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## **'Anti-Oppressive Practice': Emancipation or Appropriation?**

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### **Summary**

This article offers an initial critical discussion of the concept of anti-oppressive practice—AOP—from the perspectives of service users. Whilst acknowledging the emancipatory aspirations of anti-oppressive practice, it also considers its regressive potential. AOP has become central in social work theory and practice and indeed is sometimes presented as a key approach and theory of social work. This discussion highlights the failure so far significantly to involve service users and their organizations in the development of anti-oppressive theory and practice. It considers how the ideology and structures of anti-oppressive social work impact upon service users; the problems raised by 'expert' appropriation of users' knowledges and experiences and the issues raised by the failure so far to address the use of social work and social care services as an area of difference and category of social division. Finally, the article examines alternatives to existing notions of anti-oppressive practice based on the equal involvement of service users.

This article seeks to expound and develop a critique of anti-oppressive social work practice from the perspectives of users<sup>1</sup> and recipients of social work and social care services. 'Anti-oppressive practice', or 'AOP' is central to any discus-

<sup>1</sup> We have used the term 'service users' in this discussion to describe people who receive or are eligible to receive social work and social care services. This embraces people included in a wide range of categories, including mental health service users/survivors, people living with HIV/AIDS, children and young people in state 'care' or who are fostered or adopted, disabled people, older people, people with learning difficulties, people with addictions to alcohol and proscribed drugs, etc. People may receive social work and social care services voluntarily or involuntarily. The term 'service users' is problematic, because it conceives of people primarily in terms of their use of services, which may well not be how they would define themselves. However, there is no other umbrella term which can helpfully be used to include all these overlapping groups. For example, some may include themselves as and be included as disabled, but others would not. Therefore we use the term 'service user' as a shorthand to describe the subjects of social work and social care, without seeking to impose any other meanings or interpretations upon it or them.

sion of social work theory, policy and practice. Not only has it emerged as a crucial component of social work learning and practice, it is also presented as a *key approach* to and *theory* of social work. Yet whilst AOP has been a guiding theme in social work teaching and practice for at least a decade, the picture of social work practice emerging from service users is still generally far from positive (for example, Harding and Beresford, 1996). Also while AOP is offered as an emancipatory approach to social work, committed to social justice, social change, emancipation and taking ‘the side of people who have been subjugated by structural inequalities such as poverty, sexism and racism and seek[ing] to assist them in their desire to reverse the position they are in’ (Dominelli, 1998, pp. 3–5), recipients of social work have been minimally involved in discussions and initiatives associated with the development of AOP. It is this apparent paradox and contradiction; that the people who are meant to be the beneficiaries of this development seem to have been so little involved in and gained so little from it, that lies at the heart of our discussion of AOP and was the key reason for our embarking upon it. It has also led us to consideration of the knowledge and the ownership of knowledge underpinning AOP. We do not assume that our critique will necessarily be welcomed. AOP has become one of social work’s sacred cows. It has also been the subject of much politically motivated attack. However, what we hope to do is provide a basis for further discussion of AOP which fully involves people as service users.

A recent discussion of anti-oppressive social work practice views its role as:

one of highlighting social injustice and finding ways of eradicating at least those forms of it which are reproduced in and through social work practice (Dominelli, 1998, p. 5).

Whilst we would have no argument with the laudable aspirations of this or other similar statements about anti-oppressive practice, our aim is to examine possible negative effects of the unreserved acceptance of such ideas and to explore their regressive potential. Our critique differs from that of other commentators (for example, Webb, 1990–91) in that we highlight ways in which the ideology and structures of an ostensibly anti-oppressive social work practice *impact upon service users*, particularly psychiatric system survivors.

We examine the work of social work academics and practitioners who have claimed expertise in the area of anti-oppressive practice (for example, Dalrymple and Burke, 1995; Dominelli, 1997a, 1998; Thompson, 1997) and suggest that the dominant role and position of these ‘experts’ (*vis-à-vis* service users) *sets limits* upon both their knowledge of service users’ oppression and also their ‘anti-oppressive’ ‘practical politics’ (Harding 1993, p. 54).

In short, we argue that the conceit of anti-oppressive social work practice—its occupation of the moral high ground and claim to knowledge and expertise in service users’ oppression—masks its legitimation and promotion of ‘knowledge’ and practices which may be far from anti-oppressive. Finally, we go on to explore user-controlled alternatives to existing notions of anti-oppressive practice.

## Our commitments and concerns

Since a cornerstone of our critique rests upon social work academics' arrogation and corruption of service users' knowledges and ideas, it is important that we declare our own allegiances. We both work as social work educators. We are also psychiatric system survivors and have direct personal experience as service users. We bring both of these perspectives to this discussion, but our primary allegiance here is to our experience as service users. At the same time we want to make clear our commitment to the stated aspirations of anti-oppressive social work practice. We would not wish in any way to hinder its role in highlighting and eradicating social injustice (Dominelli, 1998, p. 5). We do, however, feel that it is crucially important to acknowledge the complexities of such aspirations and to concede the possibility that they may not provide a realistic or achievable goal when applied to existing work with some service user groups, including, notably, mental health service users/survivors. This is illustrated by Charlotte Williams's comment that:

Prior to 1989, issues of racism, gender discrimination and discrimination on the basis of language had not received the focus provided by paper 30. . . . In and of itself, this dimension of social work training now forms a prominent radical critique. Anti-racism is viewed as a particular value position, the black perspective as a distinct and vital new perspective and race equality as part of the social work project (Williams, 1997, p. 56).

Rewording the latter part of Charlotte Williams' statement, for example, in relation to psychiatric system survivors, leaves us feeling uncomfortable and unconvinced:

*Anti-mentalism* is viewed as a particular value position, the *psychiatric system survivor perspective* as a distinct and vital new perspective and *survivor equality* as part of the social work project.

Though we believe personally that psychiatric system survivor perspective(s) *are* 'distinct and vital new perspectives', in our experience this view is not shared, or even acknowledged, by many social work educators and practice teachers. A bio-medical model of madness and distress is still prominent within social work education and literature (for example, Huxley, 1997; Dominelli, 1997b, p. 244). Where challenges to such a model are presented, these are largely those of non-survivor academics and professionals (for example, Rogers and Pilgrim, 1996; Busfield, 1996) rather than the challenges of psychiatric system survivors themselves (for example, Pembroke, 1994a, 1994b; Campbell, 1996; Read and Reynolds, 1996).

Survivor equality, in our experience, is far from being 'part of the social work project'. Social work academics and practitioners play a key role in the definition, categorization, classification, assessment and labelling of mental health service users/survivors. Such processes and labels are in no way anti-oppressive. Social work's statutory role in the coercive social control of people identified as 'mentally ill' places obvious limitations on survivor equality becoming 'part of the social work project', whether or not it is regarded as feasible or even desirable.

## AOP: Critiques past and present

Malcolm Payne, in his discussion of structuralist perspectives, reports a range of internal criticisms of anti-discriminatory and anti-oppressive theories (Payne, 1997, pp. 263–5). The most powerful and high profile negative criticisms of AOP, however, have come from the political right, attacking it for ‘political correctness’ (Jones, 1993; Dominelli, 1998, p. 12). Their scale and significance have reflected the dominance of the right in political and social policy discourse. This influence persists. However whilst criticism of AOP has been predominantly reactionary, our aim here is to initiate a new debate about AOP, based on a *progressive* critique of AOP, which comes from the perspectives of users of social work and social care services. Our aim is to explore AOP in relation to the knowledges, ideas and experiences of service users and to scrutinize prevailing assumptions within the social work debate that AOP is itself necessarily an egalitarian and progressive development.

As we have said, opposition to AOP has been strongly associated with the shift to the political right from the 1980s. But less consideration and priority have generally been given in social work and social care debates to another, no less important, development taking place over the same period: the emergence of the movements of social work and social care service users. Whilst not paid the same attention in social care and social policy discussions, this represents no less radical a departure. These movements, variously seen as liberatory and new social movements (Oliver, 1996, pp. 156–61), of disabled people, psychiatric system users/survivors, people with learning difficulties, older people, people living with HIV/AIDS and other groups who are the direct subjects of social care and social policy, began to make their presence felt in the 1970s and 1980s. They and their organizations have grown in scale, confidence and power since the 1970s. So far the most visible of the movements is that of disabled people, but they are all developing their own discussions, demands, cultures, ways of working and alternatives.

Fiona Williams describes them as ‘new social welfare movements’, emerging:

particularly over the last ten years to push in collective ways for specific needs—self-advocacy groups, survivors groups, HIV+ groups, women’s refuges, black women’s refuges, disability groups, women’s disability groups, reproductive rights groups, carers’ groups (Williams, 1992, p. 216).

## The new movements

The service system has tended to conceive of these as social care or service users’ organizations and movements. Movements like the survivors’ and particularly the disabled people’s movements, however, do not generally see themselves in terms of social welfare. They have challenged the medicalization of their experience, their narrow conceptualization in health and welfare terms, and the making of such provision to ‘meet’ their ‘needs’. The disabled people’s movement defines itself in terms

of the oppression its members experience through the disabling reaction of society to their individual impairments. Members of both the survivors' and disabled people's movements also discuss and explore the implications of disablism and distress for *all* people, as well as those directly experiencing them. They are concerned with changing more than the position of a particular group in society. They increasingly seek to challenge all forms of social oppression and the attacks state and society make on our bodies and our selves. They have now begun to write their own histories which offer *their* interpretations of their philosophies, goals, difficulties and achievements (for example, Campbell and Oliver, 1996; Campbell, 1996).

While the survivors' and disabled people's movements have important things to say about social care and welfare and have made a major impact on both, this is linked with their broader personal and political agendas and concerns. This is particularly true of the disabled people's movement, which of all these movements, is perhaps the one which is most explicitly political (Campbell and Oliver, 1996). Its emphasis is on disabled people's civil rights and citizenship, rather than welfare needs. The movements also represent a challenge to traditional politics and embody a new politics of their own. They have developed new ways of organizing, 'self-organizing' and new forms of direct action (Campbell and Oliver, 1996). They have insights to offer about both old and new politics (Beresford, 1999). Colin Barnes has described the disabled people's movement as 'one of the most potentially potent political forces in contemporary British society' (Campbell and Oliver, 1996, p. ix). These movements have now exerted an impact both within and beyond social care, influencing policy, legislation, culture and public life.

### **What is *anti-oppressive* social work?**

Our interest in anti-oppressive practice arises because, as service users, we have found ourselves on the receiving end of allegedly *anti-oppressive* practices and ideas. In our role as social work educators we are regularly exposed to the rhetoric of anti-oppressive practice through contact with other tutors, practice teachers, external assessors, students, CCETSW guidelines and the social work literature. The stark contrast between this rhetoric and the reality of our own experience as service users and, more importantly, that of many other service users we know, has led us to question, at a fundamental level, the concept or *possibility* of an *anti-oppressive* social work theory or practice, at least as it is currently produced and structured.

Closer examination of the notion of anti-oppressive practice has left us wondering just what it is that constitutes *anti-oppressive social work practice* and what it is that we wish to explore. We are clear that our primary focus is not the pragmatic of anti-oppressive practice itself, which is a further issue for examination, but rather its ideological, philosophical and theoretical underpinnings. It is, however, difficult to separate these *ideas* from the structures and sanctions of social work as an academic discipline and system of professional education. We recognize that what we are dealing with are socially situated knowledges (Harding, 1993) and that, in essence, is the problem. It is almost as if by appropriating the knowledges and experiences

of 'oppressed groups', which we believe AOP currently does, it both denies the importance of the socially situated nature of such knowledges and also loses sight of its own situatedness within the structures and sanctions of both the academy and the social work profession.

The proponents of anti-oppressive practice view it as a political activity siding with, and promoting the good of, oppressed service users (for example, Dalrymple and Burke, 1995; Thompson, 1997; Dominelli, 1998). However we have seen little to indicate that proponents acknowledge their *own* political role within the structures and apparatus of the 'anti-oppressive' machine. By this we mean little acknowledgement that 'anti-oppressive' theorists and practitioners may *themselves* be contributing to oppressive constructions and definitions of service users and their 'problems' *however 'anti-oppressively' they claim to be operating.*

Anti-oppressive practice is generally offered as an unquestionable good (see for example Dominelli, 1998). The possibility that such 'anti-oppressive' ideas and structures/theories could, in themselves, be oppressive or reproduce social injustice does not appear to be acknowledged. Opposition or critique of anti-oppressive practice is commonly viewed as failing to understand its purpose or intent, or as shoring up the privileges and benefits of the oppressors and is, as such, dismissed by its defenders (Dominelli, 1990–91; 1998). Faced with such staunch advocates of anti-oppressive practice, it is difficult for anybody—student, tutor, practice teacher, practitioner, academic and particularly service user—to question or challenge its tenets without being viewed as taking the side of the oppressors.

We want to begin to critique of the ideas, systems and structures which construct and constitute what we believe to be the illusion of anti-oppressive practice. A range of such apparent constituents can be identified. These include:

#### *The stated purposes of anti-oppressive practice*

An examination of the anti-oppressive practice literature reveals stated purposes of a somewhat grandiose nature. For example, Jane Dalrymple and Beverley Burke (1995, p. 3) state that 'anti-oppressive practice is about minimising the power differences in society' and Lena Dominelli (1998, p. 11) talks of 'anti-oppressive practice's potential to transform society'. We find such statements surprising given social work's low status and overt social control functions, particularly in relation to psychiatric system survivors.

#### *'Expert' knowledge and beliefs about oppression and 'oppressed groups'*

The growth in interest in anti-oppressive practice has meant that there has been a corresponding growth in the literature relating to the experiences of oppressed groups as 'anti-oppressive practice is a specialism with specialist knowledge which, as in other specialisms must be learnt fully' (Dominelli, 1998, p. 17). This 'specialised knowledge' is, as far as we are aware, largely being authored and controlled by people who are not service users.

### *Text book descriptors and precepts for anti-oppressive social work practice*

Anti-oppressive practice can arouse fears and anxieties for students, tutors and practice teachers who are required to work within its precepts, not least because it can entail examining our own deep-seated biases and prejudices—something which none of us finds easy. There can be a temptation, consequently, to focus on the pragmatics or *skills* of practice—how we should *do* AOP; what we should do to/for/with services users rather than questioning and examining *ourselves* or indeed why it is we have chosen to focus on such practice precepts. There are now a number of texts on anti-oppressive practice aimed particularly at Diploma in Social Work students (for example, Dalrymple and Burke, 1995; Thompson, 1997; Dominelli, 1997a). Again, we are not aware of any which have been written by service users. Though these texts do encourage readers to examine their own prejudices, our experience is that there is a tendency for students to use them selectively, as sources of ‘prescribed practice’. This is perhaps not surprising given the competence-based nature of the training they are following. Though Lena Dominelli (1998, p. 18) argues that this focus on outcomes rather than process ‘is a position that practitioners following anti-oppressive practice would eschew’, our experience is that for students charged with obtaining evidence of Practice and Values Requirements, outcomes—as conventionally understood and defined—become highly important. The same is true for busy tutors and practice teachers. As a consequence, the importance of textbook descriptors and precepts or skills for anti-oppressive practice may be over-emphasized leading to stereotyped responses and ideas about service users.

### *Debate within the community of social work academics*

Whilst there has been considerable critical debate about professional power in social work and social welfare (Wilding, 1982; Gomm, 1993), there appears to have been little critical debate about anti-oppressive practice itself. Notable exceptions are that between David Webb and Lena Dominelli (Webb, 1990–91; Dominelli, 1990–9); and Marie Macey and Eileen Moxon’s critical discussion of anti-racist social work practice (Macey and Moxon, 1996). For the main part, most of the other literature seems to view anti-oppressive practice as essentially benign and is concerned with promoting its tenets as widely as possible (see for example, Williams, 1997). Brief examination of recent social work literature confirms the prevalence and continuing popularity of ideas of anti-oppressive practice amongst social work academics (for example Hopton, 1997; Williams, 1997) which fits well with Chris Jones’s observation of ‘social work’s own in-house appreciation of itself’ (Jones, 1998, p. 35).

### *CCETSW guidelines and requirements of qualifying social workers*

Although CCETSW’s original Paper 30 has been revised and statements and requirements relating to anti-discriminatory practice modified or removed (see Dominelli, 1998, p. 15) and the Diploma in Social Work has been subjected to further review,

our experience is that considerable weight continues to be attached to ideas of anti-oppressive practice even in the absence of a strong mandate from CCETSW. Some of the requirements in the revised Diploma in Social Work (CCETSW, 1996) also reflect ideas of anti-oppressive practice. For example, qualifying social workers are expected to:

- Identify, analyse and take action to counter discrimination, racism, disadvantage, inequality and injustice using strategies appropriate to role and context.
- Practice in a manner that does not stigmatise or disadvantage either individuals, groups, or communities (CCETSW, 1996, p. 18).

The regulation of service users' oppression and anti-oppressive responses to it runs the risk of leaving those students who are successful in meeting the relevant requirements of the Diploma in Social Work feeling that they have 'done' anti-oppressive practice and are competent therefore in its usage in all areas.

*The 'received wisdom' of social work tutors, practice teachers and CCETSW approved external assessors regarding what counts as anti-oppressive practice*

Over the years, numerous commentators, from both within and outside social work, have written of its failure to identify and agree upon a clear and distinct knowledge base with which to underpin its practice (for example, Lee, 1982; Sibeon, 1991; Sheppard, 1995) and the difficulties social workers have in incorporating theory into their work with service users (for example, Stevenson and Parsloe, 1978; Curnock and Hardiker, 1979; Lee, 1982; Sheppard, 1995). In view of this, the apparent consensus surrounding ideas of anti-oppressive practice is more than a little surprising. Our experience in discussions with students and colleagues confirms this apparent consensus. While there may be some disagreement about what constitutes anti-oppressive (or oppressive) practice in particular instances, the possibility that social work academics and educators may not have the knowledge to make such judgements, or indeed that ideas of anti-oppressive practice may not provide a suitable knowledge base for social work practice, do not seem to be contemplated. The unconditional acceptance of ideas of anti-oppressive practice within a climate of regulated consensus controlled by social work's educators and assessors does not, we suggest, provide a suitable basis for social work practice, particularly when, as is claimed, the authority for such ideas is derived from the experiences of service users (Dominelli, 1998).

## **The authority of anti-oppressive ideas**

Whilst service users now have some involvement in the education and training of social work and social care students and practitioners, this has not yet been developed in any systematic, coherent or sustained way (Beresford, 1994; Evans, 1995; Shennan, 1998). It is still largely at the level of service users being invited to contribute one-off sessions on particular courses according to the interest, enthusi-

asm and resources of individual academics. Service users are rarely involved in assessing written work or practice or in contributing to the body of knowledge and structures which determine and surround 'anti-oppressive' ideas and practice. Consequently, the power to define what constitutes *anti-oppressive* practice (or theory) remains with practice teachers, tutors and other academics, rather than service users or students. This raises a number of issues, the key one being the *authority* of knowledge in this area and who is qualified or authorised to determine what counts as 'anti-oppressive'.

Lena Dominelli (1998) traces the origins of anti-oppressive practice to the critique of social work by some of its 'radical' practitioners in the late 1960s and early 1970s. During this period:

serious attention was given to developing alternative modes of practice based on radical, feminist and progressive political perspectives informed and inspired by insights drawn from a range of emergent critical texts which the traditional social work academy had a great deal of difficulty in countering (Jones, 1996, p. 202).

It might be expected that these 'radical, feminist and progressive political perspectives' would offer a kinder construction of social work's clients than earlier theories which 'rested on a *personal inadequacy* theory of welfare' (Sibeon, 1991, p. 12). However, even here the power to define and construct service users remains with the social work academics and practitioners—however 'radical' they may be. Service users have little say in their own construction. For example, Dominelli and McLeod's (1989) oft quoted text on feminist social work has been criticized by Sibeon (1991, pp. 19–20) for 'rejecting the empirical validity (and presumably the epistemological status)' of (women) service users' constructions of their own lives and experience.

[Dominelli and McLeod] refer to the 'misery' of women, their 'plight', their 'servitude' and their mistaken sense of 'contentment'. Women who experience contentment are wrong to do so: they do not perceive that they have 'real' or 'objective' interests *qua* their status as women (Sibeon, 1991, pp. 19–20).

On this account, there would appear to be little room for service users' own knowledges. Such knowledges, however, clearly do exist. They are reflected and embodied in the theories, models, ideas, proposals and demands which have been developed by the movements of social care service users over the last twenty years. Such knowledges are increasingly being documented by service users and their organizations and are to be found in a large and growing canon of commercially and independently produced literature and other material, including books, reports, newsletters, websites and internet listings, media programmes and documentaries (see, for example, Beresford *et al.*, 1997).

Historically, the knowledge base of social work has been derived from social research conducted using traditional methods of inquiry which claim to be objective, neutral and value free and to produce knowledge which is independent of the persons carrying out the research (Stanley and Wise, 1993). Feminist researchers have, for more than two decades, been arguing that the independence and objectivity of conventional social research is illusory. They maintain that traditional social science has

produced a partial and distorted view of reality which reflects the androcentric bias of its methodology and fails adequately to represent the experiences of women (Stanley and Wise, 1993; Harding, 1993). Whilst there have been similar objections from disabled people and other service users about their experiences of being researched (Lawson, 1988; Oliver, 1990) and the failures of traditional social research to improve their situation (Oliver, 1990), this issue does not appear to be adequately addressed, or even acknowledged, in relation to anti-oppressive theory or practice.

The discussions of feminist activists and thinkers have been reflected in the activities of other minority and marginalized groups who challenge traditional notions of objectivity, and talk instead of socially situated knowledges (Harding, 1993). Although the origins of anti-oppressive practice are said to have similar roots to these social libertarian movements, and its knowledge base is said to lie with minority groups themselves (Dominelli, 1998), there is a crucial, fundamental difference in that, in the area of anti-oppressive practice, it is the social work academics and practitioners who are claiming the authority of socially situated knowledge and expertise, not the service users.

In relation to disability studies, there has been considerable discussion about the desirability of non-disabled allies (researchers, academics and activists) adding their voices and ideas to those of disabled people themselves. For example in a debate in the journal *Disability and Society* (Drake, 1997; Branfield, 1998; Duckett, 1998) Fran Branfield argues that:

the disability movement reflects a socio-political reality. For disabled people, this reality is immediate, growing out of our lived experience and producing a direct knowledge for change, for action. 'Non-disabled' people cannot fully know this. For them, their experience, their history, their culture is our oppression (Branfield, 1998, pp. 143–4).

Similar debates have taken place amongst psychiatric system survivors in relation to non-survivor allies or academics (Chamberlin, 1988; O'Hagan, 1993) However, as far as we are aware, there has been a marked lack of such debate in relation to anti-oppressive practice and social work. Instead, it is almost as if service users and their knowledges are viewed as a resource to be ignored, trawled, plagiarized or co-opted in order to support academics' theorizings as and when it suits them. For example, while Lena Dominelli cites the demands of the disabled people's movement that social work practitioners 'step aside if they cannot support their demands on their terms' (1998, p. 16), she seems also to be presenting the work of the same disabled activists as an aspect of anti-oppressive (social work) practice. Likewise, John Hopton's discussion of the psychological profiling of 'dangerous' mental health service users 'known to be a risk to themselves or others', and the construction of a database of profile stereotypes, seeks to forestall criticisms that such approaches would not be compatible with anti-oppressive practice by appealing to organizations of psychiatric system survivors to validate his ideas (Hopton, 1998, p. 257). Furthermore, although social work academics need to lean heavily upon the experiences and knowledges of service users in order to gain support for their authority for their 'anti-oppressive' ideas, there so far appears to be a notable lack of interest in ideas of anti-oppressive practice amongst service users themselves.

## AOP, difference and service users: ignoring an issue

Social work academics engaged in the development of AOP have grasped the knowledges and experiences of 'oppressed groups'. For some groups, this may have meant that their experiences have been validated, though we would argue that anti-oppressive practice, whilst attempting to address their oppression as members of minority groups has failed to address their oppression or status as *service users*. For other groups, in particular, disabled people and psychiatric system survivors, that service user status is an integral part of and defining aspect of their oppression. It has been caused and perpetuated by it. This leads us to another of the crucial shortcomings of AOP seen from user perspectives. AOP has generally not recognized nor treated *being a service user* as a form of difference or a category of social division, yet as the movements of service users make clear, it is frequently if not generally experienced as one, with its own issues of power inequality, discrimination and oppression (Campbell and Oliver, 1996; Campbell, 1996). In these, of course, social work and social workers may be cast as oppressors.

AOP has its origins in specific discussions and developments concerned with anti-oppressive and anti-discriminatory social work practice, notably those concerned with anti-racist, anti-sexist and anti-heterosexist practice. Anti-disablism practice is a much later concern. These in turn are all rooted in broader struggles against sexism, racism and heterosexism/homophobia by the women's, black and minority ethnic, gay men's and lesbian movements. Members of these movements have also played an active role in the development of anti-oppressive practice in social work. But so far mainstream discussions of AOP have failed to pay significant attention or give clear recognition to that social division with which social work may be most closely and directly associated—that is receipt of social work itself. Although it has not been presented as such, 'anti-oppressive social work' is more than and different to an amalgam of anti-racist, anti-sexist and anti-heterosexist practice. The nature of the social production of social work and social work education means that there have been limited overlaps between users and providers of social work (see, for example, Baron *et al.*, 1996). Thus while workers may have first-hand knowledge as women, black people and gay men and lesbians, they are less likely to have experience of using social work services.

We are not suggesting here that social workers and social work service users are two distinct and separate groups of people. We know from our own work and experience, for instance, that there can be and are overlaps between social work students and service users and that social workers sometimes have been or may become service users. There has, however, been relatively limited study of this issue. The workforce survey, for example, which studied the social services workforce generally (not only social workers) did not specifically ask people if they had been users of social work/social care services. Between one-third and one-fifth, however, had experience as unpaid 'carers' (Balloch *et al.*, 1999). Another study of members of the British Association of Social Workers, reported that 25 per cent of respondents 'had themselves been clients'. However, it did not make clear what the nature of this involvement was, for example, whether it included receipt of statutory social

work, long-term receipt of social work or contacts over, for instance, registered childminders, accommodation for older relations, information, etc. Interestingly participants with experience of using social work services thought that this was important for their relations with their 'clients' (Sapey, 1996). The dominant structures and social construction of social work have restricted and continue to restrict such overlaps, however, for example, through the failure of equal opportunities employment policies, the operation of restrictions on access to professional training for people with experience of using mental health services, the stigma associated with service use which discriminates against service users being recruited, promoted or able to be open about their experience, and the common lack of access to learning and working environments. There has generally been a failure to be open or supportive of use of its services in social work and social care, particularly in the context of the use of mental health services (Sone, 1996; Rooke-Matthews and Lindow, 1998).

Receipt of welfare begins to emerge as another important, if often overlooked, social division in our society. It is also one which policy makers and professionals themselves play a particular part in both defining and maintaining. Whilst social divisions on grounds of gender, 'race' and sexual identity have all been ones where social policy has reflected and often reinforced broader dominations in society, social policy—of which state social work is one expression—has played a *defining* role in constructing and categorizing disability, old age, learning difficulties and madness and distress. The categories of the 'disabled', 'mentally ill', 'mentally handicapped', 'pensioners' and indeed 'the poor', have been shaped by and are inextricable from it. Social policy has developed these divisions as both administrative and conceptual categories. They have traditionally been associated with stigma, exclusion and powerlessness. Whilst social work, like some other areas of social policy, has 'care' as well as regulatory roles and responsibilities, both have been structured in these terms, which may explain why many disabled people see professional 'care' as frequently indistinguishable from control (for example, Morris, 1993, p. 45). We can only expect that this process of division and exclusion will continue and perhaps be exacerbated as welfare is increasingly identified in political and media debates as a 'bad' rather than a 'good' and its recipients are increasingly associated with stigma and deviance and pressured to move from welfare to 'work'.

These categories have been inextricable from oppression for those included within them. For many of these groups, they have had a defining influence on their identity. Social policy and social care have shaped their experience, segregating and congregating them, institutionalizing them, both in their own homes and in separate provision, narrowing their choices and opportunities, and imposing restrictions and control extending to their sexuality, reproduction, physical liberty and right to life. For many of them, social policy has intervened to shape and govern the minutest detail of their daily life and their bodily functions (Barnes, 1991; Wolfensberger, 1994; Oliver, 1996; Oliver and Barnes, 1998).

Fiona Williams, who is unusual among social policy academics in addressing the disabled people's and service users' movements in her work, has written in relation to difference:

what is interesting about these groups is the fact that they have grasped the administrative categories (or subject positions) imposed upon them by policy makers, administrators and practitioners and translated these into political identities and new subjectivities (Williams, 1996, p. 75).

So far discussions about AOP have not addressed this issue. This raises questions about whether it is helpful or possible simply to aggregate the different oppressions included within the concept of AOP, especially if account is taken of the additional social division associated with use of social work and social care services themselves. This is now beginning to be explored in broader social policy discourse (Beresford, 1997). There have also been some moves in the same direction within social work itself. For example, radical social work discourse in the 1970s addressed the stigma associated with receipt of social work (Bailey and Brake, 1975), although its own social relations were largely the same as those of mainstream social work and it was constructed and led by professionals rather than service users (Langan, 1998). In social work literature more generally, there has been and continues to be a concern with the inclusion and involvement of service users and 'mutuality' (for example, Holman, 1993). It is difficult to see how the issue of social division on the basis of service use can continue to be overlooked in the consideration of AOP.

### The centrality of AOP in social work

Until recently social work has had little underpinning knowledge or theory which it could call its own. It has instead drawn upon the knowledge and theory of related disciplines (Sibeon, 1991). An area where social work has been able to claim the ground has been social work practice—theories for practice. These allowed social work practitioners, but mostly academics, to theorize about different approaches to working with 'clients' and the nature and prognosis of their 'problems'. Even though these practice theories are particular to social work, the knowledge underpinning them derives from other disciplines. The development of anti-discriminatory and anti-oppressive practice, however, appears to have offered an opportunity for social work to develop and progress its own theoretical basis—an opportunity which, judging from the social work literature, has been seized enthusiastically by social work academics. The profusion of discussions of anti-oppressive practice in recent social work literature (see, for example, the journal, *Social Work Education*, 1992–98) suggests that these ideas dominate contemporary social work (theory and education). Indeed, an outsider could be forgiven for thinking that anti-oppressive practice is synonymous with, or even comprises, contemporary social work (theory and practice).

As we explained earlier, such theory (of anti-oppressive practice) is by definition, reliant upon users' knowledges and ideas. Social work's adoption of a facade of 'anti-oppressive practice' which in reality appropriates and incorporates the knowledges and experiences of service users, *whilst still retaining the power to determine just what it is that counts as 'anti-oppressive'* is, for us, the most oppressive aspect of its 'anti-oppressive' stance. AOP is also dependent, in theory at least, upon service

users' participation and involvement. The control and exploitation of this (nominal) dependence by the proponents of AOP, provides a focus for our suggested alternatives to existing notions of anti-oppressive social work practice.

## Alternatives

To be genuinely *anti-oppressive*, such alternatives would need openly to acknowledge and respect this dependence upon service users and their experiences, knowledges and participation. Having said that, we are not arguing for the blanket incorporation of service users' perspectives into anti-oppressive practice as it stands, but rather for a complete overhaul of the systems and structures of the anti-oppressive practice machine. This aside, we do not have specific proposals for the forms that these alternatives could take. Our aim in writing this paper is to encourage debate and discussion around possible ways of developing such alternatives. Service users and their organizations should be involved in such debate. We do not consider it sufficient for that involvement merely to be at the level of discussion about service delivery. Our critique of anti-oppressive practice has centred upon its ideological, philosophical and theoretical underpinnings: service users' involvement in the development of alternatives should therefore, we suggest, be at similar *foundational* levels.

There are strong arguments for the involvement of service users in debate and discussion about alternatives to existing notions of anti-oppressive practice at the levels of: epistemology; methodology; education; and validation.

## Epistemology

We are concerned under the heading epistemology with what can be known and *by whom* it can be known. Anti-oppressive practice is dependent upon service users' knowledges of their oppression(s). The dominant role and position of social work academics and practitioners places limits upon what they can know or understand of service users' oppression; they are not therefore best-placed for claiming expertise in anti-oppressive theory or practice. This is illustrated by Sandra Harding's (1993) discussion of *standpoint theory* and the socially situated nature of (all) knowledge claims:

the failure by dominant groups critically and systematically to interrogate their advantaged social situation and the effect of such advantages on their beliefs leaves their social situation a scientifically and epistemologically disadvantaged one for generating knowledge . . . some social situations—critically unexamined dominant ones—are more limiting than others in this respect and what makes these situations more limiting is their inability to generate the most critical questions about received belief (Harding, 1993, pp. 54–5).

Social work academics and practitioners may be prepared to concede service users' knowledge and 'expertise' in their own oppression *as*, for example, *disabled people*;

and indeed to both call upon and *rely upon* that knowledge (Dominelli, 1998, p. 16). However, they seem reluctant to concede service users' expertise in the *domain of anti-oppressive practice itself*, preferring instead to see this as a developing academic discipline or 'specialism' (Dominelli, 1998, p. 17). Standpoint theory would hold that service users who find themselves on the receiving end of anti-oppressive theory and practice are better placed to generate critical questions and knowledge claims about *anti-oppressive practice (as well as about their oppression as, for example, disabled people or psychiatric system survivors)* than are social work academics or practitioners.

For us, as service users, the epistemologically disadvantaged position of social work academics and practitioners is epitomized by their apparent failure adequately to acknowledge either the oppression associated with being, or having been, a social work 'client', or *their own role in the creation and perpetuation of such oppression*. For many service users, social work itself is part of the problem. Though the rhetoric of AOP may serve to mask and conceal this from social work academics and practitioners, there can be few service users who collude with this illusion. It is crucial, therefore, that service users are involved in any future discussions of what can be known about anti-oppressive practice and the 'body of knowledge' sanctioned as constituting that 'specialism', as well as being supported to have their own separate and independent discussions about them.

## Methodology

Methodology concerns *how* knowledge can be researched or uncovered. Though some proponents of AOP do acknowledge the importance of service users' 'experiential knowledge', they also rely upon knowledge from a more traditional social scientific research base (Dominelli, 1998, pp. 7–8). Because of the way in which this research has been conducted, the 'knowledge' produced may in itself be oppressive towards service users.

For the last 25 years, as we have already observed, there has been considerable discussion about the methodologies of researching the perspectives of subordinated groups and the use of supposedly objective, neutral and value-free methods of social research (Stanley and Wise, 1983, 1993; Reason and Rowan, 1981; Roberts, 1981; Oliver, 1990, 1996). This discussion has highlighted the difficulties inherent in traditional approaches to social research where (dominant group) academics undertake research 'on' people from non-dominant or minority groups, and the biased and damaging pictures of their lives which may result. The experience of participating in research which is controlled by dominant groups may, in itself, be oppressive to research participants and the 'knowledge' produced may serve to reinforce oppressive views of their lives and 'problems'.

In the area of disability research, discussion of *emancipatory* research methodology (Oliver, 1990, 1996)—where research participants have ownership and control of the research design, process and product—has flourished. It might be expected that similar discussion would have taken place in relation to research relating to

AOP, with arguments for the ownership and control of the research design, process and (anti-oppressive) product to be with service users. This does not seem to have happened, however. For example, Beth Humphries and Carole Truman's (1994) exploration of anti-discriminatory research methodology focuses on research participants' constituency of other non-dominant or minority groups, rather than on their status as *service users*. As with AOP itself, the lessons and insights of emancipatory research methodology and disabled researchers' experiences are being used and sometimes distorted by dominant group academics seeking to extend their 'anti-oppressive expertise'. Any alternatives to existing notions of AOP should address this methodological omission and ensure the involvement of service users in future research and the production (and control) of anti-oppressive theory.

## Education

Education concerns the knowledge(s) and ideas about service users which are taught and promoted in social work and social care education and training. The previous section highlighted the oppressive potential of knowledge and theory produced by traditional social research which may itself have been conducted in an oppressive manner. There is little point in social work practitioners or students seeking to *practise* in an anti-oppressive manner if the theoretical perspectives they employ are, in themselves, oppressive towards service users.

Neil Thompson (1997, p. 149) suggests that medical model approaches to 'mental health' are not conducive to anti-oppressive practice. Our experience indicates that considerable emphasis is still being placed on such approaches within (anti-oppressive) social work education. (Anti-oppressive) tutors and practice teachers still frequently defer to a medical model which locates 'mental health problems' and 'deficits' within the individual service user—particularly when that individual is deemed to be 'suffering from a serious and enduring psychiatric illness' such as 'schizophrenia'. Many authors have pointed to the dubious scientific objectivity of psychiatric diagnoses (Thompson, 1997, p. 149; Thomas, 1997; Parker *et al.*, 1995). Such approaches are for us, and many other psychiatric system survivors (for example, Chamberlin, 1988; O'Hagan, 1993; Pembroke, 1994a; O'Hagan, 1996), unquestionably oppressive as their purpose is to categorize and stereotype. They also serve to restrict the rights and expectations of psychiatric system survivors and to reduce survivors' *self-determination* to the deterministic predictions and prescriptions of academics and 'expert' practitioners.

The latter are not best-placed to make decisions about which theoretical perspectives should be taught on courses of social work education or indeed what counts as (anti-) oppressive theory. We would argue that the people who find themselves on the receiving end of these theoretical perspectives are best qualified to do this. There is now an increasing volume of literature written by service users themselves (see, for example, Beresford *et al.*, 1997). It is important that these materials are recognized as valid sources of underpinning knowledge and theory for practice and that they are accorded the same value as those of practitioners and academics.

## Validation

Validation concerns processes for determining what counts as ‘anti-oppressive’ and who it is that decides this. We include in this the ‘peer review’ and validation of academics’ and practitioners’ knowledge about anti-oppressive theory and practice as well as the assessment of social work students’ and practice teachers’ anti-oppressive practice. The current situation seems to be an overwhelmingly one-way process. Not only do social work academics and practitioners theorize about AOP and in so doing determine what counts as ‘anti-oppressive’, but they also appropriate the knowledges and experiences of subordinated and minority groups. In doing this, they counter the critiques of these groups without relinquishing dominance or power. By incorporating these critiques, they claim them as part of *the(ir)* ‘anti-oppressive’ project.

Existing notions of anti-oppressive practice are, in the main, imparted to social work students by academics and practitioners. Some service users are involved in this process, though our experience suggests that this is frequently a nominal involvement with service users being invited to comment on their experiences of service delivery, rather than to present an analysis of anti-oppressive practice itself. The literature on anti-oppressive practice is authored and controlled by academics and practitioners. There appears to be no published commentary or analysis of anti-oppressive practice *by* service users which students can draw upon: this article represents an attempt to redress this imbalance. There are a number of projects which are moving towards involving service users in the assessment of social work students’ (anti-oppressive) practice (Shennan, 1998), however this involvement is again largely at the level of service delivery.

Though services users’ involvement in the teaching and assessment of social work students may be interpreted as their having a validating role in relation to anti-oppressive practice, it may also be viewed as shoring up the social work academics’ and practitioners’ ‘anti-oppressive project’. Involvement presents an appearance of ‘anti-oppression’ which appears to be inviting challenge and criticism from service users; but service users’ criticism at the level of service delivery courts response at a similar restricted level, and thus diverts attention from challenge or criticism of ‘the anti-oppressive project’ itself. Open discussion, and negotiation, of the validation and control of anti-oppressive theory and practice should, we suggest, form an integral part of any alternatives to existing notions of anti-oppressive practice.

## Conclusion

In this discussion we have identified key concerns about the consequences of existing AOP. These fall into a number of main areas, including:

- appropriating users’ knowledges;
- using and reinforcing inherently oppressive knowledge about service users, for example, a biomedical model of madness and distress;

- reinforcing constructions of 'clients' as passive and low status by controlling ideas of 'anti-oppressive' practice and knowledge of 'oppression';
- mirroring and masking traditional professional power;
- providing continued legitimation for controlling and problematic social work practice.

Disabled people, psychiatric system survivors, 'looked after' children and young people and other recipients of social work are already pointing the way to different ways of working. For example, there is now a body of thinking and training for social workers based on a social model of disability (for example, Morris, 1997); distress awareness training from psychiatric system survivors (Lindow, 1994); a well-developed discussion of user-led social services (for example, Morris, 1994) and of new approaches to management for more user-led services (Begum and Gillespie-Sells, 1994). New roles for personal support and assistance are also emerging, pioneered by service users and their movements, including that of personal assistant, peer advocate and peer counsellor. The Derbyshire Coalition for Inclusive Living, for example, has developed a new role for peer support work, linked with accreditation and a national qualification, equipping and enabling disabled people to act as 'integrated living advisors' for disabled people employing a personal assistant (DCIL, 1998, 1999a and 1999b).

A re-evaluation of AOP which includes service users fully is long overdue. With social work and social care again under fundamental review with a New Labour government, new welfare priorities, the abolition of CCETSW and the establishment of a training organization for personal social services (TOPSS) and creation of a General Social Care Council the introduction of a 'Quality Strategy' which puts service users at its centre and the establishment of a National Care Standards Commission this is an opportune time for this to begin. Twenty years ago when the foundations for AOP were being laid, it might have been difficult to embark upon such discussion fully involving service users. Now with the existence of strong user controlled organizations and the emergence of distinct service user discourses, there can be no excuse to delay any longer.

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