

On the Edge: Power and Partnership in Social Work

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Abstract

This submission for the award of PhD by Published Work includes a range of single, joint and multiple-authored publications that were published between 2005 and 2016. The publications cover a range of issues relevant to social work with a particular emphasis on mental health and health inequalities.

The statement provides an underpinning conceptual framework that demonstrates interwoven themes of power, partnership and marginality. These are explored in relation to the published work, demonstrating an original and coherent contribution to the social work knowledge and practice base. The discussion draws on a reflexive journey through social work practice, education and research. The conclusion proposes that considerations of power and partnership are crucial elements of the potential for creative work 'on the margins'.

Key Words:

Social Work; Partnership; Power; Participation; Marginality; Boundary-working; Mental Health; Health Inequalities

Acknowledgements

I would like to thank the many colleagues and students who have contributed to the development of my thinking over the past 20 years and more. I am especially indebted to colleagues, friends and family, particularly my partner Hazel and my children, Laura and Alex who have encouraged and supported me in completing the work for this submission for the award of PhD by Published Works. I would also like to thank my mentor Dr Nancy Kelly, for her support.

Dedication

This is dedicated to the memory of my parents, Ennis and Keith Karban.

Statement as to candidate's contribution to work done

This PhD by published work consists of:

- One single authored article in a refereed journal (11)
- One jointly authored article in a refereed journal (7)
- Four lead authored articles in refereed journals (4,5, 6,10)
- Two chapters in a single authored book (3)
- One jointly authored book (1)
- One jointly edited book (8)
- Two jointly authored chapters in edited books (2,9)

They were published in the period 2005-2016. None have been submitted for any other degree or diploma by me or any other person.

The publications are listed in chronological order in Appendix One and statements of ownership from co-authors are included in Appendix Two. The numbers above are used to identify each of the publications contained within this submission.

I can confirm that single authored publications are based on my own independent work and that my contribution to jointly authored publications is as indicated in the statements of co-authorship in Appendix One.

Kate Karban

October 2016

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Selected Publications submitted in consideration for the Degree of Doctor of Philosophy by Published Works

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|---|---|-----|-------------|
| 1 | Fawcett, B. & Karban, K. (2005) <i>Contemporary mental health: theory, policy and practice</i> . London: Routledge. | *** | In box file |
| 2 | Karban, K. & Smith, S. (2009) Developing critical reflection within an interprofessional learning programme. In Bradbury, H., Frost, N., Kilminster, S. & Zukas, M. (eds.) <i>Beyond reflective practice</i> . London: Routledge. | *** | Bound |
| 3 | Karban, K. (2011) <i>Social work and mental health</i> . Cambridge: Polity Press. Chapters 5 and 6. | * | In box file |
| 4 | Karban, K., Paley, C. & Willcock, K. (2013b) Who calls the tune? Participation and partnership in research. <i>Social Work and Social Sciences Review</i> 15(3):57-71. | R** | Bound |
| 5 | Grayson, T., Hung Tsang, Y., Jolly, D., Karban, K., Lomax, P., Midgley, C., O'Rourke, I., Paley, C., Sinson, J., Willcock, K. & Williams, P. (2013) Include me in: user involvement in research and evaluation. <i>Mental Health and Social Inclusion</i> , Vol. 17(1):35–42. | ** | Bound |
| 6 | Karban, K., Bowa, A., Mbewe, E., Ngandu, R., Patrick, S., Penson, B. & Walker, B. (2013a) Scaling up - challenges in mental health education in Zambia. | R** | Bound |

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|----|---|-----|-------------|
| | <i>International Journal of Mental Health</i> , Summer-Fall 2013, 42(2/3):60-72. | | |
| 7 | Fish, J. & Karban, K. (2014) Health inequalities at the heart of the social work curriculum. <i>Social Work Education – The International Journal</i> 33 (1):15-30. | R** | Bound |
| 8 | Fish, J. & Karban, K. (eds.) (2015) <i>Lesbian, gay, bisexual and trans health inequalities: international perspectives in social work</i> . Bristol: Policy Press. | *** | In box file |
| 9 | Karban, K. & Sirriyeh, A.(2015) Lesbian, Gay, Bisexual and Transgender Asylum Seekers, Chapter in Fish & Karban (eds.) (2015) <i>Lesbian, Gay, Bisexual and Trans Health Inequalities: International Perspectives in Social Work</i> , Bristol: Policy Press. | *** | In box file |
| 10 | Karban, K. & Ngandu, R. (2015) Exploring partnership: reflections on an international collaboration. <i>International Social Work</i> . Published online November 27, 2015 doi:10.1177/0020872815594858 | R** | Bound |
| 11 | Karban, K. (2016) Developing a health inequalities approach for mental health social work. <i>British Journal of Social Work</i> , Advance Access published August 21, 2016, 0, 1–18, doi: 10.1093/bjsw/bcw098 | R* | Bound |

Abbreviations

| | |
|----------------|--|
| AMHP | Approved Mental Health Professional |
| BASW | British Association of Social Workers |
| CSDH | Commission for the Social Determinants of Health |
| DeIPHE | Development Partnerships in Higher Education |
| DoH | Department of Health |
| HSCIC | Health and Social Care Information Centre |
| IASSW | International Association of Schools of Social Work |
| IFSW | International Federation of Social Workers |
| JSWEC | Joint Social Work Education Conference |
| JUCSWEC | Joint University Council Social Work Education Committee |
| LGBT | Lesbian, gay, bisexual and transgender |
| NHS | National Health Service |
| SCIE | Social Care Institute for Excellence |
| SWHIN | Social Work and Health Inequalities Network |

Chapter 1: Introduction

1.1 Setting the scene

This statement provides a reflexive perspective drawing together key themes from publications grounded in over 20 years experience of social work practice, education and research. An over-arching theoretical and conceptual framework will be articulated, demonstrating a strong and coherent contribution to the social work knowledge base.

The statement is organised into five chapters with the introduction providing the professional and personal context for my work and the initial identification of the theoretical underpinning for the three themes of partnership, power and marginality. Chapter 2 presents the themes as part of an underpinning rhizomatic schema before exploring their genesis and development through the publications, The originality and significance of this work will form the basis for Chapter 3, highlighting the distinct contribution to social work and mental health knowledge . The relevance and currency of my work for social work practice, education and research will be reviewed in Chapter 4. Finally, Chapter 5 offers some reflections on the conceptual development of my work so far and identifies potential areas for further development. These five chapters will bring together interconnected threads of theory and practice through identifying underlying rhizomatic connections that will in turn, demonstrate both coherence and originality in my work.

The introduction begins by acknowledging the experiences that have informed my publications, incorporating cross-cutting themes that have contributed to the development of my thinking. This includes recognising the

relationship between mental health and social work, my involvement in interprofessional learning, the contribution of a health inequalities perspective and the development of a research methodology emphasising partnership and participation.

Please note that terms such as 'mental health' and 'mental distress' in this statement are used for convenience whilst recognising that language is problematic and contested.

All references to the selected publications that form the basis of this submission are identified by the use of bold typeface.

1.2 The journey through practice

After two years as a social work assistant I embarked on a social work postgraduate qualifying programme in 1979. Here I found that my interest in mental health was somehow viewed as being at odds with notions of radical social work and not easily reconciled with challenging injustice and inequality. Psychiatric social work, as it was then known, was grounded in psycho-analytic theory, associated with notions of individual pathology. In response I drew on radical and feminist critiques of psychiatry (Laing & Esterson 1970; Chesler 1972; Sedgwick 1982) as well as a structural analysis of social work informed by Marxism and feminism (Wilson 1977; Corrigan & Leonard 1978; Gough 1979). Influenced by Fook (2002) I now understand this as an intrinsic feature of social work involving holding the tension between the individual and the structural and challenging the dichotomous thinking that can characterise theory and practice.

Ten years in mental health social work (1981–1991), in community and hospital-based settings, consolidated my commitment to a social perspective that emphasised the significance of abuse and trauma, oppression and disadvantage in the development and experience of mental distress. As a newly-qualified worker I soon realised that many mental health crises occurred outside of ‘office hours’, frequently precipitated by ‘social’ crises associated with relationship difficulties, social isolation or inadequate financial resources. This, together with the lack of community-based resources for people with mental health difficulties, led to my involvement in creating the South Leeds Community Mental Health project in 1982, now Touchstone, a large voluntary sector organisation. Both the process of developing this project in partnership with other individuals and organisations and the ethos on which it was founded, can be seen as key motifs in my later work.

Moving to a multi-disciplinary team providing group-based day-treatment to ‘people with neuroses’ I contributed to group and individual therapy. I also developed family support and follow-up work recognising that the difficulties that brought people to the service were likely to be related to their every-day lives and hence only partially remedied within a psychotherapeutic environment. This approach continued when I became the manager of a mental health day centre, a setting particularly influenced by thinking about therapeutic communities and sharing power inside the centre balanced with developing work and volunteering opportunities ‘outside’ the service. At this stage I also began to offer student placements, the beginning of my involvement in social work education.

These experiences of practice provided the basis for much of my early academic work and strongly influenced my thinking regarding social perspectives in mental health. Additionally I reflected on my experience of being located in 'marginal' positions, for example as the only mental health social worker in a generic team or the only social worker in a multi-disciplinary team, and the significance of working across spatial, professional and conceptual boundaries.

1.3 From practice to education

The experience of a Joint Appointment between Huddersfield University and Wakefield Community and Social Services (1991-1999) further developed my thinking about boundaries and the potential for creative work at the interface between systems, prefiguring further discussion of valuing difference and eschewing superficial consensus in joint working (Karban 1994). A concern that 'boundary work' can be intangible and invisible is also a theme revisited in later work, exploring aspects of partnership in research (**Karban et al. 2013b**) and in international work (**Karban & Ngandu 2015**).

Involvement in practice education, qualifying training for residential child care managers and the experiences of young care-leavers provided a basis for publications, with explicit reference to partnership working and the theme of power in relation to students, practice educators and children living in residential care (Karban & Mills 1995; Horrocks & Karban 1997; Karban 2000). Issues of power also featured in my contribution to a multiple-authored book on lesbian and gay issues in social work and social work education (Logan et al.1996).

In 1999 I moved to Leeds Metropolitan University where I was responsible for building links between mental health nursing and social work. Only later did I reflect on the significance of this role as both marginal and boundary-spanning. Whilst previously I had been working to bridge the divide between academic and practice learning and between the organisational infrastructures of practice and higher education, I was now tasked with bringing together different professional cultures reflecting the divide between health and social care. Working with and between two professions also spawned new mental health programmes, together with involvement in developing interprofessional learning, reflected in co-authored publications (Smith & Karban 2008; **Karban & Smith 2009**).

Notwithstanding my interprofessional activities, I continued to promote the specific contribution of social work to mental health in specialist mental health settings and to emphasise the importance of mental health to **all** social work students and practitioners. Building on an earlier paper (Karbon, 2003), this provided the impetus for two publications included in this submission (**Fawcett & Karban 2005 Karban 2011a**).

1.4. Developing collaboration

Working across professional boundaries also led to growing collaboration with health promotion colleagues, making further connections between individual and wider community perspectives on health and well-being. This provided the basis for a multi-disciplinary participatory evaluation of a local Sure Start programme (Karbon et al. 2005) and a collaborative mental health project in Zambia. In turn this influenced my understanding of health

inequalities and their significance for social work, leading to my involvement with the Social Work and Health Inequalities Network, including the role of Joint Convenor (2010–2014). This is demonstrated in chapter 5 in my book **(Karban 2011a)** and more recent publications **(Fish & Karban 2014; Fish & Karban 2015; Karban & Sirriyeh 2015; Karban 2016)** as well as involvement in a project regarding the impact of the economic recession on mental well-being in Bradford (Giuntoli et al. 2011; Giuntoli et al. 2014).

Involvement in the Sure Start evaluation raised questions regarding power and participation and the manner in which these are played out in the research process. These were developed further during a three-year evaluation of the move to independent living for people with learning disabilities or mental health difficulties in Leeds. Working with two researchers and ten co-researchers with experience as service users or carers highlighted nuanced aspects of sharing power and promoting participation with groups traditionally disempowered and excluded.

Reflecting the growing emphasis on service user involvement, the challenges presented by such developments and the extent to which this is tokenistic or opportunistic (Cowden & Singh 2007; Beresford & Croft 2012) also feature in published papers (Horrocks & Karban 1997; **Grayson et al. 2013; Karban et al. 2013b**).

My involvement in the independent living evaluation and the work in Zambia continued after I moved to the University of Bradford in 2009. Whilst this was less of a 'marginal' position, the emphasis on partnership and boundary-crossing in my publications has continued reflecting the pre-occupations of

policy and practice, a message re-enforced by successive governments (HM Gov 2006; Health & Social Care Act 2012; Care Act 2014).

Finally, in respect of my own narrative, it is important to acknowledge that a significant proportion of my work is joint or multiple-authored. This is an inevitable consequence of working closely with others to develop theory and practice and an honest reflection of a collegial process of knowledge production. This is especially important in respect of working with co-researchers in the evaluation of the Independent Living Project (**Grayson et al. 2013**) and with colleagues involved in the Zambia project (**Karban et al. 2013a**; Penson et al, 2016).

This collegial approach has also supported the development of the theoretical framework to be developed in Chapter 2.

Chapter 2: The theoretical framework

2.1 Introduction

This chapter provides a narrative synthesis of the selected publications with reference to an underpinning theoretical framework. The discussion will draw on social theory, public health and social epidemiology from a position of critical realism, demonstrating the importance of looking beyond, as well as within, the social work knowledge base. The originality of my work will be seen to rest on the application and integration of knowledge as well as primary research.

Three interconnected themes partnership, power and marginality will be explored using a reflexive dialogue between theory and lived experience of cross-boundary working, including work with marginalised and disenfranchised groups and partnership working across professional, organisational and international boundaries. Whilst broadly chronological, key issues are grouped together to highlight developing themes.

Theoretically my work sets out to challenge dichotomous thinking and to value multiple perspectives and 'marginal' voices (Fook 2002) from a critical and self-reflexive position. Additionally, Braidotti's (2011) nomadic theory offers a transdisciplinary perspective that highlights the embodied and embedded material structure of thinking, in turn shedding light on the dynamics of power that underpin health inequalities. These perspectives are aligned with a qualitative research paradigm, informed by participatory and feminist principles.

Alongside the recognition of critical and postmodern theories that draw attention to the contested nature of knowledge, my work is also informed by a materialist perspective that recognizes the significance of the social context from a position of critical realism that *'accepts reality but also interrogates the ways in which values and interests in society seek to depict reality'* (Rogers & Pilgrim 2010:19). This enables the integration of conceptual frameworks and evidence concerning health inequalities and the social determinants of health, both generally (CSDH 2008; Marmot 2010; Krieger 2013), and specifically in relation to mental health (Campion et al. 2013; WHO 2014).

An intersectional perspective (Crenshaw 1991; Morrow & Weisser 2012) acknowledges unique and multi-dimensional aspects of disadvantage and inequality, for example, where experiences of racism, sexism and/or homophobia may be inextricably combined with experiences of mental distress and other forms of structural and social inequalities, resulting in a toxic mix of discrimination and oppression. Intersectionality also challenges dichotomies to reveal the complexities of identity and scope for recognising commonalities as well as difference (Kapilashrami et al. 2015), in turn offering possibilities for building connections across boundaries.

Finally the notion of social work as a liminal profession is also relevant and Braidotti's notion of the 'nomad' as a metaphor to privilege the crossing of boundaries will also be considered in relation to the complex and contested nature of social work.

2.2 An exploration of the underlying theoretical themes

This section will introduce three theoretical themes, highlighting their multi-dimensional and dynamic relationship and an overall spiral trajectory where concepts are introduced, revisited and developed over time in response to an ever-changing constellation of issues and experiences. This can also be understood as a rhizomatic schema drawing on Deleuze and Guattari's (1987) challenge to traditional arborescent ways of thinking where knowledge is hierarchical and unilinear in its development. Rhizomatic thinking, resembling the underground root system of a plant that extends in different directions, rather than a single root and stem, involves multiple points of connection leading to transdisciplinary rather than unidisciplinary knowledge, offering new perspectives and creative possibilities. This developing schema also draws on Braidotti's work in introducing the concepts of cartography, nomadism and embodiment.

Three key and interconnected concepts, power, partnership and marginality, are foregrounded within this rhizomatic framework offering a new and original contribution to social work theory. Each concept will be considered in turn, whilst highlighting their dynamic synergy and multi-layered relationship.

Figure 1 below provides a two-dimensional representation of this framework, recognizing the limitations of the printed page.

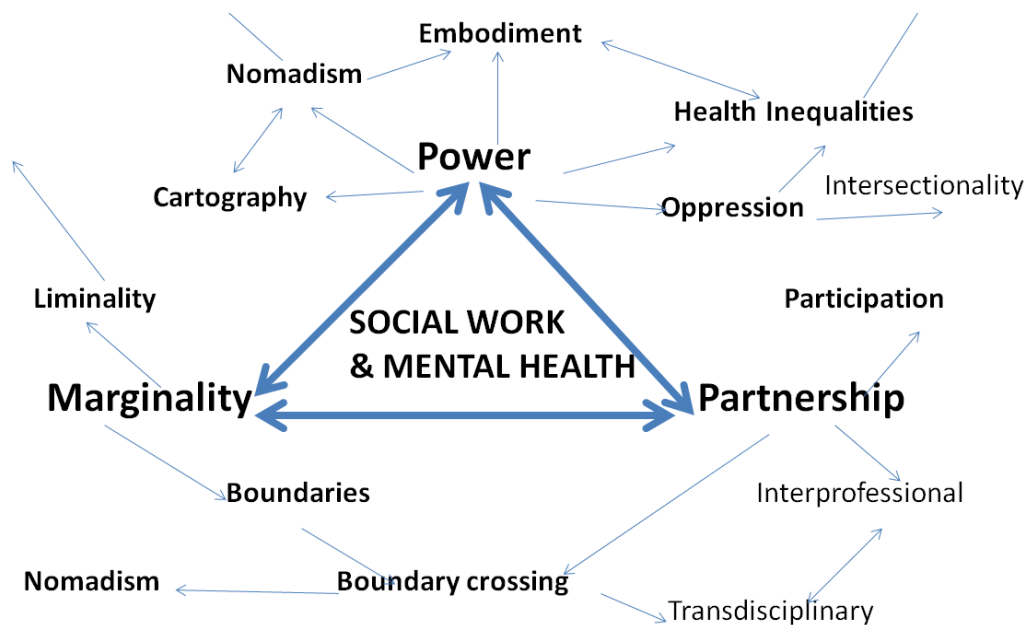


Figure 1: Key elements of the rhizomatic framework

Marginality has been described as the ability to work on the edge or at the boundary, requiring a level of neutrality that may be *‘uncomfortable and ever-shifting’* (Smale et al (2000:177)). However I will also propose that this is a place of potential and creativity that is essential for social work. This can be understood in a number of ways including the location of social work as a liminal activity (Pithouse 1998; Morriss 2016), linked to multiple foci of work with individuals, families and communities, frequently considered as ‘on the margins’, often disadvantaged, stigmatised and disempowered. Related to social work’s boundary position, the concept of liminality is also used by Warner and Gabe (2004;388) to refer to *‘in-between’* places or identities and *‘mutually re-enforcing’* forms of otherness, in exploring the construction of risk in relation to social work practice in mental health.

Additionally, social work may take on a boundary-spanning role in working across organisations, networks and communities, thereby working in a

boundary zone seen by Edwards and Kinti (2010:130) as providing '*neutral spaces...where the values and professional priorities...are respected, where information can be shared and where trust can be built.*' This also resonates with the potential for interdisciplinarity offered by a rhizomatic framework. However, despite the reference to 'neutral ' spaces above, notions of power and partnership are essential in understanding the complexity of relationships in the boundary zone.

Power here is understood as multi-directional and relational, embedded within social practices at macro and micro levels, not dissimilar to the multi-directional and non-hierarchical connections of a rhizomatic system and informed by a Foucauldian (1980) understanding of a complex web of power relations rather than a simple one-way top-down relationship. These dynamics are intrinsic to recognising historically embedded and multi-faceted discourses of 'othering' (Fawcett & Hearn 2004) that serve to re-enforce stigma, discrimination and oppression and act to re-enforce boundaries between 'them' and 'us', professionals and service users, 'straight' and gay, or established communities and asylum seekers or refugees. These distinctions are underpinned by '*discourses of inferiorisation and marginalisation*' (Tew 2015:70) and processes of domination and subordination maintained and justified by 'everyday' practices (Essed 1991; Sue 2010). Furthermore subjective experiences of power will be informed by social position and notions of identity, itself complex and multi-faceted.

The concept of partnership is relevant to relationships involving individuals, professions and organisations with inevitable differences in experience,

history, cultures and systems. Such relationships require a recognition and sensitivity to the nuances of the power dynamics that may be present and the continuing potential for 'othering'. The notion of cartography, 'a theoretically-based and politically informed reading of the process of power relations' (Braidotti 2011:4) offers a means of mapping multiple differences and analysing power locations and relations, recognising the possibilities for both the restrictive and affirmative manifestations of power. In relation to the complexity of work 'on the margins', this also poses an alternative to the risk of professional marginalisation and disempowerment, instead highlighting the potential to use power productively and positively. Equally, this includes recognising the many different and creative ways in which marginalised groups may use power, individually and collectively, to take action to improve their own lives and reclaim a level of control, even in adversity.

A further dimension of this underpinning schema is informed by Braidotti's notion of embodiment and the way in which lived experience is embodied within the material self and embedded within social locations. This is relevant here in considering the physical impact of structural inequalities and links to Krieger's ecosocial model (2011), developed from a concern for public health and social justice. This informs an understanding of health inequalities where the concept of 'embodiment' explains how stigma, prejudice and trauma may impact on the body, affecting physical and mental wellbeing. Krieger's model also draws attention to issues of power at both macro and micro levels, not excluding the capacity for agency and the potential for change through political actions and social movements, pointing to

improvements in living conditions and human rights achieved through collective effort.

The final concept that will be presented as part of this underpinning rhizomatic framework concerns Braidotti's nomadic theory. In particular, I will propose that its materialism, the challenge to dichotomous thinking, the recognition of complexity in identities (including its critique of individualism that underlies neo-liberal thinking) and the multi-faceted nature of power within relationships, offer new and creative perspectives that are relevant to social work. Nomadic theory also offers insights into the multi-layered processes that take place in the spaces between the seeming binaries of male/female, black/white etc. that cannot be clearly defined theoretically because of their '*zigzagging*' non-linear nature (2011:217). Her challenge to feminism – and other oppressed groups/social movements – is that becoming a 'minority' is only the first stage to deconstructing the oppressor/oppressed dialectic and, notwithstanding the achievements of various emancipatory movements, there is a need to go beyond these structural notions to recognise the constantly changing and fluid nature of identity. I suggest that this also provides a potential insight into the dynamic and constantly changing nature of social work, recognising the twists and turns of the profession and the multi-layered relationships at both micro and macro levels, together with potential for new and creative ways of understanding and practice, promoting empowerment and cooperative power. Furthermore, Braidotti's advice to 'think global, but act local' (2011:4) to articulate and acknowledge micro and macro relationships and social positioning, accommodates the tension of structure and agency, recognising

structural issues – and experiences, informed by underlying generative mechanisms, from a critical theory perspective.

The following discussion of the selected publications draws on the notion of interpretive synthesis with the aim of further developing theoretical & methodological knowledge, together with '*...reflection beyond and behind the studies*' (Bondas & Hall 2007:113) and acknowledging the world view and perspective of the literature to be reviewed (Paterson et al. 2001). These issues were raised in **Karban et al (2013b)** with reference to 'situated knowledge' (Haraway 1988; Bhavani 2004) and also in **Karban & Ngandu (2015)** where the positioning of the narrators was crucial in a reflexive account of this partnership project. Furthermore, explicit attention to positioning also offers the opportunity to ask whose voice is missing (Fook 2002). Whilst recognizing the dangers inherent in simplifying and reifying the notion of identity, it is also appropriate to acknowledge that my experiences as a white, lesbian woman, privileged by access to education, have inevitably had an impact on my work.

2.3 Power and partnership: interprofessional learning

The first paper to be considered (**Karban & Smith 2009**), provides a reflexive analysis of power and dialogical relationship embedded within interprofessional learning. Linked to the rhizomatic scheme introduced in the previous section, this offers a critical approach to compartmentalised knowledge, with reference to a Foucauldian (1980) analysis of power to inform students' critical thinking and reflection on practice. The development of multi-faceted rather than uni-dimensional notions of professional identity

also address the risks of 'othering' that frequently characterise interprofessional practice. Although the paper alludes to the need to recognise both professional and personal aspects of power, it remains primarily focused on professional rather than service user experiences.

The paper also recognises the need for safe spaces where difference can be acknowledged and explored and where both students and tutors can take risks and constructively manage the uncertainty associated with moving beyond clearly defined roles and boundaries. This involves valuing uni-professional identity whilst simultaneously developing an identity as a member of a multi-professional team, linking to the notion of the boundary zone '*where understandings are negotiated*' (Daniels & Edwards 2010:2).

2.4 Power and inequality in mental health

Fawcett and Karban (2005) offers a critical perspective on mental health theory, policy and practice, including the dominance of the medical model, the power dynamics involved in relationships between service users/survivors and professionals, and contradictions in policy. Although the landscape has changed in the past 10 years, many of the issues, including the drive towards multi-agency working, are still apparent. In terms of my development, it is interesting to note that a health inequalities perspective is yet to be articulated.

Two chapters of the single authored text, **Social work and mental health (Karbon 2011a)**, are included as demonstrating a developing concern with power and inequality. These chapters represent the heart of the book,

grounded in a social perspective and informed by an analysis of health inequalities in relation to mental health.

Chapter 5 sets out to address the social determinants of mental health:

'.... fundamental global and national structures of social hierarchy and the socially determined conditions in which people grow, live, work, and age.' (CSDH 2008:42),

thereby challenging an individualist focus that effectively obscures underlying inequalities. The model (Figure 2) conveys the double jeopardy associated with, firstly, the impact of disadvantage and discrimination on mental health, secondly, explored further in Chapter 6, the particular difficulties encountered by some groups in accessing support and services, and thirdly, the way in which the experience of poor mental health causes further disadvantage.

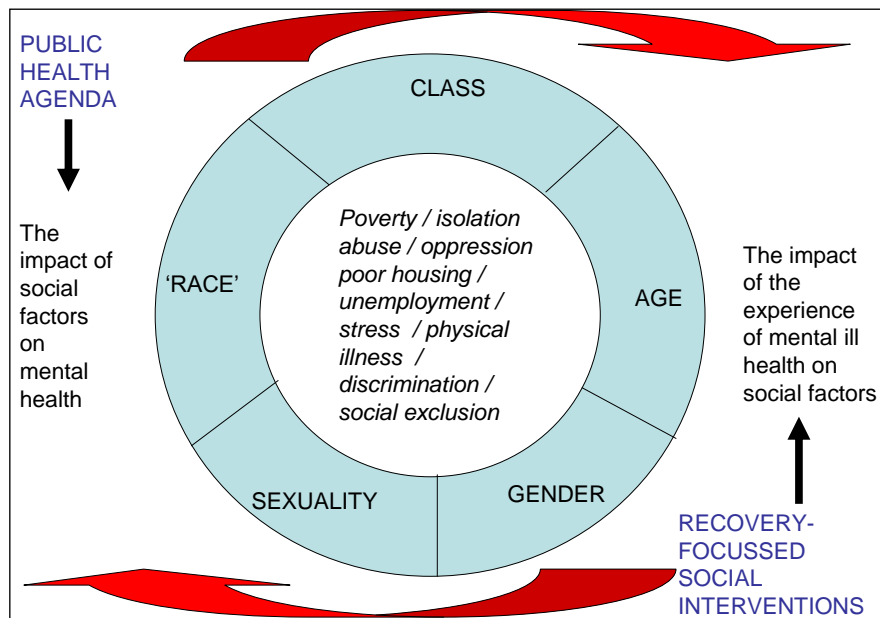


Figure 2: The social dynamic of mental health

Further refinement of this model in line with the theoretical framework would reflect a more nuanced and less categorical sense of identity eg in relation to the use of terms such as 'gay' or 'Black' with reference to intersectionality, allowing for the greater recognition of ongoing and historical experiences of oppression, discrimination and trauma and the incorporation of the concept of embodiment reflecting social positioning and its impact on health and wellbeing. Additionally the model requires modification to address the risk that attention is drawn to *'the oppressed not the oppression'* (Fernando 2002:107), a point acknowledged elsewhere in relation to research with marginalised groups (**Karban & Sirriyeh 2015**). This would also allow for a less top-down, one-way sense of power relations, recognising the potential for empowerment and collective action by marginalised groups themselves, as well as the potential for alliances with social work and others concerned to promote social justice. Furthermore, the use of the term 'recovery' used in both publications here, although critiqued as 'sanitised' in current policy and leading to tensions in practice (Webber & Joubert 2015), requires a stronger critique that is evident in later work, acknowledging its application within 'an individualised, neo-liberal agenda.....grounded in a discourse of individual choice and responsibility' (**Karban 2016:2**) whilst, at the same time, allowing for the potential for 'power together' in taking collective action.

2.5 Partnership and power in a service evaluation

A social perspective informed a three-year evaluation of the move to independent living from mental health and learning disability hostels. Based on a model of user involvement and participatory research, the themes of

partnership, power and marginality are inextricably embedded within two papers relating to this work.

Who calls the tune: participation and partnership in research (Karban et al. 2013b) sets out to examine some of the challenges encountered within this evaluation, acknowledging that the project fell short of the level of user involvement frequently advocated in the literature (Beresford 2000; Kotecha et al. 2007). The paper recognises that the project was constrained by its place in an overall managerialist agenda of 'improving' services within tight budgets, access to private finance and the lack of choice for service users in the decision to move to independent flats. Additionally, the ethos of user and carer involvement in research did not always sit comfortably within the usual expectations of academia and funders.

The paper also recognises the complexity of notions such as 'service user' or 'researcher' and the dichotomous thinking that such language can generate. Additionally, despite attempting to challenge fixed notions of powerlessness, a cartographic reading of power relations would point to clear inequalities between researchers and co-researchers. However reference to notions of power in relation to its construction in and through social relationships (Tew 2011) may offer a more positive view in terms of the notion of 'power together' evident in the day-to-day workings of the research team where power operated 'productively' to bring about involvement in the overall project.

The associated paper **Include me in: user involvement in research and evaluation' (Grayson et al. 2013)** demonstrates the concept of 'power

together' in articulating the experiences of the co-researchers, enabling their voices to be acknowledged in their joint authorship of the paper. My leading role in the writing of the paper is rightly just one voice in the overall ownership of this publication. The need to write in a more inclusive style for this paper also challenges the usual requirements of academic writing that may reflect exclusionary and obfuscatory processes that re-enforce systems of 'limiting modes of power' (Tew 2011:50) and privilege.

Grayson et al (2013) also draw attention to both the process and the outcome of participatory research. Notwithstanding legitimate concerns (Carr 2004) that the therapeutic aspects of involvement are foregrounded at the expense of whether or not the research outcomes make a difference, the co-researchers clearly felt that that they had benefitted personally from their involvement.

2.6 Revisiting partnership & power in an international partnership

Themes of partnership are revisited in the two papers concerning a British Council DeIPHE project to support building the mental health workforce in Zambia. **Scaling up mental health services in Zambia (Karban et al. 2013a)** draws on the evaluation of the curriculum development work undertaken as part of this project and considers the challenges facing mental health educators within the wider context of moving from institutional to community-based care. The paper conveys a strong sense of the challenges faced in the further development of community-based services and the marginalisation of the workforce and educators as a consequence of stigma towards mental ill-health. However the missing voices of students, service

users and carers represents a missed opportunity. Additionally, whilst efforts were made during the project to bring together service user and carer perspectives with that of educators, this had only limited success, highlighting the need for sensitivity in recognising that this is a continuing journey in Zambia and Britain and the challenges of building relationships across boundaries.

The sensitivities of partnership working related to this project are the focus of

Exploring partnership: reflections on an international collaboration

(Karban & Ngandu 2015). This self-reflective account applies Gray's '*three-pronged dilemma*' (2005:31) using concepts of imperialism, universalism and indigenisation to explore power and partnership across geographical and cultural boundaries. As already noted, explicit attention to the positioning of the authors is crucial, as is the need to avoid re-inscribing colonial relationships beneath the mantra of equality, with parallels in the relationship between researchers and co-researchers, highlighted in the evaluation of the independent living project **(Karban et al. 2013b)**. This dynamic also resonates in terms of gender, recognising commonalities and differences between the two female authors, and nuanced distinctions in the ways in which stigma is understood and experienced.

Both papers stress the importance of respectful and reciprocal relationships, given the legacy of colonial and neo-colonialism relationships, with a particular emphasis in **Karban & Ngandu (2015)** on the importance of dialogue and the creation of secure working relationships within a safe environment, previously recognised in relation to interprofessional learning.

However the perspectives offered by these papers remain partial and may obscure tensions that continue to maintain power imbalances within relationships, suggesting that this work would benefit from the further development of a cartographic reading of the power relations involved.

2.7 Power partnership and marginality...integrating a health inequalities perspective

This section of the narrative examines more recent work focused on social work and health inequalities, linked to my involvement with the SWHIN.

Health inequalities at the heart of the social work curriculum (Fish & Karban 2014) provides a rationale for the relevance of a health inequalities perspective for social work, arguing that health inequalities reflect entrenched inequalities of power underpinning discrimination, oppression and disadvantage.

A review of the literature found few examples of health inequalities being integrated into the curriculum with the paper challenging the binary split between 'health' and 'social' perspectives, and advocating for both 'downstream' and 'upstream' interventions with reference to the policy objectives set out in Fair Society, Healthy Lives (Marmot 2010). Ways in which health inequalities can inform teaching about human rights, interprofessional learning and international social work are highlighted although the area of practice learning is neglected (Pockett 2014).

The jointly edited book (**Fish & Karban 2015**) brings together a range of perspectives regarding social work and LGBT communities within an overarching health inequalities framework. The introduction critiques a

number of health inequalities approaches and their relevance to LGBT communities, recognising the lack of 'big' data and the seeming invisibility of LGBT people from mainstream models which have traditionally emphasised socio-economic status, gender and ethnicity. A particular challenge of the book, echoing tensions raised previously, was to hold the balance between deconstructing the various layers of inequality, discrimination and oppression experienced by many LGBT people, whilst holding on to notions of survival and empowerment. Alongside this was a concern to simultaneously recognise the unique nature of individual experience whilst also identifying and addressing wider structural aspects of power and inequality.

The book chapter, **LGBT asylum seekers and health inequalities in the UK, (Karban & Sirriyeh 2015)** was based on a small pilot study in response to growing concerns regarding LGBT asylum seekers, undertaken in collaboration with the Equity Partnership, an organisation providing support to LGBT communities in Bradford and West Yorkshire. This study also illustrates some of the challenges of working in partnership to undertake research with marginalised groups. Funding and staffing issues delayed progress, whilst practical difficulties often meant that potential participants were unable to keep to previously agreed plans for attending interviews. Additionally, people were sometimes uncertain about being involved for fear this compromised their situation. Furthermore, although attempts were made to involve LGBT asylum seekers in the planning and process of the study, this proved to be difficult and limited the level of participation that the researchers would have preferred. These experiences illustrate the challenges that may be encountered by researchers working in the boundary

zone, 'on the edge' of what are often seen as the normal expectations of academic research. Building relationships with potential participants and partners can be time-consuming and the value of small-scale, unfunded research with local groups may also be questioned or remain unrecognised despite calls for community-based research committed to social justice (Kassam & Tettey 2003), and research partnerships based on reflexivity, commitment, trust, respect, flexibility and patience (Mayo et al. 2009).

This chapter also acknowledges the need to highlight the challenges faced by LGBT asylum seekers, whilst also avoiding re-inscribing powerlessness. Whilst the voices of the participants clearly conveyed their sense of anxiety regarding their status, themes of hope, survival and resistance and the participants' strategies for reclaiming power are also identified. In turn the importance of challenging simplistic binaries in terms of power and powerlessness, safety and risk, are emphasised, recognising the complexities entailed in the asylum-seeking journey. These experiences can also be viewed through the lens of a nomadic perspective that draws attention to complex and constantly evolving notions of identity.

The chapter also refers to the marginal status and limited attention regarding LGBT and refugee and asylum seekers issues in social work. Whilst there has clearly been progress since my contribution to *Confronting Prejudice* (Logan et al. 1996), a text setting out to increase the profile of LGBT issues in social work education, further work is still required.

The key themes of the original rhizomatic schema and the influence of Braidotti's nomadic theory (2011) as well Krieger's ecosocial model (2011)

are clearly evident in this book and chapter, offering a counter to deterministic and uni-dimensional notions of power in their recognition of individual and collective agency as well as highlighting the embodied and embedded experiences of marginalisation, stigma and oppression. The potential for the use of a rhizomatic framework to support transdisciplinary thinking and interdisciplinary collaboration, based on principles of co-production and 'power with' LGBT communities, is also implicit in the book's conclusion. ***Developing a health inequalities approach for mental health social work*** (Karban 2016) critically examines the current context for mental health social work, drawing attention to the dichotomous thinking and language and individualising neo-liberal medical discourse that contribute to maintaining systems of power and inequality, highlighting how language contributes to 'othering' and the marginalisation of people experiencing mental distress. In a reworking of the model in ***Social work and mental health*** (Karban 2011a), the paper refers to the vicious circle within which disadvantage is re-inscribed by the experience of mental distress that, in turn, further contributes to inequality and powerlessness. Inequality and oppression hence become contributory factors in both the causes and consequences of mental ill-health. The paper proposes that the social determinants of health and Krieger's (2011) eco-social model, including the concept of embodiment, offer a conceptual basis for social work practice that transcends the tension between the micro and the macro, the individual and their environment.

Despite referring to the need to work with service user groups and activists, it is fair to acknowledge that service user experiences are not emphasised in

this paper and that this would benefit from the proposed modifications to the model set out in Figure 2, allowing for greater attention to be paid to the capacity for individual and collective agency with the potential for influence at the macro-level. This also creates opportunities for social work to partner with allies in public health, social epidemiology and social geography as well as service users and activists, based on a shared concern for social justice that underpins the rhizomatic framework presented earlier. In reality, practitioners may view attempts to work at both the macro and micro levels in the current political climate as unrealistically ambitious. However the paper is an attempt to stimulate discussion and reflection that allows for the possibility of challenging everyday thinking and practices, using Bourdieu's (1997) concept of 'habitus'. The potential for critical reflection on underlying assumptions and power dynamics also echoes aspects of **Karban & Smith (2009)** and could have been explored further by drawing on critical theory to understand and challenge dominant ideologies, through collaboration and dialogue (Brookfield 2016) as well Braidotti's cartographic analysis (2011).

2.8 Conclusion

This chapter has presented the interwoven themes of power, partnership and marginality, foregrounded within an overall rhizomatic schema. A number of related concepts have also been introduced, including Braidotti's nomadic theory and notions of embodiment relevant to both Braidotti's work and as a component of Krieger's eco-social framework.

This framework has informed a discussion of the selected publications, highlighting some of the tensions involved and the essential need to

scrutinise issues of power and partnership in understanding the complexity of relationships in the boundary zone. This includes recognising historically embedded and multi-faceted discourses of 'othering' that serve to re-enforce stigma, discrimination and oppression whilst also drawing attention to the possibilities for taking action both individually and collectively to promote equality and justice. This is further informed by an understanding of power as fluid and multi-dimensional rather than 'all or nothing' and uni-directional, allowing for the recognisiton of strengths and resources within individuals and communities.

A key message concerns the creative potential offered by working in the boundary zone whilst, as I have argued elsewhere, simultaneously avoiding, becoming marginalised, '*.... strengthen[ing our] voice from the margins rather than allow[ing] it to be incorporated or entirely marginalised.*' (Karban 2003:197).

This discussion also illustrates the continuing development of my thinking in relation to new knowledge, such as that offered by Braidotti's work, within an overall rhizomatic framework that continues to evolve and offer new perspectives.

Overall the chapter demonstrates an original contribution to social work knowledge with further potential for development, based on an understanding of social work's position '*at the boundaries of normality and deviance*' (Thompson 2006:53), and the key themes of power, partnership and marginality. Some of the challenges this raises concern the need to manage

the tensions of practice, education and research and these will be explored further in Chapter 4.

The following chapter will consider the evidence for the originality and significance of this work in relation to specific areas of social work including partnership and participation in mental health social work and health inequalities, relating these to the underlying conceptual framework.

Chapter 3: Evidence for the originality and significance of the theoretical framework for contemporary social work

3.1 Introduction

This chapter will identify the relevance and significance for social work of the rhizomatic framework as it is presented thus far in the selected publications, and in the subsequent reflections on its further development explored in Chapter 2. In particular the chapter will explore the originality and significance of the theoretical framework for social work with particular reference to mental health, health inequalities and partnership working. Each of these will be presented as discrete but overlapping areas with reference to the underpinning theoretical framework.

In keeping with the rhizomatic framework previously presented, it is also relevant to acknowledge the complex, qualified and dubious nature of individual claims to knowledge (Witkin 2016:112), preferring an understanding that knowledge is collaborative and relational. However, whilst co-produced knowledge is contextual, dynamic and rhizomatic, rather than linear and fixed, it is vital that unequal relationships are not perpetuated, risking the 'epistemic injustice' (Russo & Beresford 2015) of colonising the knowledge and experience of marginalised groups. In response my work attempts to demonstrate a commitment to participation and shared ownership (**Grayson et al. 2013**), the avoidance of 'othering' (**Karban & Sirriyeh 2015**), and the value of critical reflection on experience (**Karban et al. 2013b; Karban & Ngandu 2015**).

3.2 Social Work and Mental Health

Much of my work addresses the contribution of social work to mental health and the necessity to consider mental health within all aspects of social work practice, simultaneously challenging the concerns that social work is a marginal player in the mental health field and that mental health is not mainstream social work practice. However it is also important to question the notion of 'mainstream' social work as this is itself constantly changing and contextually specific, recognising its nomadic nature and different and contradictory understandings of social work across time and place. Yet I would argue that, at its heart, social work is concerned with human relationships within the wider social context, change and empowerment, informed by an understanding of social justice and human rights. This in turn is intimately related to the recognition of power, and a focus on individuals and groups who may be disadvantaged, oppressed and marginalised within society.

It is also relevant to articulate an understanding of mental health in relation to the underpinning framework, acknowledging the somewhat confused and paradoxical use of the term in everyday discourse where 'mental health' is frequently used to denote illness rather than wellbeing and where mental health is understood as dichotomously distinct from physical health, a point recognised by Gough (2012:155) in reviewing Social Work and Mental Health. Furthermore, the conflation of mental health and illness accentuates the tendency towards a medical rather than a social model of mental health in relation to aetiology and intervention, leading to an emphasis on biological at the expense of social factors, rather than a holistic understanding that

allows for the complex interaction of both, and the recognition of the role played by structural inequalities and unequal power relations.

Such a multi-factorial understanding of mental health, linked to a holistic approach to wellbeing, increases the scope for social work to locate mental health work at the heart of all practice, regardless of setting or service user group, in recognising and addressing social factors such as disadvantage and discrimination, exclusion and isolation, a point explicitly referenced by Backwith (2015) in relation to my work. In this sense mental health should no longer be a 'bolt-on' extra, but intrinsic to an understanding of social work grounded in promoting wellbeing with children and families and older people as well as with people experiencing mental distress.

Furthermore, in response to the concern that social work is marginal in mental health, I would argue that in advocating for social justice and in challenging inequalities, social work is ideally placed 'on the margins' of dominant (medicalised) discourse, policy and practice to influence and promote change, including building relationships with service user and activist communities as well other professional disciplines beyond those conventionally associated with mental health, whilst being mindful of the need to understand the subtle power relations involved, reflecting the interwoven themes underpinning the theoretical framework. Notions of power, participation and partnership also offer further insights into the recent initiatives intended to promote mental health social work (Allen 2014; DoH 2016).with their emphasis on tackling discrimination and exclusion and addressing the social determinants of health, although it is important to be

mindful of the constraints - financial and otherwise - that may limit the effectiveness of these intentions.

3.3 Health Inequalities

One significant aspect of my contribution to social work knowledge rests in promoting the role of social work in addressing health inequalities, particularly with regard to the concept of embodiment, drawing on both Braidotti's (2011) and Krieger's (2011) use of the concept. This requires challenging the dichotomous thinking that frequently characterises social work discourse in terms of the line drawn between 'social' and 'health/medical' and mental/physical, suggesting that we need to work across conceptual, disciplinary and organisational boundaries and into the boundary zone in order to tackle inequalities and promote wellbeing.

This is demonstrated in my contribution to '*Burning Issues in Mental Health*' where I argued for the inclusion of the social determinants of mental health as central to the curriculum, raising broader questions regarding health inequalities and positioning mental health as a crucial aspect of social work education and practice (Karban 2011b). This was also a key theme in a paper presented to the JSWEC conference (2015) and my paper in the British Journal of Social Work (Karban 2016) as well as other publications (Fish & Karban 2014), presentations and symposia (JSWEC, 2011; IFSW/IASSW, 2012; Social Work, Health & Mental Health, 2013 and 2016), contributing to promoting the role of health professionals in tackling health inequalities (Allen et al. 2013) and the development of a web-based resource '*Social Care and Health Inequalities*' (SCIE 2013).

3.4 Partnership working

The theoretical framework presented here was further developed through my involvement with the British Council DeIPHE project involving Leeds Metropolitan (now Leeds Beckett) University and Chainama College of Health Sciences in Zambia (**Karban et al. 2013a; Karban & Ngandu 2015**).

This work was based on a model of community-based care informed by a social perspective that endorsed tackling stigma and promoting human rights, in line with the recommendations of the Lancet Mental Health Group (Prince et al. 2007; Saxena et al. 2007). Reflecting on the international experience afforded by this work strengthened my understanding of the complex and nuanced issues of power when working across geographical and cultural boundaries, accompanied by the enduring legacy of colonial relationships. This also enabled me to explore the significance of power relations in partnership working, in line with Braidotti's cartographic approach, building on previous work relating to interprofessional learning and working. (**Karban & Smith 2009**).

Further evidence for the originality of the rhizomatic framework relates to the evaluation of the move to independent living (**Karban et al. 2013b; Grayson et al. 2013**), informing our understanding of relationships between researchers, co-researchers, service users, support workers and managers. In particular a key part of the learning from this evaluation involved recognising the significance of changing roles and power relationships as support staff implemented new working practice to promote independence (Karban et al. 2013c).

3.5 Conclusion to Chapter 3

As previously suggested, Braidotti's nomadic theory offers new perspectives to understanding social work as dynamic, fluid and constantly in motion.

Whilst the profession may often experience being besieged by politicians and the media alike, a recognition of the potential for power to be multi-directional invites a more creative and pro-active location. Additionally, the sometimes marginal positioning of social work offers opportunities for change and the potential for building new partnerships with disadvantaged and marginalised communities as well as with other professional groups.

Locating mental health and wellbeing as central to social work, informed by a health inequalities' perspective also contributes to strengthening underpinning professional values and knowledge that transcend overly-simplistic distinctions between social work with children and families and social work with adults, as well as the marginalisation of mental health social work within the profession.

The specific relevance of my work in relation to social work education, practice and research will now be examined in Chapter 4.

Chapter 4: Locating the publications within the current context of social work practice, education and research

4.1 Introduction

Social work and the wider social policy environment provide the context of the published work forming the basis of this statement. The chapter begins with an overview of the professional and policy agenda before considering the relevance and currency of the selected publications in terms of the specific, although interconnected, domains of practice, education and research.

In keeping with a social work and health inequalities perspective, a '*wide lens*' approach (Pockett & Beddoe 2015:10) locates social work in Britain as a professional activity within a pervasive neo-liberal environment, where competing discourses of responsabilisation, risk and choice hold sway within a climate of imposed 'austerity'. Within this, social work and social work education are seen as requiring increasing regulation, emphasising risk management and safeguarding through the individualising of social problems, disconnected from an analysis of structural inequalities and the impact of cuts in welfare spending (Ferguson & Lavelette 2013).

The closure of the College of Social Work and the proposed creation of a new regulatory body to replace the HCPC, together with the Children and Social Work Bill, are seen to seriously undermine the independence of the profession (BASW 2016; McNicholl & Stevenson 2016). These developments also re-enforce the notion that social work is simultaneously both a marginal and highly politicised activity.

Additionally, the focus on child protection (Laming 2009, Munro 2011), can be seen to obscure the significance of other aspects of social work. In contrast, the focus on mental health in my work is a major contribution to redressing the balance (Karban 2003; **Fawcett & Karban 2005; Karban 2011a; Karban 2016**).

In social and health policy relating to mental health there continues to be a high level of *'tension, paradox and inconsistency'* (**Fawcett & Karban 2005: 58**) with policies advocating for parity in services for mental and physical health juxtaposed with cuts in resources and increasing use of the Mental Health Act 1983 (HSCIC 2015).

Additionally, partnership working, together with an agenda of integration and co-production remains central to health and social care policy based on the premise that 'wicked' problems require joined up solutions (Hudson 2002; Hudson 2015). However the overt aim of enhancing the quality of services may also obscure an underlying objective to reduce expenditure (Baggott 2013:14).

In terms of user involvement, tensions can be identified between the consumerist discourse of the market place and the demands of service users outside formal organisational systems, raising questions of power and legitimacy (**Fawcett & Karban 2005**). As previously discussed, this raises questions regarding the range and extent of mechanisms for involvement and the reality of developing co-operative power (Tew 2011) between professionals and service users.

The specific areas of practice, education and research will be examined in greater depth in relation to the significance of my work.

4.2 Practice

Mental health social work has been a major emphasis in my published work and this will be considered in the light of current issues and debates. Firstly, and somewhat paradoxically, increasing integration and cross-boundary working between social work and health has also been accompanied by the organisational bifurcation of social work into children's services and adult services and an overall political pre-occupation with child protection. **Karban (2011:3)** contains a clear message that 'social work has a vital contribution to make to mental health' extending beyond social workers based in mental health to those in any setting. More recently, **Karban (2016)** advocates for a health inequalities perspective that supports current initiatives including *Social Work for Better Mental Health* (DoH 2015; 2016) in addition to the overall ethos of promoting well-being at the heart of the Care Act (2014), whilst not overlooking the context of welfare reform and the imposition of 'austerity'.

The evaluation of the move to independent living also linked directly back to practice in terms of the action research element of this study. This included beginning to address the 'need for the further interrogation of the complex dynamics of inequality and power so often associated with the provision of 'care.'" (Karban et al. 2013c:92). In particular the research highlighted the challenge involved in moving from a 'doing for' approach on the part of staff,

often linked to a process of 'othering' (Canales 2000:18) between workers and users of the service.

4.3 Education

Social work education is currently undergoing significant changes in terms of direction, focus and funding. Fast track programmes (MacAlister et al. 2012; Clifton & Thorley 2014) and the recently introduced Teaching Partnerships (Berry-Lound et al. 2016) exemplify the political direction of travel away from an academic social sciences knowledge base emphasising anti-oppressive and anti-discriminatory practice towards greater employer involvement, on-the-job training and a government-proscribed curriculum, although Think Ahead, the fast-track programme for mental health social work, successfully addresses the importance of mental health in social work.

The emphasis on power and inequality that informs my work significantly influenced my teaching for qualifying-level social work students as well as wider curriculum development. Additionally themes from the two selected chapters in **Karban (2011a)** continue to be central to my teaching on a core mental health undergraduate module and the Approved Mental Health Professional (AMHP) training programme where my work on mental health and health inequalities (**Karban 2011a; 2016**) aligns with the 'social perspective' on mental health, embedded within the AMHP regulations (Mental Health (Approved Mental Health Professionals) (Approval) (England) Regulations 2008).

The need for social work to engage with marginal populations including asylum seekers and LGBT communities (**Fish & Karban 2015; Karban &**

Sirriyeh, 2015) has also informed curriculum development and teaching and my involvement in developing a University of Sanctuary group working to promote an inclusive environment for refugees and asylum seekers within the University.

Partnership working is central to an 'Interprofessional Working' module for postgraduate students on the MA Social Work where teaching includes partnership and multi-agency working to promote health inequalities, directly informed by my published work (**Karban & Smith, 2009; Karban et al. 2013b**). Managing boundaries is also a topic for skills workshops for students.

4.4 Research

In terms of social work research my work has particular significance in terms of partnership and positioning. This includes explicit and reflexive attention to power and how dynamics of inequality may be played out within the research process, acknowledging the sensitivities of relationships with and between participants such as those between 'professional' researchers and co-researchers (**Karban et al. 2013b**) as well as those between colleagues in an international project (**Karban & Ngandu 2015**). In this sense I have attempted to develop and apply theoretical perspectives on power drawing on a Foucauldian (1980) approach recognising that power is not a zero-sum, top-down exercise but can be created through collaboration as well as exercised through oppressive and exploitative practices (Fook 2002).

A further aspect of positioning relates to the wider location of the research, sitting outside the conventional notions of an 'evidence base' as commonly

understood within a quantitative scientific paradigm, and hence less valued within an academic environment. However, I would argue for the value of community-based research from a clear position of promoting social justice and relationships underpinning sustainable and collaborative research partnerships (Kassam & Tettey, 2003; Mayo 2009). Additionally, my work on health inequalities (**Fish & Karban 2015; Karban 2016**) moves beyond the traditional boundaries of social work knowledge, drawing on other relevant disciplines and exploring synergies with the purpose of promoting equality and human rights. This reflects Alvesson & Gabriel's (2013:254) critique of what they term formulaic research and the positive aspects of developing a '*nomadic research trajectory*' that moves across fields and disciplines to increase the potential for the cross-fertilisation of ideas.

In terms of partnership working, the involvement of co-researchers in the independent living evaluation reflects the increasing recognition of service users and carer participation, especially those from marginalised groups including people experiencing mental health difficulties (Tew 2008; Littlechild & Tanner 2015). However, this needs to go beyond basic involvement to consider the outcomes and value of the service user and carer contribution. Some of the benefits to the research and to the co-researchers, are acknowledged in **Grayson et al. (2013)**, although there appears to be only limited evidence regarding the extent to which participatory research achieves emancipatory outcomes. On the contrary, literature highlights both practical and political/ethical challenges, including difficulties in gaining ethical approval as well as the costs and time involved (Fenge 2010; Lunt & Fouche 2010), also recognised within my publications. Attention is also

drawn to the risk that participation may maintain exploitative and hegemonic relationships between researchers/academics and service users and carers (Carey 2010; Beresford & Croft 2012) with competing agendas and exclusionary processes that benefit academic researchers at the expense of co-researchers (Fenge 2007; Fudge et al. 2007, Vickers et al. 2012).

Notwithstanding these concerns, I would locate my work within the broad range of 'anti-oppressive social work research' (Strier 2007), offering a contribution that is mindful of power relationships between researchers and service users and carers (**Karban et al. 2013b**) and minimising the reinscribing of powerlessness with explicit recognition of strengths and survival (**Karban & Sirriyeh 2015**). Furthermore these issues are also 'held' within an analysis of the wider relationships with other research partners including service providers and funders.

4.5 Conclusion to Chapter 4

This chapter has located my publications within the broader political and economic context of social work in England. The significance of my work and the themes of power, partnership and marginality have been considered in relation to current issues affecting practice, education and research, demonstrating relevance and currency of my contribution to knowledge.

Chapter 5: Conclusion

5.1 Introduction

This chapter draws together the key themes from this statement and identifies some of the limitations and tensions in my work before considering future development. In particular this will highlight the potential for applying concepts of cartography and embodiment together with the notion of social work as a nomadic profession within the overall rhizomatic framework.

5.2 Power and participation in the boundary zone

This statement has brought together a range of publications on topics including interprofessional learning, mental health and health inequalities, drawing on a perspective that is informed and strengthened by looking both within and outside of the social work knowledge base. As such the strength of my work rests on an alignment of both the substance and the process by which this has been developed, enabling the identification of key themes relating to power, participation and marginality and critical reflection on my own positioning in developing a distinct and original contribution to knowledge.

In particular I have set out to focus on the potentially creative aspects of power 'on the margins' whilst simultaneously recognising that boundaries may serve to re-enforce and re-inscribe processes of 'othering'. This can be also seen in the paradoxical notion that social work is simultaneously both marginal and highly politicised. A further consideration is Braidotti's (2011) concept of cartography and its value in mapping the nuanced ways in which power may be manifest in relationships across boundaries, whether involving

service users and professionals, different professions or across organisational and international boundaries, paving the way for the recognition of marginal positioning as offering potential for dialogue leading to new insights and practices.

The adoption of a critically realist perspective has also enabled the accommodation of an analysis of power relations on the margins alongside the recognition of structural inequalities and the integration of a health inequalities perspective, informed by notions of embodiment drawn from social epidemiology (Krieger 2011) and nomadic theory (Braidotti 2011).

5.3 Limitations and tensions

There are inevitably tensions in this work and I identify three here. Firstly there is a concern that at the level of policy and practice, notions of integration and joined-up working, prevalent in social work and more widely in health and social care, in turn create new boundaries, suggesting a need to become increasingly sensitised and transparent about working across boundaries and managing difference.

Linked to this, there is a risk that various forms of difference such as culture, ethnicity and sexuality, ability and experience as well as professional differences are intrinsically negatively charged, raising the question of how to value diversity and promote equality whilst avoiding the 'sanitisation' of difference and processes of 'normalisation'. Further exploration of Mad Studies, Neuro-diversity and Queer theory (Butler 1990; LeFrancois et al. 2013; Graby 2015) may offer new possibilities for social work in understanding and disrupting boundaries.

In reflecting on my work it is pertinent to return to Fooks' (2002) question of whose voice is missing? It is clear that future work needs to have a stronger emphasis on multiple perspectives particularly recognising the voices of those who are less often heard, and identifying groups that remain invisible, on the margins of the margins. For such groups, notions of power as multi-directional may be illusory in the face of multiple and intersecting forms of oppression.

5.4 Future work

There is potential for further theorising on the notion of nomadic social work supporting sustainable practice through work on boundaries and in the boundary zone including developing the concept of cartographic mapping. This has relevance for partnerships in practice and research, recognising the ever-shifting ebb and flow of power involved in relationships between social work, service users and other professionals and their social locations in the boundary zone. This already has immediate application in current research exploring older LGBT people's experiences and wishes regarding home-based care. This collaborative study involving local LGBT community groups is informed by an understanding of the embodied and embedded nature of the experience of marginalised groups, allowing for the recognition of historical - and ongoing – oppression and its influence on the experiences of care and the broader impact of health inequalities requiring responses informed by social justice and human rights (Cemlyn 2008; Tronto 2013; Ward & Barnes 2016). Here cartographic mapping can be applied to explore the complexity of relationships involving care-givers and care-receivers,

recognising issues of sexuality, age and gender, together with other aspects of difference.

Nomadic theory may also offer new insights on the way in which social work is located in the boundary zone between the individual and the social, the private and the public spheres, recognising their complex and dynamic interaction. This perspective informs my involvement in research examining the application of social and recovery perspectives in AMHP practice, recognising the tensions involved in balancing risk and recovery within the wider organisational and professional context.

Both areas of research will contribute to developing and extending the rhizomatic schema introduced in Chapter Two, taking this in new directions and building on the themes of power, partnership and marginality.

5.5 Final thoughts

Submitting this application for a PhD by Published Works is just one point of a continuing journey through my professional career integrating knowledge and theory with personal experience and collaboration with others. The publications included in this submission represent the various twists and turns of this journey, but also illustrate an ongoing concern with key issues relating to boundaries, power and partnership. Ultimately this is work in progress, a continuing nomadic and non-linear journey, both personal and professional, from a position that is both marginal and shifting.

.. it's life on the edge, but not over it..It's an ethical and political sensibility ...It can only be empirically embodied and embedded, because it's interrelational and collective. (Braidotti 2011:313)

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Appendix One: Statements of ownership by co-authors

Statement regarding ownership of jointly-authored works

This is to confirm that Kate Karban is the joint author of the following publication of which I am also an author and that we did equal amounts of work in producing this book.

Fawcett, B. & Karban, K. (2005) *Contemporary Mental Health: Theory, Policy and Practice*, Abingdon: Routledge

Signature: Barbara Fawcett

Name: Barbara Fawcett

Position: Professor

Date: 25.8.2016

Statement regarding ownership of jointly-authored works to be submitted for the Degree of Doctor of Philosophy by Published Works

This is to confirm that Kate Karban is the joint author of the following publications of which I am also an author and that we did equal amounts of work in producing these publications.

Fish, J. & Karban, K. (2014) Health inequalities at the heart of the social work curriculum. *Social Work Education – The International Journal* 33 (1), pp. 15-30

Fish, J. & Karban, K. (eds) 2015) *Lesbian, Gay, Bisexual and Trans Health Inequalities: International Perspectives in Social Work*. Bristol: Policy Press

Signature:

A handwritten signature in cursive script that reads "Julie Fish".

Name: Professor Julie Fish

Position: Chair in social work and health inequalities

Date: 16/9/16

Statement regarding ownership of jointly-authored works to be submitted for the Degree of Doctor of Philosophy by Published Works

This is to confirm that Kate Karban is a co-author of the following publications of which I am also an author:

Karban, K., Paley, C. & Willcock, K. (2013) Who calls the tune? *Social Work and Social Sciences Review*

Grayson, T., Hung Tsang, Y., Jolly, D., Karban, K., Lomax, P., Midgley, C., O' Rourke, I., Paley, C., Sinson, J., Willcock, K. & Williams, P. (2013) "Include me in: user involvement in research and evaluation", *Mental Health and Social Inclusion*, Vol. 17(1): 35 – 42

I confirm that Kate's contribution to both the publications was as lead author or 50% of the work.

Signature: *Kim Morral*

Name: Kim Morral (née Willcock)

Position: Independent Researcher

Date: 25 August 2016

**Statement regarding ownership of jointly-authored works to be submitted for
the Degree of Doctor of Philosophy by Published Works**

This is to confirm that Kate Karban is a co-author of the following publications of
which I am also an author


Karban, K., Bowa, A., Mbewe, E., Ngandu, R., Patrick, S., Penson, B. & Walker, B.
Scaling up - Challenges in mental health education in Zambia *International Journal
of Mental Health*. 42, (2 – 3): 60-72 Summer-Fall 2013

Karban, K. & Ngandu, R. Social Work and the Internationalisation Agenda: Lessons
from a collaborative mental health project in Zambia. *International Social Work*.
Published online November 27, 2015, doi:10.1177/0020872815594858

I confirm that Kate's contribution to the publications was as follows:

Karban, K., Bowa, A., Mbewe, E., Ngandu, R., Patrick, S., Penson, B. & Walker, B.
Scaling up - Challenges in mental health education in Zambia *International Journal
of Mental Health*. 42, (2 – 3): 60-72 Summer-Fall 2013: **Lead author 50%**

Karban, K. & Ngandu, R. Social Work and the Internationalisation Agenda: Lessons
from a collaborative mental health project in Zambia. *International Social Work*.
Published online November 27, 2015, doi:10.1177/0020872815594858: **Lead
author 70%**

Signature: 

Name: Rose Ngandu

Position: *Senior Lecturer*

Date: *7th September 2016*

**Statement regarding ownership of jointly-authored works to be submitted for
the Degree of Doctor of Philosophy by Published Works**

This is to confirm that Kate Karban is the joint author of the following publication of which I am also an author and that we did equal amounts of work in producing this chapter.

Karban, K. & Smith, S. (2009) 'Developing critical reflection within an interprofessional learning programme': Bradbury, H., Frost, N., Kiminster, S. & Zukas, M. (Eds.) *Beyond Reflective Practice*, Abingdon, Routledge.

Signature: *Susan Smith*
Name: SUSAN V SMITH
Position: *Head of Curriculum Development
and Review, Leeds Beckett University*
Date:

24.8.16

Statement regarding ownership of jointly-authored works to be submitted for the Degree of Doctor of Philosophy by Published Works

This is to confirm that Kate Karban is the joint author of the following publication of which I am also an author and that we did equal amounts of work in producing this chapter.

Karban, K. & Sirriyeh, A. LGBT asylum seekers, Chapter in Fish & Karban (eds) 2015) *Lesbian, Gay, Bisexual and Trans Health Inequalities: International Perspectives in Social Work*. Bristol: Policy Press

Signature:

The image shows two handwritten signatures in black ink. The signature on the left is 'Ala Sirriyeh', written in a cursive style with a long horizontal stroke at the bottom. The signature on the right is 'Kate Karban', also in a cursive style.

Name: Ala Sirriyeh

Position: Lecturer in Sociology, Keele University

Date: 24/8/2016

Appendix Two: Complete list of publications

Jordan, B., Kazi, M., Masson, H., Karban, K & O'Byrne, P. (1993) Teaching values: an experience of the Diploma in Social Work. *Social Work Education* 12(1).

Karban, K. (1994) Joint Appointments: a model for partnership and practice learning. *Journal of Training & Development* 3(4):57-64 April.

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Karban, K. & Mills, S. (1995) Testing the market – recruitment of qualified and experienced residential child care staff. *Journal of Practice and Staff Development* 4(4):21-33.

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- Smith, S. & Karban, K. (2008) Tutor experiences of developing an interprofessional learning (IPL) programme in Higher Education: recognising a parallel process. *Response e journal*. Issue 4. ISSN - 1752-0991
<http://www.derby.ac.uk/response/6d.asp?aid=15>
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