

Session 3: Anti-oppressive practice and safeguarding

1. Aims

The aims of the session are to:

- discuss anti-oppressive practice
- diversity and cultural awareness
- introduce key policies
- introduce safeguarding

2. Anti-oppressive practice

Nasira and Williams describe anti-oppressive practice in health and social care as being about taking appropriate professional action that will make a positive difference in vulnerable people's lives. This seminar will provide you with opportunities to explore the concepts of diversity and cultural awareness as a way of introducing you to the concept of anti-oppressive practice. We hope this knowledge and understanding will encourage you to find ways to promote the involvement of the people you work with in the care services that they receive.

3. Oppression and discrimination: a definition

It's important to be clear about what is meant by oppression and to understand the difference between oppression and discrimination. Nasira and Williams provide a useful distinction between these two terms. Discrimination is about inequality, injustice and unfairness in society, where one group exerts power over another group perceived as different in a way that restricts their life opportunities and resources and accords them less rights than the more powerful or higher status group. Oppression may go further and relates to devaluing the worth of an individual or group of people in such a way that this can lead to rejection and in extreme circumstances risk of death.

Dominelli says that oppression targets people's sense of self, who they are individually and collectively.

4. Activity 1

5. Levels of Oppression and discrimination: Thompson's PCS model

Oppression is not only about inter-personal relationships. It's more than power being exerted over others; it includes the way power operates more widely in society. The structural elements of power that are located in institutions and in cultural practices. This is an important distinction because although we may not see these structural elements of power, it's our responsibility to be aware of how oppression impacts on the people we work with, many of whom come from vulnerable or oppressed groups. Neil Thompson described how oppression and discrimination operate at three different levels, the personal or psychological level, the cultural level and the structural level; each interacting and influencing the other to maintain power relationships. Thompson had called this the PCS model. P stands for the personal or psychological level of interactions between people; the values and perceptions people hold about themselves and others. C refers to the cultural level or how people in society of a particular culture conform to collective values and behaviours, for example about right and wrong, what is valuable and what is discouraged. S is the structural level where divisions in society are managed or challenged through the distribution of power and resources.

6. Oppression and discrimination operate at 3 levels

Thompson's PCS model is very useful in that it shows how oppression operates at three levels and this means in order to work against oppression or to be anti-oppressive we need to act at all three levels. But even though it's difficult to influence things at a structural or organisational level, it's important to reflect on our role and our position within the agency we work as well as our position more widely as a member of society. Through reflecting on our behaviours we may influence the values and attitudes of members of the community of practice by reflecting on our capability as members of the community of practice we can develop awareness of how to be sensitive to culture and diversity in our one to one interactions with people and how to act in anti-oppressive ways.

7. The Health Care Professions Council (HCPC)

The Health Professions' council states that "you must not allow your views about a service user's sex, age, colour, race, disability, sexuality, social or economic status, lifestyle, culture, religion or beliefs to affect the way you treat them or the professional advice you give. You

must treat service users with respect and dignity. If you are providing care you must work in partnership with your service users and involve them in their care as appropriate". This extract from the Health Professions' Council booklet on standards of conduct, performance and ethics seems to sum up what we mean by practice that embodies cultural awareness and promotes diversity. In other words it describes anti-oppressive practice. The codes of practice for social work also emphasis the importance of respecting diversity and different cultures and values as does the code of conduct guidance from the nursing and midwifery council and the code of conduct guidance to youth and community workers.

8. Diversity

Diversity is about variety, Nasira and Williams describe how members of a diverse community will have a range of identity characteristics for example in relation to the following: age, size, ethnicity, religious beliefs, political beliefs, social class, background, disabilities and abilities, lifestyle choices, sexual identity and family roles. Members of a diverse community have opportunities for different experiences and a variety of relationships with each other. Such communities encourage understanding of difference and promote inclusion of all members of the community. There is less stereotyping of individuals or groups, however such diverse communities can be seen as resulting in the dilution of cultures and traditions and some members can be disapproving of this. The term multi-culturism can be used to describe a diverse community but to some the term community integration can also imply a loss of cultural identity and not everyone sees these developments as positive.

9. A 'closed' community

By contrast in a closed community where diversity is not permitted, or maybe discouraged, people's opportunities to participate in the community are restricted. Certain identity characteristics may be permitted or promoted, possibly to the exclusion of others. Such communities may help to strengthen or protect a particular culture or a particular group but they can also restrict the opportunities for members. In close communities people may be more vulnerable and more at risk of stereotyping by those outside of the community through misunderstanding and ignorance.

10. Activity 2

11. Anti-oppressive practice

It should be clear how diversity is linked to cultural awareness and diversity and cultural awareness are linked to anti oppressive practice. Anti oppressive practice is about being

aware of how identity characteristics can result in positive or negative experiences for people and being able to act to address this.

12. Activity 3: Jigsaw learning activity

Present an outline of your policy in your small groups.

- 1 Midwifery 2020: Delivering Expectations:
http://www.dhsspsni.gov.uk/midwifery_2020_executive_summary.pdf
- 2 Francis Report: <http://www.midstaffpublicinquiry.com/>
- 3 Information relating to the Independent Inquiry into Child Sexual Exploitation in Rotherham:
http://www.rotherham.gov.uk/downloads/file/1407/independent_inquiry_cse_in_rotherham
- 4 Understanding the new NHS: <http://www.england.nhs.uk/wp-content/uploads/2014/06/simple-nhs-guide.pdf>
- 5 Positive for Youth: <https://www.gov.uk/government/collections/positive-for-youth>
- 6 Working Together to Safeguard Children:
<https://www.gov.uk/government/publications/working-together-to-safeguard-children>
- 7 Statement of Government Policy on Adult Safeguarding:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197402/Statement_of_Gov_Policy.pdf
- 8 Achieving better access to Mental Health by 2020:
<https://www.gov.uk/government/publications/mental-health-services-achieving-better-access-by-2020>
- 9 Supporting children with special education needs and disabilities:
<https://www.gov.uk/government/publications/supporting-children-with-special-educational-needs-and-disabilities>

13. Safeguarding

Introduction to Safeguarding and Definitions

Highlight that everyone that comes into contact with children and vulnerable adults has a responsibility for safeguarding.

14. Activity 4: Safeguarding

Work in 3 groups to discuss the following statement:

"What makes you feel safe" (5 mins)

15. Group feedback (10 mins)

- *These are things that make you feel safe....*
- *.....thinking about your professional role.....*
- *Which things might you notice were missing from the service users you work with?*
- *What might you do if they were missing?*

These things are not only important for ourselves but also for the people who we work with. They are all part of safeguarding children, young people and adults.

16. Safeguarding activity - what do you think?

Aim: To open up discussion within the group around what are appropriate and what are not appropriate behaviours and relationships.

Look at the questionnaire and consider each item in turn. Using the boxes, put a tick if you think it is part of a healthy relationship, a x if you think it is unhealthy and ? if you think it is a matter of opinion.

17. Blackboard - Resources Section

There are legal frameworks in place that protect all children, young people and vulnerable adults:

- Working Together to Safeguard Children (2013)
- What to do if you're worried a child is being abused (2006)
- NSPPC website - particularly the Worried About a Child section on right hand side of the website.
- Statement of Government Policy on Adult Safeguarding - there's an "Easy read" guide for this document
- Learning lessons from the Family Q case - Sharing good practice - this document is on Blackboard and refers to the Family Q serious case review in Sheffield. The document refers to all the professions involved in IPE.

18. Activity 5: Reflection

Write a short reflective account of your learning from the group work with regards to diversity and anti-oppressive practice

Can you identify future learning needs for yourself?

19. Activity 6: Interprofessional Capability Framework

20. Interprofessional Capabilities

21. Summary