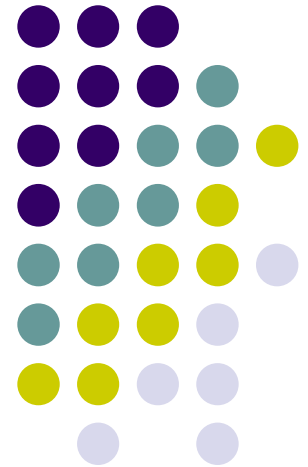
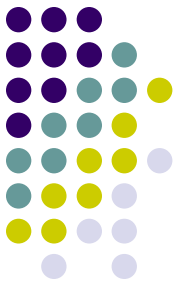


Anti-Discriminatory Social Work Practice

Becoming an Ally
Presentation by: Brianna Strumm
Paediatric Renal Social Worker
Evelina Children's Hospital
London, England





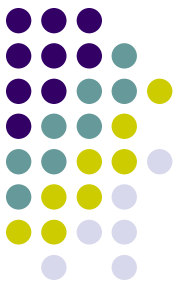
Welcome!

- Who am I?
- Where do I work?
- Who are my clients?
- Why this topic?

"You must be the change you wish to see in the world."

Mahatma Gandhi

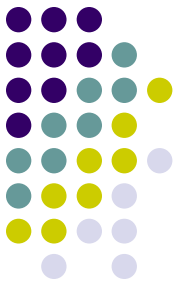
Indian Political and Spiritual Leader



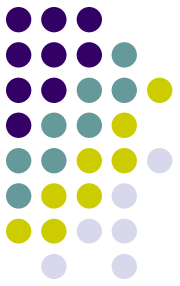
Overview

- What factors impact on our patients? Let's look at the wider social context which people interact
- Placing ourselves-Flower of Power-exercise
- Becoming an Ally to our patients-aim to strengthen individual or group capacities for self-empowerment
- Cross-cultural scenarios & patient issues

Contexts impacting upon the self



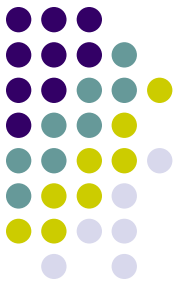
Contexts impacting upon the self



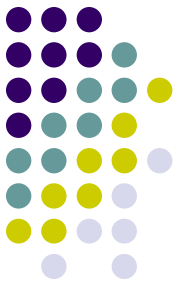
Surrounding the individual:

- The personal levels (where renal disease is)
- The institutional domain that encompasses familial relations, schools, welfare state, social policies, legislation.
- Religious or faith affiliation
- The spiritual realm
- The cultural sphere
- The local community
- The national domain
- The economy-local, national, and global
- The physical environment

As anti-discriminatory practitioners...

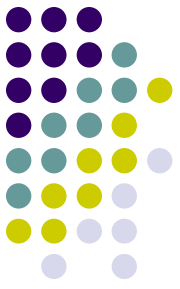


- Seek to address this complexity by situating the person in the context of their social and physical environments even when interventions involve actions primarily at the local individual or family level.
- The individual may be aware of the impact of only some of these factors, or may choose to deliberately focus on a few of its dimensions, that is, those that seem more relevant in particular circumstances.



Placing ourselves

- Social workers, like other members of society, negotiate identity in both their personal and their working relations and need to consider the impact of both these dimensions in their work with clients.
- In order to value diversity and work towards equality, we have a responsibility to engage with the complexities of our own contexts.

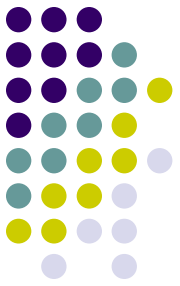


Placing ourselves

- Class
- Race
- Gender
- Age
- Language
- Sexual orientation
- Religion
- Ability/disability
- Ethnic group
- Geographic region (origin and current)
- Education
- Body image
- Health
- Relationship status

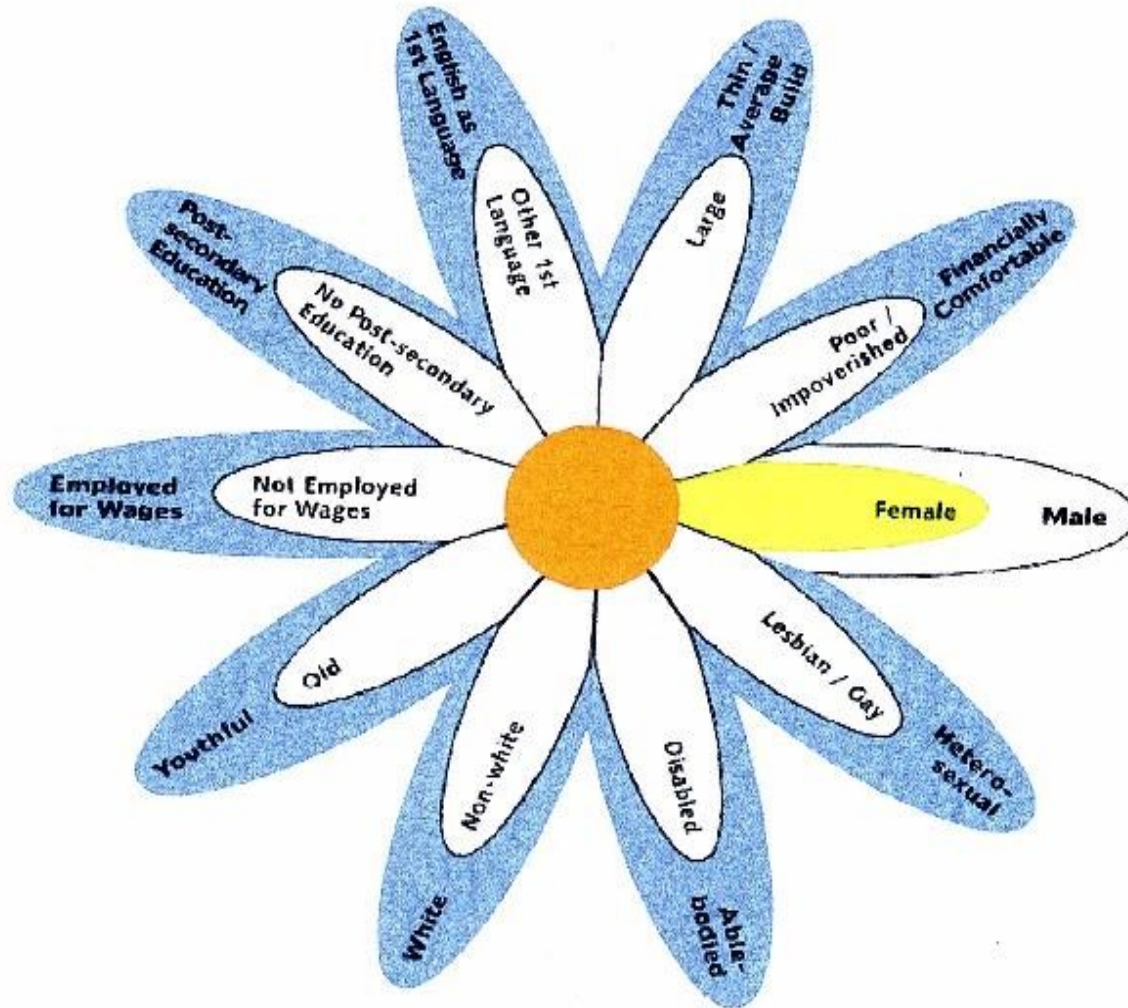
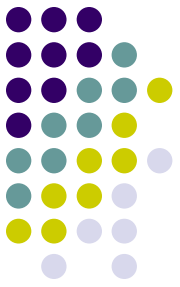
Social workers who are comfortable with dealing with their own identities will be more effective in responding to the needs of others who have different identity attributes.

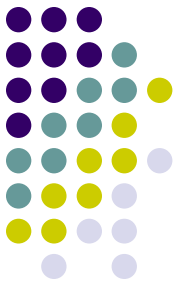
Anti-discriminatory ways



- Social workers and other health professionals deal with wide range of diversity in people and therefore could develop an awareness of their own identity and sense of who they are, for these affect their sense of the world, their place within it, and their relationship with others
- Unless we locate themselves and who we are within the context of a working relationship, practitioners are likely to engage in stereotypical behaviour that can damage the work they do with clients.

Where is my social location?

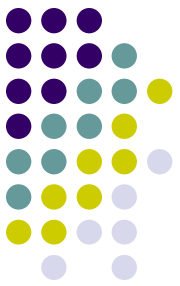




Caseload considerations:

Most referrals received are in regards to concerns due to:

4. Economics
5. Housing
 - Lack of support-familial
7. Culture
8. Religion
9. Disability/Ability



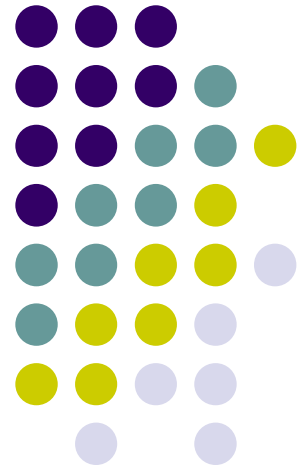
Why does this matter?

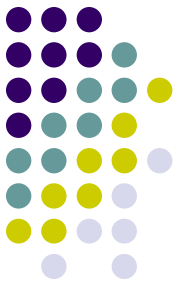
- Reflection is action
- Helps us understand own roles with being discriminatory and experience of being discriminated against...Brianna's example.
- Helps understand and recognize differences and learn about each other's experience and cultures.
- Important to think about how our patients view us.
- We are products of history, rooted in a class system that makes us very unequal in our access to power, legitimacy and resources. How do we overcome this?

Becoming an Ally: Anne Bishop

Due to positions of 'privilege', we as medical professionals can act as an ally for those in a difficult social location beyond what we do in a clinical sense.

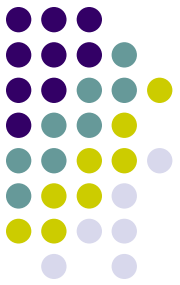
HOW???





‘How To’ become an ally:

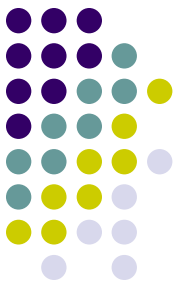
- Learn about yourself!
- Listen and reflect with others.
- Think structurally instead of individually.
- Separate guilt from responsibility.
- If anger arises, don’t get defensive.
- Count your privileges.
- Learn and ask questions.



‘How To’ become an ally:

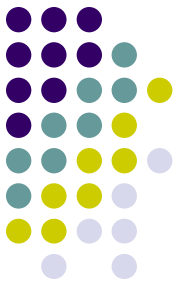
- Speak up if you hear a comment of an example of discrimination.
- Be patient.
- Be yourself.
- Try to avoid ‘knowing what is good for them’ and do not take leadership-offer ideas and resources....HOWEVER..... what about when there is a clash of ideology and values?

When do 'power over' situations apply?

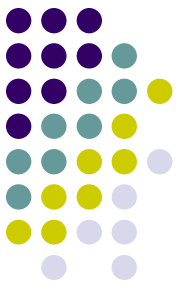


- What right do we have to intervene in people's lives as deemed fit/appropriate?
- Child at risk of harm when beliefs of parents contradict those of the medical field, in our westernized society.
- We want to honour and respect belief systems/way of life yet have to come to an agreement regarding treatment.

What does the Children's Act 1989 say?

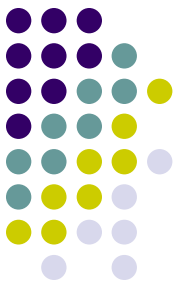


- Section 17-Child In Need
- *A child, i.e., a person under 18, is in need if he is unlikely to achieve or maintain or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority...or his health or development is likely to be significantly impaired or further impaired, without the provision for him of such services, or he is disabled.*



Cross-cultural scenarios

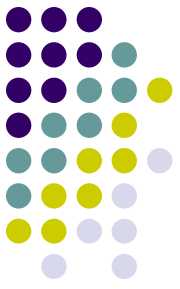
- J.D., 14, has a mother who believes God will heal her son's kidney disease without the use or need for medicines. She does not take seriously the necessity of these drugs for her son's well-being. Mom is also a preacher in her church and worries about what the people in her community will say regarding her child if social services get involved.
- Considerations?



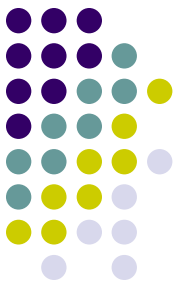
Cross-cultural scenarios

- M.W., 14, shares a flat with his mother and 2 lodgers in order for her to pay the bills. This is a one bedroom flat. He does not have his own room and is often tired due to the noise in the flat as he must sleep in the living room. His father lives in Hong Kong and is his mother is a unskilled worker making less than minimum wage.
- Considerations?

Cross-cultural scenarios



- J. B., 1, comes from a recently broken-up family. Dad is in Nigeria and has left mom to care for the baby and 2 other older children. She lacks a stable supportive network or family and friends to rely on and must somehow work and find childcare although doesn't want to leave J.B. on his own. She also fears what the nursery will say about her or her son because of his N.G. tube.
- Considerations?

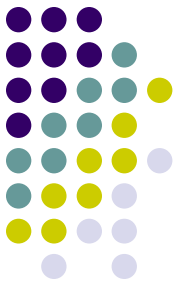


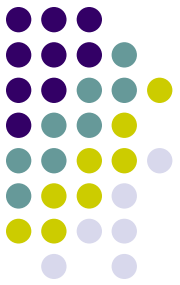
Cross-cultural scenarios

- A.N., 13, comes from a very large family and originally from Somalia. We are not sure of complete medical history in family or for A.N. There are concerns regarding child development and medicinal compliance due to lack of awareness and understanding from very limited English. Child often translates for family.
- Considerations?

Conclusions

- Working together-with and not against people's social location, goes a long way to remove barriers for those disadvantaged
- Human beings have a need to bond and struggle together.
- Commitment to social justice on the whole-rights of the child





Resources:

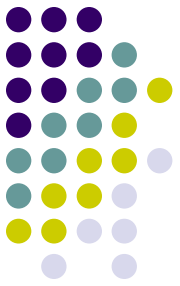
- Anti-oppressive social work theory and practice

by Lena Dominelli –U.K. author

- Becoming an Ally, Breaking the Cycle of Oppression in People

by Anne Bishop-Canadian author

THANK YOU!



- If you'd like a copy of this presentation, please email me at: Brianna.Strumm@gstt.nhs.uk
- Next is Mia Holburn, Head of Spiritual Health Care and Chaplaincy Team Leader, Guy's and St. Thomas' Hospitals