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An introduction to social work in Wales

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Contents

Introduction

You will be introduced to features of the Welsh context that will develop your understanding of what it means to be an effective practitioner in Wales. As you study, you will develop an understanding of devolution and the impact of this on legislation, policy, and ultimately on social work practice in Wales. You will also consider some important aspects of language need and language choice. You will be introduced to some of the roles and tasks undertaken by practitioners, how these are informed by legislation and social policy, and how they are underpinned by the codes of practice and the professional value base.

This OpenLearn course is an adapted extract from the Open University course KZW113 *Foundations for social work practice*.

Learning outcomes

After studying this course, you should be able to:

- demonstrate an understanding of the meaning of 'social' in social work practice
- consider the impact of the Welsh context on social work practice in Wales to explore what values and attitudes underpin social work practice.

1 The social context of service users

Figure 1 People on a pedestrian crossing © Brasil2/iStockphoto.com

As well as needing to understand and relate to people using social services as unique individuals, social workers also need to have an appreciation of the impact of broader social factors on service users' lives. Social workers work with some of the most marginalised groups in society, who may experience poverty, disadvantage and discrimination. Without an understanding of how and why society is divided in ways that individuals have little control over, it would be easy to adopt a stance that blames individuals for circumstances that are not of their choosing. Poverty and social class have long been acknowledged as major factors in determining people's life chances, and the recurrent themes of 'language, rurality, equalities and poverty' ultimately impact on the everyday lives of service users and carers (Williams, 2011, p. xiii) in Wales and elsewhere. Social workers therefore need to actively engage with these issues if they are to work effectively with the citizens of Wales in seeking ways in which they can make a real difference to people's lives.

2 What is the 'Welsh context' of social work?

Context is important for all social workers to understand, regardless of where they work. Themes such as rurality, poverty, industrialisation, and inward and outward migration affect the lives of service users and carers and the services they receive as much in Wales as in Glasgow or Cornwall. However, these features will not be the same in every location or nation, or even within nations, and it is imperative that social workers develop an understanding of the impact of these social and demographic features on the lives of the people they work with.

For example, the former industrial heartland of the South Wales valleys has seen significant industrial decline in the past century, with an inevitable loss of employment. Social workers might consider the impact of this on the lives of service users or carers who live in this area. Contrast this situation with someone living in rural mid-Wales, socially isolated, with poor public transport links and the resulting difficulty in accessing services, or the experience of an asylum-seeking family living in a dispersal area such as Swansea, Newport or Wrexham. Clearly service users and carers living in different areas will have different needs, and an important part of a social worker's role is to consider such questions of context as they assess a person's needs and work with them to determine how these might be met.

While social workers work with individuals, groups and communities, and have much in common in terms of values and ethics across the UK and further afield, the services they provide and the understanding of their profession are influenced by the values adopted by the government of the nation in which they work. In Wales, thinking about welfare provision has begun to take a different trajectory from the other nations of the UK.

Devolution has provided the Welsh Government with full legislative and policy making responsibility in a number of areas, one of which is health and social care. It is therefore essential that social work practitioners know what legislation, policy or strategy governs the service they provide, or which piece of legislation they will be using in carrying out their statutory functions in Wales.

Language, too, is an important feature of the Welsh context, with 19.8% of the population in Wales being Welsh speaking (ONS, 2011). While many languages can be heard across the nation, which also deserve sensitivity and require good practice, the two official languages of Wales (Welsh and English) place specific requirements on public bodies and, in particular, on welfare services.

Activity 1: What is the 'Welsh context'?
Allow about 15 minutes

Look at the questions below, and jot down your responses.

How long have you lived in Wales?

Is your community rural or urban?

What changes are taking place in your community, and what's causing them?

What difference has the Welsh Government made?

How many pieces of Welsh legislation can you name?

What is your preferred language?

What is your experience of the Welsh language?

Do you know how many Welsh speakers are in your area?

Have you ever worked with any Welsh-speaking service users?

Try some of these questions on work colleagues, friends or family.

Were you surprised at some of the responses, and if so, in what way?

Discussion

You might have been surprised at how much you knew (or didn't know) in relation to these questions. Some students, including social work students, who have done this activity have been surprised that they hadn't even thought about these kinds of questions previously. Many had no idea how many Welsh speakers were in their area, or even whether they had Welsh speakers on their case load. For some groups the questions provoked quite vigorous discussion, for example regarding their own family history and personal identity, personal and professional values, and political issues.

Social workers need to be aware of the context in which they find themselves because there clearly is no single 'Welsh context'. The arrival of refugees and asylum seekers, for example, has brought new challenges to some communities and services, while in other areas, Welsh-speaking service users or carers, while not a new phenomenon, may not always have their language needs met. Social workers need to be familiar with the relevant legislation and policy to support their anti-discriminatory practice, and to access the right support and services for these people's welfare and wellbeing.

In the next activity, you will further consider how social and demographic factors may be important for social workers to bear in mind.

Activity 2: Facts and figures: exploring social factors

Allow about 30 minutes

Read the summary of the report

'Monitoring poverty and social exclusion in Wales 2013', by the Joseph Rowntree Trust (JRT, 2013).

Find one piece of information relating to the effects of poverty from the summary that you did not know before. Make some brief notes about how this information could be important for social workers.

Discussion

The report shows that while the proportion of people living in low-income households in Wales has not changed much over a decade, the proportion of working households on a low income has risen since the early 2000s. However, the proportion of families claiming in-work or out-of-work benefits varied across Wales, with high numbers of families in the West, North-West and East receiving in-work benefits, while the South Wales valleys had high numbers of families claiming out-of-work benefits.

With a higher percentage of the working-age population being inactive (26.5%), Wales was higher in this category than either Scotland or England, and higher than the British average by 3.5%.

It is striking that there are now high numbers of people in work who are experiencing poverty. The link between poverty and health and wellbeing are well established, yet preventable inequities persist (and indeed are increasing) across Wales, and 'require sustained commitment to ensure that where a person lives or their social circumstances, does not lead to a lesser quality of life and a premature death' (Welsh Assembly Government, 2009).

Since Wales is a 'profoundly unequal society' (Williams, 2011, p. 116), the need for social workers to make themselves aware of these inequities and to pick up the challenge of anti-discriminatory practice is self-evident. You will learn more about anti-discriminatory practice in Section 4.

The Joseph Rowntree Trust website is an excellent resource for discussion and research on many aspects of social work, and you may find it helpful to visit this site on other occasions. You will also be able to compare figures UK-wide from this site.

3 Legislation, policy and values: the social work remit

3.1 Legislation and policy

Legislation (with duties and powers enacted by local authorities) forms the basis for the funding and provision of social work services. Specific laws provide a framework for suggesting how social workers can or should intervene in people's lives. Changes in government or in government policy can lead to changes in legislation that affect the social work role, which is often subject to political scrutiny. Social work developed out of a consensus about welfare provision after the Second World War, leading to the founding of the welfare state. The extent to which such support should be publicly funded is regularly debated by politicians and in the media.

3.2 Devolution

Figure 2 The Senedd building

The first Government of Wales Acts (1998) legislated for the establishment of the Welsh Assembly (a year later), and health, social care and education were among the twenty policy areas devolved to Wales. The second Act (2006) brought about the separation of

the executive body (the government) from the legislative body, and provided enhanced legislative powers for the Welsh Assembly Government (now more commonly known as the Welsh Government). This Act also legislated for the future acquisition of full law-making powers for Wales, without the need for further legislation. In 2011, following a referendum, the Welsh population voted to bring primary law-making powers to Wales. Wales now, therefore, has its own law-making process in twenty devolved areas, including health and social care (Welsh Government, 2012).

Since 1998, therefore, legislation and policy in relation to health and social care in Wales has developed a distinctive Welsh perspective. Wales has always had a tradition of participation and working in partnership in health and social care policy development, but devolution created an environment in which the 'Welsh Way' could move forward, providing Welsh solutions to Welsh problems (Williams, 2011). Services in Wales have consequently moved away from a market model of care provision, instead aspiring to a model of 'Progressive Universalism' (Drakeford, 2007) – services for all (in which all citizens are stakeholders), but with a particular emphasis where there is greatest need. This has brought (and will continue to bring) inevitable changes for social workers in Wales as they support Welsh citizens, including vulnerable adults and children, young people, families and communities. Such changes will include legislation and policy, social work practice and service delivery, linguistic and cultural needs, and of course an ever-changing landscape in terms of the citizens of Wales and their needs, wishes and aspirations.

The 'Welsh Way' is reflected across Welsh policy and legislation in health and social care, and the need to address the needs of the citizens of Wales is woven into all policy and legislation produced by the Welsh Government. With regard to children, young people and families, for example, there is a greater commitment to incorporating the principles of the United Nations Convention on the Rights of the Child into all policies and legislation. The Children's Commissioner for Wales was the UK's first independent human rights institution specifically for children. Two further Commissioners have since been appointed – the Older Peoples' Commissioner for Wales and the Welsh Language Commissioner. The role of all three commissioners includes promotion of citizens' rights in Wales.

A commitment to local service delivery which 'emphasises cooperation over competition, and partnership over contestability' (Williams, 2011, p. 26), means that social work, delivered through social services departments based in the Local Authorities, will continue to have a major role to play in in the delivery of citizen-focused services in Wales. Social work will play a key role in providing Welsh solutions to Welsh problems.

The White Paper Sustainable Social Services: A Framework for Action (Welsh Assembly Government, 2011) clearly set out the Welsh Government's priorities for action to bring about 'high quality responsive, citizen-centred social services' (Welsh Assembly Government, 2011, p. 3), taking into account demographic and financial changes, and 'placing the professional contribution of social workers and social care workers even more at the heart of services' (p. 24). Furthermore, the aspiration is that working in partnership with service users and carers in the design and delivery of services will ensure their voice is heard at this stage of service provision. In this way, service users and carers are seen as partners with local government, engaged in co-production, rather than being mere consumers of what is provided. The Social Services and Wellbeing Act (2014) aims to address the issues raised in the White Paper, and will transform care and support in Wales. This will be achieved through working in partnership with service users to identify their needs and decide what kind of services will best maintain and enhance their wellbeing and promote their independence (Welsh Local Government Association, 2012) This outcomes-focused, partnership approach, concerned with wellbeing for people as

individuals, as part of their family, and as part of their community, is a distinctive feature of the policy and legislative agenda in Wales.

A visit to the Welsh Government health and social care website will allow you to find Welsh strategies, reports and other documents specific to a range of service user groups, while the National Archives website provides links to Measures (legislation created prior to 2011) and Acts of the National Assembly for Wales. In the next activity, you will investigate what Welsh policy and legislation has to say about service provision for a particular service user group.

Activity 3: Reflecting the 'Welsh Way' in policies
Allow about 20 minutes

You are going to look briefly at the mental health and wellbeing strategy for Wales, which you will find on the webpage: 'Together for Mental Health'.

This page outlines the main themes of the strategy. Scroll to the bottom of the page and download the strategy itself. Read through the executive summary (pages 5 – 10) and make some brief notes on how you think these reflect the 'Welsh Way', particularly in relation to citizen-centred services and service user/carer involvement. How might the strategy affect both the general public AND target particular needs?

Discussion

Together for Mental Health sets out the Welsh Government's 'vision for 21st century mental health services'. It builds on the Mental Health (Wales) Measure (2010), which places legal duties on Health Boards and Local Authorities to improve support for people with mental ill-health, and should be viewed alongside *Together for Health* (2011), the strategy for the NHS in Wales, and *Sustainable Social Services,* (Welsh Assembly Government, 2011), mentioned above.

The strategy is the first mental health and wellbeing strategy for Wales, covering both adults and children, and focuses on promotion of good mental health, prevention of mental health problems, and improvement of mental health services. Taking an outcomes-focused approach (with a delivery plan), the strategy endeavours to view developments from the service user perspective, and to ensure its objectives are measurable,

The citizens of Wales also have an important role in the drive to tackle stigma and discrimination, and service users and carers must be involved in the planning and delivery of mental health services. Health and social services will be expected to work together in new ways in order to address factors in peoples' lives that may affect their mental health and wellbeing.

However, these bold intentions will have to be met within existing resources that in the current context of budget cuts will prove challenging. Nonetheless, it might be argued that the underlying values of citizen rights, listening to the service user voice, and moving away from the market model of care provision in Wales, provide a refreshing return to the values of the social work profession. As you reflect on this, you might like to consider whether or not you agree with this view.

The legislative programme in Wales will continue apace, with an increasingly divergent agenda from the other nations of the UK. The responsibility of intervening in people's lives, sometimes against their wishes, makes it imperative that social workers become familiar with the legislative and policy context in Wales, as this is what underpins and

informs their practice, and ultimately has an impact on the lives of service users and carers.

Values

Each of the four nations of the UK has its own regulator for the social work profession. In Wales, this is the Care Council for Wales (CCW). The practice of registered social workers in Wales is governed by the Code of Practice for Social Care Workers which provides regulatory standards for social care workers in their day-to-day work while the National Occupational Standards (NOS, CCW 2011), sets out agreed standards of competence for the profession. A further document, 'The Social Worker' (CCW, 2014 provides practical guidance for registered social workers – the UK's first such guide. This includes an international definition of social work, and 'puts the flesh on the bones' of the Code of Practice, but it also has a regulatory purpose in that registered social workers who fail to use it will put their registration at risk.

These documents reflect the ideology and values of the Welsh Government with regard to how social work should be practised in Wales. However, the function of social work is not only defined by the philosophies and beliefs of individual nations' governments or assemblies; organisations representing social workers also promote views about the professional role. The following definition of social work was issued jointly by the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW) in 2001. It is also the definition of social work used by CCW in their practice guidance above:

> The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.

> (IFSW, 2001)

A review of the this definition has been completed and a revised version presented to the Annual General Meeting of the IFSW/IASSW in July 2014:

> "Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empow-erment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social workengages people and structures to address life challenges and enhance wellbeing.

> The above definition may be amplified at national and/or regional levels".

> IFSW 2014

The revision builds on the former definition's concern for social justice and human rights. However, it also moves on to recognise the complexity of the social work task on a global level. Social work is concerned not only with helping individuals but also co-working with communities to challenge social structures that create disadvantage and threaten

wellbeing. This is a powerful statement of the wider 'social' part of social work's remit in the face of frequently changing expectations of the profession.

Figure 3 Word cloud to describe the social work context

Activity 4: The social worker – practice guidance
Allow about 15 minutes

Go to the Care Council for Wales' page
'Launch of the UK's first practical guide for social workers in Wales'. You could watch the whole video, but, in particular, watch from 6 minutes 11 seconds into the video by sliding the small disc at the bottom of the screen just over half way along to the right

Note how the consultant social worker talks about social work being 'citizen-based', and about 'the individual in the community'. She asks the question: 'Why else are we in social work if it's not to improve the situation or lives of the individuals we work with?'

What benefits does this social worker identify from having such guidance?

How well do you think this reflects the former and revised international definitions of social work?

How well do you think this reflects the 'Welsh Way'?

Activity 5: National and international codes of ethics
Allow 15 minutes

Visit the website of the International Federation of Social Workers.

Hover over the 'Resources' tab, then click on 'Policies', scroll down and then look briefly at the 'Statement of ethical principles'. Make notes on what you see as the key points in this statement.

At the bottom of the screen, go to the 'National codes of ethics' section and find the UK code of ethics for social work, which was developed by the British Association of Social Workers. Focus on the introduction (p. 4), and in particular the statement that social workers 'are constrained by the availability of resources and institutional policies in society'. This particularly links with social policy considerations.

This is a long document, suggesting 17 principles that social workers should follow, and setting out how practitioners should adhere to core values in practice. At this stage, you should just skim read this document,

Try to find an example from your own work or life experience that illustrates the challenge of promoting empowerment and wellbeing when resources are limited.

How might a social worker use the Care Council for Wales' Code of Practice to guide their practice when faced with such dilemmas?

Discussion

A social work practitioner gave a good example of this dilemma when describing an attempt to support unaccompanied asylum-seeking children who were being held in detention and who were suffering from profound trauma. He said he felt professionally compromised by agreeing to see children who were being detained. Another social worker told us she was very unhappy with the policy of her local authority of rehousing homeless families hundreds of miles from where they lived in London, especially when this meant children would be uprooted from school, friends and family. She believed this policy to be completely opposed to everything she knew about what children and families need, but was expected to work with parents to find new schools in communities they knew nothing about. She saw this as one example of how social policy impacts on social work.

4 Social work roles in practice

In the previous section you considered the broad legal and policy framework within which social work exists, and looked at how professional values may be challenged or even at times supported by current social policy or legal developments. Nevertheless, social workers are able to develop and use their skills and knowledge in a wide variety of settings and with many different service users, and they do have opportunities to make a positive difference to people's lives, even in very difficult circumstances.

Activity 6: What makes a good social worker?
Allow 10 minutes

Watch the videos below and jot down what each individual says about the qualities that makes a good social worker.

> Video content is not available in this format.
> Siân Parry, Service User

> Video content is not available in this format.
> Mr Howell Mudd, Carer

> Video content is not available in this format.
> Mags Jones, Social Worker

> Video content is not available in this format.
> Linda Thomas Newman, Social Work Manager

You may have had experience of social work intervention yourself – would you agree with these? Can you think of any other important qualities?

Discussion

Good social work practice is primarily about relationships (Wilson et al., 2011) and engaging effectively with service users, carers and others to enable them to tell their stories. Establishing a good relationship is the starting point for working 'with rather than on people' (Beresford, 2012), and it is through the professional relationship that social workers 'engage with and intervene in the complexity of an individual's internal and external worlds' (Wilson et al., 2011).

The service user and carer are very clear about the qualities they think a social worker should have, and these are crucial in establishing a good working relationship. The importance of listening and the other qualities identified reflect the 'warmth, empathy, reliability and respect' noted by Beresford (2012) as being what service users want from social workers – that is, the same kind of qualities one would expect in a trusted friend. This is consistently what service users and carers say they want from social workers. It is important that social workers listen to this and act upon it.

4.1 Disadvantage and discrimination

Social workers may have to use their professional judgement to intervene in people's lives. One of the reasons is because an individual may be deemed vulnerable in some way and may even need some decisions made on his or her behalf. It is important to note that this idea of 'vulnerability' is often challenged by people using services and groups representing them on the basis that this term does not acknowledge people's strengths and emphasises only one negative aspect of their lives.

Figure 4

Activity 7: Vulnerable people
Allow 15 minutes

Think about who you would include under the category of 'vulnerable people' within society and why. You may be able to draw upon your own work experience, or your experiences of receiving services.

Discussion

People who receive services from social workers include children, older people, people with physical, mental or learning impairments, people who are unwell or caring for dependants, people who have drug or alcohol problems, and offenders. This is quite a lengthy list, but does the fact that these people receive a service from social services mean they are 'vulnerable'? This question is difficult to answer partly because of the different ways in which the word 'vulnerable' is understood. Does it, for example, include people who, despite being able to understand their needs and make decisions for themselves, would be at risk of physical or emotional harm if they did not receive services? To what extent do you think that vulnerability is simply the result of social disadvantage or lack of opportunity?

We are all users of health and/or social care services at some point in our lives – and it may be that changes in social policy make us more vulnerable at particular points in time. For example, someone with long-term mental health problems may be able to manage well with a routine that includes attendance at daytime activities at a local college. If this provision is closed down due to funding cuts, then their mental health may worsen. Social workers' ability to provide help for people who need it will depend on current national and local policy decisions about who is eligible for support. Currently, assessments about who can and cannot have services are informed by considering the extent to which individuals' needs fit with local criteria about eligibility, which in turn have to reflect current legislation in their nation. The forthcoming Social Services and Wellbeing Act (2014) (expected to be implemented in 2016), however, promises to bring a different approach to doing social work, in which social workers and the people they work with will work far more closely together in 'co-production' in seeking solutions. Recognising people's strengths and preferences, with professionals and citizens working together as equal partners, in all aspects of service development and delivery, it may be argued, may more effectively result in outcomes that matter to people who need care and support.

4.2 Empowering practice

In Activity 5 you looked at the *International Code of Ethics for Social Work*, which asserts the need for social workers to consider human rights and social justice as central to practice, alongside an understanding of how individuals interact with their environments. The code argues that social work should be about 'the empowerment and liberation of people' and this surely means thinking carefully about terms such as 'vulnerable' as descriptions of people whose circumstances are probably not of their choosing and who do have many qualities and resources that are not about 'vulnerability'. The social work writer Neil Thompson has published widely on what it means to look beyond labels, stereotypes and assumptions in order to promote empowering social work practice. In Activity 8, you will read a short extract from *The Social Work Companion* (Thompson and Thompson, 2008). This summarises his perspective on how social workers should practise in ways that support the empowerment of people using services and which challenge discrimination.

Activity 8: Anti-discriminatory practice
Allow 30 minutes

Read the edited extract below, which is from *The Social Work Companion*. Make brief notes on the implications for social work practice in Wales

Anti-discriminatory practice

Social work's clientele is prone to being discriminated against, looked down upon, treated as second-class citizens and thus treated unfairly. It is therefore important that social workers are aware of this and its implications for practice.

In the early days of anti-discriminatory practice, the major focus was on anti-racism. Since then, while anti-racism continues to be a major issue and a central part of anti-discriminatory practice, the focus has been broadened to include discrimination in relation to gender (sexism), age (ageism), disability (disablism), sexual identity (heterosexism) and other such forms of disadvantage. But, of course, in reality, anti-discriminatory practice is even broader than a finite list such as this, as it involves challenging unacceptable practices in relation to any group or individual singled out for unfair treatment.

Anti-discriminatory practice can be seen to involve:

- Recognising the significance of discrimination in people's lives – especially in the lives of those disadvantaged groups we commonly encounter in social work – and how oppressive this can be. Often what appear to be 'personal' problems will have their roots, in part at least, in wider social issues of discrimination. For example, many of the difficulties people with mental health problems encounter can be linked with discrimination, such as difficulties in obtaining housing and employment. This can have a significant effect because a lack of housing and employment are significant factors in preventing people with mental health problems dealing with the pressures they encounter.

- At a minimum, making sure that our own practice does not reinforce or add to such discrimination. Discrimination is a matter of outcomes, not intentions. That is, if an individual or group is treated unfairly because they are perceived as

different, the important issue is the outcome (their being treated unfairly and thus placed at a disadvantage) regardless of the intentions. Much discrimination is unintentional (for example, as a result of unwittingly relying on a stereotype), but that does not alter the fact that it is discrimination and thus unacceptable. Anti-discriminatory practice therefore involves a degree of self-awareness and recognising whether any aspects of our practice unwittingly reinforce discrimination – unlearning assumptions or established patterns of behaviour based on unfairness (for example, being patronising towards disabled people by being too eager to 'look after' them, rather than support them in increasing their level of independence).

- Trying to tackle discrimination and its adverse effects. The roots of discrimination are very deep indeed and are to be found in cultural formations and structural power relations as well as personal beliefs and attitudes. In this sense, discrimination can be *institutional* – that is, built into systems and institutionalised patterns of behaviour or assumptions. We cannot therefore expect to remove discrimination altogether without radically altering the social terrain in which it finds such 'fertile soil'. This is a long-term project and one social work can only play a part in over the years. Our immediate concerns therefore need to focus on more modest aims of doing whatever we reasonably can to prevent, counteract and remove discrimination and the oppression it leads to. For example, in helping a black family deal with and challenge the racism they are encountering in the mental health system, a social worker can play an important part in countering racism for that particular family (which could be a very significant help for them), while also making a small contribution to challenging racism in society more broadly.

Anti-discriminatory practice is a challenging aspect of social work, but failing to address it can be highly problematic. Anti-discriminatory practice is not a specialist approach that only applies in certain circumstances (for example, when a white social worker is working with a black client). Rather, it is a fundamental building block of good practice. It needs to be incorporated across the board and should not be seen as an 'add-on' as and when required. As such, it is a major challenge. We therefore have to have a degree of humility in this regard and recognise that we will get it wrong sometimes, but it is vitally important that we rise to the challenge as best we can – both individually and collectively.

Some approaches to anti-discriminatory practice have been confrontational, dogmatic and simplistic and have failed to appreciate the complexities involved. They have also, in doing so, alienated many potential supporters of an anti-discriminatory approach. It is therefore essential that future efforts in this direction are not allowed to fall into this trap. Education and training for anti-discriminatory practice should not be about making people feel guilty for their upbringing, but rather an educational process geared towards helping people 'unlearn' the often discriminatory assumptions they have been brought up to believe and to adopt more empowering approaches to working with difference.

(Edited extract from 'Theories and theorists' in *The Social Work Companion*, Thompson and Thompson, 2008)

Figure 5

Discussion

This reading expands on the ideas contained within the international code of ethics you looked at earlier, saying more about what discrimination means in daily life. There is an emphasis on how social workers can use their professional authority to recognise and challenge discrimination and oppression, for example:

- We live in a society characterised by various forms of inequality based on class, race, gender, sexuality, disability and age.
- Those groups adversely affected by inequality may experience disadvantage and discrimination so that they are treated unfairly.
- Social divisions can worsen people's life chances and undermine health and wellbeing. (You saw some examples in Activity 2.)

There are many specific practice situations where not challenging assumptions could lead to people not getting the service they need – for example, if a social worker believes that a traditional nuclear family is the only 'right' kind, then they could respond to a lesbian mother's requests for help with a teenager's behaviour with preconceptions about what 'caused' the teenager's difficulties, without getting the full picture of the situation. Or a mental health assessment is carried out in English because the social worker makes the assumption that this is appropriate, without checking out language need, therefore resulting in vital information being missed, or the service user being perceived as uncooperative, or more unwell than is actually the case. In both of these examples, people needing help could be denied it, with potentially serious consequences.

Thompson suggests how social workers can put into practice the professional values of treating individuals with respect and challenging disadvantage and discrimination.

Neil Thompson designed a model for addressing social disadvantage, including discrimination and poverty: PCS analysis (Thompson, 1997, 2006). This has been influential in social work and also fits well with the Rimmer pyramid, which you will read about below. Thompson suggests that individuals are affected by what he calls personal, cultural and structural influences that come together to impact on how we fit into the social world. What Thompson calls 'cultural' influences encompass broader shared approaches – such as what is seen as acceptable behaviour. Structural issues refer to the 'bigger picture' of how society is organised and include aspects such as government policy and the shape of the welfare state. Thompson calls his PCS model an 'analysis' because it is a way of examining different aspects of situations that social workers come across. However, he emphasises that it is about action as well as thought. Social workers, Thompson says, need to do more than understand how individuals are affected by social and other factors; they need to act on this understanding to challenge disadvantage and

prejudice. The PCS analysis could be set out in a diagrammatic form (Figure 6), showing how the individual or personal experience is surrounded by cultural and structural influences.
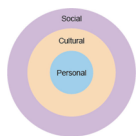

Figure 6 Thompson's PCS analysis

5 Social work and the Welsh language

Cymraeg

Figure 7 Working Welsh logo, Welsh Language Commissioner

Language can be a further aspect of disadvantage and a source of discrimination for service users and carers.

A growing variety of languages can be heard across Wales, and social workers need to be alert to the needs of service users who speak English as an additional language (or indeed speak no English at all), as well as to the needs of service users and carers who are Welsh speaking. Since 2010 (which saw the introduction of the Welsh Language (Wales) Measure, Wales has had two official languages (Welsh and English), a fact that provides an additional challenge to the social work profession.

Activity 9: Who speaks Welsh?
Allow about 30 minutes

At the moment, about 19% of the population in Wales speak Welsh, which equates to 562,016 people. Look at the map (Figure 8) and Table 1 below, showing the distribution of Welsh speakers across Wales, and language use by age (comparing 2011 with 2001 census data) respectively. Consider the questions below.
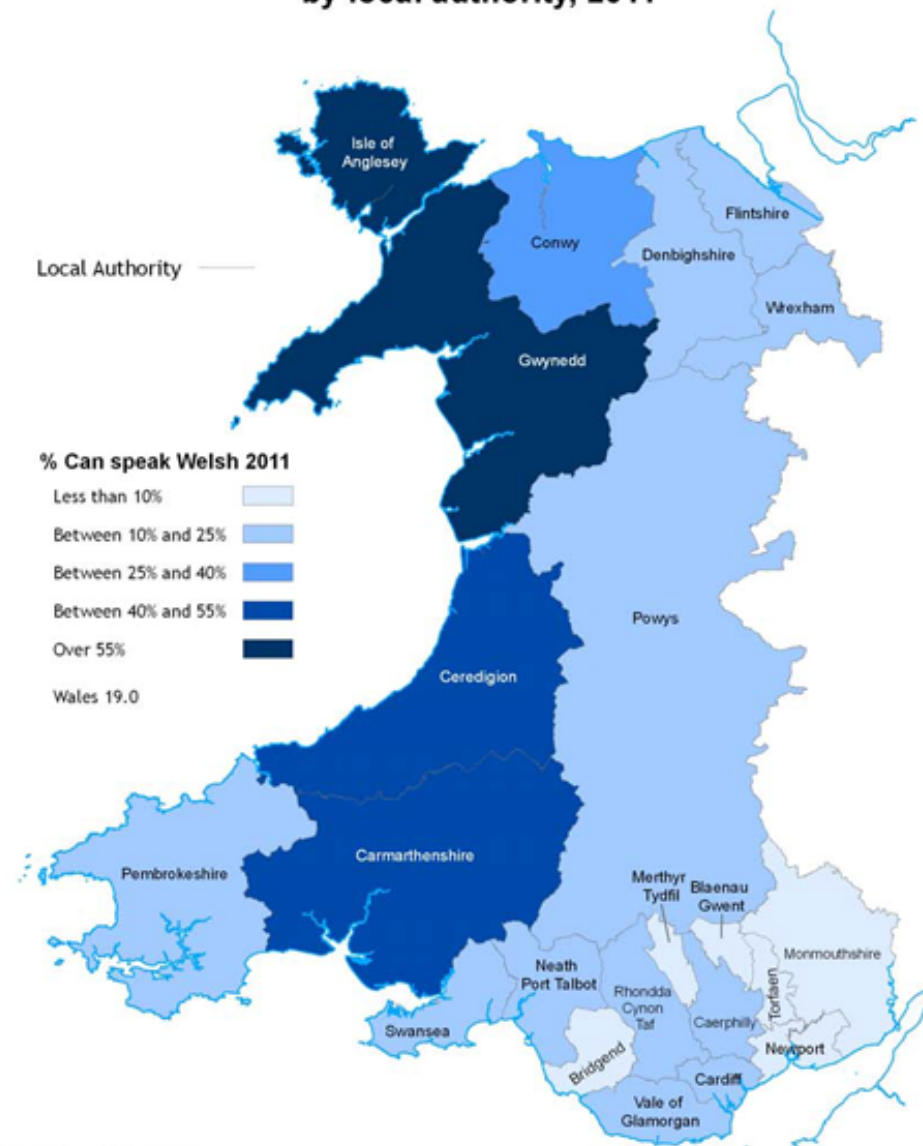
   What is the proportion of Welsh speakers in the area in which you live and/or work?

   How does this compare with what you thought in Activity 1?

   How do services in your area provide for Welsh speakers?

   How might this kind of information affect a social worker's practice?

Proportion of people (aged 3 and over) able to speak Welsh, by local authority, 2011

Figure 8 Proportion of people (aged 3 and over able to speak Welsh, by local authority, 2011

Table 1 Comparing 2001 to 2011

	2001	2011	Difference	
3 – 4 oed	13,239 (18.8%)	16,495 (23.3%)	3,256 (4.6%)	3 – 4 yrs

5 – 15 oed	171,168 (40.8%)	152,255 (40.3%)	-18,913 (-0.5%)	5 – 15 yrs
16 – 19 oed	40,548 (27.6%)	43,651 (27%)	3,103 (-0.7%)	16 – 19 yrs
20 – 44 oed	146,227 (15.5%)	150,742 (15.6%)	4,515 (0)%	20 – 24 yrs
45 – 64 oed	112,742 (15.6%)	107,941 (13.3%)	-4,801 (-2.3%)	45 – 64 yrs
65 – 74 oed	47,692 (18.1%)	45,112 (15.0%)	-2,580 (-3%)	65 – 74 yrs
75 oed+	50,752 (21.1%)	45,820 (17.5%)	-4,932 (-1.7)	75 yrs +
Pob oed	582,368 (20.8%)	562,016 (19%)	-20,352 (-1.7%)	All ages

Discussion

The number and proportion of Welsh speakers in Wales in 2011 was less than in the previous census (2001), when 20.8% of the population identified as Welsh speaking. The drop is largely due to demographic changes, migration (both inward and outward), and changes in people's language skills (National Statistics for Wales, 2012). The 2011 census does, however, show a sharp rise in the proportion of young children able to speak the language, and a slight rise in the proportion of adults aged 20–44. Welsh speakers among other age groups of children and young people have not changed much, and there continue to be more older people speaking the language than in other age groups (although this is declining).

This may have implications for children and family services, as they work with increasing numbers of school age children who are Welsh speaking. Mental health services and older people's services, too, will need to be mindful of language need. This requirement is also embedded in the relevant legislation and policy related to each service user group in Wales.

Evidence suggests that bilingual people may present themselves differently depending on which language they are using (Altarriba and Morrier, 2004, in Davies, 2009), and that they are better able to relate experiences in the language in which they occurred. Furthermore, bilingual people may draw on the word or words that most clearly express what they are trying to say, from either of their languages, or they may use their second language to provide some distance from matters that may be difficult to discuss. Linguistic preference is a complex issue and one that requires a sensitive approach.

Children attending Welsh medium education, for example, in most of Wales are likely to be bilingual, and may come from English-speaking or bilingual homes. They may therefore speak one language at school and either or both at home. It would be important for the social worker to be sensitive as to how, when and with whom the various family members might want to use Welsh and/or English, and how this might be facilitated. As well as being sensitive to language need, they would also need to know that Welsh and English should be treated on the basis of equality (Welsh Language Act, 1993), and would need to implement the 'active offer' principle (Welsh Government 2012), ensuring that they identify language need and choice for service users and carers in their everyday practice. This principle removes the responsibility for requesting a service in Welsh from the service user or carer, who may already be in

a position of low status and power, and therefore may not feel able to make this request.

5.1 The language, legislation and policy

Following a long history of exclusion from public life, a decline in usage in the 20th century, followed by a resurgence of its use (peaking at 20.8% by the 2001 census) the Welsh Language Act (1993) introduced a requirement for the language to be treated on the basis of equality with English in public business and administration of justice. The Welsh Language Board was established, as was the requirement from public bodies to produce a Welsh language scheme, outlining how they would work toward providing bilingual services and provide language choice for service users wherever possible.

However, the 1993 Act did not lead to the much hoped-for increase in Welsh medium service provision, and service users 'continued to face the dual block of low personal expectations and correspondingly low levels of actual bilingual provision' (Williams, 2011, p. 52), with the onus of responsibility for requesting bilingual services on the service user, rather than the service provider. Nearly 20 years later, a further piece of legislation, enacted in Wales through the new powers conferred on the Welsh Assembly, the Welsh Language (Wales) Measure 2011 (HMSO, 2011) confirmed official status for the language, and provides for the creation of Language Standards. The Welsh public will be able to appeal to a tribunal regarding matters of language and service provision. All this has clear implications for public services and social work practice in particular.

Furthermore, the onus of responsibility with regard to offering language choice now lies with the professional, who is required to implement the 'active offer principle', not only by the health and social care strategy *More than just words* (WG 2012), but as part of their professional conduct (CCW, 2014). The strategy also identifies the need to develop the Welsh language skills of professionals in order to satisfy the needs of Welsh-speaking service users and carers. Indeed, the national strategy for the Welsh language identified that 'lack of confidence was found to be one of the main obstacles preventing staff from using their Welsh language skills at work (Welsh Government, 2012). This may well have an impact on the capacity of organisations to provide bilingual services. The importance of such choice for users of services and carers has long been recognised as a matter of anti-discriminatory practice:

> The care and counselling services are in a crucial position as they often deal with people who are disempowered, who are in trouble or are disadvantaged in their lives. In such circumstances, real language choice can contribute directly to the process of empowering the individual.
>
> (Davies, p. 59)

It will remain to be seen whether, with the Measure in place, and a robust strategy for the language outlining the Welsh Government's expectations regarding language choice in health and social care, the citizens of Wales are provided real choice in language use in the services they receive.

Activity 10 More than just words
Allow about 15 minutes

Listen to service users and carers speaking about the importance of receiving language-sensitive and/or Welsh medium services on the Welsh Government's More than just wordswebsite. As you do so, jot down brief notes about the following:

*   Why is it important for people to have language choice in the services they receive?

*   Are you surprised that professionals lack confidence in using the language?

Next, reflect on the following questions:

*   What do you think about Thompson's assertion in the previous activity that people should not be made to feel guilty for their upbringing?

*   Do you think this might be the case for some Welsh-speaking service users?

*   How should this affect professional practice?

5.2 Language sensitivity

Davies (2012) highlights three core issues for consideration in carrying out language-sensitive practice in Wales: the personal (including values and attitudes to the language); the social (including an understanding of the complexities of language use and language choice); and issues of power, empowerment and disempowerment. Empowering, anti-discriminatory practice requires that social workers reflect not only on their practice, but on their own values – personal and professional. They must question whether these impact on their practice, and if so, whether the outcome is in the interests of the service user, or on the other hand, whether it discriminates against thus disempowers them.

Language sensitivity is, therefore, more than simply asking whether an individual speaks Welsh or would like a service in Welsh. It is about working to empower service users to communicate with the service in whichever language they feel most comfortable. This approach provides choice of language to the individual citizen, without making an assumption about which language they *should* use in a particular set of circumstances. It recognises the complex social/historical reasons behind such a choice. The history of the language, which saw the Welsh Language excluded from public administration, resulted in its use being restricted to family and private life.

6 The Rimmer Pyramid

The Rimmer Pyramid (Figure 9) is a tool for understanding the Welsh context and anti-discriminatory practice. It complements Thompson's PCS analysis above, but asks the practitioner to explore their own practice, helping them to identify how they can be more effective in taking account of the context in which they practice.
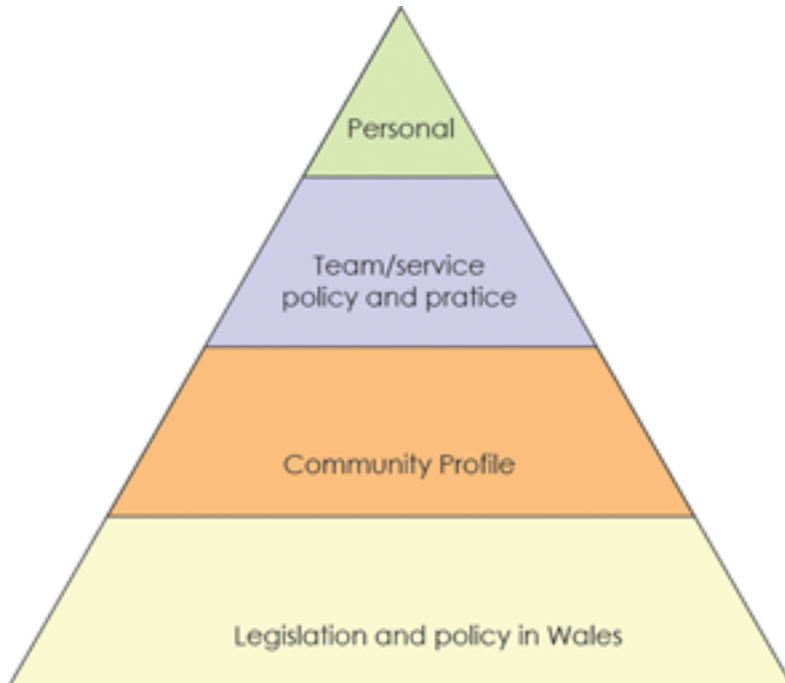

Figure 9 The Rimmer Pyramid

We will use the example of mental health, but you could use the pyramid to help promote anti-discriminatory practice in any area of practice.

At the base of the pyramid, the social worker would need to make themselves aware of any relevant legislation and policy that would place duties on them or their colleagues. They would therefore need to know about the Mental Health Acts 1983 and 2007, which relate largely to compulsory powers and discharge from hospital. The Mental Health (Wales) Measure would advise and define the underpinning principles of what is required from services and the support that should be available; and the mental health strategy *Together for mental health* outlines how the requirements of the Measure will be implemented. Being mindful of the 'active offer' principle (CCW, 2014) and the Welsh Language Act 1993, the social worker would also need to take appropriate steps to ensure they accurately identified the service user's language need and preference.

In carrying out a community profile, the social worker could identify how many people in the local community have mental health problems, and explore what services are available (statutory, voluntary and community-based). They may also ask themselves what other factors impact on a person's mental wellbeing in the community. For example, is it an area of high unemployment or deprivation?. The social worker may also explore ways of combating stigma with regard to mental health, perhaps tapping into community groups to promote inclusion.

The culture within the social worker's team may also impact on the practice of individual practitioners. It can be difficult to implement national policies if team members themselves

have difficulties with aspects of mental health or ill-health, behave in a discriminatory fashion, or hold discriminatory views. Most teams, of course, will not operate in this way, but sometimes personal and professional values conflict and it can be beneficial to explore these as a team, promoting development and good practice.

At the peak of the pyramid, the practitioner is asked to explore their own values and personal attitudes to mental health, and to reflect on their own practice. Reflection can take us by surprise, and we may discover that our own practice is in some way discriminatory, or that we find it difficult or easy to empathise with someone experiencing mental health difficulties, depending on our own experiences.

The pyramid is therefore a tool that can help the practitioner to focus on the context in which they practice, at every level – personal, cultural, and structural.

7 Conclusion

In this course, you have thought about the context of doing social work, with particular regard to working in the Welsh context. While always being aware that we are working with unique individuals, it is essential that social workers take account of the bigger social picture and understand the social, cultural and political influences that affect the people we work with. You have looked at the importance of legislation and social policy for social work in Wales, as well as thinking about the values and attitudes that underpin social work practice.

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