

# **Emancipatory social work with older people: challenging students to overcome the limitations of ageism and institutional oppression**

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## **Abstract**

Based on the Australian Bureau of Statistics' (ABS) predictions, it is expected that 20 per cent of the Australian population will be over 65 years old by 2034 (McDonald, 2016: 65). This means that work with older people will continue to be an enormous area of growth for everyone working in human services or social policy development. To ensure that the attendant rapid growth in needs for care and other services does not result in increased marginalisation, social exclusion and oppression of this increasing demographic, social workers are well positioned to take a lead role in recognising and applying practices that do not oppress older people. It is the aim of this paper to explore how social work students can learn about practice and knowledge that aims to free older people from institutional and societal oppressions. Good practice and good policies in working with older people must be underpinned by strong theoretical understandings of the social, economic, institutional and legal consequences of becoming an older member of the community. Based on these concerns, this paper presents a specific, emancipatory social work framework for social work education about working with older people. As the length of this paper does not allow space to cover all aspects of this pedagogic approach, there will be a particular focus on two areas only, understanding ageism, and on emancipatory practice in aged care. The paper draws on the development and teaching, over a number of years, of a senior unit of study for final undergraduate social work students at the University of Sydney, who are near to completing their Bachelor of Social Work degree. This unit of study, 'Ageing', has been highly successful in influencing a significant shift in students' attitudes toward older people and toward working with older people.

## Introduction

The United Nations (2015) report on *World Population Ageing 2015*, notes that:

...between 2015 and 2030, the number of people in the world aged 60 years or over is projected to grow by 56 per cent, from 901 million to 1.4 billion, and by 2050, the global population of older persons is projected to more than double its size in 2015, reaching nearly 2.1 billion (United Nations, 2015: 2).

Population ageing is due to increased life expectancy and decreased fertility rates, meaning that as the overall world population grows it is not just due to more people being born but related to a lower number of births compared to the number of people living significantly longer than they have before. Not only is the growth in the ageing population increasing around the world, particularly in developing countries, so too is the marginalisation experienced by some older people. This is often due to an accumulation of economic disadvantage as a consequence of limited education and employment opportunities, discrimination and ongoing caring responsibilities. An intersectional view of the characteristics of older age-related disadvantage may include a combination of intersecting factors: inadequate income over a lifetime of work; reliance on rental accommodation; limited access to health services; limited access to social and transport services; a history of suppressing sexual identity; social isolation and; various forms of discrimination based on age, gender, disability, race, religion and mental health. Due to the gendered nature of education and employment and traditional, main care responsibilities, women are particularly challenged in the pursuit of wellbeing in older age. This was clearly demonstrated in a 16-year longitudinal Australian study of trajectories of ageing well, which found that “women had a ‘zero’ probability of progressing to a better ageing-well classification in later years, whilst males had a one-in-five probability of actually improving” (Browning et al., 2017: 1).

The above list of challenges for many older people is not exhaustive, however social workers are a key profession with the responsibility of

engaging in such challenges and of upholding basic rights that support diverse identities and experiences of older people. Social workers are well positioned to interact in their various practitioner roles as direct service providers, policy makers, researchers, educators, advocates, community workers, leaders and managers. To support this approach to working with older people, social workers must be able to recognise the multiple ways that older people are oppressed and to build capacity to respond to elder abuse, aged discrimination and institutional oppression to ensure the basic rights of older people. An emancipatory framework works not only to ensure that vulnerable people are not abused or exploited but also to ensure that they are not oppressed by the failures to support their capacities to live a good life in older age and even experience a 'good death'.<sup>1</sup> As most people in their older age reach a point where they need some form of care, a conceptualisation of care and its potential to be oppressive is a key area for emancipatory social work practice.

This is particularly important for older people with severe physical limitations, mental health issues and those whose cognitive abilities are diminishing due to dementia or other cognitive impairments and for people who, for a range of reasons, are institutionalised. Older people are institutionalised in 'care' facilities such as nursing homes, hostels and retirement villages, in general hospitals and mental health hospitals as well as in prisons. Increasingly, due to policies of 'ageing in place', one's home can also become a form of institutionalised care and if not supported appropriately can also be oppressive, either directly through various forms of elder abuse or via institutional failures or impositions. Social work is also carried out within a social policy context that reflects political and economic change. Since 2012, when, under a Federal Labour government, key reforms were introduced to the Aged Care Act (1997), there has been a stronger emphasis on the rights of

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<sup>1</sup> Kellehear states that a "good death is not sudden but often refers to deaths that are well prepared by the dying person. Good death in this sense is a dying that conforms to the wider community expectation of making death as positive and meaningful as possible to as many people as possible. Good death is both a prescription for good dying as understood and followed by the dying person and an ascription by others of that dying. In these two basic ways, a 'good' death might be self-defined to be so by dying persons themselves. (2007: 90).

older people in care (Field, 2016). These changes included the later introduction of User Rights Principles (2014) that reflect a human rights framework. The Act states that all residents of care have a right to “be treated with dignity and respect, and to live without exploitation, abuse and neglect” (Field, 2016: 57). These are, however, protective rights that are tenuous in a country that does not have legally enshrined rights, and do not guarantee freedom from oppression. Emancipatory practice and policy has, as a central aim, the objective to support the agency of both individual older people and older people in society collectively in ways that dismantles personal and structural oppressions against their personhood.

### **Emancipatory Practice**

In seeking to put forward a general definition of emancipatory practice in social work it is important to align it with critical social work and social activism for social change and, as will be explained below, to recognise it as distinct from contemporary ‘empowerment’ social work practice, which has been popular focus in social work for the past 30 years (Pease, 2002: 136). Jordon argues that emancipatory practice is not an historically natural fit for social work, which began with individualist practice, nor is it an easy fit in the context of having to constantly adapt to “changing ideological agendas of governments” (2004: 5). Jordon defines emancipatory social work practice as working towards “increasing people’s autonomy and opportunity sets” as opposed to simply ensuring freedom from interference by other individuals or the state (2004: 5-6). Although autonomy includes self-determination through choice, a strong requirement in the contemporary, increasingly marketised social policy landscape, it also requires collective action and participation in social movements. Within social work and other helping professions, the concept of empowerment has become a dominant ‘progressive’ paradigm. As observed by Rivest and Moreau in their analysis of social work’s conflict between being emancipatory and pursuing normativity for clients or consumers:

At its beginnings, empowerment emerged as an alternative to paternalistic models of intervention. Nowadays, it has become

the norm, so to speak, for social work practitioners to embrace an empowerment perspective. More and more practitioners claim to adhere to an empowerment philosophy, while organisations integrate the framework in their services, so much so that it is often unquestioned and uncontested (2015: 1864).

In the early and highly influential work of Freire (1970) and Solomon (1976) empowerment inspired emancipatory practice because it was intrinsically linked to collective action, not stopping at the personal level, but rather seeking to improve the life of communities and their children into the future, to address discrimination and disadvantage via structural means. Empowerment, as it was first circulated as a practice in social work, during the 1960s and 1970s, sought to create individual and societal or structural change (Jordon, 2004). Critical analyses of empowerment as it is currently applied, through policy and practice, observe that it has lost its collective goal of structural change and seeks instead to create individual behavior that conforms to a normative agenda for individual satisfaction (Moreau and Leonard, 1989; Moreau et al., 1993; Pease, 2002; Phillips, 2015; Solas, 1996; Rivest and Moreau, 2015;). Solas in an analysis of empowerment practice observed that empowerment was often defined in highly individualistic terms: “one individual, a human service worker, by virtue of office or regard, empowers another, a client, to be able to function within the established order” (1996: 148). This critique has been taken further to include an analysis that recognises how neoliberalism within governmental, market oriented discourses has appropriated the idea of empowerment as an individualized process of ‘responsibilisation’ of the individual (Cornwall et al. 2008: 3–4; Pease, 2002; Phillips, 2015; Molyneux 2008, p. 783; Rivest and Moreau, 2015). As Rivest and Moreau observed:

Consequently, it may not always be liberating for some to be told that they are the experts, that they do possess power to make changes in their lives. Such statements can be perceived as normative. They can lead, for instance, to an over-responsibilisation of individuals who may not yet possess sufficient resources to make significant changes to their

situation. An emphasis on individual actions can also be seen as detrimental to the acknowledgement of the social and structural qualities of certain situations (poverty, unemployment, abuse, etc.) (2015: 1865).

Deeply embedded in the history of social work practice are key emancipatory social movements: feminism; anti-racism; anti-ableism and; the LGBTQI movement. In relation to ageing, social work should also aim to be at the core of an anti-ageism movement. From an intersectional perspective, the experience of ageing intersects with the objectives of other core social movements, particularly as members of social movements also become older persons. In some cases, there have been successful policy developments that reflect specific identities with ageing services. For example, the Australian Government's 'My Aged Care Website' states that it is "committed to providing aged care services that are inclusive of lesbian, gay, bisexual, trans and gender diverse and intersex elders (LGBTI)" (Australian Government, n.d). It should be acknowledged, however that this type of policy recognition of the specific needs of a previously marginalized and vilified social identity only occurs as a result of a very long and hard-fought struggle for equal social and legal rights and freedom from oppressions.

Teaching emancipatory social work perspectives requires the development of an important capacity for resistance to institutional assumptions and personal barriers to work toward a 'freedom' from oppression. Emancipatory practice is not revolutionary in that most social workers are in fact part of the state, albeit in many cases now in a marginal and often contradictory relationship, or in services funded by the state. Contemporary governments do not necessarily have a social justice agenda and are more likely to be operating from a neoliberal agenda - one that favours individuals and markets over societal and human needs and is not concerned with addressing inequality (Rogowski (2012); Goodwin and Phillips, 2015). Therefore, social workers need to exercise their emancipatory practice both from within (that is, how one views the world) and in the detail of everyday practice with people, groups, families, communities, community

organisations and the state. Self-reflective practice needs to lead to the action of emancipatory practice. This means understanding core issues for working with older people. Core issues include: ageism; the dominance of the medicalisation of older age; how gerontology theories have influenced popular ideas about ageing, the role of older people in the workforce and aged care policies; the imposition of risk and assessment on ageing; the complex construction of care and carers and the impact of institutional practice as oppression. These are also the core topics of teaching emancipatory social work practice with older people.

## **Teaching Emancipatory Practice**

### **Ageism**

Perhaps the most powerful barrier to overcome in progress towards emancipatory social work practice with older people is the deeply entrenched ageism that is pervasive in contemporary Western society and, as Duffy (2016) points out, within conventional social work practice. Ageism relies on a set of oppressive beliefs that are constantly reinforced in everyday cultural production, in social and professional practices, in social policy and within the structure and function of institutions. Nearly four decades ago Butler noted three interrelated aspects of ageism, this included: “prejudicial attitudes toward the aged, toward old age and toward the ageing process, including attitudes towards the elderly themselves; discriminatory practices against the elderly, particularly in employment”, and other social roles; “institutional practices and policies... which perpetuate stereotypical beliefs about the elderly, reduce their opportunities for a satisfactory life and undermine their personal dignity” (1980:8).

Although there has been some greater awareness of ageism as an offensive or prejudicial act in regards to anti-discrimination law, wider social changes are not widely evident. A core part of the process of recognising ageist discourses is the recognition of one’s own ageist assumptions. For students, this has to be a direct and visceral process of exploring feelings about getting old, about how older people look and about the potential to push back or become an activist against

ageism. This includes explorations of social constructions of ageing as a loss of status through popular representations of ideal bodies and ideal lifestyles and the commodification of anti-aging sentiments through consumption of products and lifestyles choices. Developing critical perspectives of how ageism is reproduced in everyday life is an important aspect of understanding unconscious alignments with ageist attitudes.

Promoting emancipatory social work practices requires addressing underlying issues of power, values and internalised privilege (Kostecki, 2016: 241). It also involves recognising and supporting the agency of individual older people and the place of older people in society. In discussing why there needs to be a shift away from conventional, pathologising and ageist social work practice that often constructs older people as resistant, Duffy stated that “Social workers who privilege the importance of developing rapport and strong relationships with older people are invaluable and this work demands social workers to move beyond task-focused traditional social work practice” (2016: 12). As a practitioner/academic teaching in the unit of study discussed in this paper, Duffy offers students real life examples of how to develop rapport and then act as an ally and advocate in supporting an older person and/or their loved ones as they navigate hospitalisation and its implications for their futures. In his examples, he highlighted that emancipatory practice could happen most effectively by understanding equally the discourses and powers inherent in medical institutions and the specific present and past needs, lifestyle, identity and socio-economic context of the older person that the social worker is there to support. Each example included a social worker role in negotiation and ongoing advocacy to limit the oppressive nature of the hospital as an institution and highly detailed and specific emancipatory interventions in the processes that surround an older person’s experience of hospitalisation and what follows. Core to this type of practice are the abilities to see a person without ageist prejudice, to grasp their entire personhood through a life-course understanding of who they are and to recognise what has to be done to ensure that the outcome does not oppress the older person, but

rather is driven by their autonomous decisions or by those closest to them.

### Care

Addressing issues of underlying power, values about age, the inherent privilege of youth, race and class, and building and recognising agency are central to social work tools for emancipatory practice and therefore the capacity to “increase people’s autonomy and opportunity sets” (Jordon, 2004: 5-6). In keeping with the policy shift towards consumer directed care (CDC), the key policy framework of the Australian government’s reforms of aged care processes implemented in 2016 (Australian Government, 2017), emancipatory practice must also support active choice. It must also acknowledge that the choices most important for most people in the present-day world are made in markets, or at least in economic organisations of some kind. However, there is an inherent paradox between embracing individual choice as a freedom and the risk of over-responsibilisation of the individual. As noted by Rivest and Moreau the success of neoliberal dominance is that:

Instead of ‘receiving’ injunctions from a monolithic institution in a top-down manner, individuals are seen as having an active role in maintaining existing structures to such an extent that their survival relies on the singular performance of individuals and less on the long-established legitimacy of institutions (2015: 1862).

Rivest and Moreau (2015) point to the contradictions between human interest (familial and cultural) and institutional practice and logic, both of which older people have been familiar with most of their lives. Social workers have traditionally been placed in a hierarchical relationship between the ‘client’ and the ‘professional’, representing institutional practice ‘in which the professional decided on treatment and reinsertion or rehabilitation options’ [or care options] ‘for the client. This imbalance of power and lack of influence of the clients on their own life fuelled demands for increased involvement in the design and implementation of services, in order to reclaim a hold on the

subjectivity and the singularity of the therapeutic process' (Rivest and Moreau, 2015: 1863). It was this flaw in how services and support for older people had been carried out that precipitated consumer directed care, as it not only appeared to be in the interests of older people's autonomy but also suited the increasingly marketised aged care and services economy. How then, do social workers act in an emancipatory way in a policy and practice context of individual responsabilisation? This is a particularly important question when considering community based care options. In some communities, such as Indigenous communities, which have traditionally taken a whole of family approach to caring for older family members, the fundamental principle of individual choice is a disruption to the way care is understood. In this context, care of one's family elders is a privilege not a burden.

Aged care is the most challenging aspect of emancipatory practice with older people in that, like ageism, it too is constructed by dominant discourses that prevail in wider society, politics, the media, social policies and social work practices. Due to prevailing anti-dependency discourses of contemporary society, the persistent course of individualism as a way of life and the constant proposition that older people are a burden on the health system, on taxpayers and on those who care for them, aged care has been constructed as a social problem.

It is important to challenge the construction or production of care as a social problem. For example, there is clear evidence when hearing the voices of carers about their role that the 'cared for' person can care for the caregiver and that the relationships within informal care are distinctive as they are based on the agency of both the carer and cared for person. There are also fluid distinctions in this unidirectional relationship of 'power' and 'dependency'. In a submission to a parliamentary inquiry on carers, Ms Becky Llewlyn explained the semiotics of the notion of a carer in governmental discourses:

I still believe that this word [carer], used as a tool of government policy, is a source of inbuilt resentment by one person for the other. It differentiates one as the 'goodie', the other the 'baddie'. One the 'giver', the other the 'taker', one the

active', the other the 'passive', harking back to the medical model of people with impairments as 'patient', passively suffering. 'Carer' reinforces one person's actions against the other's, the person who has been linguistically categorised in a deficit model of 'need' ... (Australian Government, 2009: 17).

Central to critical social work practice with older people is an understanding of the complexity of care relationships as social workers play a key role in the informal care sector as well as the formal, residential care sector. Dannefer, et al, proposed an emancipatory view of care, in that caring can be viewed as investing in the cared-for's capabilities, which means including them as a 'public good'. Care should be seen as mutuality; that is the "care relationship is part of a commonness of civic and personal development" and; it requires recognition of the generative action of the 'cared for' as social and instrumental productivity (2009: 125).

Drawing on critical research Dannefer, et al, (2008) provided detailed strategies from an extensive review of social gerontology literature that calls for emancipatory approaches to transforming the nature of the residential care (nursing home) experience. They recognised that helplessness is, in part, institutionally produced and suggested that:

Caring for elders requires creating conditions that allow each to engage her/his human potential by participating in world construction, in the ongoing reconstitution of self and society in everyday life (Dannefer, et al, 2008: 106).

They cited research that included working with care staff to reorient their institutional value and the value of their work, to recognise the mutuality between them and the nursing home residents and many other micro-reforms that recognise the agency and intrinsic worth of the residents. Their approach is encapsulated in the following statements about their research project:

Within this project, critique is properly understood not as the consummate goal of analysis, but as a point of embarkation. It is an initial step, a moment of negation in a theory–practice dialectic, whose intent is to move toward a fuller realization of

human interests and to expand the horizon of emancipatory ideals...Whatever is occurring at the macro-level, micro-interaction is the site where human agency is universally expressed, as consciousness is externalized in human activity. The capacities of social forms are mediated by 'artful' achievements of everyday agency (Dannafer, et al, 2008: 102).

This is a particularly valuable insight into how to *do* emancipatory practice, to move beyond seeing what is unjust or demeaning towards action by intervening into the everyday oppressions that occur due to institutional care frameworks that are often created by externalities such as the market economy for care. This is not to suggest, however, that micro changes at the personal level are sufficient in emancipatory practice, but it is a good place to start a process of a from-the-ground-up transformation. The overall aim would be to affect the culture of the day-to-day experience of residents through to the philosophy of management and possibly beyond to the key policies related to regulation and funding.

A useful case study that demonstrates this type of intervention is a Dutch action research project conducted by Baur and Abma (2012), which took place in an aged care facility in the Netherlands. They set about addressing key problems within the residential care facility that were related to the "institutionalised environment of long-term care facilities: rigid institutional regime and working routines, structural dependency, depersonalisation, disengagement and frailty", which they saw as leading to "older people feeling they have much less influence on their own quality of life" (Baur and Abma, 2012: 1055). An important aspect of this project was the positioning of the researchers who held an outsider position that helped them not to "reproduce the more common, sometimes paternalistic interactions with residents" as they "approached the residents not as clients or patients, but as individuals with a rich background" (Baur and Abma, 2012: 1059). The research project commenced when a new manager, with a plan to improve relations within the home, had just been appointed, offering an opportunity to facilitate greater agency of residents in their quality of life. It also demonstrated the importance of working with

management or anyone with institutional power to participate in emancipatory change.

In consultation with residents, who were mostly women over eighty years old, Baur and Abma (2012) created a 'Taste Buddy' program of willing representatives of the residents to negotiate with management to improve the quality of life for the majority female residents. After extensive consultation with the residents of a residential care home, the project focused on improving the taste of meals. It was found that the worst aspect of living in the home was the poor quality and poorly flavoured food they had to consume each day. Although the project took a long time to build trust amongst a small group of women residents, they eventually found, that if the food were improved they would enjoy being in the home. The residents simply wanted better quality food with more taste. In addressing this problem, the women's experiential knowledge, as having been the key food provider in their own family lives, was key to participation in changing the food experience in the home (Baur and Abma, 2012). The project worked because the women became buddies to each other, buddies to staff and buddies to management as the group became the 'taste buds' for the other residents (Baur and Abma, 2012). The Taste Buddies project resulted in:

... tangible practice improvements in the meals in this particular home. Residents who preferred to have dinner in their own room can now choose from a menu, instead of being 'surprised' every day by what they were given to eat; the location now has its own kitchen and two cooks, with fresh food being prepared on site so that it retains quality and temperature; care workers now wait outside the restaurant to pick people up instead of urging them to finish their dinner quickly; there is now direct communication between residents and cooks by the cooks walking through the restaurant and chatting with residents; and the monthly theme dinners have been reinstated (Baur and Abma, 2012: 1071).

This is an example where the process of self-empowerment occurred due to the transformation of structural relations in the institution at all

levels. Although the focus was on the type of food and the way it was delivered, the real transformation here was the reprioritisation of resources within the home, which was a successful resistance to a market driven model of cheapest and most efficient delivery. In this case, through the agency of residents the priority of experiencing day-to-day life over the economy of the home released them from the oppressive nature of food consumption being determined in the interests of the institution rather than the residents.

This is a good example of how social workers, who are often in the role of advocate for residents within a residential home context, could act to facilitate participation in the structural decisions made in a care institution by supporting some form of democratic contribution from residents towards how their institution is run and how it affects their daily life. Critical approaches to social work require self-reflexive practice, but also understandings of how institutions engender and render helplessness. Danifer, et al (2008), like Baur and Abma (2012), report on action research models for working with residents for change and emancipation from oppressive practices within residential care. In the Danifer et al (2008) critical model of 'Learning from Those Who Know' action research, some quite simple but emancipatory outcomes were produced, such as ensuring that all notices for residents on notice board were published in large print so all could read them and facilitating a practice whereby residents were able to attend wakes and funerals of community members (their friends) from the facility by a social worker getting a special chauffeur's driving license.

The idea of a *good* experience of living in a nursing home has been developed as part of the market in aged care, as the market is increasingly comprised of the assertive baby boomer generation it is inevitable that quality of life is part of the vision of what care should be. For example, the 'Eden Alternative' model has been promoted for Australia and New Zealand in the following way:

The Eden Alternative is a culture change philosophy of resident or consumer directed care. It aims to eliminate the three plagues of loneliness, helplessness and boredom. Pursuing the current

care practices isn't improving our care nor wellbeing outcomes. We need something different...and it's time for change. The Ten Eden Principles provide the framework and support for the whole organisation to shift from a medical care model to a person directed care model. The Eden Alternative empowers staff, residents and families...to make a life worth living and it all starts with You (Eden Alternative Oz & New Zealand, 2017).

Danifer et al, made the observation that there is a culture change movement associated with contemporary residential aged care and several models have been developed within this movement in the USA. They share a philosophy in how the movement defines itself "as dedicated to rejecting negative cultural evaluations of age and the concomitant institutional forms. Its principles include human affirmation (postulating positive values of elderhood in the face of a medicalized ageism); empowerment (counterposing it to the relative powerlessness and dependency of nursing home residents); respect for labor" (2008: 104). Despite the marketised thrust of this movement, it appears to offer an alternative context for emancipatory social work practice in aged care. This may mean that social workers can draw on the desire for non-ageist practice, 'empowerment' and respect for workers in aged care as these models become more commonplace and desired by the 'market'. For example, a string of private residential care facilities called 'Freedom Aged Care' sells its services based on allowing 'freedom, independence and choice' (Freedom Aged Care, 2017).

Although the culture change movement, as part of the anti-ageism movement, appears to be an opportunity for social workers to engage in wider social change about attitudes toward older people, including the frail aged who become residents in institutional care, it has its critics. Shier, et al (2014) did a comprehensive literature review of this new trend across rich democracies (USA, UK and Canada) and found that there is little evidence of major change. They observed:

Many of these efforts, however, have focused on individual clinical components, rather than on the holistic quality of life and well-being of residents ... Moreover, despite these and

other efforts to improve nursing home quality, quality of care and quality of life remain less than optimal for many nursing home residents. Some stakeholders contend that fixing these significant quality gaps requires a restructuring of how health care organizations view and deliver care (Shier, et al, 2014).

One key finding across the review of research literature of this ‘new culture’ was the very low number of facilities that demonstrated collaborative and decentralised decision-making interventions, and that they were not transparent in how decision making occurred (Shier, et al, 2014).

This trend of ‘alternative lifestyle’ residential care has also been taken up in Australia in the not-for-profit sector. For example, Wesley Mission Brisbane has adopted the framework at eleven residential aged care communities. Their website promotes its ‘emancipatory’ values:

Life for residents at Cooper House, St Marks and Knowles Court revolves around choice and empowerment. Whether it’s our residents choosing when to have a meal or how they would like their meal prepared – the choice and control is theirs to make. Our residents feel like they are living at home (Aged care Online, 2016).

Although it is acknowledged that not-for profit agencies, such as Wesley Mission, are in a strong position to implement such changes in a socially just way, such changes required to achieve the Eden Alternative model, exist in a competitive market context. Therefore, despite whether the model ever actually delivers real autonomy to its residents, the expense of better quality care will inevitably lead to class distinctions in terms of who can afford innovative approaches to residential care. It is critical then, that social workers recognise how privilege excludes poorer people from the benefits of some positive social changes and in the case of aged care, which has to be available across all socio-economic, cultural and ethnic groups and geographical regions, there is always a risk that improved quality can only be ‘chosen’ by those who can afford it. This is why emancipatory practice must be seen in the context of everyday freedoms, and not limited to

purely material outcomes. This would demand some policy adjustments for equality of access for all older people that could be manifested in legislated policies that include older residents on management committees of their residences and perhaps guarantees a say in the fundamental philosophy of their care.

To some extent the underlying principles of the current Australian government's policy of Consumer Directed Care (CDC) embraces the idea of older people having a say in how their care is resourced, delivered and managed. The idea of choice however is not a simple one, as it is always mediated by access to both the means of delivering a voice and whether the voice is being listened to. The process of assessment, through Aged Care Assessment Teams, which include social workers, can be an oppressive instrument that limits choice and the outcome for an older person. It is an undoubtedly difficult challenge to overcome such limitations to deliver higher ideals of freedom in a primarily neoliberal context.

### **Teaching in the Undergraduate Unit: Ageing**

Drawing on the critical theory approach of Habermas' communicative action, Caspersz and Oлару, in exploring how to teach emancipatory interest in social change to students, concluded that 'by development of new meanings, social actors attain emancipatory knowledge' (2013: 228). They see this as a process of students being given the tools to free themselves from 'inter-subjective or commonly held meanings that dominate their understanding of their current world' (Caspersz and Oлару, 2014: 226). In their research, they compared current students with alumni in relation to actions towards social change and found that the life experience of those already graduated made them more likely to act for social change and to engage in emancipatory practices. But they also found that teaching could generate interest in emancipatory practice and social change.

In our Bachelor of Social Work course students have opportunities to develop real world experience on lengthy field placements (one of 60 days and one of 80 days) but in this particular unit of study on ageing, which is after they have completed those requirements, there seems to

be a strong potential to consolidate emancipatory interest in emancipatory practice. The challenge to ageism is a crucial first step in freeing students from dominant meanings that oppress older people. However, in keeping with teaching emancipatory practice there must be an element of emancipatory teaching, therefore it is important to allow for co-created processes of learning and try to avoid imposing expert knowledge on students (Morrison, 2015). Practitioners from fields such as formal guardianship, community based legal services for older people, older women's community groups, GLBTQ advocacy for older people, ethnic community respite activities for older people, community care services, housing advocacy and so on share their experiences with the students. The engagement of practitioners to speak of how they do emancipatory practice in their diverse contexts of working with older people and seeking to influence and challenge policy, from diverse ethnic, cultural and sexual identities is a process of leading by example. However, students are always invited to contribute and engage with the conversation in tutorial and lecture settings, particularly by drawing on their own experiences with older people in their lives.

Students are also assessed on group work that requires them to choose an area of critical engagement not covered in the unit of study and to share that with their peers. In this way they become researchers and co-educators in very specific ways of engaging or working with older people. This also provides opportunities for students with specific interests, identities or life experiences to expand the knowledge of their peers about those experiences. There is also opportunity to map the life course of family members, often demonstrating the complexity of how major disruptions, such as the stolen generation, conflict, war or migration or both can shift the life course and produce intersections of identities and alignments throughout one's life.

The process of learning in the unit of study on Ageing asks that students collapse the boundaries between them (older people) and us (everyone else) by examining how age has been historically understood, the impact of ageism and the range of social work practices and social policies related to ageing. Students are asked to engage with

preconceptions of old age and consider the future, particularly in regard to an ageing population and the directions for social policies and social work practices relating to ageing and old age. They are encouraged to analyse and reflect critically on age, ageing and old age and how it is addressed in social theories, social policies and social work. But most importantly, through critical engagement with dominant theories of ageing, understanding the impact of policy and hearing from social workers from the field who come as guest lecturers to talk about how they work with older people, they are exposed to the ideas that produce and encourage emancipatory social work practice.

Employing critical pedagogy in social work education requires students to engage their analytical skills to deconstruct and reconstruct the major theories, policies, practices and research interacting and influencing their understandings of ageing. Concurrently students are also required to identify their underlying assumptions and values that underpin understandings of ageing. If their values are not aligned with the core values of social work: emancipatory principles of social justice, then students are encouraged to re-think and shift their assumptions to be more inclusive of social work principles though the emancipatory framework.

## **Conclusion**

Although many social work scholars highlight the unlikely capacity for emancipatory social work practice in the contemporary neo-liberal context (Jordan, 2008; Molyneux, 2008; Pease, 2002; Rivest and Moreau, 2015; Schubert and Gray, 2015:), this paper reflects an optimistic approach to emancipatory social work education. Although this paper has put forward a limited insight into the unit of study pedagogy, the teaching also engages and applies critical theoretical tools that promote the relevance of intersectionality and life course theory, which are explicated in each topic covered. It also makes links to theories developed throughout the social work degree such as social justice and human rights, with the aim of sharing optimism about older people's capacity to be emancipated from everyday social, political and material oppression. Through demonstrations via case

studies, engaged research and through the reported practices of practitioners working with older people we have been able to show that in working with older people, social workers can and do practice emancipatory social work. This is based on the premise that in every sphere and at every level of action in working with older people, care, advocacy, social movement action for social change and the everyday opportunities within service delivery, there are potential moments and opportunities to assist in freeing people from both small and significant oppressions. The paper has focused on two areas of the pedagogic approach to teaching about working with older people, knowing, reflecting on and combating ageism and the complex field of residential care for older people.

Emancipatory action is directly related to resisting systemic and institutional oppressions, by seeking to bolster opportunities for older people to reclaim and assert their own agency, to facilitate changes in normative thinking about being old and getting older, about valuing older people's role in society and recognising that class and privilege can function to oppress others. There is enormous emancipatory scope for graduating social workers if they are equipped with strong theoretical frameworks and clear activist objectives for their future role, especially in the ever-expanding field of work with older people.

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