto a further shortcoming of the term ‘service users’ whereby we ascribe status and meaning through the prism of one aspect of an individual’s life. This neglects and denies the multiple socially constructed identities we all inhabit. In using the term ‘service user’, we are privileging one aspect of identity so that the physically disabled service user is prescribed a status dependent on their use of physical disability services and neglects the possibility they may also be a mother, business woman, basketball player, trusted neighbour and/or school governor. Whilst the same may also be said if we were to speak about school governors or business women, these are implicitly more preferred statuses. In speaking of ‘service users’, we have othered the mother, the business woman, the basketball player, the trusted neighbour and the school governor. The use of the term ‘service user’ has successfully denied a multiplicity of potential identities and relationships, erasing opportunities and spaces where the same individual engages as an active citizen, serving the needs of others, at the expense of highlighting one aspect or area in which he or she is dependent on others. The use of the term ‘service user’ helps to construct divisions between those who are defined in and those who are defined out. Service user difference is not celebrated in practice or research, but instead becomes the axis around which we define social worker–service user, evaluator–evaluated or researcher–respondent relationships. The term ‘service user’ denies diversity and complexity and, in its place, promotes a simplifying of the human condition which allows the social worker–service user relationship to operate in relation to an agreed set of difficulties and issues. These dualistic ways of thinking generally go unquestioned, allowing the social worker, evaluator or researcher to create and exercise power whilst appropriating service user knowledge and ideas. As a consequence, this way of thinking ignores that most of us, whether practitioner, manager or researcher, also have multiple aspects to our identities and are likely to require social care services at some stage in our lifecycle and, if not for us, for our families.

A further criticism of the use of ‘service user’ is that it neglects those who, for whatever reason, are either unable to access services or do not want services for fear of being stigmatized. There is a bias and danger in only accessing the experiences or opinions of those who access services, as this neglects alternative perspectives. To ignore the position of those refused services raises the possibility that services are not meeting needs or that thresholds have been set too high and might lead to situations whereby individuals have to exaggerate their circumstances to receive a service. Similarly, the population of people who meet the criteria for services but do not do so, because they have a fear of stigmatization, have very useful opinions and views on service delivery that go unanswered, with the result that services are in danger of being replicated and repeated as this perspective remains hidden and invisible.

A different form of this criticism comes from Cowden and Singh (2007), who view the notion of 'service user' as coming apart when it is considered in practical situations. In their article, they quote from Barker and Peck, who cited a former mental health patient who caustically stated 'I consume mental health services like cockroaches consume Rentokil' (Barker and Peck, 1996, p. 6 quoted in Cowden and Singh p. 12). The point being made here is that the view of the consumerist version of the 'service user as king' is limited. Whilst this may apply in the case of non-statutory services like children's centres or day centres for the physically disabled (although this is not always the case), it is certainly not the case when it refers to the 'high-risk' end of social work, such as in relation to compulsory mental health admissions or the removal of children to protect their safety. This is not to suggest that the social worker has acted either wrongly or unethically in either situation. It highlights that there is a point in social work practice whereby the social worker is expected to act on their own professional assessment of the situation, informed by agency policy, legal mandates and research, irrespective of what the service user's choices or views are. Within social work education, it was noted earlier that courses are required to involve service users in all aspects of the new social work degree and post-qualifying framework. But which service users are expected to be involved? For example, are courses to encourage those convicted of sexual crimes to become involved in admissions or parents whose children have been compulsorily removed to assess child-care assignments?

People who use services and Direct Payments

At one level, it is clear that we have those who commission and provide services and another group—services users, who use the services provided. This is a very simple relationship and potentially covers many aspects of social work and social care, but the idea runs into difficulties when considered alongside newer welfare initiatives like Direct Payments. Direct Payments were established by the UK government (Department of Health, 1996) and all local authorities are now under a mandatory duty to offer Direct Payments to all adult service users in England (Department of Health, 2003). Direct Payments have also been established across Europe, Canada, the USA and Australia. Direct Payments enable individuals to purchase their own care rather than relying on directly provided services. The provision of Direct Payments allows local authorities to provide cash in lieu of services (Glendinning *et al.*, 2000) and:

Specifically DP (direct payments) are viewed as facilitating people to live in the ways that *they* choose rather than being given services to match preconceived assumptions about what is needed and how individuals should live (Spender, 2004, p. 192, italics in original).

The drive to introduce Direct Payments can be traced back to the introduction of market forces, managerialism and dissatisfaction with the welfare state's inability to meet individual needs and recognize difference. Alongside this, there was a convergence with the disability movement's desire for a redistribution of power and resources from the local authority into their own hands (Glendinning *et al.*, 2000). Although originally devised for people with physical disabilities, the scheme has been developed to include older people, those with learning disabilities and younger people (Department of Health, 2003). Whilst Direct Payments are seen as a vehicle to transfer power to those who use services, it should be noted that Direct Payments do not necessarily need to include the transfer of funding and control, as, under the 1996 Community Care (Direct Payments) Act and 2000 Carers and Disabled Children Act, those who use services can be supported to manage their Direct Payment scheme. However, in terms of our critique of the relationship implied by the use of the term 'service user', it is clear that those operating their own Direct Payments scheme are not within the traditional notion of professional–service user relationship. The individual receiving Direct Payments develops, either by themselves or with help, a care package. This care package may result in them becoming an employer employing a personal assistant to undertake the tasks they require, when they require them and to a standard that is acceptable to them. This aspect of their role has attracted less attention and there have been concerns about the position of personal assistants, who are viewed as vulnerable, marginalized, often isolated and poorly paid (Spendler, 2004). It can be seen within the world of Direct Payments that there is a different type of relationship in which the traditional social worker–service user relationship is inadequate to capture the intricacies of the process. This trend towards greater service user choice and control is unlikely to be reversed and, as Carr (2007) comments, this is a process that is likely to result in a reconfiguration of the management of social care, with service users having an unparalleled degree of control, given the emphasis on individualized budgets and Direct Payments (Department of Health, 2005).

As already noted, there has also been a shift in the sites of social work practice through the developments arising from both the Thatcher and Blair years, resulting in an increase in the numbers of multi-agency and inter-agency teams. Higham (2001, p. 21) suggests that this trend is likely to continue and that, in the future, social workers are more likely to practise in inter-agency teams or work in partnership with professionals from other occupations than with professionals from their own profession. Whilst the positives of these trends can be identified, including reducing fragmentation, promoting 'joined-upness', more effective use of staff and resources and more effective service provision (Hudson, 2002; Leathard, 2003), there is an issue rarely identified in the literature as how to refer to the service users of such inter-disciplinary teams. Are the users to be defined

as patients, pupils, clients, service users or what? This remains a challenge for such teams to develop a common language that is inclusive of the professional disciplines within the team without a colonization by one discipline of the others.

Users and labels

The use of the term 'user', when looked at from a global perspective, is usually applied to someone who is addicted to drugs. This is a negative stereotype and not one that those who are usually referred to as 'service users' would wish to aspire to. This is not to forget that drugs and alcohol (mis) users are also consuming welfare services, either in relation to their drugs and alcohol (mis) use directly or as part of a wider social problem, such as domestic violence. This raises a connected issue that being a service user does not necessarily identify the type of service used and promotes an erroneous homogenization of service users. As Pugh (1996) notes, when we categorize people into groups, it is assumed that the words represent some objective reality and, in such circumstances, we are in danger of reifying service users. The term does not identify the service or services being accessed and it ignores the real differences there are, not only between those who access different services, but also those who access the same service.

In more recent times, there has been a drive to develop alternative terms like 'experts by experience'.

'Experts by experience'

'Experts by experience' is an important reclassification of the social worker–service user relationship, as it, unlike 'service user', 'client', 'consumer' or 'customer' before it, makes a claim for a specialist knowledge base rooted in an individual's experience of using services. The social worker working with the expert by experience is suggestive of a relationship of equals whereby one expert's expertise has been accrued through their training and practice and the other through their experience. This suggests that the social worker needs to acknowledge and affirm the expertise of the other—the expert by experience—in assessing and agreeing a way forward. 'Experts by experience' has increasingly become a popular term to refer to those who use services and the Foundation for Learning Disabilities defines it as:

A term used by the recovery movement to draw attention to the value of working alongside service users. A particular approach which acknowledges a person's capacity to work towards their own rehabilitation (available online at www.learningdisabilities.org.uk/wordbank?EntryId=27243&p=4&char=E, accessed 1 April 2007).

This term has also been favoured by NIMHE (National Institute for Mental Health in England), (www.nimhe.csip.org.uk/our-work/experts-by-experience.html, accessed 1 April, 2007) and CSCI (Commission for Social Care Inspection) (www.csci.org.uk/Docs/definition_of_users.doc, accessed 1 April 2007). CSCI have been recruiting experts by experience for their unique knowledge, to help with the inspection of social services, whilst the GSCC (General Social Care Council) has included service users in their inspection and approval of social work training programmes. Interestingly, they identify experts by experience as not only those who are or have been service users, but also those who needed services but were not offered them, those who were offered inappropriate services and those who are living with or caring for someone who uses services. This wider definition is important, as it has been agreed by the GSCC and the Social Care Institute for Excellence (key bodies in the wider social work and social care landscape). This definition also answers some of the earlier criticisms of the use of 'service user', with its wider awareness of those who are refused services and those who are living with or caring for a service user. However, it is not without its own difficulties, as it includes an assumption that those who needed services and were not provided them and those who received an inappropriate decision have made an accurate assessment of their own situation. To put it another way, it assumes those who undertook the assessment were wrong. Whilst it is certainly possible that the social worker or social care worker may have made an inaccurate assessment, it is another thing to suggest that this is the accepted reason why people do not receive the service they want or that the services they receive are inadequate for their purpose. Within this definition, there is an assumption linked to the consumerist perspective whereby the 'customer is king' and hence always right. Surely, it is just as indefensible to assume that professionals are always wrong as it is to assume service users are always right? As already noted, would society be prepared to sanction those who perpetrate child abuse to say they did not require social work help or for those with a chronic mental illness to decide they did not require treatment?

The notion of 'experts by experience' is also problematic when we begin to tease out the limits of expertise. To reframe this question, how are we to recognize who is not an 'expert by experience'? Who decides, and what criteria do they use? The use of the term 'experts by experience' eschews such debate by including both experts and experience in the title, deflecting attention from either term. In terms of experience, we are all aware of individuals who do not learn from experience and five years' experience may only mean the same year, five times.

Usefully, the term 'experts by experience' allows both positive and negative experiences to be highlighted to help inform practice. However, this definition covers those who are using or have used services, those refused services, those who were provided with inadequate services and those either living with or caring for people using services. It is therefore difficult

to see who cannot be an 'expert by experience'. It also provides no way of deciding how different experiences may be evaluated or compared. For example, two 'experts by experience' with identical needs may 'experience' the same service and one may view it as a highly positive experience and the other highly negatively. Which one is right? Or, could both be right? What about someone who is highly critical that they did not receive the same service? Can we automatically take for granted that this service would have accurately met their needs? This leaves the notion of 'experts by experience' in a weak position, as it is unable to identify distinct populations, or distinguish between individuals who use services. It is also debateable whether social workers or social care practitioners could also claim to be 'experts by experience'.

One other example of the social work relationship is worthy of mention here. The government White Paper on learning disabilities, *Valuing People: A Strategy for Learning Difficulties in the 21st Century* (Department of Health, 2001c), referred to those with learning difficulties as people first and foremost. In particular, the White Paper highlighted that people with learning disabilities should be treated as citizens with rights, including the right to social inclusion, choice in their daily lives and real opportunities to be independent. It is true to say that this White Paper sought to empower those with learning difficulties to be able to experience life in a way what many people take for granted.

As part of the development of the White Paper, a Service Users Advisory Group was commissioned by the Department of Health, who, in their report, stated that service users with learning disabilities preferred to be referred to as 'people with learning difficulties, if anything' (Service Users Advisory Group, 2001). This identification of terminology by those most affected by its usage will be returned to later.

Conclusion: the 'so what' question?

This article has examined different ways we use to describe the relationship between those who provide services and those who receive them. In particular, we have critically considered terms like 'client', 'consumer', 'customer', 'service user' and 'expert' by experience and found all these terms to be wanting. In particular, each of these terms describes the relationship slightly differently, the use of 'client' emphasizing passivity, and the use of 'customer' or 'consumer' suggesting a managerialization and/or marketization of the social work relationship, implying that the customer or consumer wishes were paramount. Such a term was seen to be wanting, both conceptually and as an accurate description of the relationship. 'Service user'—the most common term in use in the UK—was unpacked and, whilst an improvement on previous conceptions, was seen to be flawed. This was followed by the 'experts by experience', which acknowledged that users of

social services bring their own expertise and experience to the relationship, but this was again found to be wanting in being unable to differentiate between the nature and types of experience.

We have now reached the point whereby we need to consider whether it really matters what labels we use. It is the contention of this article that it does. Whichever discourse we wish to use identifies a power dimension and hierarchy of control. The language we use labels individuals in different ways and, in so doing, acts as both a signifier and an external social control. Whichever label we use—‘service user’, ‘consumer’, ‘customer’, ‘client’ or ‘expert by experience’—it is descriptive not of a person, but of a relationship.

The International Association of Schools of Social Work and the International Federation of Social Workers have agreed to define social work as:

The social work profession promotes social change, problem solving in human relationships, and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at points where people interact with their environments. Principles of human rights and social justice are fundamental to social work (www.iaasw-iates.org/, accessed 20 April 2007).

If social work is concerned with empowerment, liberation and promoting social justice, it then becomes essential to develop a continuous critical dialogue concerning the language we use, deconstructing it and unearthing the assumptions behind its usage.

This is not to suggest that there is another term out there that should be championed to replace ‘service users’. It may be possible to consider such terms as ‘people’, ‘active consumers’, ‘responsible consumer–customers’ or even ‘citizens’, but all these contain their own assumptive worlds and fail to effectively and accurately reflect the nature of the social work relationship. One alternative would be to invent a new word for this relationship. However, I would first suggest that we should consider allowing those who use our services to decide how they wish to be addressed and described, like those with learning disabilities previously described. Second, we, as social workers and academics, need to be more specific in the terminology we use and to consider whether it may even be helpful to refer to such relationships with a range of terms in the same discussion or article, to highlight how the terms themselves are social constructions emphasizing and highlighting certain aspects of the relationship at the expense of others. Whatever term we use represents a ‘mobilisation of bias’ (Schattschneider, 1960, in Lukes, 1974) in that however we define this relationship, some issues are mobilized in for consideration and others are mobilized out. For a profession that seeks to empower and to work anti-oppressively, it is essential that from time to time, we should critically reflect on how we construct those who use our services and consider whether there are not more accurate and better ways of doing this that reflect the nature and

challenge of social work. The nature of the language we use is imbued with meaning and power is dynamic and changing and I would not be surprised for us to have developed an alternative term within the next ten years.

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