

Oppression and Anti- Oppressive Practice

ECAY4003

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Promoting Independence

- Oppression is the ‘cruel or unjust exercise of authority or power’
- Thus anyone in a position of power over another (e.g. care worker, social worker, local authority officer, employer etc.) and who abuses that position of power is seen as being oppressive

(Shorter Oxford English Dictionary, 2007, p. 2014)





Promoting Independence: Oppression

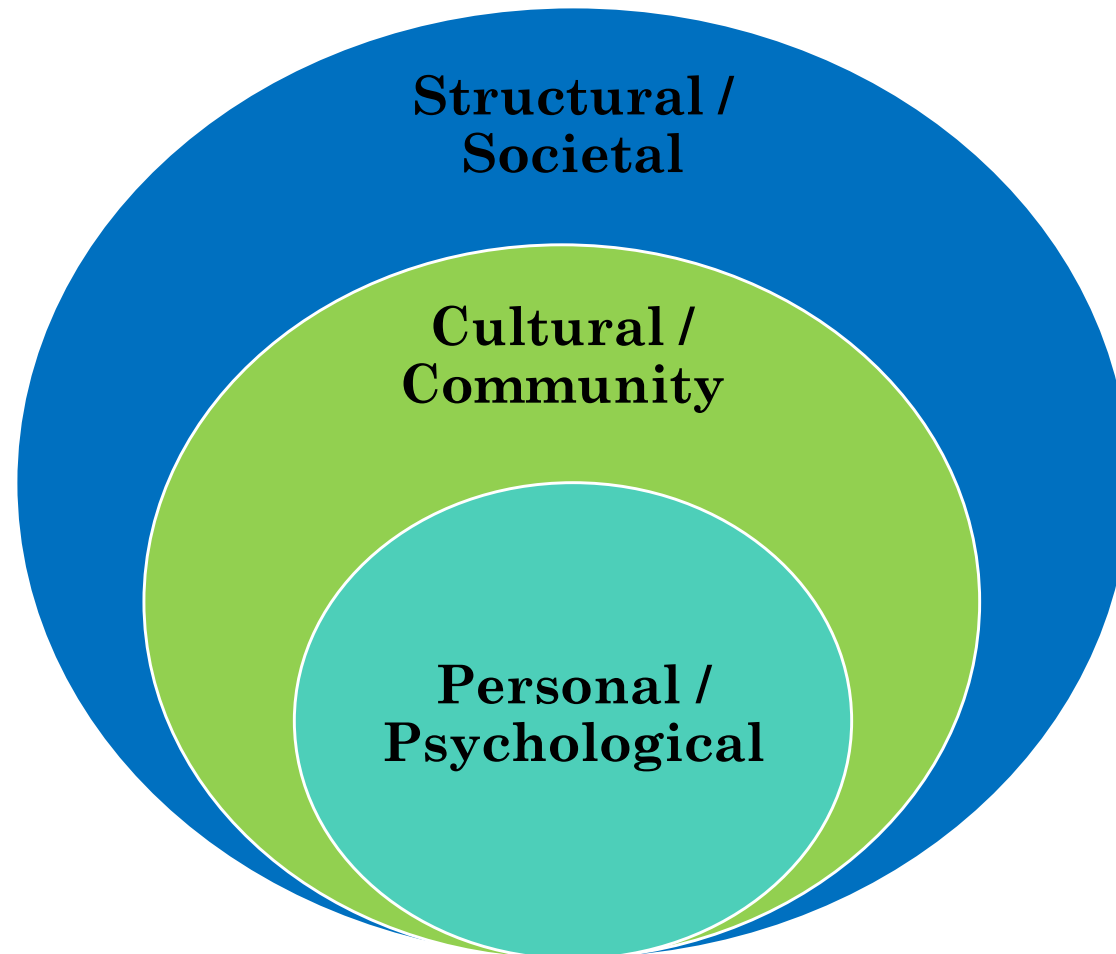
- There is no simple definition of oppression, to attempt to find a simple definition is to deny its complexity.
- However, Dalrymple and Burke (2006) cite Mitchell (1989), who captures the essence of oppression in the UK:

'British society is saturated in oppression.. empowering practice addresses itself to the powerlessness and loss which results from the material and ideological oppression of black people by white people; working class people by middle class people, women by men; children and old people by 'adults'; disabled people by 'able bodied' people; and gay people by straight people. This recognises oppression not simply in the behaviours, values and attitudes of individuals and groups but in the institutions, structures and common sense assumptions'.

Thompson's (1997) PCS Model of Oppression

Based on: Wood, J.J. (2001) and Cauvain (2016)

- According to Thomson, (1997) oppression can exist at three distinct levels:



Personal/ Psychological



- Mostly concerned with the views of the individual
- For example, a resident in a Care Home who has racist views about other residents
- It sits in the centre of the model as the individual's prejudices can be reinforced by the other two elements

Based on (Thompson, 1997)

Cultural/ Community

- This element relates to shared values or what Thompson calls 'commonalities'
- For example, if the resident's views are shared by other residents, then this reinforces the individual's prejudice
- The situation becomes more oppressive if the views are also shared by staff

Based on (Thompson, 1997)





Societal/ Structural

- This is where the views form part of society's 'norms'
- If this is the case then society can reinforce both individual beliefs and cultural prejudices
- Thus, structural oppression can be contributed to by institutions such as the media, religions and political parties

Based on (Thompson, 1997)

Understanding the Model

- Example: **Homophobia**
- **P:** Young man in a youth club you work at makes offensive and derogatory comments about a gay man who attends also. He says that 'gay people are not natural' or 'normal'.
- **C:** Gay people largely repulse the community around him, and many of the community members have very strong views that homosexuality is abhorrent
- **S:** Popular tabloid media berates the 'abnormal' activities of gay people. Religious leaders of all faiths support the instatement of laws to stop equal rights for gay people. Candidates standing in the general election state that flooding is God's punishment on gay people. There is an overwhelming 'consensus' of power used in all forms of structural life against homosexuality. Parliament passes laws banning homosexuality.

Based on Wood, J.J. (2001)





Understanding the Model

How this Model can Help Professionals

- This analysis may help workers to build an idea of why young people behave in certain ways – or why they carry out such actions.
- It can also give professionals a basis for challenging inequality. By first fully identifying what drives people to hold ‘prejudices’.
- It reminds us that society enforces a lot of our beliefs – helps us to understand how something can become a ‘norm’ and how best we can go about explaining, and challenging, oppression.

Based on Wood, J.J. (2001)

Understanding the Model

Testing the Model

- Try to think of a commonly held assumption that you, or someone you know, hold to be true.
- From this, see if it is a shared view in anyway.
- Then begin to see how national institutions, such as the newspaper you read or a television programme you watch could help to support your views.

Based on Wood, J.J. (2001)



‘Anti-oppressive practice, with its value commitment to the realisation of social justice, is one variant of a range of emancipatory approaches to social work’.

Dominelli L. (1998, p.4)

Promoting Independence

- Challenging oppression has become a central focus of social work practice, particularly in Canada, Australia and the UK
- It is an 'effort to raise social justice commitments in the profession, and to improve outcomes for those it serves'
- It's main aim is to 'minimize power hierarchies, by assisting to build the power of those who hold a marginalized identity and/or reducing the unfair power of those of privileged status'

(Curry-Stevens, 2016)



Anti-Oppressive Practice: A Social Work Perspective

- This next video, created by the University of Houston (2018), discusses anti-oppressive practice from a social work perspective
- We will work through the video and discuss each point in turn



Anti-Oppressive Practice: Viewpoints

- Anti-oppressive approaches are concerned with the implementation of social justice for all.
- They aim to challenge the structure of society, and the use of power, where they are being used to maintain some groups in disadvantaged positions.
- Anti-oppressive practice is committed to valuing the quality of life and wellbeing of individuals, groups and communities and the intrinsic value of a diverse society.
- Concepts of power, and how groups use power to achieve their mutual aims, underpin the ideas of oppression and anti-oppressive practice seeks to redistribute power by challenging structures and championing rights.





- Oppression is defined by Barker (2003) as: ‘...the social act of placing severe restrictions on an individual, group, or institution.
- Typically, a government or political organization that is in power places these restrictions formally or covertly on oppressed groups so that they may be exploited and less able to compete with other social groups.
- The oppressed individual or group is devalued, exploited, and deprived of privileges by the individual or group who has more power’ (p.p. 306-307).
- The source of oppression can be either structural (e.g. arising as a result of the way systems and processes operate) or individual (e.g. arising as a result of an individual’s prejudice or action).

Barker (2003)

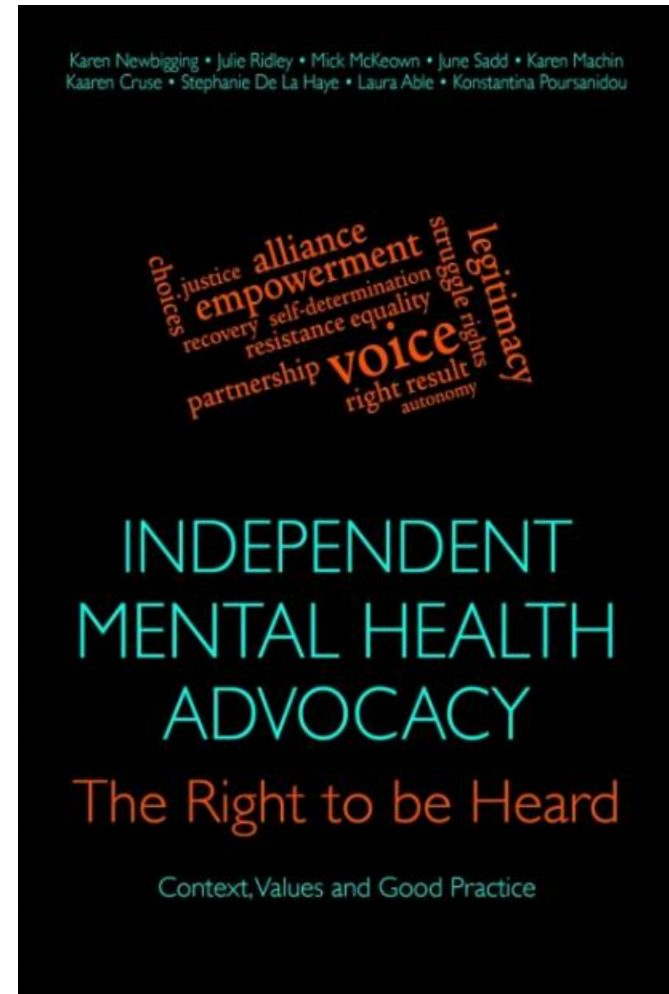


Advocacy in Literature

Independent Mental Health Advocacy: The Right to be Heard

Newbigging *Et Al.* (2015)

“This book is dedicated to all of those people who are subject to compulsion and detention under mental health law and who have a right to be heard, which should be upheld by mental health advocacy”



‘My Rights to My Voice’

Chapter 5

- The number of people detained under the MH Act has been rising since the mid-1990s and in 2013/14 the MH Act was used 53,176 times to detain people in hospital, longer than 72 hours.
- Detention under the MH Act, variously referred to as being ‘sectioned’ or involuntary hospital admission and treatment, has a profound personal and social impact.
- The individuals that are detained under the MH Act are entitled to a statutory advocate, known as an IMHA.

(Newbigging *Et Al.*, 2015)





Detention

- By definition, detention under the MH Act is against the person's will, and, consequently, it could be anticipated that the majority of accounts would be negative
 - Most people do not like being forced to do something they don't want or prevented from doing something that they do.
- For an individual who is detained under the MH Act, it is a crucial and traumatic point in time, which can be distressing, not only to the individual, but to those around them.

I was phoning the doctor a lot of times. I phoned the police and police used to say 'until he does something we can't intervene' and the doctor would say 'if you're worried about him phone the police' and this went on and on and he got worse.

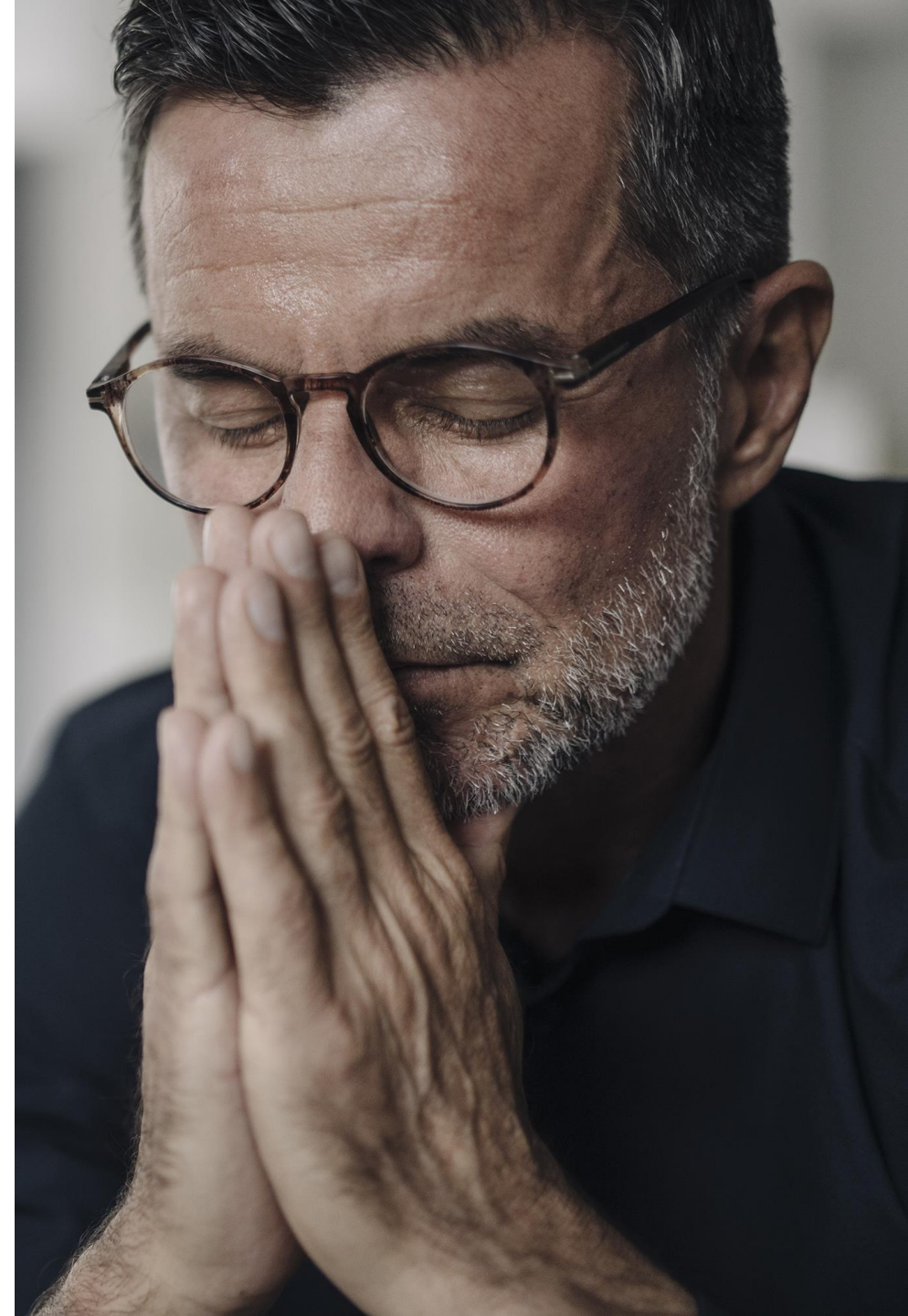
(Newbigging *Et Al.*, 2015)

Detention

- Involuntary admission can be a life-changing experience with an impact on self-esteem, health, relationships, employment and community life and represent an unwanted disruption to every day life.
- Oppression is formed in this instance when the service user is denied the help that they need based on a needs assessment.
- People with previous experience of detention may see the use of the MH Act as the only realistic way to obtain the support that they need:

“It feels like I literally have to have one foot off a bridge before I can access services”

(Newbigging *Et Al.*, 2015)





Service Users: What do they say?

- People who use services are very clear about the kind of support that they would find helpful in a crisis.
- Research Carried out by Mind (2011) suggests that service users wanted:
 - Prompt access to a calm place where they can talk to someone in a safe environment.
 - User-led services such as crisis houses and peer support.
 - Alternative forms of professionally led discussion, such as open dialogue
 - Participation in the decision making process
 - Safe emotional environments offering respectful care

(Newbigging *Et Al.*, 2015)

Are Services Oppressive?

- Legislation and policy provide an essential safeguard to ensure that human rights are upheld for all citizens so that everyone can reach the goals of 'Full citizenship, equality and human dignity' that have been demanded by service user movements.
- The extent of which this is compromised by the existence of a legal framework for involuntary admission and treatment is widely debated
 - Sectioning strips people of aspects of their personal autonomy

(Newbigging *Et Al.*, 2015)

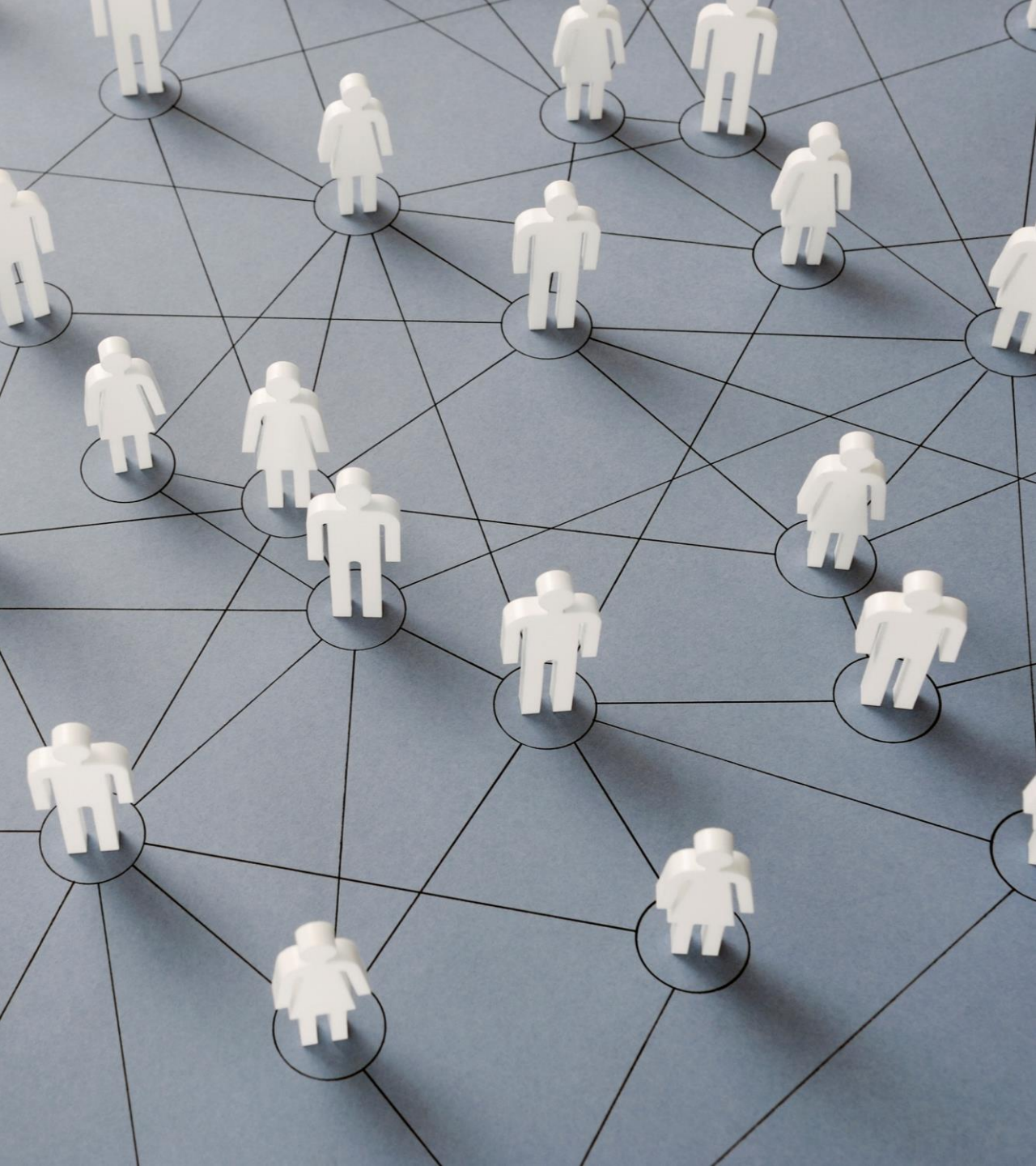


Advocacy and the Law

- In a global context, advocacy is identified as a fundamental element of the mental health system (WHO, 2003).
- Newbigging *et al* (2015) argue that there are still two issues facing individuals who are experiencing chronic mental health:
 1. The relative powerlessness of people in their encounter with services.
 - The vulnerability of individuals within health and social care services is a recurrent theme that has been highlighted through several reports, pointing to neglect, abuse and avoidable deaths as a consequence of the behaviour of staff and indifference of services to the views and voices of service users and their families.



(Newbigging *Et Al.*, 2015)



Advocacy and the Law

2. Inequalities in the access to and use of health and social care services favour people with greater resources

- Money
 - Education
 - Social capital
-
- Compounding the social disadvantage of some groups.

- Please be aware that the following video contains distressing scenes.
- Support is available via student services:
 - [Student Services | University of Wales Trinity Saint David \(uwtsd.ac.uk\)](http://uwtsd.ac.uk)
- If you have a serious concern then you should contact a designated UWTSD safeguarding officer unless someone is at immediate risk where you should initially contact the Police on 101, or in an emergency 999.
- To report a concern to the University out-of-hours please contact the 24/7 Operations Team on 07767 842738.
- All UWTSD students have access to professional advice and guidance via a 24/7 Student Assistance Programme by calling 0800 028 3766.



BBC News 28th September 2022

'Toxic culture' of abuse at
mental health hospital
revealed by BBC secret
filming - BBC News



Advocacy as a Remedy

- Can Advocacy offer a potential partial remedy to this?
- The potential that advocacy has, therefore, has been promoted by Successive Governments.

Advocacy is one way of helping to ensure that the patient and patients' needs are at the heart of the health service and to drive forward quality of care. Giving patients a voice through advocacy or in other ways is about more than simply improving services, although it will have that effect... Advocacy is about helping preserve a person's dignity and self-respect, as well as protecting their legal and human rights.

(Newbigging *Et Al.*, 2015)



The Full Panorama Video (1hr):



References

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- Cauvain, Dr. S. (2016) *The Sweetie Game* Nottingham Trent University Available at https://www.heacademy.ac.uk/system/files/downloads/the_sweetie_game.pdf
- Coventry. gov. UK (no date) *Return to Social Work: Learning Materials Module 5 Equality and Diversity* Available at: www.coventry.gov.uk/sclf/.../id/828/rtsw_module_5_equality_diversity_finalpdf.pdf.
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- University of Houston (2018) *Critical Concept: Anti-oppressive practice* Available at: <https://www.youtube.com/watch?v=yX7Oz7ir-IE>
- Wood, J.J. (2001) *Exploring Anti oppressive practice Thompson's PCS model*. Student Youth Work Available at: <http://go.to/youthwork>
- Newbegging, K., Ridley, J., McKeown, M., Sadd, J., Machin, K., Cruse, K., De La Haye, S., Able, L. & Poursanidou (2015) *Independent Mental Health Advocacy: The Right to be Heard* London: Jessica Kingsley Publishers

Further Reading

- Braye, S. and Preston-Shoot, M. (1995) *Empowering Practice in Social Care*(Buckingham, Open University Press). This text is primarily about community care. However, it focuses on issues of empowerment and working in *anti-oppressive* ways within this context. [Google Scholar](#)
- Dalrymple, J. and Burke, B. (1995) *Anti-oppressive Practice: Social Care and the Law*(Buckingham, Open University Press). Although this book focuses largely on using the law as a tool for progressive practice, it threads the principles of anti-oppressive practice and the empowerment of service users throughout the discussion. Thus, it can be used by readers to deepen their knowledge and understanding of anti-oppressive practice in a particular area of practice. [Google Scholar](#)
- Dominelli, L. (1997) *Sociology for Social Work* (London, Macmillan). This text explores the theoretical underpinnings of anti-oppressive practice, examines the struggle over policy developments favouring its spread, provides case study examples of how anti-oppressive practice is used in holistic ways to address a range of different oppressions which exist in any one intervention and integrates theory and practice within it. [Google Scholar](#)