



University of HUDDERSFIELD

University of Huddersfield Repository

McKeown, Mick, Carey, Linda, Rhodes, Christine and Jones, Fiona

Democratic Learning for Democratic Practice: Co-Operation and Deliberation

Original Citation

McKeown, Mick, Carey, Linda, Rhodes, Christine and Jones, Fiona (2015) Democratic Learning for Democratic Practice: Co-Operation and Deliberation. In: Creative Education, Teaching and Learning: Creativity, Engagement and the Student Experience. Palgrave Macmillan, Basingstoke, UK. ISBN 9781137402158

This version is available at <http://eprints.hud.ac.uk/id/eprint/26339/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

<http://eprints.hud.ac.uk/>

Democratic Learning for Democratic Practice: Cooperation and Deliberation

Mick Mckeown, Lynda Carey, Christine Rhodes and Fiona Jones

Introduction

In this chapter we suggest that education for a critical understanding of democracy is central to the delivery of high-quality patient-centred care. Development of skills and knowledge which support change in practice can and must be brought into the classroom, offering opportunities for positive role modelling and real-time learning. Techniques by which such understandings can be cultivated will be explicitly referred to in the course of the chapter. For the purpose of highlighting these ideas and practices, we refer to selected initiatives focusing upon undergraduate nurse education concerned with professional support for service-user involvement in nursing practice; teaching leadership to registered nurses; and wider general initiatives which bring service-user involvement into practitioner learning in higher education. The exemplars are illustrative and do not claim to be the only examples of our focus on involvement and democracy across the three universities. They are, however, initiatives in which we have been substantially involved.

We contend that attention to the theory and practice of democracy exemplifies a set of specific examples of creativity in the context of learning and professional practice development. These correspond to a set of values which underpin the National Health Service (NHS) Constitution and as such are fundamental to creative delivery of patient-centred care. Accessibility of learning is integral to this approach as it is fundamentally concerned with empowerment.

Specifically, the chosen examples presented here include the following:

- An optional module for students undertaking the BSc in Nursing at the University of Central Lancashire (UCLan). Effectively the core content of this module is focused upon theories and practices relevant to democracy and the democratisation of caring relationships and/or health care organisations. The titular focus of the module is service-user and carer involvement practices, and how to enhance these in practice. The module was entirely developed in alliance with service users and carers affiliated to the university's Comensus initiative.
- A programme of courses delivered by Edge Hill University that ostensibly focus upon health and social care practitioner leadership for post-registration learners. Key elements of these programmes conceive of critical, transformative leadership models that facilitate contemplation of the possibilities and pitfalls of approaches to workplace democracy.
- Systemic approaches to support service-user and carer involvement in university settings, developed at Huddersfield University and UCLan. In different ways, these projects present a democratic challenge to university systems and academic staff.

All of our examples draw upon ideas and teaching practices drawn from critical pedagogy, constituting attempts to democratise the learning process. The common focus upon service-user involvement opens up opportunities to consider the potential for democratising the social relations of professional caregiving. Initiatives developed to support service-user contributions to practitioner learning are also concerned with this, for instance facilitating necessary skills and knowledge acquisition to better support involvement practices. Taken together, they also represent possibilities for the democratisation of university settings. A focus on transformational nurse leadership allows for imaginative consideration of interdisciplinary team working (West, 2012) and employment relations, with one possibility being enactment of forms of workplace democracy (Mckeown & Carey, 2015).

The chapter considers both the teaching of democratic practices and the live use of democratic methods to nurture this learning and model the practical application of theory into practice. It begins with a presentation of critical pedagogical ideas, with an emphasis on insights drawn from the work of Paulo Freire, followed by a review of critical social theory relevant to appreciation and understanding of democratic and democratising practices, with specific attention to deliberative models, for example, in the writings of Jürgen Habermas. We then turn to a set of reflections on the selected initiatives that illustrate in different ways applications of these ideas. This will involve some presentation of evaluative commentaries provided by learners and other participants. The discussion and conclusions that follow will explore the further potential for creatively advancing such approaches and taking stock of various limitations. Aspirations and anticipations for the future of these educative methods will be presented, taking account of a context of turbulence and uncertainty within health-care organisations and universities engendered by the creeping encroachment of neoliberalism into the public service domain.

Policy and practice context

Given that health and social care services and higher education are both best thought of as public goods, any consideration of government policy would be lacking without brief reference to the prevailing neoliberal ideology. These times of austerity, funding cuts and privatisation are also times of ambiguity and liquid insecurity, creating alienating conditions for staff and service users alike, and feeding the potential for service failure (Bauman, 2000; Randall & Mckeown, 2014). The distinct individualism of consumerist policy in the public sector is congruent with the neoliberal polity, yet paradoxically this has opened the door for more critically minded and collective aspirations framed by health and welfare movement activism (Mckeown et al., 2014b). The context of learning, and the settings within which it must take place or is subsequently put into practice, are not immune from the reach of neoliberalism. Yet, interesting possibilities exist beyond a fatalistic pessimism that nothing can be done. Commentators such as Holloway (2002) and Clarke (2007) argue for situated initiatives that can thrive beyond neoliberalism, without confronting it head-on or because the neoliberal gaze is not omnipresent, and there will always be places where

neoliberalism is not present. As such, university teaching and learning may be able to exist as one sort of space, under the radar, in which critical ideas can be discussed freely and new ways of relating can be prefigured (between tutors and students, practitioners and service users).

National policy has latterly emphasised the notion of ‘patient experience’ and delivery of patient-centred care within a broader historical turn towards consumerism, opening up concerns over individual voice, choice, empowerment and, latterly, social responsibility. A wealth of policy since the late 1980s has ushered in growing interest in supporting patient and public involvement in practice environments, associated research and the education of practitioners. Interestingly, all of these concerns should come together in university settings organically linked to the practice domain, such as those focused upon clinical education and research, and its synthesis – research-informed teaching. This represents a unique set of opportunities to do justice to demands for involvement across all three important domains. In the NHS, this privileging of the experience of patients, often now referred to as service users, has recently become enmeshed with more particular policy concerns addressing the fallout from a number of scandalous failures of systems of care, notably at Mid Staffordshire Hospital in the United Kingdom (Francis, 2013). The concern with ‘service-user’ perspectives and opinion is often deployed in conjunction with similar interest in the views of informal carers, usually relatives, of service users. Indeed, family carers were amongst the most vocal critics of failings at Mid Staffordshire, and one of the key policy responses has been the national introduction of the ‘Friends and Family test’ survey of patient experience (Department of Health, 2012).

Language and terminology surrounding public participation policies and practices have changed over the years. At present, fashionable forms include notions of co-production and shared decision-making, indicating opportunities for practitioner-service user alliances at the micro-level of individual care encounters, or strategic involvement at different levels. There is some evidence that forms of strategic involvement have gained more traction and have been developed to a more sophisticated degree than involvement practices at the point of care delivery (Mckeown et al., 2014a). There is an ever-present possibility of co-option of involvement energies becoming subsumed into more powerful systems of governance and control, with various critics bemoaning the relative lack of tangible impact beyond superficial issues (Hodge, 2005). Insurgent and critical voices have an uneasy relationship to the consumerist framing of this involvement territory, and can be understood in terms of social movement activism (Brown & Zavetoski, 2005; Crossley, 2006). Making sense of involvement in this way opens up possibilities for more radical alliances between service users and practitioners, and their affiliated groupings, and also supports the case for developing critical ideas concerning democracy (Mckeown & Carey, 2015; Mckeown, Cresswell, & Spandler, 2014).

Critical pedagogy and cooperative learning

Progressive, humanistic theories of learning have had an enduring influence upon the thinking and rhetoric of nurse education (Mooney & Nolan, 2006; Purdy, 1997; Waterkemper, do Prado, Medina, & Reibnitz, 2014), typically grounded in the work of Freire (1970, 1998). Interestingly, these endeavours have been linked to both nursing leadership skills and the desirability of a professional interest in promoting social justice (Waite & Brooks, 2014). In essence, the Freirian approach brings about the democratisation of learning (Grinberg, 1994). Key techniques and concepts are listed in Table 28.1. Freire's critical pedagogy is the antithesis of dogmatic or didactic teaching, delivered by subject experts to supposed novices. Instead, Freire and his followers argue for the emancipatory and empowerment potential of education transacted between peers. For such transformational objectives to be realised, the boundaries between educators and learners are purposively blurred, and all participants must absolutely respect each other's autonomy and dignity. Learning is essentially and intensely democratic, political and relational, resulting in a process of conscientisation, akin to political awakening. This is brought into being in the interaction between participants, framed by love, hope and mutual understanding (Apple, 2014; Giroux, 2007; Glass, 2001; Roberts, 2000).

Table 28.1 Freirian concepts and techniques

Freirian concept	Teaching and learning techniques
<p><i>Dialogue</i> – Teaching and learning must be dialogic, transacted in discussions between all. The opposite of this is didactic teaching, in which the teacher is assumed to impart knowledge to passive students.</p> <p>Resonant with Habermas's communicative action and deliberation, and Baskhar's theory of dialogue.</p>	<p>Equalised power relationships between tutor and students. Inculcation of mutual respect for each other's knowledge and expertise. Intra-group communication, talking and listening, discussion and debating. The concept of dialogue can be new to learners, and as such is best introduced in a supportive approach. Sharing of both service-user and personal experiences facilitates this. The role of the educator is to facilitate learning by signposting and evidencing the underpinning theoretical knowledge base, and supporting learners in disclosing and deliberating on their own knowledge and understanding.</p>
<p><i>Praxis</i> – As well as dialogue, there must be moments of acting upon the social world and reflecting upon impact.</p>	<p>Learning in action – Including a range of experiential techniques and cycles of action and reflection. This is exceedingly well suited to the practice domain, offering opportunities to try out actions in practice. Assessments can be practice based, working on real change. This challenges the traditional theoretical</p>

	<p>analysis of many assessment processes, but requires high-level critical thinking appropriate to the level of study.</p> <p>For an educationalist, the engagement in the social world of care provision is a real one, not acting as a visitor but as a participant.</p>
<p><i>Generative Themes</i> – Each society and time period have identifiable characteristics that exist in complex interrelationship. These involve dominant ideas, values, social systems, concepts, politics and motivations. Dialogic activity can discover oppositional, emancipatory themes.</p>	<p>Generativity – Activities grounded in dialogue and utilising participant’s creativity and imaginative powers help identify alternatives to dominant/oppressive themes.</p> <p>Imaginative ‘thought experiments’ can contemplate changes to practice safely, without having to immediately face negative reaction.</p> <p>Understanding the context of care delivery is important. Educationalists encourage and open the conversation, particularly when working with peers from organisation or discipline group. Understanding and challenging requires both preparation and courage in equal measures</p>
<p><i>Easter Experience</i> - A radical process of self-examination and ‘rebirth’ to be on the side of the people seeking change: An existential change in outlook.</p>	<p>Self-awareness and self-examination exercises –</p> <p>Again, activities grounded in dialogic interaction and building upon generative thinking.</p> <p>Reflection on and in action is encouraged. This journey is supported through structured personal tutor support.</p>
<p><i>Codification & Decodification</i> – Building up a picture of social circumstances and relations (codifying). Imagining oneself in the situation, appreciating different aspects and bringing to bear critical reflection on it (decodification).</p>	<p>Information gathering leading to imaginative group work and discussion. A form of inquiry-based learning, but with highly equal roles.</p> <p>Simulation exercises can be utilised, with real-life players acting within scenarios. Within simulation, learners act as both participants and observers. Observation is well received and recognised as forming a framework for examination of concepts.</p>
<p><i>Conscientisation</i> – Overarching effect of political awakening and awareness, both of the means by which people become oppressed and of potential solutions.</p>	<p>Consciousness raising – Safe, open-minded persuasion, and mutually respectful discussion of political ideas and values.</p> <p>Conscientisation can be a difficult concept to articulate</p>

	within the learning process. Honest exchange of ideas and personal change are required amongst participants; the understanding of self within the process is not always reported in more traditional learning contexts.
<i>Prefiguration</i> – Another all-embracing concept which effectively describes a process of modelling the world as you would like to see it in the micro-world of the group relations, in this case the classroom.	An amalgam of democratic decision-making, cooperative action, respectful dialogue and respect across difference, and equalised power. A mini working utopia, or best approximation. Working as positive role models and challenging ourselves and each other, we aim to work towards this on a consistent basis.

Source: See Freire Institute webpages for further information: <http://www.freire.org/paulo-freire/concepts-used-by-paulo-freire>.

Freirian ideas have been taken up in forums beyond traditional education settings, notably in the organisation of new social movements. These tend to favour non-hierarchical structures and flattened or horizontal, participatory democracy and decision-making (see following section). As such, Freire has been strongly linked to notions of prefiguration – the idea that groups might model the world they would like to see in the course of trying to achieve it. These ideals have led to thinking about small-scale, experimental utopias – at least some of which might be enacted in classrooms. If we are to think about modelling democratic learning, we also need to consider wider theories for prefiguring democratic relations in classrooms or other settings.

Models of democracy

Habermas (1986, 1987) makes a case for deliberative democracy as a vehicle for social change. He argues that major social institutions, including democratic systems, are beset with legitimacy crises; witness the almost complete lack of public faith in mainstream politicians and public disengagement with the electoral process. For Habermas, some of this is explicable in terms of the inadequacies of representative forms of democracy, and he argues instead for a transformational alternative that emphasises participation and communication. This deliberative framing of democracy is essentially a matter of taking time to talk through issues and differences of opinion, rather than rush to seek a majority view. It is a consideration of the intersubjectivity of communicative acts, where language is privileged and brings about social relations in an exchange of ideas tending towards problem-solving in a process of critical agreement or rational negotiation of consensus (Habermas, 1986, 1987). Put simply, this communicative action ought to result in the *best* ideas or solutions emerging as long as, crucially, the conditions supporting dialogue are optimised (Roberts & Crossley, 2004). For critical theorists, the notion of *best* ideas corresponds with progressive politics: ‘we

cannot have a rational will to want a future that is always the same as the past. *We can only have a rational will to want to change the world for the better, as best we can*' (Harrington, 2005, p. 316). By a process of reflection and deliberative argument, agreement comes about as people work to resolve differences. Habermas is consistently dismissive of neo-right conceptualisations of rational choice and individuals motivated by self-interest. Collectively, such individuals would obey no rules and be unable to reproduce the institutions and structures of open society that enable them freely to exercise choices in the first place (Sitton, 2003).

The transformative potential of communicative reason is linked to other thinking about the sorts of social space that are conducive to supporting unconstrained dialogue. Historically, Habermas (1989) reflected upon the historical growth of new forms of civil society, noting the emergence of new physical spaces in the public sphere where citizens could meet and engage in untrammelled and reasoned discussions, and ultimately arrive at agreement on ideas for the common good. This allowed for the identification of optimum conditions for such deliberations. These include roughly even power between participants, open-mindedness to change one's opinion, and respect across difference, which amounts to a commitment to reasoned and reasonable communication. These ideas can be seen to be highly compatible with Freire's dialogic pedagogy, and as having the potential to be taken up in the teaching and learning context and which could form the basis for ideal care-team relationships, especially in a context of supporting transformational change. Cooperative techniques for practice change, such as participatory action research, can also be conceived of as relevant to Habermas's ideals of communicative action and unconstrained dialogue, with specific impacts for participants that include '[improved] capacities to solve problems, develop skills . . . increase their chances of self-determination, and to have more influence on the functioning and decision-making processes of organizations and institutions from the context in which they act' (Boog, 2003, p. 426). We now turn to discuss how these critical ideas are evidenced in our three chosen case examples.

Case examples

1. Teaching Student Nurses to Support Service-User Involvement in Practice

The UCLan module 'Enhancing Service User and Carer Involvement' is an option for undergraduate nursing students. The module typically runs with small numbers of students, which assists in the facilitation of cooperative, peer-supported learning framed by Freirian techniques (see Table 28.1). A major part of the module content is to encourage learning about democracy, at the same time as modelling deliberative forms in the classroom. Public participation policy and the implications for nursing practice are investigated by the students, and group discussions afford critical reflection upon different ways of making sense of the political context. The students also explore thinking about involvement practices in terms of movement activism, and activists from the local community are involved in the teaching and learning. One such exercise involves learning about practitioner-service user alliances in

the context of reflections on a successful local campaign to defend a respite service for disabled children and their families. Cooperative learning is encouraged, with students helping each other in information gathering and sharing. This also includes supporting each other on assessed assignment work, albeit with each student submitting his or her own individual assignment. As part of these learning processes, a model of appreciative and affirmative feedback is modelled across all activities. This is reasonably felt to be supportive of future expectations for practice-based teamwork and possibilities for engagement in alliances with service users. Freirian and Habermasian principles are shared with students, who are then encouraged to exemplify them in classroom activities, discussion and debates.

2. *Learning for Transformational Leadership*

The approach to clinical leadership education at Edge Hill University is grounded in a distinct philosophical framework for development of principle-centred leaders. Learners in this context are already qualified practitioners, and are supported in recognising the importance of role-modelling behaviour, acting as change champions, improving the quality of care, challenging constraining cultures and ritualistic practice, empowering colleagues, supporting their actions with a sound evidence base and developing a positive learning climate. In achieving this, learners critically reflect on and understand their own values and beliefs through enhanced self-awareness and self-empowerment techniques and interprofessional learning. The intention is for learners to be proactive, fully engaged, demonstrate personal commitment and act on situations rather than be acted upon. Learning exercises ensure service-user perspectives are central to problem-solving, innovation, creativity and time management activities to be embedded within future practice.

Figure 28.1 Model for the delivery of leadership programmes

This framework facilitates delivery of leadership programmes that enable learning through dialogue, with people working cooperatively to make a difference to practice, including programmes delivered directly in the workplace. Dialogue supports individuals in developing co-supportive relationships, which in turn enable actions to be implemented based upon core values. The relationship process is central in enhancing and building social capital, and as such is intrinsic to the development of meaningful communities of practice, which raise consciousness and support change in practice. A participatory model of democratic leadership is promoted, decentralising decision-making, inclusive of all interested stakeholders. Central to this is the concept of leading transformational change from ‘the edge’ of organisations, with leaders and change agents working across organisational barriers to identify radical thinking, faster change and better outcomes. As educationalists, we aim to work in a non-traditional style, personally and emotionally investing in the development of learning. As peers within the learning process, we act as positive role models, sharing experiences and facilitating others’ voices.

3. *Systematic Approaches to Supporting Service-User and Carer Involvement in Higher Education*

Both UCLan and Huddersfield exemplify similar approaches to developing infrastructure and systems to support extensive service-user and carer involvement within the education of health and social care professionals. These approaches are not necessarily unique, and most UK universities have developed some sort of involvement initiatives, although the extensiveness and levels of systematisation are hugely variable (Mckeown et al., 2010; Rhodes, 2012). Ideally, this results in forms of involvement that extend into all aspects of the work of relevant schools and departments: teaching and learning, research and strategic development. With regard to teaching and learning, service users and carers can be involved in student recruitment, curriculum development, teaching, evaluation and quality assurance.

The UCLan and Huddersfield examples are illustrative of efforts to ground developments in active community engagement and participation, and, as such, acknowledge the appropriateness of thinking about such involvement in terms of movement activism and, hence, attempt to adopt an implicit internal democracy as part of the process (Downe et al., 2007). With this in mind, the UCLan Comensus initiative was initially conceived as a participatory action research project, with community groups, individuals and service-user and carer movement activists invited to shape the eventual form of system to be put in place. This eventually resulted in the establishment of a diverse core group, the Community Involvement Team, supported by a much larger network of affiliated individuals and community groups operating in the hinterland of the university. Similarly, but more pragmatically, a participatory process has led developments at Huddersfield, with a central role for the Public Partnership Group (PPG), whose mission statement is 'Empowering People to Support Change' (EPIC). Both universities have been alert to the value of appointing somebody to take on a coordination role, and, despite commitment to bottom-up development, support from senior managers has also been crucial to maintaining momentum and securing necessary resources (Harrison, 2010; Ward & Rhodes, 2010). At both universities, service-user and carer participants have affiliate status, campus cards and name badges, a university e-mail address and access to the intranet, consolidating role identity and status.

Discussion

All of the selected examples in different ways illustrate aspects of democratising the micro-world of teaching and learning. At one and the same time, they also offer a focus upon teaching ways of doing democracy: for supporting public involvement in the practice of care delivery; for transformational change in clinical services; and for sustaining the democratic involvement of service users and carers across a full range of teaching and research in university settings. Student learning about democracy and cooperation has the potential to positively transform the social relations of care and make a contribution to alliances between movement activists and critically engaged practitioners and academics concerned with democratising the institutions of care delivery and resisting the deleterious

encroachment of neoliberalism into public services. These opportunities might be maximised if systems of workplace democracy are enacted, aimed at enhancing both staff and service-user voices (Mckeown, Cresswell, & Spandler, 2014; 2014b).

Arguably, professional nursing faces a significant crisis of legitimacy. The findings of numerous recent inquiries into service failings have culminated in accusations that nurses lack compassion, and the proposed solution is enhanced and transformational nurse leadership (Berwick, 2013; Bevan & Fairman, 2014; Clwyd & Hart, 2013; Francis, 2013). Their prescription includes putting notions of social connectivity and community engagement at the centre of practice change. Democracy is implicitly at the heart of this, holding hope that effective nurse leaders can ultimately deliver compassionate care. These efforts are likely to be most successful when the practitioners charged with leading practice change are already grounded in affinity for both service-user involvement and democratic cooperation. The focus here connects with thinking emerging from service-user movement and trade union forums about the desirability of closer dialogue and alliances. Ultimately we are advocating development of inclusive workplace and learning democracies for better organising the practice of health and social care. Thus, our interest in democracy extends beyond democratising classroom learning, and directly into workplaces and communities within which transformed social relations will have to be enacted. Freirian ideals can be seen to be resonant with Holloway's assertion that social change is possible without taking power over others, and that the associated human social relations are indicative of those aspired to in progressive social movements or, indeed, a democratised classroom or workplace: 'the relations that we form all the time, relations of love, friendship, comradeship, community, cooperation. Obviously such relations are traversed by power because of the nature of the society in which we live, yet the element of love, friendship, comradeship, lies in the constant struggle we wage against power, to establish those relations on the basis of mutual recognition, the mutual recognition of one another's dignity' (Holloway, 2002, p. 108).

For learners, having service users and carers actively engaged in the classroom arguably impacts as much at the level of the heart, and moral and ethical development as any cognitive impact (Mckeown et al., 2010). Regular, moments of reflection open up insights into the enjoyable nature of cooperative learning (see Sennett, 2012), and often this is contrasted with more negative experiences of learning in other contexts or experiences of receiving unmitigated critical feedback. Enthusiasm for such possibilities needs to be tempered by a number of more sober observations. Progress in systematising service-user and carer involvement in universities concerned with practitioner education is slower than many activists would like. Despite steady progress being made, with service users and carers slowly infiltrating and becoming embedded in the university, and recognised as true partners in the teaching and learning enterprise, the realisation of movement goals is more muted (Mckeown et al., 2014b). Challenges remain,

notably in relation to the perennial issues of payments and entrenched power differentials within bureaucratic university environments (Mckeown et al., 2012).

Engagement with democracy as part of the learning process may prove difficult to implement in a wholesale way. Many tutors will undoubtedly be resistant to change that threatens emotional attachment to established ways of working. Furthermore, transformative democratic techniques may sit ill at ease with the general tenor of wider university systems and society at large, especially if the sector continues with a trend towards a more instrumental framing of university education. Evaluation of the optional module presented here suggests that to some extent this might be the case, with a mixed reception for the approach to learning and module content. Some students struggle to make meaningful connections to practice, despite generally enjoying the learning experience. It may be the case that participatory democratic processes and theories are somewhat alien to and divorced from the prior experiences of many, rendering any value difficult to comprehend. In addition, the idea of being an active participant in one's own learning and that of peers can be challenging to take up in a relatively short module. Similarly, the extent to which positive curricula for progressive nurse leadership actually impact upon traditionally hierarchical practice and managerial systems has been limited (Hutchinson & Jackson, 2013).

Conclusion

Freirian ideas underpin our practices for the transformation of learning about core subject matter, such as leadership or involvement, so it is truly informed by democratic ideals. There are multiple synergies between all of the case examples we have presented. Despite undoubted strengths, we must also face up to extant weaknesses and impediments to full democratisation. Freirian ideas have a long history of popularity within nurse education, yet there has been a relative lack of systemic infiltration into the university sector and other mainstream education. Similarly, Habermasian ideas for deliberative democracy have been available for some time but, despite being evident within social movements, they have made minimal impact elsewhere. That said, at least one conclusion worth making is that influencing nursing and other health and social care practitioners at the level of their learning could have an aggregate impact upon service-level transformations, especially if the prevailing political economy were to escape the oppressive gravitational pull of neoliberalism. If such a happy state of affairs proves impossible, then at the very least there is potential for a more micro-level influence on therapeutic relationships.

References

- Apple, M. (2014). *Official Knowledge: Democratic Education in a Conservative Age*. Abingdon: Routledge.
- Bauman, Z. (2000). *Liquid Modernity*. Polity Press: Cambridge.

- Berwick, D. (2013). *A Promise to Learn: A Commitment to Act, Improving the Safety of Patients in England*. London: Department of Health.
- Bevan, H. & Fairman, S. (2014). *The New Era of Thinking and Practice in Change Transformation: A Call to Action for Leaders of Health and Care*. NHSIQ (NHS Improving Quality). Available: <http://media.nhs.uk/whitepaper/html5/index.html?page=1>.
- Boog, B. (2003). The emancipatory character of action research, its history and the present state of the art. *Journal of Community & Applied Social Psychology*, 13, 426–438.
- Brown, P. & Zavetoski, S. (2005). *Social Movements in Health: An Introduction*. In P. Brown & S. Zavetoski (Eds), *Social Movements in Health* (pp. 1–16). Oxford: Blackwell Publishing.
- Clarke, J. (2007). Citizen-consumers and public service reform: At the limits of neo-liberalism? *Policy Futures in Education*, 5, 239–248.
- Clwyd, A. & Hart, P. (2013) *A Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture*. London: Department of Health.
- Crossley, N. (2006) *Contesting Psychiatry: Social Movements in Mental Health*. London: Routledge.
- Department of Health (2012). 'Friends and Family' Test Aims to Improve Patient Care and Identify Best Performing Hospitals. Available: <https://www.gov.uk/government/news/friends-and-family-test-aims-to-improve-patient-care-and-identify-best-performing-hospitals>.
- Downe, S., Mckeown, M., Johnson, E., Comensus Community Involvement Team, Comensus Advisory Group, Koloczek, L., Grunwald, A. & Malihi-Shoja, L. (2007). The UCLan community engagement and service user support (Comensus) project: Valuing authenticity making space for emergence. *Health Expectations*, 10, 392–406.
- Francis, R. (2013). *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. London: Stationary Office. Available: <http://www.midstaffspublicinquiry.com/report>.
- Freire, P. (1970). *Pedagogy of the Oppressed*. Harmondsworth: Penguin.
- Freire, P. (1998). *Pedagogy of Freedom: Ethics, Democracy and Civic Courage*. Lanham, MD: Rowman & Littlefield.
- Giroux, H. (2007). Introduction. Democracy, Education and the Politics of Critical Pedagogy. In P. McLaren & J. Kincheloe (Eds) *Critical Pedagogy: Where Are We Now?* (pp. 1–8). New York: Peter Lang.
- Glass, R. (2001). On Paulo Freire's philosophy of praxis and the foundations of liberation education. *Educational Researcher*, 30, 15–25.
- Grinberg, J. (1994). Paulo Freire's legacy to democratic education. *Hands On*, 48, 44–45.

- Habermas, J. (1986). *The Theory of Communicative Action: Reason and the Rationalization of Society*. Cambridge: Polity Press.
- Habermas, J. (1987). *The Theory of Communicative Action: The Critique of Functionalist Reason*. Cambridge: Polity Press.
- Habermas, J. (1989). *Structural Transformation of the Public Sphere: An Inquiry into a Category of Bourgeois Society*. Trans. T. Burger & F. Lawrence. Cambridge, MA: MIT Press.
- Harrington, A. (2005). Conclusion: Social Theory for the Twenty-First Century. In A. Harrington, (Ed). *Modern Social Theory: An Introduction* (pp. 313–316). Oxford: Oxford University Press.
- Harrison, N. (2010) Climbing the Ladder of Involvement: A Manager’s Perspective. In M. Mckeown, L. Malihi-Shoja, S. Downe & The Comensus Writing Collective (Eds). *Service User and Carer Involvement in Education for Health and Social Care* (pp. 12–133). Oxford: Wiley-Blackwell.
- Hodge, S. (2005) Competence, identity and intersubjectivity: Applying Habermas’s theory of communicative action to service user involvement in mental health policy making. *Social Theory & Health*, 3, 165–182.
- Holloway, J. (2002). *Change the World without Taking Power*. London: Pluto Press.
- Hutchinson, M. & Jackson, D. (2013). Transformational leadership in nursing: Towards a more critical interpretation. *Nursing Inquiry*, 20, 11–22.
- Mckeown, M. & Carey, L. (2015). Editorial. Democratic leadership: A charming solution for nursing’s legitimacy crisis. *Journal of Clinical Nursing*, in press.
- Mckeown, M., Cresswell, M. & Spandler, H. (2014b). Deeply Engaged Relationships: Alliances between Mental Health Workers and Psychiatric Survivors in the UK. In B. Burstow, B.A. LeFrancois & S.L. Diamond (Eds) *Psychiatry Disrupted: Theorizing Resistance and Crafting The (R)evolution*. Montreal, QC: McGill/Queen’s University Press.
- Mckeown, M., Dix, J., Jones, F., Malihi-Shoja, L., Carter, B. & Harrison, N. (2014c) Service user involvement in mental health practitioner education: Insights from movement politics. *Nurse Education Today*, 34, 1175–1178.
- Mckeown, M., Jones, F., Wright, K., Spandler, H., Wright, J., Fletcher, H., Duxbury, J., McVittie, J., Simon & Turton, W. (2014a). It’s the talk: A study of involvement practices in secure mental health services. *Health Expectations*, in press.

- Mckeown, M., Malihi-Shoja, L. & Downe, S. & The Comensus Writing Collective (2010). *Service User and Carer Involvement in Education for Health and Social Care*. Oxford: Wiley-Blackwell.
- Mckeown, M., Malihi-Shoja, L., Hogarth, R., Jones, F., Holt, K., Sullivan, P., Lunt, J., Vella, J., Hough, G., Rawcliffe, L., Mather, M. & The CIT. (2012). The value of involvement from the participants' perspective: Not just a cash nexus. *Nurse Education Today*, 32, 178–184.
- Mooney, M. & Nolan, L. (2006) A critique of Freire's perspective on critical social theory in nursing education. *Nurse Education Today*, 26, 240–244.
- Purdy, M. (1997) Humanist ideology and nurse education. I. Humanist educational theory. *Nurse Education Today*, 3, 192–195.
- Randall, D. & Mckeown, M. (2014) Failure to care: Nursing in a state of liquid modernity? *Journal of Clinical Nursing*, 23, 766–767.
- Rhodes, C.A. (2012). User involvement in health and social care education: A concept analysis. *Nurse Education Today*, 32, 185–189.
- Roberts, J. & Crossley, N. (2004). After Habermas: New Perspectives on the Public Sphere. *The Sociological Review*, 52, 1–27.
- Roberts, P. (2000). *Education, Literacy, and Humanization: Exploring the Work of Paulo Freire*. Greenwood Publishing Group.
- Sennett, R. (2012). *Together: The Rituals, Pleasures and Politics of Cooperation*. London: Allen Lane.
- Sitton, J. (2003). *Habermas and Contemporary Society*. Basingstoke: Palgrave Macmillan.
- Waite, R. & Brooks, S. (2014). Cultivating social justice learning & leadership skills: A timely endeavour for undergraduate student nurses. *Nurse Education Today*, 34, 890–893.
- Ward, L.J. & Rhodes, C.A. (2010). Embedding consumer culture in health and social care education: A university office's perspective. *International Journal of Consumer Studies*, 34, 596–602.
- Waterkemper, R., do Prado, M., Medina, J. & Reibnitz, K. (2014). Development of critical attitude in fundamentals of professional care discipline: A case study. *Nurse Education Today*, 34, 581–585.
- West, M.A. (2012). *Effective Team Work* (3rd edition). Oxford: PBS Blackwell.