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part

# **Theories, models and methods for empowering practice**

# 1

## Understanding empowerment

I attended a meeting of women in a deprived urban area, running their own project to cater for their under-five children. At the meeting, several women voiced their frustration that experience in the project did not provide them with an empowering ladder to qualify themselves as play workers alongside the women project workers. A local professional declared his view that experiencing the process of working in an empowering way could be as valid for them as achieving an empowering outcome. He said it was probably sufficient for them to feel better, rather than to achieve material advancement to a professional role. The responses of the women after he had left the meeting left no doubt that this professional had fallen into the trap of treating empowerment as though it can be put into a compartment so that one aspect does not affect any others. This started me thinking about empowerment as a contested concept. It reminds me of two crucial realities:

- the meaning of empowerment can be taken from the people by the professionals who are meant to be working with them in an empowering way, and returned to them in a diluted way, so that they actually feel disempowered
- a book about the development of empowerment and participation in practice must be holistic and cover all dimensions, from personal, interpersonal, group, through to organizational, community and political aspects. To attempt to work at one level and separate it from others is to risk tokenism at best and, at worst, failure.

### Introduction

This book sets out to provide social workers with a framework for purposeful, self-critical, empowering practice, based on a combination of critical understanding, knowledge and skills in an appropriate context of values. This chapter explores the meanings of the term

‘empowerment’, examining its relationship with similar concepts such as self-help, participation and user-led activities.

Empowerment is a multifaceted idea, meaning different things to different people. It has academic, rhetorical and radical associations. It is used academically to theorize about people’s relationship with power and powerlessness in society (Humphries, 1996; Rees, 1991). It may be used rhetorically, to make a case for people to achieve power and assert it. To some people, empowerment has become a synonym for all that is dangerous and radical, carrying the threat of the growing nuisance value of carers and service users as they assert power in conferences, meetings and working groups, not endearing it to managers in agencies.

None of these ideas is dominant and, as a result, no final, so-called ‘authoritative’ definition of empowerment is possible. Empowerment does not correspond with a single, existing social work method, although it can be shown to have links with all of them. It does not derive exclusively from individually based, person-centred or problem-focused, social or environmental approaches to social work, although examples can be found in all of these. People who use services can argue that the authority for the definition of empowerment should not rest in books written by academics or practitioners. They may argue that the concept of empowerment should be constantly redefined and reconstructed not just by professionals but also through the actions and words of people who are experts by virtue of their experience, particularly vulnerable and excluded people, who want greater control over the services they receive. The authenticity of empowerment should derive from being rooted in the circumstances of those who use services, not those who commission, manage and deliver them, or those who research, write and teach about them. The following example shows how patronizing and disempowering professional practice can be.

### practice study

Kiri is 61 and experiencing the early stages of presenile dementia. This morning was one of her off days and she felt confused, too rushed to speak up for herself and angry and fed up afterwards. When her sister, who visits her at home daily to do the housekeeping, met the social worker at home, they talked through the initial stages of the assessment process as though she wasn’t there. Because Kiri has started to forget to put food in the fridge overnight, her sister wants to arrange for Kiri to move into a residential home. Today, it was just before the social

worker left that she turned to Kiri and said, 'Don't worry love, we'll make sure you're not a risk. Then I'll give you the chance to state your views.'

### commentary

Four important points about empowerment emerge from this example. First, empowerment is a means to the end of improving the quality of Kiri's social care, not an end in itself, one more item to be ticked on the checklist of things the worker has done. Second, there is a risk that empowerment will be tacked onto bad practice in a tokenistic way rather than making a difference to practice as a whole.

Third, although empowerment is vital to successful social work, its position is uncertain, or problematic. At its strongest, it is a challenging concept, pointing to the imperative for those who have least and are treated most unjustly in society to take power and rise up against that injustice, against the people and the structures that oppress them. At its weakest, it may be diluted or taken over altogether by professionals and others in powerful positions, so that it fits neatly and benignly into professional frameworks and does not change the way people receiving services are controlled, managed, assessed and treated.

Fourth, empowerment is also a paradoxical aspect of practice. In order for a practitioner to empower somebody, they need to act, even if this action is facilitation rather than intervention (Burke and Dalrymple, 2002). Parsloe (1996, xxi) acknowledges that:

empowerment cannot always be the primary goal of social work action. Sometimes children, old people, sick people and those who are mentally disabled actually need protection. The social worker will try to act in ways which provide the necessary protection and empower the individuals, or, in the case of a young child, the parents, to have as much control of their own lives as possible. But the first imperative may be to minimise risk.

But how does the practitioner manage the tension between minimizing risk and empowering the person? Risk management may disempower, depending on whether it is planned and carried out on behalf of, or with, the service user. Or, a person may wish to assert the right to continue to live in a situation of greater risk, so as to retain greater independence and enjoy a better quality of life in other respects.

Before discussing practice any further, let us clarify what empowerment means.

### **Growing significance of empowerment in social work**

Before 1990, 'empowerment' hardly received a mention in standard British social work texts (see, for example, Coulshed, 1991), but since the 1990s, it has achieved prominence. A spate of publications indicates the willingness of researchers, policy-makers and practitioners to apply the notion of empowerment to different aspects of the human services (see, for example, Adams, 1991, 1994, 1996, 1997, 1998a, 1998b; Braye and Preston-Shoot, 1995; Charlton, 2000; Clarke and Stewart, 1992; Green, 1991; Gutierrez et al., 2003; Holdsworth, 1991; Jack, 1995; Kemshall and Littlechild, 2000; Parsloe, 1996; Perkins and Zimmerman, 1995; Ramcharan et al., 1997; Shera and Wells, 1999; Shor, 1992; Simon, 1994; Sleeter, 1991; Stewart, 1994; Thompson and Thompson, 2004; Wolfendale, 1992). The term 'emancipation' is sometimes used to refer to empowerment and may be linked with feminism (as in Dominelli, 1997, p. 47). Emancipation is associated in Britain with the women's movement for political equality through the right to vote. In social work, emancipation means liberating a person from oppression or from undesired physical, legal, moral or spiritual restraints and obligations.

Ironically and paradoxically, this very attractiveness of empowerment to people who use services and practitioners makes it even more likely to be professionalized, and, from the viewpoint of service users, diluted, distorted and exploited as a topic by researchers or students, or colonized by one interest group, such as community care managers or practitioners. It is inherently contradictory to refer to empowering people through social work carried out by social workers employed by state agencies working in bureaucratic organizations, the balance of whose practice derives from legislation rather than from principles laid down by a professional body, let alone from the experiences of people who use services.

### **Empowerment and self-help: radical or reactionary?**

It was the late 1980s before empowerment came of age in the UK (Adams, 1990, p. 2), at which time it was quite slow to develop. Even in the mid-1990s, it had yet to achieve maturity, either as a critically understood concept, or as reflective practice (Baistow, 1994). Empowerment in the UK social work literature has eight main roots:

1. Social activism was imported from the black civil rights movement and public protest in the US in the 1960s. The leading exponent at the time was Barbara Solomon, whose book about black

- empowerment and social work was first published in 1976. Solomon's writing (1976, 1986) fuelled movements for advocacy and empowerment in the US in the 1980s (Payne, 1997, p. 267).
2. Ideas about the engagement of individuals in informal education, neighbourhood action and democracy in management were influenced by the US social worker and writer Mary Parker Follett (1868–1933), who was 'rediscovered' as an inspirational figure in adult education, management development and the study of power in organizations.
  3. The term 'empowerment' was beginning to be used, linked with children's and parents' rights, by some international childcare charities in the late 1980s and, in the direct experience of the author, some of the associated ideas and practices found their way into the UK offices of, for example, Save the Children.
  4. Equally important, in the UK, the concept of empowerment has drawn on ideas and practices not derived from the US. It has inherited the traditions of self-help and mutual aid (Burns et al., 2004, pp. 6–11), reflected in the setting up of many friendly societies, or mutual societies (taking a small subscription from people and paying them money in times of hardship) from the eighteenth century onwards, kept alive in credit unions. Credit unions (acting as banks for poorer people) began in Germany in the mid-1850s, soon spread to Britain, moved in 1900 to Canada and within a decade to the US. Some still flourish today as financial cooperatives owned and controlled by their members ([www.abcul.org](http://www.abcul.org)). Empowerment has benefited from the growing faith in self-help for self-made success in business, charity policy and social work support for poor people, from the mid-nineteenth century, exemplified in the writing of the Yorkshire entrepreneur Samuel Smiles (1875, 1890). Smiles (1890), writing in mid-Victorian England, saw self-help as an expression of individualism, since it denotes activities whereby individuals and small groups deal with their problems. The role of professionals is largely limited to exhorting people to take responsibility for solving their own problems, with a little material and spiritual support for those whose efforts prove they deserve it. These ideas have never been the monopoly of Western countries. Kropotkin (1842–1921), a leading theorist of the anarchist movement who was imprisoned in Russia and France before living and writing in Bromley, England for 30 years, saw the collective benefits of self-help, the goal being a nationally healthy community, aiming to fulfil the individual and provide insurance against people's loss of

control over their own lives by improving their participation in the local community (Kropotkin, 1902). In addition, he felt that self-help should set out to improve the self-awareness of individuals. In one sense, self-help has always been popular. As Tax (1976, p. 448) has pointed out, self-help and mutual aid are probably as old as the history of people living in communities. Yet in Britain, they are viewed by some people as a by-product of Thatcherism, or as an import from the self-help boom in the US, which has gathered pace over the past 50 years. While self-help groups may be seen simply as a perpetuation of long-established or even prehistoric forms of mutual aid, it is perhaps more accurate to regard them as midway between such traditional 'folk' activities and fully professional services (Killilea, 1976, p. 47).

5. In Britain, various traditions of radical and socialist political and social protest since the 1960s, feeding the growth of political pressure groups and community and social action, were enriched greatly by feminist theory and practice. From the 1990s, large-scale protests using networks through mobile phones and the internet, particularly against schemes to develop new trunk roads in countryside of outstanding beauty or special scientific interest, and groups such as Reclaim the Streets, have demonstrated that people can exercise power collectively to influence policies.
6. Specifically therapeutic movements for empowerment have arisen in Britain, driven by British psychiatrists such as R.D. Laing and Cooper with whom the term 'anti-psychiatry' was associated. These have drawn on a range of ideas from Buddhism to feminism, giving additional impetus to a range of groups, such as women's therapy groups, which give power to the patient or client.
7. People caring for a partner or relative, unpaid and not in a professional capacity, have formed groups and organizations to voice their concerns collectively.
8. People who receive a range of health and welfare services have become increasingly organized and vociferous, on behalf of the 'service user' or 'consumer' perspective. Disabled people, older people and survivors of psychiatric services are prominent in this sector, which grew alongside movements for consumer protection, founded in the US by Garland Dempsey of the Consumer Education and Protective Association in Philadelphia in 1966, and, using new information and communication technologies, diversifying throughout the world in such groups as the Consumers Association of Penang and the Third World Network (Hilton, 2003; Hilton et al., 2006).

To summarize, contemporary forms of empowerment in many parts of the developed and developing world have fed off anti-sexist, anti-racist, anti-disablist and rights-based, critical, anti-oppressive movements, whereas its historical roots lie partly in traditions of mid-Victorian self-help, which tend to reflect the dominant values of Western countries such as the US.

From the late 1970s, in the US and the UK, self-help has figured prominently as a respectable contributor to the economy, based on the free enterprise economic theories of Milton Friedman and espoused by Republicans in the US and the Thatcherite Conservative government in Britain (1979–97). At the same time, the mutual aid aspects of the concept of self-help retained some currency with socialists and democrats.

### Nature of self-help

**Self-help** may be defined as a means by which people help themselves. Self-help may thus be viewed as one form of empowerment. At the same time, it illustrates a particular strain of anti-intellectualism, which in Britain is exemplified in a mixture of utilitarian philosophy and preference for amateurism and charitable giving over professionalism embedded in theory and the social sciences, which besets present-day social work education, training and practice. In so far as self-help is heir to a well-entrenched tradition of amateurism and voluntary effort, links can be made with the British context of mid-Victorian philanthropy in which self-help was first associated, through the Charity Organisation Society. Self-help attracts criticism because, in Britain at least, for 150 years or more it has often reflected the values of middle-class society. In the late nineteenth century, Smiles put forward an essentially bourgeois view. From his respectable middle-class position, Smiles (1875, p. 361) preached that ‘poverty often purifies, and braces a man’s morals’. The harmful vice of charity was expressed in mere giving, which contrasted with the more considered charity of useful philanthropy (Smiles, 1875, p. 324). Hard work provided the preferred route to overcoming poverty, through self-denial, thrift, individual self-improvement and self-denying economy:

The spirit of self-help is the root of all genuine growth in the individual; and, exhibited in the lives of many, it constitutes the true source of national vigour and strength. (Smiles, 1890, p. 1)

The positive aspect of these ideas is that self-help still has a place in

the tradition of philanthropy and voluntary action in Britain and that the movement did not die with the end of the nineteenth century. The negative feature is the persistent tendency of individualism, which proposes self-help and private provision, for example in health and community care, as a substitute for statutory services rather than as complementary with, or supplementary to, them.

In healthcare and social work, several social and economic factors may have been associated with the growth and spread of self-help:

1. the impulse towards decarceration (moving people out of residential institutions to be supported, hopefully, in the community) in mental health
2. growing disillusionment with and questioning of conventional medical and clinical practice
3. increased prominence of alternative and complementary health
4. heightened awareness of some service users beyond their situation as stigmatized 'clients'
5. greater tendency for the power and decisions of professionals in health and social services to be viewed more critically
6. motivation of some practitioners towards harnessing networks of users of health and social services in helping activities of many kinds in the community.

### Self-help and voluntary action

In the past half-century, in Britain at least, self-help has gained from the increased strength of the voluntary movement. But it should be noted that although self-help often involves voluntary activity, it is not synonymous with the voluntary sector. Conversely, the enthusiasm for the welfare state after the 1940s did not see the demise of voluntary activity and self-help. In fact, the 1950s witnessed the growth of many self-help and pressure groups. A significant report on the roles of volunteers at the end of the 1960s (Aves, 1969) strengthened the base of the voluntary sector, which still provides the support and encouragement for many self-help initiatives. Although voluntarism was gaining in strength from the 1960s, it was a further decade before the Wolfenden Report (1978) set the tone for the renewed emphasis specifically on self-help that has gathered momentum in Britain since then. Wolfenden emphasized the significance of the voluntary sector in developing partnerships between individuals, informal networks of support, voluntary bodies and the statutory agencies.

We can see how empowerment rooted in self-help had become associated with political conservatism, whereas since the late 1980s, the more democratic, equality-based and left-wing elements of empowerment have benefited from movements of liberation, rights and social activism, strengthened by anti-racism, feminism and critiques of inequalities and oppressions arising from differences in social class, age, disability, sexuality, religion and others. Both advocacy and empowerment are linked with movements for users' rights and user participation (Brandon and Brandon, 1988, 2001), although they should not necessarily be regarded as the exclusive bridge between providers and users of services (the User-Centred Services Group, 1993). The notion of partnership between users and workers may actually confuse the role of advocate and undermine or even contradict empowerment.

Empowerment through self-help has found its way into health services largely dominated by the medical model and the earliest examples of health service-based empowerment tend to be found mainly in the women's health movement and progressive psychiatry.

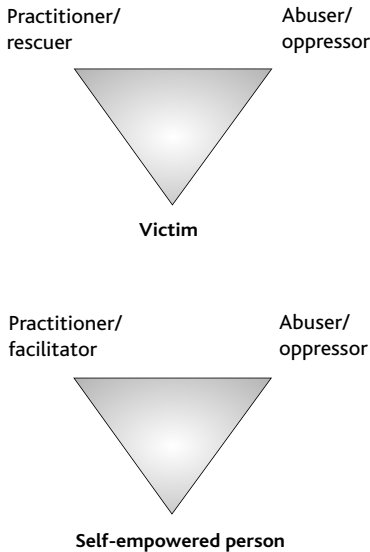
There is another dimension to empowerment in health, which involves challenging the medical model. In psychiatry, we need to go back several decades to radical psychiatry, as formulated at the Berkeley Radical Psychiatry Centre, for a more dramatically empowering approach, emphasizing people taking action to free themselves rather than relying on therapists and social workers to rescue them. The awareness that people's problems are political leads to the teaching of political values as part of problem-solving and as a way out of oppression. Claude Steiner (1975, pp. 80–105) asserts that rescue does not empower but perpetuates oppression. It colludes with people's sense of powerlessness. This example is adapted from his writing and the work of Hogie Wyckoff to whom he refers.

#### example

##### **Empowering practice – liberation rather than rescue**

The client (victim) insists to the social worker that being the subject of parental (abuser) abuse over many years makes it impossible to form constructive let alone long-term relationships with any other adult and that this can never be resolved since both parents died without all this being taken up with them. At first, the social worker is inclined to listen, console the victim, prolong mourning and self-pity and collude with the claim that nothing

can change (acting as rescuer). Subsequently, the social worker decides to work cooperatively with the 'victim', towards self-liberation. Figure 1.1 shows how necessary it is for the social worker to enable the person to engage in self-empowerment rather than succumb to the temptation to rescue the person through some form of help.



**Figure 1.1** How rescue oppresses

### Empowering elements of self-help

We have seen that self-help and empowering groups and organizations adopt and reflect a wide range of perspectives from reactionary to radical. According to Gartner and Riessman (1977, pp. 13–14), the philosophy of self-help is ‘much more activist, consumer centred, informal, open and inexpensive’. It emphasizes non-professional themes: ‘the concrete, the subjective, the experiential and the intuitive – in contrast to the professional emphasis on distance, perspective, reflection, systematic knowledge and understanding’ (Table 1.1).

**Table 1.1** Self-help and professionally led practice

Characteristic	Self-help	Professional practice
Relations between practitioner and 'client'	Democratic	Significant social distance
Degree of formality in practitioner-'client' relations	Informal	Formal
Focus of activity	Consumer/user centred	Agency and service centred
Style of communication between practitioner and client	Open	Reserved
Knowledge base	Everyday support, lay knowledge and skills	Professional knowledge, taking a perspective
Application	Intuitive	Systematic application and reflection
Level of resourcing	Inexpensive	Full cost of staff and services

The following elements of self-help all contribute to empowerment:

- advocacy and self-advocacy
- self-management
- anti-bureaucracy
- cooperation
- common experiences.

These are discussed below.

### Advocacy and self-advocacy

Advocacy by professionals has its origins in the legal advocacy that solicitors and barristers provide for their clients (Payne, 1997, p. 267), while what Brandon (1995, p. 1) calls 'amateur advocacy' by any citizen can be traced back to the origins of Christianity. Advocacy is the activity of negotiating or representing on behalf of a person. Brandon defines it in relation to disability as:

a person(s), either an individual or group with disabilities or their representative, pressing their case with influential others, about situations which either affect them directly or, and more usually, trying to prevent proposed changes which will leave them worse off. (Brandon, 1995, p. 1)

Advocacy can take a number of differing forms, such as self- or group advocacy, and can be considered as a further form of empowerment. Beresford and Croft (1993, p. 85) describe it as a process by which ‘people are given a say that they have previously been denied and can turn paper entitlements into real rights’. Brandon (1995, p. 1) distinguishes three kinds of advocacy: self-advocacy by the person affected; paid or professional advocacy such as by a lawyer, accountant or trade union official; and unpaid or amateur advocacy. Payne (1991, p. 225) distinguishes case advocacy, by which the worker seeks to enhance people’s access to services, from cause advocacy, which seeks to promote social change for social groups from which these people come. Rees (1991, p. 146) distinguishes advocacy relating to an individual’s interests from that affecting many individuals, for example pursuing a common cause.

All aspects of advocacy and self-advocacy are potentially empowering. The roots of self-advocacy are generally regarded as stemming from advocacy in the area of learning disability (Lawson, 1991, p. 70). Self-advocacy is the process of the person representing herself or himself. Collective self-advocacy, which we discuss further in Chapter 4, involves self-help activity by groups of people on their own behalf. Thus, self-help, self-advocacy and empowerment are all linked. The self-advocate is the person who inverts the traditional view that professionals provide services for clients. The self-advocate is the client turned practitioner, the self-made advocate. Self-advocacy not only empowers the client but bypasses the professional. It demonstrates that while the client may need help, this can be obtained without dependence on a practitioner. Self-advocacy also obviates the need for a middleman, negotiator or facilitator. Self-advocacy asserts the rights of the person. In social work, the most dramatic achievements of self-advocacy are where clients have been marginalized or discriminated against, as in the cases of disabled people, older people or people with mental illnesses, and have managed to assert themselves and achieve changes in their circumstances.

### Self-management

Self-management involves both an attachment to the desirability of individuals and small groups of people, face to face or through networks and email or postal contacts that can be managed from home, and the belief in problem management. In most self-help groups and organizations, there is an assumption that participants

have the potential to manage their own self-help, whether through individual self-management, group leadership or other means.

### Anti-bureaucracy

Self-help groups and organizations often assert the need to develop ways of organizing themselves that are different from many of the organizations with which they have come into contact as clients. This frequently involves an emphasis on avoiding hierarchical and bureaucratic patterns of organization.

### Cooperation

The emphasis on mutual help or joint care (Wilson, 1988), which distinguishes much self-help activity from selfish individualism, is often expressed in a belief in democracy, equality of status and power within groups and organizations, shared leadership and cooperation in decision-making. Some self-help initiatives have much in common with cooperatives. **Mutual help** (or mutual aid) is the means by which individuals, groups or organizations come together and share an experience or problem, with a view to individual and mutual benefit.

### Common experiences

Quite often a requirement of participants is a willingness to start from the common base of experience defined by the group or organization. This can involve members of a group necessarily sharing issues or problems. It also implies a resistance to internal divisions in groups between expert and lay members, therapists and clients. Although some self-help actually espouses anti-professionalism, this is not always the case. What is more often held to is the principle that the self-help process should not simply be the property of professionals but should be able to be initiated and engaged in by any of the participants. On the whole, research suggests that self-help groups tend to accept rather than reject relationships with professionals (Lieberman and Borman, 1976), while self-help may involve a profound critique of professional activities (Gartner and Riessman, 1977, p. 12).

### Empowerment in social work: a changing discourse

Empowerment as a discourse in social work has changed since the

late 1980s. A **discourse** is a system of beliefs and practices sustained by being passed on between individuals, groups and organizations in society and helping to construct the social arrangements that people regard as reality. In the 1980s in Britain, social work lost ground against Thatcherite individualism and experienced assaults on its credibility through various scandals and inquiries. In the 1990s, consumerism came to dominate the newly created, managed, quasi-markets for the delivery of health and social care services. In the twenty-first century, empowerment may be regarded as a means of transcending these social, political and policy limitations and liberating both workers and service users. But it could also be regarded as a rhetorical gesture, a device of government to keep the consumers of welfare in their places in the queues for dole, social security, private health and welfare, and national lottery prizes. According to Mullender and Ward (1991, p. 1), empowerment is a term ‘used to justify propositions which, at root, represent varying ideological and political positions’, and which ‘lacks specificity and glosses over significant differences’. It ‘acts as a “social aerosol”, covering up the disturbing smell of conflict and conceptual division’.

An empowering practice needs to be purposeful and critical. In developing this, the first task is to clarify the concept of empowerment and relate it to other allied concepts, before examining aspects in more detail in subsequent chapters.

### **Working definitions of empowerment**

The inherently problematic nature of empowerment is part of a wider pattern of insecurity and instability in social work, highlighted by Schön (1991, p. 23). Social work does not possess a well-researched, agreed evidence base for practice: a knowledge base that is systematically developed, scientifically proven and part of a public and professional consensus about the values, techniques and skills to be adopted by qualified and practising social workers.

The uncertainties extend to what we call the person receiving social services. Do we use the term ‘consumer’, ‘client’ or ‘user’? These words conjure up different images. ‘Consumer’ reminds us of being a customer and purchasing goods or services. ‘Client’ is usually reserved for the recipient of professional services. ‘User’ may be applied to the person with a drug or alcohol problem as well as to the person receiving social services.

Empowerment means different things to different people, but we

need a working definition to get us started. The *Dictionary of Social Work* links empowerment with self-help:

Empowerment can refer to user participation in services and to the self-help movement generally, in which groups take action on their own behalf, either in cooperation with, or independently of, the statutory services. (Thomas and Pierson, 1995, pp. 134–5)

Empowerment literally means ‘becoming powerful’, but in social work it has come to mean much more than that. It embraces both theory and method. According to the *Dictionary of Social Work*, empowerment is:

theory concerned with how people may gain collective control over their lives, so as to achieve their interests as a group, and a method by which social workers seek to enhance the power of people who lack it. (Thomas and Pierson, 1995, p. 134)

Bringing these statements together, **empowerment** may be defined as: the capacity of individuals, groups and/or communities to take control of their circumstances, exercise power and achieve their own goals, and the process by which, individually and collectively, they are able to help themselves and others to maximize the quality of their lives.

It is important to recognize that our definition includes the three elements of people’s capacity, the process by which they exercise power and their achievement, not just individually but also mutually through empowering experience with others. Self-empowerment is not just individually based and self-directed, but involves mutual support to empower other people. In order to be empowered, people need the power to change key aspects of their environment and an understanding of themselves as well as the motivation to work individually and collectively towards change (Lord and Hutchison, 1993, p. 3).

Empowerment is a political concept, although the extent to which this is apparent to those involved depends on their approach and the circumstances in which the empowering work takes place. The political dimension of the concept of empowerment is not party political because its activist tone transcends party politics; it is not a legal term (such as intermediate care, community care and so on) derived from the law; it is a concept that is rapidly being colonized by professionals, which carries the risk, of course, of marginalizing and perpetuating the exclusion of service users; it is a generic concept, which can be attached to any aspect of social work, in areas such as disability, mental health and anti-racist and anti-sexist practice. According to Mullender and Ward (1991, p. 6):

Empowering practice, like the demands of the user movements it serves, seeks change not only through *winning power* – bringing to those who have been oppressed the exercise of control over what happens to them – but through transforming it.

There is a tension between the view that it is sufficient to *feel* empowered and the view that the outcomes of empowerment are important. A useful paper by Ruth Alsop and Nina Heinsohn (2005, p. 4) provides criteria by which empowerment can be measured. They argue that empowerment is ‘a person’s capacity to make effective choices [and] ... the capacity to transform choices into desired actions and outcomes’. They suggest that this individual empowerment is affected by two factors: personal agency and opportunity. Personal agency is composed of the following assets: psychological, informational, organizational, material, social, financial and human, and the opportunities a person has are affected by legislation, various regulatory frameworks and rules and the social norms governing behaviour in society; in other words, ‘degrees of empowerment are measured by the existence of choice, the use of choice and the achievement of choice’ (Alsop and Heinsohn, 2005, p. 4).

### Related concepts

The multifaceted nature of the concept of empowerment makes it necessary for us to try to deconstruct it. **Deconstruction** means digging away at discourses about a concept so as to probe beyond the dominant or widespread ideas contributing to them, to find out what lies behind or beyond them. Empowerment is holistic and non-hierarchical. Empowerment is about taking control, achieving self-direction, seeking inclusiveness rooted in connectedness with the experiences of other people. It concerns individual achievement and social action. One aspect feeds another. Before exploring this, let us excavate some of the main themes in empowerment writing and practice.

### Democratization

In an important way, empowerment concerns participation. Beresford and Croft are among the best-known exponents in Britain of service user participation and this tends to be linked with the process of empowerment. Their two early projects, which contributed greatly to this area, are the study of a patch-based approach to deliv-

ering welfare services (Beresford and Croft, 1986) and the research into citizen involvement funded by the Joseph Rowntree Foundation (Beresford and Croft, 1993). The latter research illustrates the barriers to participation, progress towards which is an uphill struggle that is still ongoing. On a related tack, Sainsbury (1989, pp. 105–6) has written of the need not to create a false dichotomy between the roles of social work in furthering participation by people and those of protection of people, both of which are necessary in social work. He cautions against unrealistically anticipating that social work will be able to fight effectively against the tendency of society to promote differences between people in terms of income and power. He notes that this may be unattainable at present, since it is only possible to pursue social justice through achieving equality if citizens' social rights are equated with systems for allocating resources based on principles of social justice.

#### Normalization/social role valorization

Normalization and social role valorization refer to processes by which disabled people and people with mental health problems have engaged in movements towards maintaining and promoting their own independence and managing their own lives (Sinclair, 1988, quoted in Payne, 1991, p. 226; Towell, 1988; Wolfensberger, 1972, 1982).

#### Reflexivity and criticality

By its nature, empowerment is a critical activity. Self-empowerment and self-advocacy necessitate reflexivity by the individual. **Reflexivity** involves using the impact of a situation or experience on oneself to help understanding and feed into future activity.

#### Consciousness-raising

Although empowerment does not always figure explicitly in the literature concerning consciousness-raising, it is implicit in the process. One illustration of this is the women's therapy group movement, involving individuals benefiting therapeutically but also gaining awareness of the social context of their problems and developing ways of addressing these. Another example is community work, which, despite its difficult history in local authority-funded practice since the mid-1970s (Jacobs and Popple, 1994), is a presence in the 2000s.

### Carer and service user-led practice

A range of approaches, both traditional and new, conservative and radical, come under this heading. From the 1970s, there has been a trend towards people in receipt of welfare benefits and health and personal social services demanding more control over the services provided for them. As Craig notes, this is located in the wider context of community action by poorer people (Craig, 1989), and the gap between the encouragement by government of participation by service users on the one hand and the lack of resources to underpin such participation on the other (Craig, 1992). Undoubtedly, taking the initiative by engaging in user-led activities is one route to self-empowerment and the empowerment of others. But it is necessary to distinguish the objective judgement that one person may make about another person necessarily being empowered, because of involvement in a user group, and the subjective experience of that person. For example, participation by a family carer in a partnership board (which brings professionals, people with learning disabilities and their carers together to discuss and improve their services) or an adult carer in a carers' self-help group may initially reinforce the experience of being excluded, isolated and powerless before the person moves on to acting positively to tackle these problems.

### Radical social work

We need to beware of calling empowerment radical. It is difficult to establish the relationship between empowerment and other concepts, such as those rooted in a range of radical ideas. 'Radicalism' is a generic term for a wide range of standpoints, which space only allows a brief mention of here. The word 'radical' comes from the Latin meaning 'a root', so radicals are concerned to dig up existing arrangements by their roots. However, radical in one context is not radical in another. In a conservative setting, socialism is radical and vice versa. In a traditional setting, change is radical, and yet traditionalists – such as the American Homer Lane (1875–1925), who, in 1913 in Dorset, England, founded the pioneer Little Commonwealth childcare community for 'problem' children from the towns – are radical to the extent that they seek to replace present-day arrangements (in his time, these were the workhouses, reformatories and orphanages for children in need) with a utopian vision of self-governing communities as they imagined them to be before the industrial society brought about the social problems of urban society.

Marxist socialist perspectives can be viewed as radical and generally seek empowerment as a means of promoting contradictions in society, with a view to eventually achieving change (Payne, 1991, p. 225). In this connection, Rojek (1986) argues that advocacy and empowerment have their origins in fundamentally different objectives from the Marxist and radical perspectives to which they are closely related. Adherents to radical social work have propounded empowerment. One version of collective action in practice is linked with a more explicitly socialist agenda, such as the Marxist view expounded by Walker and Beaumont (1981, pp. 174–95). This radical critique of probation work, which relies heavily on social and environmental explanations of people's problems, is an alternative to those that are individually based (Walker and Beaumont, 1981, pp. 89–93). Thompson (1993, p. 32) links empowerment with radical social work, describing it as:

an approach to social work which seeks to locate the problems experienced by clients in the wider social context of structured inequalities, poverty, inadequate amenities, discrimination and oppression. It sees social work as primarily a political venture, a struggle to humanise, as far as possible, the oppressive circumstances to which clients are subject. It is premised on the key notion of empowerment, the process of giving greater power to clients in whatever ways possible – resources, education, political and self-awareness and so on.

This extract glosses over the inherent paradox of professional involvement in empowerment, which revolves round the desirability of professionals giving power to other people. It would be unfortunate if powerful people were able to dismiss advocacy and empowerment as radical, and therefore marginal, ideas. We need to incorporate them into the mainstream of practice.

### Anti-oppressive practice

Critiques of oppression from black, feminist, anti-ageist and disability perspectives have all converged on the concept of, and need for, empowerment. Empowerment may be used as the defining feature of work with particular groups, such as gay and lesbian people (Tully, 2000) and has contributed to the growing body of literature on anti-oppressive practice in social work. Empowerment is anti-oppressive, as Ward and Mullender (1991) rightly observe, although we should exercise caution about claiming that user-

directed groups, no matter how empowered, will change the structural features of the world in which their members live (Page, 1992).

### Postmodernism and empowerment

Leonard (1997) has linked the continuing importance of empowerment and emancipation with the direction of social work in the post-modern era. The fragmentation of service provision through the multiplication of service providers in the public, private and independent sectors is one feature of postmodern welfare. In the early twenty-first century, for example, the gradual spread of direct payments to people in the UK, enabling them to buy their own care services, by employing carers or 'personal assistants', is both empowering and a fragmentation of the labour market. It creates a growing number (more than 50,000 in 2007) of small employers of between one and six personal assistants and it distances the state from direct service provision.

The wider changes that have produced the fragmentation of socialist movements, one manifestation being the changing political complexion of European countries since the disappearance of the Iron Curtain, can be linked with the dissolution in many countries during the latter part of the twentieth century of the dichotomy between the single political options of Left and Right. The post-modern era, some commentators claim, provides opportunities for a politics that transcends the grand theories, such as those of Marx, and gives space to a multiplicity of diverse voices. The fragmentation of the personal social services into many small providers could be seen as one manifestation of the breaking up of the large, all-providing local authority providers.

The term 'anti-oppressive work' has provided a language for the paradigm of empowerment, which transcends the policies and politics of the many different groups and interests involved in social work. In the postmodern era, empowerment has the potential to become either a unifying or a divisive theme of social work, in the sense that not all managers of children's and adult social services will embrace the empowerment of service users with enthusiasm.

### International developments

Some of the literature on participation and empowerment reflects Western democratic values rather than the richness of global diversity. Payne (1991, p. 227) makes the point that empowerment is

rationalistic, that is, it has links with humanist and existential theory and practice, in that it emphasizes self-knowledge and self-control, accepting that people can control their own lives by rational, cognitive means and assuming that the environment can be changed directly, in favour of the service user. One immediate consequence of the rationalistic basis for empowerment approaches is that failure to achieve immediate major changes in the conditions of their lives is likely to make people feel disappointed and therefore disillusioned with empowerment. Parsloe (1996, xvii) reminds us that ‘empowerment in social work is a western concept’, which means that it is rooted in Western notions of individualism and self-advancement. It is part of Western culture to associate empowerment with democracy and the paramount importance of individual choice and freedom. If we accept that these ideas are relative to particular cultures and not absolute, we may conclude that empowerment is rationalistic only if you start from the individual’s thoughts and plans, rather than from traditional values based on the paramount importance of the continuance of the state, the community and the family. Seeking power is just as likely to be values based, reflected in principles believed in by people, rather than an outcome of rational debate and thought. In Eastern societies such as Japan, self-help is likely to conflict with the lack of democratic pluralism and the importance of hierarchies in administering organizations (Oka, 1994).

Empowerment in China, Hong Kong and other Chinese communities outside China has advanced in theoretical debates (Yip, 2004) and in specific areas of practice such as empowerment groups for divorced women (Chan et al., 2002), but there is a relative lack of research literature (Mok et al., 2006), some difficulty in reaching consensus over general social work concepts (Hutchings and Taylor, 2007) and a need for development with appropriate cultural sensitivity in order to avoid different types of false empowerment (Yip, 2004). In part, this reflects cultural and political diversity and in part religious and philosophical differences between East and West (Ng and Chan, 2005).

While empowerment is associated in the West with individualism and the rights of the individual, in many developing societies mutual help and traditions of family life and community are as important. However, there is no clear-cut division between different beliefs and geographical locations. Emancipatory ideas are not bound by geographical boundaries and the growing social and financial freedom of people to travel, plus the spread of the internet, has accelerated existing trends towards their global accessibility.

Empowerment is associated with the struggles of people against divisions and inequalities. Disabled people, people who are mentally ill, people who are older and people in particular ethnic groups all have formed groups and organizations to promote their causes. Women have challenged the oppressiveness of patriarchal laws, policies and societies. The history of empowerment in many developed and developing countries coincides with movements to emancipate women and through them many other parts of the community.

There is a continuum between the 'softer' end of patient and public involvement in healthcare and patient empowerment. The authorities may introduce a little consultation – the focus group or citizens' jury, with members chosen randomly or by government; the representative of clients or their carers invited to join a working party or steering group as the token consumer. Patients, and to a lesser extent the public, have been encouraged towards greater participation in health in many Western countries, including Germany, Denmark, Norway (Heikkilä and Julkunen, 2003), France, the UK, Australia, Canada and the US (Simces, 2003). Of course, patient involvement in their own healthcare is very different from public involvement in taking strategic decisions about policy and organization of health services (Florin and Dixon, 2004). The latter is relatively uncommon.

There are continuities between empowerment and participatory initiatives in many parts of the world (Steeves and Melkote, 2001). Mohan and Stokke (2000) argue that Western countries have tended to focus on work in developing countries which concentrates more on local participatory development and empowerment projects. The dangers of focusing too narrowly on partnership with, and listening to, the voices of those receiving services, as Stewart (2003) argues, include losing sight of factors such as how to structurally improve the circumstances of the most excluded and poor people and how to combat deep-rooted inequality, the unequal exercise of power, and national and transnational economic and social influences. Empowerment should, and sometimes does, increasingly engage with global challenges, notably in work with poor, hungry, oppressed and sick people in the developing nations, such as some African countries (Botchway, 2001). This is compatible with the portrayal of empowerment by Lee (2001, p. 401) as a universal rather than as an ethnocentric or Eurocentric concept. Empowerment concepts and practices are not the invention solely of the developed world. They cross regional and national boundaries and provide strategies to tackle problems

posed by global inequalities. Responses to these inequalities need to engage not only with individuals but with groups, organizations, laws and policies. Empowering people implies tackling individual problems and structural – including sociopolitical and economic – divisions and inequalities. The World Bank, with the US its majority stakeholder among 184 countries, funds more than 1,800 projects, its partners being governments and other public bodies and private commercial organizations. The critical question, however, has been posed starkly by Waring (2004, p. 5), who wonders whether there has been any ‘genuine grassroots participation’ in ‘the identification of the goals and the objectives, the parameters of the project, or the outcomes desired of the project by those directly impacted’, despite the World Bank’s consultation with more than 60,000 poor men and women in more than 50 countries to inform its strategy.

The influence of the US on Western Europe is no more significant than what has been learned from the developing countries. The mushrooming literature in the US and UK on empowerment and participation of adults, children and young people in the health and social care field indicates a high level of interest in both these countries. The problems of Western industrial societies tend to arise from overproduction and overconsumption, whereas in developing countries, the reverse is true. Here, self-help and mutual aid commonly make up not just the core of health and social services but also of the economic and social fabric itself. This applies from agriculture to education, from housing to the supply of energy. In most areas, the majority of the people since time immemorial have had to provide their own tools, buildings, skills and other resources, or run the risk of deprivation or death.

In the developing countries, empowerment by poor people is as much a political issue as anywhere else. For instance, the shift to community-based, local, non-professionally led campaigns or programmes to change lifestyles, reduce environmental hazards or deal effectively with personal health and social problems may involve confronting the exploitive power in societies either apathetic or actively hostile towards any activity implying changes in their policies or practices (Afshar, 1998). In many countries, self-help and self-care are much more of a substitute for non-existent health and social services rather than complementary to existing provision.

Oka (1994) shows how, in Japan, political obstacles such as lack of pluralism and centralization of administrative power combine

with cultural factors to discourage individualistic self-help. On the other hand, in other countries, self-help essentially operates as an alternative to, or a substitute for, social work. Much self-help activity, especially in groups, is referred to as user led. User-led groups may be supportive of, indifferent towards or critical of social work. In the latter case, whether the user group is fairly long-lived or has a limited life, it tends to function as a critical presence in the field of helping services. That is, its presence generally implies criticism of existing services. This critical presence may be with regard to the practice of the individual social worker, the agency, the entire service, or indeed several services.

In the developing countries, participatory research (see Chapter 9) and social development (see Chapter 8) go hand in hand. Here, participatory approaches to development operate in many forms. One of the best known is PRA (participatory rural appraisal/participatory relaxed appraisal/participatory reflection and action) (Holland and Blackburn, 1998), which is promoted and published by Intermediate Technology Publications (103–5 Southampton Row, London WC1B 4HH, England).

Mohan and Stokke (2000) refer to a tendency towards more localized approaches to participation and empowerment. They highlight the danger that focusing on local conditions and initiatives may divert attention from inequalities and structural power relations, locally and more widely. Despite this warning about the fragmentation illustrated by the diversity of local practice in different countries and regions, there is a sense in which empowerment initiatives include some that are engaging with some major barriers to people being free from famine and poverty, overcoming inequality and attaining personal and social freedom.

## Conclusion

This brief review shows that the complex field of empowerment in social work relates to many diverse, and to some extent problematic, concepts and areas of practice. Not least, there is a divergence between contemporary anti-oppressive and equality-driven influences on empowerment and the traditions of self-help and mutual aid. Additionally, a critical understanding of empowerment needs to take account of the wider international context of the developing countries, as well as developments in Western Europe and the US.

### putting it into practice

#### Activity 1

Identify and explain each of the main elements of empowerment.

#### Activity 2

Write your own definition of empowerment.

#### Activity 3

List what you regard as the main themes of empowering practice in social work.

### Further reading

- Gutierrez, L. and Lewis, E.A. (1999) *Empowering Women of Color*, New York, Columbia University Press.
- Gutierrez, L., Parsons, R. and Cox, E. (eds) (2003) *Empowerment in Social Work Practice: A Sourcebook*, Belmont, CA, Wadsworth. These two books by Gutierrez and colleagues contain useful general analysis about discrimination, oppression and empowerment and specific guidance on practice development.
- Humphries, B. (ed.) (1996) *Critical Perspectives on Empowerment*, Birmingham, Venture. A stimulating series of essays in contemporary contextual and theoretical aspects of empowerment.
- Parsloe, P. (ed.) (1996) *Pathways to Empowerment*, Birmingham, Venture. A useful collection of studies of empowerment approaches and practice.
- Rees, S. (1991) *Achieving Power: Practice and Policy in Social Welfare*, London, Allen & Unwin. A detailed exposition of a framework for conceptualizing and practising empowerment.
- Shera, W. and Wells, L.M. (eds) (1999) *Empowerment Practice in Social Work*, Toronto, Canadian Scholars Press. An edited collection of conference papers examining theories, applications, critical issues and future directions for empowerment.

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