

ANTI-OPPRESSIVE PRACTICE

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INTRODUCTION

The complex nature of oppression is witnessed in the lives of people who are marginalised in this society. As social work practitioners, we have a moral, ethical and legal responsibility to challenge inequality and disadvantage. Historically, the profession, in attempting to understand, explain and offer solutions to the difficulties experienced by groups and individuals, has drawn from, among others, the disciplines of sociology, psychology, history, philosophy and politics. This multidisciplinary theoretical framework, informed by anti-oppressive principles, provides social workers with a tool to understand and respond to the complexity of the experience of oppression.

This chapter explores how a theorised social work practice informed by anti-oppressive principles can be sensitively and effectively used to address the inequalities of oppression that determine the life chances of service users. [...]

Black feminist thought is a dynamic perspective, derived from ‘diverse lived experiences’, that not only analyses human interactions based on principles of equality, but also considers the interconnections that exist between the major social divisions of class, race, gender, disability, sexuality and age as they impact on the individual, family and community. [...]

We hold the view that personal experiences are inextricably linked to and determined by social, cultural, political and economic relationships within specific geographical and historical situations. This process of location allows us to challenge those who see only our race, gender or class,

failing to understand that it is the interconnections between the social divisions to which we belong that defines who we are (Lorde 1984).

The finding of solutions to and explanations of oppressive situations and practices poses a real challenge for those committed to making a difference. A starting point would, therefore, have to be a clear understanding of what is meant by anti-oppressive practice.

WHAT IS ANTI-OPPRESSIVE PRACTICE?

[...]

Anti-oppressive practice is a dynamic process based on the changing complex patterns of social relations. It is, therefore, important that a definition is informed by research within academic institutions, practitioner research and the views of service users. For the purposes of this chapter, we provide below a 'definition' (with all the attendant problems of defining) which incorporates points already discussed providing a framework to clarify and inform practice.

Clifford (1995: 65) uses the term 'anti-oppressive':

to indicate an explicit evaluative position that constructs social divisions (especially 'race', class, gender, disability, sexual orientation and age) as matters of broad social structure, at the same time as being personal and organisational issues. It looks at the use and abuse of power not only in relation to individual or organisational behaviour, which may be overtly, covertly or indirectly racist, classist, sexist and so on, but also in relation to broader social structures for example, the health, educational, political and economic, media and cultural systems and their routine provision of services and rewards for powerful groups at local as well as national and international levels. These factors impinge on people's life stories in unique ways that have to be understood in their socio-historical complexity.

(Clifford 1995: 65)

Within this definition, there is a clear understanding of the use and abuse of power within relationships on personal, family, community, organisational and structural levels. These levels are not mutually exclusive – they are interconnected, shaping and determining social reality. Clifford, informed by the writings of black feminist and other 'non-dominant perspectives' (Clifford 1995), has formulated the following anti-oppressive principles, which provide the foundation for a social work assessment that is theorised and empowering:

- *Social difference.* Social differences arise because of disparities of power between the dominant and dominated social groups. The major divisions are described in terms of race, gender, class, sexual preference, disability and age. Other differences, such as those of religion, region, mental health and single parenthood, exist and interact with the major divisions, making the understanding and experience of oppression a complex matter.
- *Linking personal and political.* Personal biographies are placed within a wider social context and the individual's life situation is viewed in relation to social systems such as the family, peer groups, organisations and communities. For example, the problems associated with ageing are not solely due to the individual but should be understood in relation to the ageist ideologies, policies and practices that exist within the social environment in which the individual is located.
- *Power.* Power is a social concept which can be used to explore the public and private spheres of life (Barker and Roberts 1993). In practice, power can be seen to operate at the personal and structural levels. It is influenced by social, cultural, economic and psychological factors. All these factors need to be taken into account in any analysis of how individuals or groups gain differential access to resources and positions of power.
- *Historical and geographical location.* Individual life experiences and events are placed within a specific time and place, so that these experiences are given meaning within the context of prevailing ideas, social facts and cultural differences.
- *Reflexivity/mutual involvement.* Reflexivity is the continual consideration of how values, social difference and power affect the interactions between individuals. These interactions are to be understood not only in psychological terms, but also as a matter of sociology, history, ethics and politics.

The above principles relate to each other, interconnecting and overlapping at all times. Working from a perspective that is informed by anti-oppressive principles provides an approach that begins to match the complex issues of power, oppression and powerlessness that determine the lives of the people who are recipients of social care services. An understanding of these principles brings with it a fundamental transformation in the relationship that exists between the assessment of a situation and the nature of the action that is required to change the existing state of affairs.

The driving force of anti-oppressive practice is *the act of challenging inequalities*. Opportunities for change are created by the process of the challenge. Challenges are not always successful and are often painful for the person or group being challenged or challenging. A challenge, at its best, involves changes at macro- and micro-levels. If anti-oppressive practice is to provide appropriate and sensitive services that are needs-led rather than resource-driven, it has to embody:

a person centred philosophy; and egalitarian value system concerned with reducing the deleterious effects of structural inequalities upon people's lives; a methodology focusing on both process and outcome; and a way of structuring relationships between individuals that aims to empower users by reducing the negative effects of social hierarchies on their interaction and the work they do together.

(Dominelli 1994: 3)

Work in welfare organisations is constrained by financial, social, legislative and organisational policies. Social workers operating within such an environment will inevitably face conflicting and competing demands on their personal and professional resources. The use of anti-oppressive principles offers the worker a way of responding to and managing these sometimes hostile and disempowering situations which affect both worker and user. [...]

A decision was made by a social services department that changed the life of a family. A young, single, 19-year-old black woman was told that the care plan regarding her 20-month-old son was that of adoption. The decision was based on evidence from extended social work involvement, which was ultimately influenced by information obtained from reports written by a white male psychologist and a white female psychiatrist. [...]

AMELIA'S STORY

Amelia had left home at the age of sixteen and a year later began living with a man who became violent towards her when she was pregnant. Going into a hostel for mothers with children, Amelia experienced racial abuse and began taking heroin which was freely available there. She gave birth to her son three months prematurely and spent a stressful time visiting him during his recovery. Her appeals for financial support for travelling to the hospital went unheard.

After her son's discharge from hospital Amelia felt overwhelmed when her son became ill. She started taking drugs to cope and he was taken into care again. To get him back Amelia had to be assessed as a fit carer. Meantime non-black foster parents, despite her objections to this, fostered her son.

Amelia's son was returned to her under a supervision order. The combination of feeling unable to cope with living alone; the lack of any nursery placement, and her disclosure (as a request for help) that she had attempted to harm her son – culminated in him being taken back into care. After 'keeping' her son following a visit, Amelia's access to him was restricted.

She was afraid to display the strong emotions that she felt about her

loss – in case this harmed her case to get her son back. The threat of him being adopted left Amelia in a state of uncertainty about how to fight to keep him.

THEORY INTO PRACTICE

[...]

The anti-oppressive principle of *reflexivity* demands that workers continually consider the ways in which their own social identity and values affect the information they gather. This includes their understanding of the social world as experienced by themselves and those with whom they work. The remainder of this chapter focuses on Amelia's story.

Involvement in Amelia's life is not a neutral event. It is determined by the interaction between the personal biographies of the worker and Amelia, and will be expressed in the power relationships that arise from their membership of differing social divisions.

For example, a white male social worker brings to the situation a dynamic that will reproduce the patterns of oppression to which black women are subjected in the wider society. In this scenario, Amelia feels she is silenced. Her plea for 'someone to talk to', to be listened to and taken seriously, is neither understood nor acted upon. This is highlighted in the powerlessness expressed in the telling of her story.

The challenge to you, the worker, is to reflect on your social division membership, your personal and professional biography and the impact that this will have on your involvement with Amelia. Are you the right worker for her? If the answer is no, the challenge is not only to find a more appropriate worker but to look to ways in which you may minimise the potential for oppressive practice at the point of referral. In and through this process of thinking and reflecting, which should take place in supervision, team discussions and interactions with service users, you will begin to work in an anti-oppressive way.

Society is divided along the major divisions of race, class, gender, sexual preference, disability and age. There are also other divisions which occur as a result of inequality and discrimination, such as poverty, geographical location, mental distress and employment status. The *social difference* principle is based on an understanding of how the divisions interconnect and shape the lives of people.

Amelia is young, black, unemployed, female, of a particular class background, living in poverty and a single parent. Yet in the scenario, she is seen merely as a young woman suffering domestic violence and in need of accommodation. Her needs as a black woman from a particular background with a specific history are not fully considered. Amelia's experience

of racism in the hostel compounded her overall experience of oppression, forcing her into independence before she was ready.

The challenge for you, the worker, is to understand both the specific and general nature of social division membership and how it may contribute to the individual's experience of oppression. As a worker, you must make a systematic analysis of the social division membership of all the individuals involved in Amelia's life and understand the relevance of this for your intervention.

It is important to locate both Amelia's and her son's life experiences and events within a *historical and geographical context*. Those experiences need to be chronologically charted and their relevance clearly understood and applied to Amelia's story. In doing that, you, the worker, will get an accurate picture of how events within the family, community and society have influenced Amelia's current situation. Amelia's story will have been influenced by previous specific historical and geographical factors.

As the worker, you need to be aware of how prevailing ideologies have influenced legislation, agency policy and practice relating to childcare, homelessness and parenting by single mothers. The challenge is to use that analysis to inform your assessment and decision-making. You need to question the agency's policies on work with homeless young women. Amelia's needs as a homeless, black young woman were never assessed with reference to research evidence which documents the oppression and lack of services faced by this specific user group.

The principle of historical and geographic context directs the worker to consider not only the individual worker's relationship with the service user, but also the team and agency practice. The following are some of the questions that need to be considered: 'How does a prevailing ideology of a mixed economy of care affect practice within the team?'; 'How does the team prioritise work with homeless young people?'; and 'How far has the historical development of service provision in the area determined current practices?' Such questions will help workers to understand what is constraining their practice. Anti-oppressive thinking moves the worker beyond the confines of agency policy and practice and directs the challenge more appropriately.

In understanding the *personal as political*, the everyday life experiences of individuals need to be located within social, cultural, political and economic structures which are historically and geographically specific. This process of location ensures that, in practice, the individual is not pathologised, and weight is given to the interconnections and interactions between that individual's story and the social systems they encounter.

Amelia is defined in terms of the domestic violence she has experienced. The assessment is not placed in a wider context, failing to make sense of Amelia's whole life experience. You, the worker, need to take into account the structural factors that contribute to womens' experience of violence and how, for Amelia, the dimension of race and her member-

ship of other social divisions added other layers to her experience of oppression.

The social workers' decision in the scenario to formulate a care plan which put forward adoption as a solution to Amelia's problems needs to be analysed. Their decision appears to be highly influenced by the expert evidence which focused on Amelia's psychiatric and psychological functioning. How did these assessments inform the workers' analysis of Amelia's ability to parent adequately? Here, we see a failure to locate assessment evidence within a framework that takes into account all aspects of Amelia's existence – her gender, her race, her poverty, her single parent-hood – as well as making reference to assessment evidence from other professionals.

The challenge to the worker is to examine the range of evidence used in decision-making, asking questions about why any one piece of evidence is given more weight than another. Does that weighting pathologise the individual by not taking into account the assessments made by other professionals, such as the health visitor and the foster carers. For example, was the support offered by the extended family and informal community support networks considered? By ignoring the impact of oppressive social values and policies in the decision-making process, the worker can further devalue the service user's capacity to function.

In addressing *power* and *powerlessness*, it is essential to understand how the differential access to power shapes and determines relationships on an individual, group, community, organisational and societal level. We get a glimpse of Amelia's feelings of powerlessness when she says, 'I do not know how I can fight any of this'. Central to her powerlessness is the lack of access to many social resources. There is evidence in Amelia's story of her being denied access to the resources she feels will help her to parent effectively.

You, as the worker, need to take into account the professional and personal power (based on your particular social division membership) you hold. What power does the service user have from her previous life experiences?

How do you, as a worker, ensure that your assessment and intervention includes an analysis of power? The worker in this situation could have advocated on behalf of Amelia, working creatively to explore other options which would have supported her in her parenting. It appears that the workers ignored the personal strengths of Amelia, gained from her experiences of oppression, leading to practice which compounded her feelings of powerlessness. They failed to listen and work in partnership with Amelia.

The misuse of power by the worker culminates in a situation in which decisions can be made where the outcome labels Amelia as a non-deserving case. Amelia, however, is not alone in her powerlessness. There are clear differences of the power ascribed to the opinions of one professional group over another. It appears that extended social work practice had little

impact on the overall decision regarding the future of the family. Explanations of Amelia's behaviour are reduced to the opinions of one professional group who are seen as 'expert', reducing complex explanations of her behaviour to psychology and psychiatry.

Social workers are well placed to make assessments that are theoretically informed, holistic, empowering and challenging. Anti-oppressive practice should not negate the risks posed to the child. Intervention based on anti-oppressive practice incorporates a risk and needs analysis of both mother and child.

To work effectively, it is important to have a perspective that:

- is flexible without losing focus;
- includes the views of oppressed individuals and groups;
- is theoretically informed;
- challenges and changes existing ideas and practice;
- can analyse the oppressive nature of organisational culture and its impact on practice;
- includes continuous reflection and evaluation of practice;
- has multidimensional change strategies which incorporate the concepts of networking, user involvement, partnership and participation;
- has a critical analysis of the issues of power, both personal and structural.

[...] Service users, practitioners, students and academics continue to try to find ways of dealing with issues of oppression in the delivery of health and social care services. [...]

Anti-oppressive practice then moves beyond descriptions of the nature of oppression to dynamic and creative ways of working.

The principles of reflexivity, social difference, historical and geographical location, the personal as political, power and powerlessness, and the act of challenging provide a framework which can be used to inform work with people in need.

REFERENCES

- Barker, R. and Roberts, H. (1993) 'The uses of the concept of power', in Morgan, D. and Stanley, L. (eds) *Debates in Sociology*, Manchester. Manchester University Press.
- Clifford, D.J. (1995) 'Methods in oral history and social work', *Journal of the Oral History Society* 23 (2).
- Dominelli, L. (1994) 'Anti-racist social work education', Paper given at the 27th Congress of the International Association of Schools of Social Work, Amsterdam, July.
- Lorde, A. (1984) *Sister Outsider*, New York: The Crossing Press.