The Higher Education Academy
Social Policy and Social Work (SWAP)

SWAP guide 6
Short learning and teaching guides

Integrating health inequalities in social work learning and teaching

This guide outlines alternative approaches to integrating teaching about health inequalities into social work curricula at all levels.

There are three main reasons for teaching about health inequalities.

1. Social work opposes unjust, discriminatory and oppressive social relations. The most profound markers of social inequalities are inequalities in health: how long people live, their chances of living with poor health and the impact that poor health has.
2. Health should be a core factor in every social work assessment and intervention plan. Poor or threatened physical and mental health is almost universal for service users and carers, because of exposure to poverty and disadvantaged social conditions. These conditions act directly on health and increase the likelihood of health damaging behaviours, such as smoking, poor nutrition, substance misuse and violence.
3. Social work can contribute to reducing health inequalities by working with service users to increase their material and social resources, access to information and support systems and to maximise their capacity to manage their health.

Top tips

Motivation
Health is about human rights and social justice: tap into students' motivation by focusing on the unfairness with which health and illness are distributed.

Relevance
Health is a social issue which links into all aspects of people's lives: tackle directly the attitude that, 'health isn't our concern, we're social workers'.

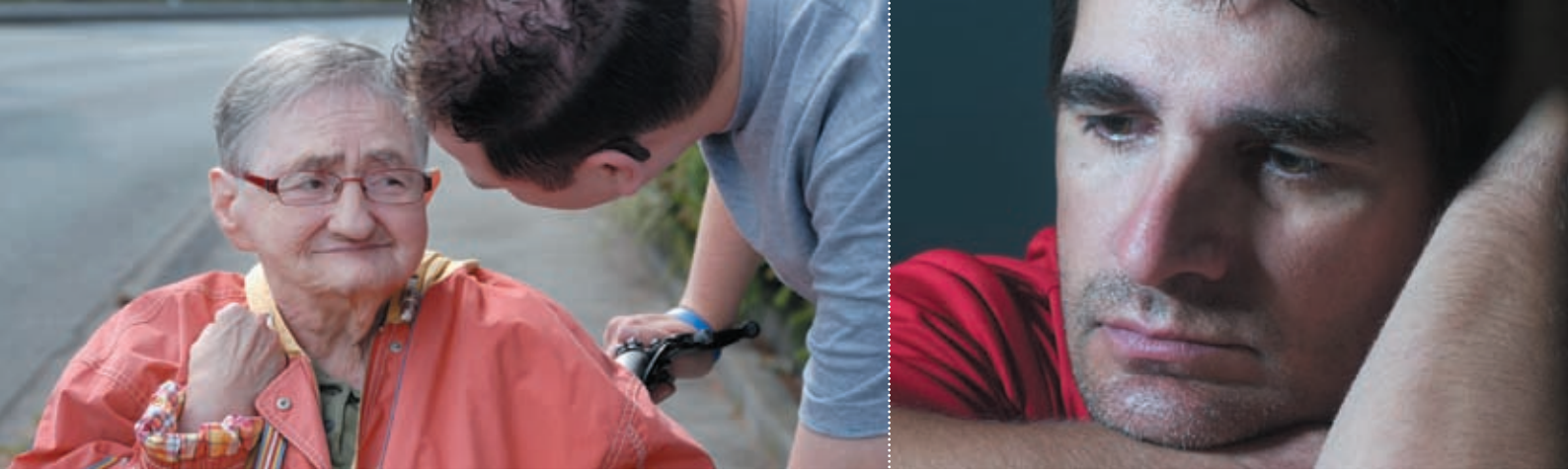
Sensitivity
Health is personal: remember that some students you teach will be facing major health concerns in their own lives or the lives of those close to them. This experience can be a vital learning resource but needs sensitive handling.

Perspective
Health is an issue across the lifecourse: tackle the prejudice which identifies poor health as universal for older people and irrelevant to children.

Holism
Health is a holistic issue: address the tendencies to split off mental from physical health, disability from illness and social work from health professions.

Activism
Health is a focus of activism: locally, nationally and internationally, service user groups and social movements provide excellent examples of community based action to influence policy and practice.

One of a series of short learning and teaching guides designed by SWAP to support learning and teaching in social policy and social work. Each guide includes some top tips, more detailed information on their application in practice and a list of further resources.



Why integrate health inequalities?

Physical and mental health is a central driver in people's lives across the lifecourse. Teaching about health and illness should be a core element in all social work programmes. It should focus on the social determinants of health and illness and the impact of ill health on service users' and carers' lives. Health is an issue of rights and social justice, important to all social workers not only those based in health settings.

Health inequalities teaching should ideally be integrated at both qualifying and post-qualifying levels.

Key arguments

- People's health chances (their chances of staying well, getting ill or dying prematurely) and health experience (their experience of living with illness, and of accessing formal and informal health, social and other related services and resources) are largely influenced by social, economic, political and environmental factors: *health inequalities are the embodiment of social inequalities*.
- Because of the impact of social disadvantage on health, *almost all social work service users are already living with illness or their future health is threatened*. For example, the early months and years of a child's life powerfully influence their future health. The cumulative impact of poor social conditions contributes both to ill health across adult life and into old age and to reduced resources to manage illness. Social factors also create barriers to accessing health care.
- This is both an ethical and a practical *issue for social workers in all settings*. Because social inequalities, discrimination and stigma cause illness and make living with poor health more difficult, all social workers have a part to play.
- Social workers *need to understand a social model of health:* how social factors, unequally distributed, impact on people's health; how poor health interacts with other aspects of people's lives to exacerbate difficulties in daily living; and how social work intervention can help to promote health, and prevent, manage and alleviate poor health.
- A focus on health inequalities can be the basis for developing a shared understanding of a social model of health with health professionals; it can *help with interprofessional education and practice*.
- Health inequalities have local, national and global dimensions. Teaching about health inequalities is a *good way of internationalising the curriculum*.

> *"The most profound markers of social inequalities are inequalities in health: how long people live, their chances of living with poor health and the impact that poor health has on the rest of their lives."*

How to integrate health inequalities: 3 models

There is no single right way to organise social work curricula. Decisions will depend on the overall curriculum objectives and educational strategy. Members of the Social Work and Health Inequalities Network (www.warwick.ac.uk/go/swhin) have experience of three alternative ways to integrate teaching about health inequalities. These models are briefly outlined below together with web addresses where more details can be found.

1. **Permeation:** spreading learning about health inequalities throughout the curriculum in both college based and practice based settings.

   Examples:
   1: Stephen Rose, University of New England, USA:
   Programme Mission Statement, curriculum outline and module entitled: *Human Behaviour in the Social Environment.*
   Course and level: Masters in Social Work, 2 years full time, 3 years part time.
   www.swap.ac.uk/docs/rose_permeation.pdf
   2: Paul Bywaters, Coventry University, UK:
   Suggestions for integrating health inequalities teaching into a variety of common modules.
   www.swap.ac.uk/docs/bywaters_permeation.pdf

2. **Focused health modules:** teaching about health in all or part of a discrete module or modules, taking a strong health inequalities perspective.

   Examples:
   1: Eileen McLeod, University of Warwick, UK:
   Module title: *Health and Social Work: Working for Equality in Health.*
   Course and level: Masters in Social Work, year 1.
   www.swap.ac.uk/docs/mcleod_focused.pdf
   2: Stephen Rose, University of New England, USA:
   Module title: *Social Determinants of Health: Inequality, Health, and Healing.*
   Course and level: Masters in Social Work, Advanced Year.
   www.swap.ac.uk/docs/rose_focused.pdf

3. **Interprofessional modules:** teaching about socially created health inequalities as a core element in interprofessional modules taught jointly to social work and health profession students.

   Example:
   Gurnam Singh and Steve Cowden, Coventry University, UK:
   Module title: *Inequalities in Social Care and Health.*
   Course and level: BA Social Work and parallel Honours degree programmes for midwife, nursing, occupational therapy, physiotherapy, youth work and other students.
   www.swap.ac.uk/docs/cowden_interprof.pdf

> *"Social work can contribute to reducing health inequalities by working with service users to increase their material and social resources, access to information and support systems and to maximise their capacity to manage their health."*

Further resources

Online resources

- **Social Work and Health Inequalities Network.** Multiple resources, including unpublished papers, email list, how to join. www.warwick.ac.uk/go/swhin
- **International Federation of Social Workers.** International Policy on Health, 2008: www.ifsw.org and follow links via 'Publications' and 'Policy Papers'.
- **World Health Organisation Commission on the Social Determinants of Health**, Final report: Closing the gap in a generation: Health equity through action on the social determinants of health, 2008. Exploring the CSDH site gives access to a range of other multimedia resources. www.who.int/social_determinants/final_report/en/index.html
- **Department of Health pages on health inequalities:** www.dh.gov.uk/en/Publichealth/Healthinequalities/index.htm
- **Welsh Assembly Government Inequalities in Health Fund:** http://new.wales.gov.uk/topics/health/improvement/communities/fund/?lang=en
- **Scottish Government Ministerial Task Force on Health Inequalities Report:** www.scotland.gov.uk/Topics/Health/health/Inequalities/inequalitiestaskforce
- **People's Charter for Health**, see People's Health Movement (PHM): www.phmovement.org/cms/
  PHM is a grassroots organisation of health activists.

Other publications

- Bywaters, P., McLeod, E. and Napier, L(eds.) (2009) *Social work and global health inequalities,* Bristol: Policy Press.
- Graham, H. (2007) *Unequal Lives*, Maidenhead: Open University Press.
- McLeod, E. and Bywaters, P. (2000) *Social work, health and equality*, London: Routledge.
- Roberts, H. (2000) *What works in reducing inequalities in child health*, Ilford: Barnado's.
- Wilkinson, R. and Marmot, M. (2003) *The Solid Facts*, Copenhagen: World Health Organisation.

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