



**INTRODUCING A PEOPLE'S ACADEMY INTO HIGHER
EDUCATION: A COPRODUCTION APPROACH TO SUSTAINED
WELLBEING**

Journal:	<i>Higher Education, Skills and Work-Based Learning</i>
Manuscript ID	Draft
Manuscript Type:	Case Study
Keywords:	Coproduction, People's Academy, Higher Education, Entrepreneurial education, Workbased learning

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INTRODUCING A PEOPLE'S ACADEMY INTO HIGHER EDUCATION: A COPRODUCTION APPROACH TO SUSTAINED WELLBEING

ABSTRACT

Purpose: The introduction of a People's Academy within the School of Health and Social Care at London South Bank University has created ripples across the pond that is Higher Education.

Approach: Working as a coproduction innovation hub, the People's Academy celebrates inclusion of those with a lived experience of health and social care services into the academic community as valued members of the teaching and learning team. In its second year the People's Academy has gained attention and achieved a 'highly commended' status from external regulating bodies.

Findings: In this paper we report on aspects arising from an entrepreneurial education approach. First, is the work based learning experience students achieve within the Higher Education Institution setting, preparing them for clinical placements and client encounters. Second are ripples of activity the People's Academy workstreams have sent throughout the academic staff via critically creative working practices as a process of entrepreneurial education. Conclusions focus on a sustainable approach to recovery and resilience (whether physical or psychological) and overall wellbeing that People's Academy members recognise as a raised level of compassion for sustainable health and wellbeing for all.

Originality: The work and enthusiasm of the People's Academy as an authentic social engagement process rippling across the 'University' experience; whether for students in the classroom or when working alongside academic staff, is identifiable in all aspects of academic activities. Most importantly is a positive gain in terms of knowledge, skills and confidence for the People's Academy members themselves and their own wellbeing enhancement.

Key Words *Coproduction, Sustained Wellbeing, Quality and Higher Education, Health and Social Care, People's Academy*

INTRODUCTION

Across the world engaging people with a lived experience of health and social care services has become a recognised practice, used in monitoring innovation (Chen et al, 2017), quality health service delivery (Abernethay et al, 2017) and research credibility (Brett et al, 2014). However, terms such as service user, citizens, survivors, consumers etc., still brings an inherent inference of low social status amidst a hierarchy that exists across national health and social care services. Despite considerable attempt to flatten hierarchy occurring between board members and the workforce, people continue to report that professional service providers can remain aloof and dis-compassionate to those in receipt of that service. For many

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3 there continues to be stigma attached to health related labels that denote, or are
4 associated with, social status.

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6 Political emphasis on the value of including lay people's voice amidst professional
7 driven agendas has begun to gather recognition as a powerful means to innovate and
8 champion change. By ensuring there are 'people perspectives' included in the planning,
9 implementation and evaluation of change and modernisation programmes, within and
10 across educational and service modernisations, allows 'ground up' reform that
11 focuses service redesign on the needs of contemporary citizens (Bovaird, 2007).

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14 This paper outlines how people participation in professional education
15 programmes has been achieved within a Higher Education Institution (HEI) and how
16 this has led to improved compassion and wellbeing. More specifically we present
17 entrepreneurial education activities taking place across a School of Health and
18 Social Care. Work to date has produced work based learning resources (e.g. online
19 learning materials, such as Massive Online Open Courses (MOOCs)) whilst also
20 offering a process from which health and wellbeing principles and practices are
21 being lived out and creatively evaluated.

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24 What we propose is that the People's Academy provides a process for improved and
25 sustainable wellbeing across HEI through bringing workbased learning and
26 entrepreneurial education into contemporary health and social care curriculum.

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29 Within the School of Health and Social Care at London South Bank University
30 (LSBU), engaging with a variety of stakeholder groups, as a means of ensuring our
31 educational programmes reflect contemporary health and social care workforce
32 needs, has led to the introduction of a People's Academy. The People's Academy
33 provides an innovation hub in terms of inclusion and collaborative activities across
34 the School of Health and Social Care. Workstreams aim to continually revise and
35 reform transparent approaches for coproduction within a HEI.

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38 Some areas of health and social care have long established links with inclusive
39 practices. Evidence can be found in the depth of consultation and involvement of
40 people with a lived experience. The overarching aim is to ensure students are able to
41 develop innovative, person-sensitive approaches to their professional clinical practice.
42 A secondary aim arising from this initiative, has been incorporating exposure to the
43 arts and humanities role in health and wellbeing; offering an enriched experience of
44 University life for staff and students alike, amidst an increasing dominance towards a
45 scientific approach to health care professions education, embedded across curricula
46 (Wikstrom, 2001; Jones et al, 2017).

47 48 49 **Public and Patient Involvement as Entrepreneurial Education**

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51 A review of the published literature on what is often deemed Public and
52 Patient Involvement (PPI) in Higher Education, reveals a sparse but growing
53 evidence base; as the numbers of HEI's develop and evaluate their different
54 approaches to PPI programmes.

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56 The added value of involving service users and carers in the education of health and
57 social care professionals has long been recognised (Levin, 2004; Department of
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3 Health, 2006), with further evidence that service users and carers are involved in
4 curriculum planning, classroom teaching plus assessment of students (Khoo et al,
5 2004; Lathlean et al, 2006). Research on the involvement of lay people, service
6 users and carers in education has demonstrated how becoming more person-centric
7 as opposed to function-focused can challenge entrenched perceptions and attitudes
8 of health professionals (Katan & Prager, 1986).

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11 Breaking down barriers of hierarchical and paternalistic services to produce
12 contemporary practitioners promotes ability to influence service improvements that
13 are tailored and coproduced. Therefore, working towards more relevant outcomes for
14 users and their carers (Tew et al, 2004). However many universities have been
15 challenged by the complexities of these coproduction activities, as there is limited
16 guidance from education and professional regulators, plus few institutions publish
17 guidelines from their successes for others to build upon (Terry, 2013).

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20 Education sessions involving people with a lived experience of health and
21 social care services are often identified as popular and are highly evaluated by
22 students within their course of study (Beresford and Croft, 2001). Students exposed to
23 people with lived experience in the educational setting report a sense of privilege, in
24 listening to personal stories which can sometimes be about harrowing experiences.

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27 Taylor and Thorpe, (2004) argue that entrepreneurial learning is, in itself, a process of co-
28 production. It is a relationship based approach to education, through exploring the
29 arguments, exposing and utilizing life experiences and encouraging learners to make
30 creative decisions, working jointly with others to find real life solutions through simulation
31 or action orientated learning techniques (Pittaway and Cope, 2007). Students report
32 feeling more confident in communicating with patients with serious illness and have a
33 greater insight into the multidisciplinary team when out on the clinical placements,
34 having engaged first with a person with lived experience in the classroom (Morgan and
35 Jones, 2009).

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38 With respect to research activities the importance of an integrative approach to
39 service evaluation (for example within the National Health Service) has also been
40 recognised for many years (Boote et al 2002) with a range of benefits to both
41 service users and researchers (Staley 2009; Postle et al, 2008, Burton et al, 2017).
42 Staley (2009) reports that one of the impacts of public and patient involvement in
43 health research is that members of the public and researchers develop a more
44 constructive and ongoing dialogue that can lead to unexpected positive outcomes.
45 This has certainly been our experience of the first two years of the People's
46 Academy at London South Bank University.

47 48 49 **Why a People's Academy?**

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52 In order to acknowledge and fully celebrate the work of people involved in the
53 academic activity of the University and to maximize our vision for inclusion and
54 coproduction taking place across the School of Health and Social care, (HSC) a
55 People's Academy was launched on March 20th 2015.

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58 A People's Academy model can be found in employment and community focused
59 initiatives, where most function as a social enterprise model that encourages

sections of community to become more socially included with a common purpose to maximise skills and capabilities needed to prepare them to either; return to work (see for example community enterprise models¹), or connecting and engaging people with their community (Thompson and Doherty, 2006). With the inclusion of peer support workers and ongoing interest in consumer opinion throughout approaches used to measuring and monitoring health and social care quality experiences, the People's Academy is timely in capitalising and maximising improved health and wellbeing for all.

PURPOSE

The purpose of a People's Academy (PA) is to provide a transparent model for coproduction. The PA brings coherent and comprehensive processes for achieving inclusion, collaboration and participation of people with lived experience of health and social care into all aspects of HEI activity. It is a model that others may wish to replicate.

The co-creation of a shared purpose, capacity building framework (see table 1 below) was collectively devised and finalised at an externally facilitated workshop that included People's Academy members and HEI academic staff.

THE LSBU HSC PEOPLE'S ACADEMY (HSC_PA) : VISION STATEMENT

Our vision is to: Become a recognised resource for People Participation in Health and Social care that helps to tackle real live issues from the People who know first hand about using those services.

Or, in other words:

To be known for tackling issues that matter to people who use health and social care

Purpose of the LSBU People's Academy

To provide a single entity provision for engaging with people who have lived experience of health and social care in School activity (i.e. Committee membership, advising on research, student (and staff) recruitment, teaching input, curriculum development and review)

To provide a co-ordinated approach to support people with lived experience of health and social care that promotes and enables their ongoing health and wellbeing

To initiate potential funding opportunities to work towards establishing the Peoples' Academy as a social enterprise model

To provide in-house training, support and ongoing development opportunities for people engaged in the Peoples' Academy

Table 1: HSC PA Core Purpose Framework:

People's Academy Members are paid for their contribution, depending on the level of preparation and expertise required, plus taking into consideration their personal circumstances. Working with people on an individual contractual basis provides the flexibility to alter the level of input depending on the person's changing circumstances. For example, some members begin by volunteering and attending

¹ <http://www.thepeoplesacademyinc.org/>

meetings then move to become more fully engaged with activities as their confidence increases. For many, being accepted into the University building, as recognised staff members, (i.e. wearing the staff badge and using the swipe card to access rooms) is, in itself, a major turning point in their recovery and self-confidence through having a level of acceptance that many have not experienced or expected from a Higher Education Institution.

Activity Schedule

The People's Academy has, to date, achieved input and influence at curriculum reviews, bringing in line theoretical content with real life activity and expertise by experience. Each time new programmes have been taken to validation events (attended by service partners and external professional regulatory bodies), the inclusion of the People's Academy has gained high commendation². This has provided an enhanced student learning experience, bringing the practical application of students theoretical learning to life. For example, students have provided written and verbal feedback about their experiences of working with People's Academy members, and concluded across our range of programmes that;

' this is something I will always remember and take with me into practice '

' you cannot get this sort of thing from a book '

The utilisation of a values based recruitment process in health and social care, plus the introduction of the multiple mini interview process for undergraduate nursing courses, has been informed and influenced by the PA members. Contribution has created an effective and robust recruitment process, where PA Members as interviewers are asking and gathering statements from candidates, often verbalising more personal views and uncovering unconscious bias, that other interview panel member are not eliciting. This process has been highly successful with candidates responding very differently to PA members drawing out particular responses candidates would not have delivered in front of an entirely academic interview panel. For example, during the student interview process one candidate became upset at the question that sought a moralistic response to a health related situation. The member of the PA undertaking the interview responded with such sensitivity and was able to coach the candidate through an emotional reaction, leading towards a greater understanding of aspects of compassion and resilience that the nursing programme they were seeking admission too, would undoubtedly raise for them as a person. From these positive quality improvement experiences gained from engaging the PA members in student recruitment, the internal staff recruitment process has been altered to ensure members of the PA are included in all internal staff recruitment, at all levels of the School's academic appointments.

Teaching and learning across the School has undergone considerable change, as a result of the entrepreneurial education approach, introducing for example digital learning and flipped classroom approaches to the teaching and

² <http://www.lsbu.ac.uk/business/expertise/health-wellbeing-institute/the-peoples-academy/major-achievements> (accessed 31/7/2017)

learning experiences. Alongside the revalidation of the undergraduate curriculum, introduction of integrated interprofessional learning (where different professional groups are brought together to enhance understanding of how integrating care packages can improve health outcomes). PA members have been involved and engaged in planning and delivering seminars and lead tutor group discussions. This experience is being further written up by PA members due for a future publication. PA members have also been involved in building online resources, such as the Massive Online Open Courses, in physical health, mental health and intellectual disabilities the School has created, whether as actors, script contributors and also undertaken the MOOCS as digital learners/students³.

PEOPLE'S ACADEMY MEMBER WORK STREAMS

The People's Academy focus is on innovation and improvement elements to education of people living and working in health and social care settings. Therefore members provide input and lead on work streams relating to:

Connecting and Community: The People's Academy has become a place where those with a common interest in radicalising health and social care. Members are willing to share their personal experiences in order to benefit others, whether as health and social care consumers, workers, or commissioners. As the People's Academy membership expands specialist interest groups have begun to emerge. These then form consultancy groups. For example, the 'Kidney Care' group already in existence, plus the experiences of those involved in the Darzi Leadership programme. There are those who are leading on coproduced research and evaluation activities being undertaken as commissioned work with external community partners or charities.

Artist in Residence: The introduction of an artist in residence programme⁴ has brought with it a number of unexpected connections with community based organisations and 'outsider' artist groups, working towards understanding and expanding the integration of art within wellbeing initiatives (Hardy & White, 2016). Exhibitions and an Open Studios has also brought new people and underserved community groups into contact with the University and the School of Health and Social Care (White, 2016; White, 2017).

Research Advice and Scrutiny: The People's Academy members have input into research advisory groups, acting as important 'reality checkers' and a critical reference point when devising and submitting bids to specific funding bodies. This is a recognised level of PPI and a requirement for some funders. For example, PA members have consulted on two NIHR bids being developed in collaboration with a number of external organisations.

Knowledge transfer and mobilisation: A resource site is in construction which will hold a database of information that other external partners can access. This will include information on legislation, models of engagement, specialist interest groups, focus groups, Trust board committee expertise, as a few examples of what the

³ www.canvas.net/londonsouthbank

⁴ <https://alumni.lsbu.ac.uk/connectedmagazine> (Issue 22, Spring 2017)

People's Academy can offer. Use of technology to access and share information will be developed, with the right sponsorship and skills to produce this. Members are presenting at conferences, and have produced several conference posters over the past year, capturing the work members have achieved evaluating the impact of student feedback on their communication skill development, and on the members personal journeys of recovery. Our next activity is to co create a manifesto for effective coproduction.

Training and educational input: those involved in the LSBU/HSC_PA have experience and expertise in many different areas of training and education. For some attending the People's Academy will be to learn from eachother, whilst for many, it is the potential to share personal lived and learned experiences that will be a bedrock of the People's Academy and its coproduction ethos. For example, the Members of the People's Academy (MPA) introductory course, and Peer Support opportunities, plus Committee membership, Trust Board membership requirements are all areas that the People's Academy can provide specialist training and expertise.

Political lobbying: as a group of service user, carer, NHS citizens and public participants in health and social care, the need to influence and inform policy and providers is a key outcome for the work of the People's Academy, and an ongoing aspect of the work as the evidence and evaluation aspects of the influence and ripples are taken beyond the walls of the HEI.

The People's Academy continues to provide a supportive infrastructure that enables those who feel they do not have the chance to raise their views, a platform from which to debate, articulate and share ideas for improvements. Table 2 below outlines some of our performance goals and indicators of success being used to monitor progress and focus activities.

Impact and Outcomes for the HSC People's Academy

Develop a health and social care workforce who appreciate the importance of service user and carer (Stakeholder) perspectives and engagement in not only the education arena but in the development and monitoring of healthcare delivery and quality improvement

Identify and share with the health and social care sector through practical tools and techniques that could be used to influence and monitor the delivery of safe, effective healthcare practice.

Effective process:

Facilitate access to effective service user and carer engagement processes that deliver and sustain effective health and social care practices; disseminate and embed learning; and achieve networks for rapid knowledge exchange across national and international stakeholders

Knowledge exchange, transfer & utilisation:

Enable global access to a resource for informing strategic plans, implementation tools, research and evaluation approaches for academics, practice innovators, policy makers, to identify the most effective service user and carer led innovations activity and link these to associated healthcare outcomes and impact.

Produce a live database and establish potential for a global network for the health and social care community engaged in healthcare reform, re-design, quality improvement and innovation.

Quality assurance:

Formulate through collective engagement criteria for quality assuring, processes, outcomes and impact data for healthcare reform, redesign, quality improvement and innovation projects for the purpose of governance both internally and externally

Sustainability:

Increase innovation uptake across healthcare contexts through access to open resources via an on going co-production of practical tools and processes for sustainable healthcare delivery

Provide and produce broad range of evidence for the processes necessary to achieve sustainability in service user and carer engagement in promoting quality healthcare aiming to achieve reform, redesign and quality improvements.

Table 2: HSC PA Indicators of Success

CONCLUSION

'My negative life experiences can be turned into something helpful. I would never have known I could offer help to others through sharing my emotional recovery journey': PA member (July, 2017).

Members of the People's Academy were asked to evaluate their personal contribution and learning journey over the past two years. Outcomes were focused on how their level of engagement had helped them sustain and improve their mental wellbeing. Members spoke of peer support supplied by being a member of the PA, and how this had helped them feel included, feel more confident to share their personal experiences, give back to others and learn from others. All are exemplified in the quotation provided above. This can be seen as a process of altruism, or motivation enhancement that ultimately has an impact on a person's wellbeing (Martela and Ryan, 2016).

It is a privilege to work alongside people who reveal so much of themselves within the working context of an HEI. For many the University setting has become a dispassionate business orientated factory (Gillespie et al, 2001). Yet, the work of the PA has proven that what makes a University come alive is the inclusive, diverse, collaborative participation of it's people; whether as students, staff or as people with expertise by experience (Holt & Powell, 2017; Tewdwr-Jones, 2017).

As a PA member stated:

It is such a privilege to be a member of the People's Academy. As a mother/carer of a son with long term debilitating mental health problems, I came across good and bad practice; what worked and what didn't; changes that could/should be made that would make such a difference to my son's wellbeing and mine. Yet most of the time I was an unheard voice, unimportant, just a carer! The People's Academy gave me a chance to share my lived experiences with students, By talking and co-teaching students it gives them an idea of the emotions involved in caring, something you need to feel/observe not read about. By sharing my journey, I feel I am implementing

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3 *change before students go into practice and the positive feedback from students has*
4 *been fantastic. The University have been great, treating me with respect and*
5 *understanding. They gave me a voice again. Thank you. (PA Member, August, 2017)*
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7 Such reciprocity in a recovery process is well documented (Ashgar & Rowe, 2017;
8 Doogan & Warren, 2017). What the PA has exposed in the evaluation of our work
9 together is how, through high challenge comes high support. Whether people are
10 supported to speak out about issues they are not happy with (whether that be in the
11 classroom or in practice), plus the support received by hearing and accepting they
12 are not a lone voice. The provision of a collective voice has proved important to
13 people, which could be argued is a basic human need – to belong.
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16 Research into compassion and resilience has identified how most common self
17 reported measures reveal improved empathy, forgiveness and that offering social
18 support to others leads to higher level functioning and reduced levels of depression
19 and anxiety (Stukas, et al, 2016). Likewise, resilience can be strengthened through
20 the process of mentoring and engaging in collaborative processes for accomplishing
21 shared goals (Halpin et al, 2016).
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24 There are many models of coproduction. What LSBU is offering through the
25 HSC PA is a reconceptualising of public health and social care systems and services
26 so that innovation and modernisation brings improved wellbeing outcomes for all.
27 What we have presented here is a process for integrated coproduction. Introducing
28 entrepreneurial education and workbased learning the benefits achieved, for both PA
29 members and for the HEI staff and students, has been a number of highly
30 commended achievements to the teaching and learning experience.
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33 However, this brings with it the need for a new type of culture; one where shared
34 power and a true flattened social structure allows everyone to have a place,
35 contribute and connect with their community, whether as a HEI or social community.
36 The People's Academy model can provide such a process for improved and
37 sustainable wellbeing across Higher Education Institutions through bringing
38 workbased learning and entrepreneurial education into contemporary health and
39 social care curriculum. The HSC PA offers a brokering process, where traditional
40 approaches are being challenged to do things differently. We hope that by doing
41 things differently and encouraging entrepreneurialism we will continue to make
42 positive waves of change required to ensure health and wellbeing is sustainably
43 achieved for all.
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REFERENCES

- Abayneh, S., Lempp, H., Alem, A., Alemayehu, D., Eshetu, T., Lund, C., ... & Hanlon, C. (2017). Service user involvement in mental health system strengthening in a rural African setting: qualitative study. *BMC psychiatry*, *17*(1), 187.
- Asghar, M., & Rowe, N. (2017). Reciprocity and critical reflection as the key to social justice in service learning: A case study. *Innovations in Education and Teaching International*, *54*(2), 117-125.
- Brett, J., Staniszewska, S., Mockford, C., Herron-Marx, S., Hughes, J., Tysall, C., & Suleman, R. (2014). Mapping the impact of patient and public involvement on health and social care research: a systematic review. *Health Expectations*, *17*(5), 637-650.
- Bovaird, T. (2007). Beyond engagement and participation: User and community coproduction of public services. *Public administration review*, *67*(5), 846-860.
- Burton, C. D., Entwistle, V. A., Elliott, A. M., Krucien, N., Porteous, T., & Ryan, M. (2017). The value of different aspects of person-centred care: a series of discrete choice experiments in people with long-term conditions. *BMJ open*, *7*(4), e015689.
- Chen, M., Ma, Y., Li, Y., Wu, D., Zhang, Y., & Youn, C. H. (2017). Wearable 2.0: Enabling human-cloud integration in next generation healthcare systems. *IEEE Communications Magazine*, *55*(1), 54-61.
- Doogan, N. J., & Warren, K. (2017). A network of helping: generalized reciprocity and cooperative behavior in response to peer and staff affirmations and corrections among therapeutic community residents. *Addiction Research & Theory*, *25*(3), 243-250.
- Gillespie, N. A., Walsh, M. H. W. A., Winefield, A. H., Dua, J., & Stough, C. (2001). Occupational stress in universities: Staff perceptions of the causes, consequences and moderators of stress. *Work & stress*, *15*(1), 53-72.
- Halpin, S. N., Dillard, R. L., Idler, E., Clevenger, C., Rothschild, E., Blanton, S., ... & Flacker, J. M. (2016). The Benefits of Being a Senior Mentor: Cultivating Resilience Through the Mentorship of Health Professions Students. *Gerontology & geriatrics education*, 1-15.
- Hardy, S. E., & White, X. (2016). Promoting care giving interventions through the Dance of Caring Persons (after Pross et al.). *Journal of Community & Public Health Nursing*, *3*(1), 1-4.
- Holt, M., & Powell, S. (2017). Healthy Universities: a guiding framework for universities to examine the distinctive health needs of its own student population. *Perspectives in public health*, *137*(1), 53-58.
- Jones, E. K., Kittendorf, A. L., & Kumagai, A. K. (2017). Creative art and medical student development: a qualitative study. *Medical education*, *51*(2), 174-183.
- Martela, F., & Ryan, R. M. (2016). The Benefits of Benevolence: Basic Psychological Needs, Beneficence, and the Enhancement of Well-Being. *Journal of personality*, *84*(6), 750-764.
- Pittaway, L., & Cope, J. (2007). Entrepreneurship education: a systematic review of the evidence. *International small business journal*, *25*(5), 479-510.
- Stukas, A. A., Hoyer, R., Nicholson, M., Brown, K. M., & Aisbett, L. (2016). Motivations to volunteer and their associations with volunteers' well-being. *Nonprofit and Voluntary Sector Quarterly*, *45*(1), 112-132.
- Taylor, D. W., & Thorpe, R. (2004). Entrepreneurial learning: a process of co-participation. *Journal of Small Business and Enterprise Development*, *11*(2), 203-211.
- Tewdwr-Jones, M. (2017). Health, cities and planning: using universities to achieve place innovation. *Perspectives in public health*, *137*(1), 31-34.

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4 Thompson, J., & Doherty, B. (2006). The diverse world of social enterprise: A collection of social
5 enterprise stories. *International journal of social economics*, 33(5/6), 361-375.

6
7 Wikström, Brit-Maj. 2001. Work of art dialogues: An educational technique by which students
8 discover personal knowledge of empathy. *International Journal of Nursing Practice* 7: 24–29

9
10
11 White, X. (2016). My Human Campaign: Cohedia Summer Fair. An exhibition catalogue.
12 www.researchopen.lsbu.ac.uk

13
14 White, X. (2017). Phosphenes of Qualia: A glass fine art exhibition. www.researchopen.lsbu.ac.uk