

# Their stories, our history: Ken Daniels

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## ABSTRACT

**INTRODUCTION:** This article forms part of the “Their stories, our history” series which provides information regarding some of the major contributors to the profession of social work in Aotearoa New Zealand. Ken Daniels is featured in this article.

**METHODS:** A life history methodology is used to document some of the contributions made by Ken Daniels. Life history is a qualitative methodology where various forms of data are used to piece together a narrative. Interviews, documents, articles and other historical artifacts have all contributed to the development of this article.

**FINDINGS:** Ken Daniels has pioneered a number of social work advances in the areas of mental health, social work education and the professionalisation of social work. He has also made outstanding contributions nationally and internationally in the field of assisted human reproduction through a time of rapid change. Using a calm, compassionate and determined approach, Ken has been able to navigate through the complexities of practice, policy and education.

**CONCLUSIONS:** Ken Daniels has exemplified a practice which has centred a generalist social work approach, working in different ways and at different systems levels to achieve desired outcomes.

**Keywords:** Biography, social work history, Aotearoa New Zealand, social work education

This article forms part of the series of life histories, “Their stories, our histories” commenced by Dr Mary Nash (Nash, 2004) and outlines some of the life events and major contributions of Adjunct Professor Ken Daniels.

Social workers enact change in many different ways, and often they find themselves working principally within one or two modalities (Payne, 2014). With social work being a relatively young profession in Aotearoa New Zealand, Ken has made significant pioneering contributions in a number of areas, working across nearly all forms of social work intervention. He was one of the earliest social workers in the country to

hold a formal social work qualification with specialism in mental health, and developed one of the two first social work training undergraduate programmes (University of Canterbury and Massey University 1976). Ken was instrumental in promoting the professionalism of social work through his development of health competency standards and has made one of the most significant contributions on national and international stages in relation to the psychosocial aspects (education, practice, research, ethics, legal and policy development) of assisted reproductive technology.

The article will consider the formative years of Ken’s social work practice, through to

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his many contributions to education, and social work competency assessment. His roles in the development of the ethical and social implications of assisted reproductive technologies will be explored, along with the international contributions he has made to research, policy and teaching in this area. Ken's contribution to mental health, particularly the Richmond Fellowship, will also be described. The article will conclude with some of Ken's thoughts on the highlights and challenges of his wide-ranging career.

### Methodology

This research would fit under the category of a life history orientation. There are many different descriptions of life history methodology, and the format is often based on information covering a person's childhood, education, family and relationships in such areas as education, health and work (Jackson & Russell, 2010). Life history is a method of research that considers the importance of the relationship between the researcher and the subject and often attempts to reduce "the chances of the interviewee giving a purely sanitised version of events that rarely goes beyond what is already on the public record" (Jackson & Russell, 2010, p. 177).

As in many life histories, this article is made up of the perspectives of the people interviewed and the documents provided and does not purport to be an objective account. In fact, life history methodology acknowledges that the researcher/writer is a "central instrument" providing the main viewing lens on their subject (Cole & Knowles, 2001, p. 10). I have had the privilege of knowing and working alongside Ken for many years. I interviewed him first in 2006 for my PhD on the role of counselling in social work (Staniforth, 2010), he has contributed to other life histories I have written (Staniforth, 2007) and I have been on the Board of Directors of the Christine Taylor Foundation for Mental Health with him for the past 15 years. Over this time he has also become a mentor and a friend.



Information has come from interviews with Ken Daniels and others who have worked with Ken over the years, as well as through written materials (curriculum vitae, Ken's personal documents, competency standards), Ken's extensive list of research publications, as well as through Ken's memoirs documented in his 2021 book, *A Fortunate Life* (Daniels, 2021).

Permission to conduct research for this article was granted by Ken Daniels as well as through the University of Auckland Human Participants Ethics Committee. Potential interview candidates were discussed between Ken and myself, and they were then approached, given information about the study and made aware that Ken had provided signed permission for them to release information about him. Participants all signed consent forms. A total of five interviews were held, two via Zoom, two in person and one via email.

Interviews were recorded and participants were given the option to approve information contained in this article prior to publication. Ken Daniels also gave final approval on the content of the article.

### Early life, service and the church

Ken was born in Dunedin in 1940, as New Zealand emerged from the Depression of the 1930s, prior to being pulled into the Second World War. The third of four boys, Ken's father worked for the rail service and the family had frequent moves throughout Ken's childhood. Ken's service roles began early with him signing up as a cadet in the St John's Ambulance Service, first in Dunedin and then in Wellington. Ken left school at the age of 15 and worked at an office firm that serviced the farming industry, first in Wellington and then moving to Christchurch in 1957.

Ken's family had been active in the Church of Christ in Wellington, and Ken continued this involvement after his move to Christchurch. From here, Ken felt a call to service and as a result began his theology studies in Dunedin to become a minister. In 1961, Ken met Trish, the woman who would become his life partner. They married and moved to Auckland in 1962, where Ken worked in a parish ministry for 2 years and continued his theological studies.

### A call to social work: Early career and education

While Ken relates that he enjoyed his parish work, he felt a desire to serve in a broader context. He and Trish had decided to move to London, and it is here that Ken's social work career formally commenced. Ken began working within community mental health for the London County Council in 1964 and continued within that area for the following 3 years. During that time, Ken acted as a Duly Authorised Officer, with powers under the mental health legislation and also completed a Diploma in Social Studies at the University of London. This course ignited an interest in further study in social work, and Ken soon enrolled in a 1-year Post Graduate Diploma of Applied Social Studies at the University of Wales, with Ken and Trish then moving to Cardiff (Daniels, 2021).

A chapter of Ken's memoir details their time in Wales with the couple being recommended to attend the Church of Christ in Aberfan. Their first church attendance was to be on Sunday October 24, 1966, but on the preceding Thursday, a landslide disaster struck the mining community which resulted in the death of 166 people, most of whom were children who were at school at the time. While still studying, Ken became involved in the church in Aberfan and provided individual counselling for people within the community. Responding to the needs of different groups, Ken also started a men's group which was held in a local pub. Ken recalls the lasting power of these experiences and the inspiration he gained from the resilience of the people of Aberfan, which he took with him into his future practice. While the two experiences varied in terms of cause, Ken saw many parallels with how Christchurch was impacted in the 2010 and 2011 earthquakes (personal communication, 25 March, 2024).

Ken completed his qualification in Cardiff and undertook a further 4-month specialisation in psychiatric social work, completed through a psychiatric hospital in South Devon. From there, the couple made their way back to New Zealand and settled in Christchurch. New Zealand had been quite late in developing its social work qualifications (see Nash, 1998) and, when Ken returned, he was among a select few who had a formal social work qualification, let alone a further specialisation in psychiatric social work. Ken began work for the North Canterbury Hospital Board, working out of Christchurch and Princess Margaret hospitals. These roles involved seeing inpatients, discharge planning, running groups, as well as advocating for patients and their families. During that time Ken became involved with the Canterbury Association for Mental Health (for a time as Chairperson) and this also led to involvement in wider national mental health associations. Eventually Ken would spend nine years as a board member on the National Mental Health Foundation (Daniels, 2021).

Around this time, Ken also became involved with the Marriage Guidance Association. Established in 1949, the Marriage Guidance Association responded to some of the many social changes emerging in the post-war years. It has since evolved into Relationship Services and provides relationship counselling for couples and their whānau (Tennant, 2011). Through Ken's developing contacts and associations, he became a close friend and colleague of Merv Hancock, who would play a major role in two of Ken's subsequent career moves (see Nash, 2004 for information on significance of Merv Hancock and his contribution to social work).

Ken relates that Merv Hancock had been working as a part-time counsellor for students at Massey University in Palmerston North. In these early years, the profession of counselling had not been formally established and it was common for social workers to be employed as counsellors (see Hermansson, 1999). In 1970, a full-time position was developed and Merv encouraged Ken to apply. Ken spent 5 years in that role providing counselling, group work sessions and study and life-skills guidance. He also developed a peer support system for students. During this time Ken was also very actively involved in the New Zealand Social Work Association and was the Chair of the Education and Training Committee. In one of our interviews (December 17, 2020), Ken related the following humorous story about this time:

Well I had this lovely little interchange with the vice chancellor at Massey University in that the Association was trying to get Massey to offer social work training. So I wrote a letter to the VC as Chair of the committee, but because I was on the staff, I decided that it was more appropriate for the President of the Association to send the letter in his name. So I sent the letter up to Auckland and the president of the Association [NZASW] sent my letter in his or her name (I can't recall now) and when the

VC received the letter he phones me up and says "I have this letter about social work training can you come up here and discuss it with me?" So I came up and had a discussion with him about my letter and he said "can you draft a reply for me?" So I went back, drafted a reply, sent it up to him and off he sent it to the president. The president then sent it back to me and said "can you draft a reply to this?" and this went on for two rounds...

During this time, Ken had also engaged in a fair amount of teaching for the Department of Extension Studies through Massey, for social workers and other interested students. The initial campaign by the Association to develop more social work qualifications was successful and three university courses were proposed. Ken once again heard from Merv that he (Merv) was applying for the position to develop the Massey Programme, and asked Ken if he knew that Canterbury University were also advertising for a foundation staff member. He had not, but subsequently applied and was appointed.

### A call to education

Ken and the family moved to Christchurch in 1975, and he was allocated 1 year to develop the social work programme. Ken undertook 3 months of travel to explore several schools of social work around the world and returned to develop curriculum and fieldwork opportunities (including student units), for the new programme.

As to setting up the programme within Aotearoa, Ken recalled having a very influential meeting with Kara Puketapu (Secretary of Māori Affairs, later Te Puni Kokiri) who talked of the Tū Tāngata movement. The Tū Tāngata (stance of the people) movement aimed to promote success for Māori as "a proud people who stood tall within their culture" (Higgins & Keane, 2015), which resulted in developments such as the kōhanga reo movement. This was to play a significant part in the development

of the social work programme's values/content.

Another task required was to negotiate university and faculty systems that were not always welcoming with open arms of the establishment of social work (Daniels, 2021; Staniforth, 2018). Ken remained in the head of department role for its first 5 years, (and then again several times in his 30 years as a full-time staff member) playing a significant role in the development of the programme, and providing teaching and research supervision. Ken brought his training from England with him, and the programme was heavily influenced by a casework orientation and clinical focus (Staniforth, 2010) which impacted on a generation of Cantabrian social work graduates and their skillsets.

Ken also acknowledged the role of other people who played important roles, "At the end of the first year of setting up, Dugald McDonald was appointed as a lecturer and remained at Canterbury until his retirement. In addition to his academic work, Dugald made a significant contribution to the work of the Association [ANZASW]" (personal communication, June 19, 2024).

Social work educator, Professor Jane Maidment, recalls meeting Ken for the first time when he conducted her interview for entrance into the Canterbury Diploma of Social Work Programme:

I remember him being very warm and easy to talk to right from the outset. Then my knowledge has come from being a student. He was always very organised, he could speak eloquently about a broad range of topics. He used to refer quickly to a range of a different readings and had a thoughtful delivery of material. (Personal communication, January 28, 2022)

While Ken retired from his full-time teaching role at the university in 2005, he remains as an adjunct professor and does occasional

teaching in his areas of expertise. Maidment describes his ongoing lectures where he makes the:

... connection between research, practice and social policy so strongly and eloquently. Last year he delivered a lecture on facilitating challenging conversations and drew on experiences he has had in different parts of his career and he had the students eating out of his hand. He hasn't lost any of that magic. (Personal communication, January 28, 2022)

Ken also continues to interview potential candidates for the social work programme and Jane described how he still asks the most searching questions and can just read people so well. "I love working with him" (personal communication, January 28, 2022).

### **Developing professionalisation in social work**

Nash (1998) has provided a full account of the turbulent times within professional social work training during these early years. Ken also described other tensions including conflict about the purpose of social work (the private troubles and public issues perspectives—two different areas or two sides of the same coin), and the generalist versus the specialist arguments, relative to what skills and knowledge social work students should come out with (personal communication, March 25, 2024 and Daniels, 1979). (The author notes that many of these tensions continue to exist in social work education to this day).

Ken has played an important role in many aspects of social work professionalism and education. He was a member of the NZASW and chaired the Education and Training Committee within the Association for many years. His contribution to education also included programme and policy development through his appointment to the New Zealand Social Work Training Council

(NZSWTC) where he acted as representative of the Vice Chancellors' Committee from 1979 until 1986, when the Council was dissolved and replaced by the New Zealand Council in Education and Training in the Social Services (Nash, 1998).

The New Zealand Social Work Training Council was established in June 1973 under the Social Welfare Act (1971). "The Act gave responsibility to the Department of Social Welfare for ensuring the availability of appropriate training facilities for social workers, including those in non-government organisations" (Nash, 1998, p. 281). At the time the SWTC was established, there was still only one formal social work qualification which had been running at Victoria University since 1950.

Nash (1998) related that the terms of reference for the SWTC were that it should:

... encourage co-operation and co-ordination among those involved in social work training and generate information about the training needs of both Government and non-Government agencies. It was to find out what training would best suit the different kinds of social worker and advise on basic minimum standards, curriculum and accreditation. It was also to assist in the establishment of courses in appropriate institutions. (p. 282)

It appeared that Ken was able to play a moderating role on the council as he was not bound by the partisan politics of his role. Judy Mackenzie, a long-time colleague and friend, also remembers that Ken was not afraid to stand up to bad behaviour on the council:

We were both appointed to the NZSWTC about 1985. All the area health boards were supportive of the NZSWTC, as was the Department of Social Welfare as they wanted qualified social workers. There was ambivalence from Justice, as they saw

that probation officers were employees of the court. The people who were against were community and NGO sections. The council was chaired by an independent person, who was quite often difficult. Ken approached this hostile environment with calmness and consideration, thoughtfulness and ability to mediate gently between the two factions. (J. McKenzie, personal communication January 20, 2022)

Nash (1998) described some of the inherent tensions that existed within the NZSWTC and also some of the criticism it faced from within the profession and education sectors as there were many views about what kind of social work should be promoted and which orientations should be accredited. The emerging focus on Māori understandings and needs was also part of these tensions. Pūao-te-Āta-tū (Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare, 1986) was published as the NZSWTC was approaching its end, and would significantly challenge the ways that social work was taught and delivered in Aotearoa. In relation to education, Ken indicated that "Pūao-te-Āta-tū was very significant with its comprehensive recommendations and these became a major focus for critical analysis and learning within virtually all papers being taught. It was a powerful awakening for quite a number of students (personal communication, March 25, 2024). The many impacts of Pūao-te-Āta-tū are beyond the scope of this paper but it has been written about extensively elsewhere (see Cairns & Fulcher, 2022; Hollis-English, 2016; Nash, 1998).

### Health social work competencies

While on the NZSWTC, Ken was invited by the Minister of Social Welfare to conduct a review of the Department's in-service training programme on the competency of social workers and to provide advice:

In 1986 I was the lead author in a publication from the New Zealand

Social Work Training Council entitled *Competent Social Work Practice* [Daniels et al., 1986] and this in turn led, in 1989, to being invited to carry out research into the competency requirements for health social workers in New Zealand. (Daniels, 2021, p. 130)

Ken recalled that most trained social workers were employed in the health sector and it was natural to look at developing professional standards first with that group, “but then it was generalised beyond that to all of social work” (K. Daniels, personal communication, December 17, 2020).

From this research came two significant pieces of work that considered competency standards (Daniels, 1990) and assessment of competency (Daniels, 1989a), which included competencies in working with Māori.

Judith Mackenzie recalled the impact of the development of these standards within her sector, and for her personally:

I came to Auckland at end of 1982. The previous chief social work at Auckland Hospital had established a policy that only qualified social workers could be employed. I didn't agree but of 202 [social workers] only 35 were qualified, so there was a high degree of anger from the staff. Because I had met with Ken over Richmond, we began to talk about a measure of establishing competency, to establish knowledge values skills, etc. Ken got a grant and I got permission to enable social workers to get the required status. It was a very good piece of work.

(J. MacKenzie, personal communication, January 20, 2022)

A central component of this competency work was the consultations that Ken organised with Māori health social workers. There were 27 employed at the time. Information and recommendations from the various hui were published as part of the competency project (Daniels, 1989).

The information emerging from the health competency work was to inform the development of the New Zealand Association of Social Workers competency assessment process for Association membership (K. Daniels, personal communication, October 19, 2020).

Beddoe and Randal (1994) describe how the competency assessment process was significant in boosting falling numbers of the Association in the tumultuous 1980s. The ANZASW maintained the competency assessment process through the start of voluntary registration through the Social Worker's Registration Act (2003), until the competency assessment was devolved completely to the Social Workers Registration Board.

### Assisted human reproduction

Ken's early teaching and research focused on the areas of health and mental health and in his book (2021), Ken relays that when he was appointed to develop the Canterbury social work programme, he felt it was important to maintain some practice in the field to avoid the “academic ivory tower” situation. He was offered a voluntary, part-time (four hours per week) social work position at Christchurch Women's Hospital, conducting assessments for couples who were seeking artificial insemination. This position drew Ken into the area where he has gone on to make perhaps his most significant contributions, in the many facets of the psychosocial dimensions of assisted human reproduction (AHR). Ken relates that, in many ways, donor conception emerged from/replaced adoption which had always been managed within the social work/welfare systems.

The more I became involved in this work the more I realised there were very significant issues for the children and families who resulted from this treatment. Many of these issues would arise after the treatment had taken place and they had completed any involvement with the hospital clinic. It was clear that

there would also emerge a need for health policies to manage what was at the time regarded as a controversial field. There was almost no literature or research available on the children and families at this time and also discussion of the ethical and policy dimensions was very limited. This led me to begin my research journey in to the topic. (Daniels, 2021, pp. 161–162)

Some of the issues were particularly complex in Aotearoa. Ken recalled that a critical part of this journey was the discussions and consultations that he was privileged to have with Māori leaders regarding, in particular, whakapapa.

It would be easy to underestimate Ken's contribution in this area, as it has been so far reaching and international in its scope. During his academic career, in addition to his written work in the field of social work education and professionalism, Ken has published over 100 peer-reviewed articles, nearly all in overseas journals, written one book, edited another, and written about 30 book chapters, all in the area of AHR.

In one paper made available to me, Ken summarised the major areas of focus within AHR, first premising that his work has been critically informed by his social work perspective, and that he carries these lenses into this work, much of which comes out of strongly medically oriented multi-disciplinary research and practice teams (K. Daniels, personal communication, October 19, 2020).

**Secrecy and information sharing:** Ken relates that when he began his work in the field, it was common practice for doctors to encourage parents not to tell their children that they had been conceived through donor insemination. Ken relates that from the beginning he did not see that "shame and secrecy were an appropriate basis for beginning a family with healthy and open relationships" (Daniels, 2021, p. 7). This led

to Ken's passion to change the culture of secrecy within the field and to removing stigma and promoting more open sharing of information. This work has been far reaching. Articles by Daniels (1993) and Daniels and Taylor (1993) formed the basis of an international round table forum on secrecy in donor insemination and that brought together world experts in a newly emerging area.

**Family building concept:** Ken was instrumental in reframing a child's family history from having a focus only on their means of conception to one of building a family history:

My attention shifted to how parents could be enabled to manage the family sharing history in a positive and constructive way. This was a major component of my first research with New Zealand families who had received donor insemination treatment from the clinic in Dunedin. (Personal communication, October 19, 2020)

Several research studies supported this shift. Daniels et al. (1995) explored a groundbreaking Aotearoa New Zealand study that involved telling children about their conception and Daniels et al. (2011) describe a follow-up to this study, which received Health Research Council funding. These publications were to have international influence with a further study in the UK (Lycett et al., 2005) using some of the findings from the earlier New Zealand study.

Through Ken's work in family history building, it became apparent that there was little information or support for parents seeking to have children through AHR. Along with others, Ken developed and ran a support/education weekend programme to develop communication and decrease isolation for people considering the use of AHR to have children. Research (much of which had been undertaken in Germany)



on these programmes demonstrated that potential parents felt a decreased sense of isolation and were better prepared for the AHR process (Daniels et al., 2007).

**Anonymous semen donation:** Like early adoption practices, semen donation had traditionally been done in such a way that donors would remain anonymous and untraceable to children born out of the process of insemination. Ken related that many people believed that if donor identities did not remain confidential, that men would no longer wish to donate (personal communication, October 19, 2020). Realising that this anonymity could present difficulties for children born through donor insemination, and unsure if donors themselves preferred anonymity, Ken and others undertook a large number of studies looking at donor perspectives in Aotearoa New Zealand, Australia, Sweden, the US and other countries (Daniels, 1989b, 1991; Daniels et al., 1996; Daniels & Kramer, 2013). Research from these studies found that “semen donors have a multitude of motivations and an increasing number are not opposed to information sharing and future contact with offspring” (personal communication, October 19, 2020). This research has impacted how, over time, donor insemination is viewed and approached, and more and more countries around the world are now banning anonymous donation.

**Embryo donation:** The area of AHR has been a rapidly evolving one. Ken related, in relation to policy development, that:

I recall that we would sit and go through all of the issues that we could think of, that could possibly emerge. We would draw up our discussion document we would put it out for consultation, we would get feedback. And then, three or four months later, there would be a technological development that we hadn't contemplated. And yes, it was an evolving field. (K Daniels, personal communication, August 31, 2023)

With this rapid revolution, Ken became involved in the consideration and development of policy in the area of embryo donation. This is a complicated and growing area where New Zealand has led some of the policy shifts.

The practice of embryo donation (ED) has been available in New Zealand since 2005; this came about as a result of recommendations to the Minister of Health by the Advisory Committee on Assisted Human Reproduction (ACART). Ken was Chair of the sub-committee which undertook the work in this area (and also served as the Deputy Chair of ACART for over 9 years) and developed the guidelines for the Ethics Committee and for clinics (personal communication, October 19, 2020). Part of these recommendations included mandating a process of donor and recipient parents meeting prior to embryo transfer. Ken relates that:

The model developed drew on New Zealand's approach to access to information by offspring, current practice in adoption, Māori culture and learnings from gamete donation. The guidelines require donating and recipient couple/ persons to meet each other—with the assistance of counsellors—to explore the issues and implications of proceeding to ED. The major focus of such meetings is to consider the adults' understandings and relationships and the future relationships for and with the children concerned. (Personal communication, October 19, 2020)

See Crawshaw and Daniels (2018) for research coming out of the model developed.

Ken has provided education and training for many professionals working in this field in New Zealand and in many other countries relative to psychosocial interventions, counselling and support. This has included workshops as well as being part of a working group of the European Society of Human Reproduction and Embryology,

which developed guidelines for those providing psychosocial assistance (personal communication, October 19, 2020).

Ken played an important advisory role in the development of practice and policy through his work on the Government Advisory Committee on Assisted Human Reproduction and on the National Ethics Committee on Assisted Human Reproduction. While there is usually a term limit of service on this committee, a special dispensation from the minister was sought for Ken to serve another term, recognising the unique and specialist knowledge that he was able to contribute. Ken has also been called upon to provide expert witness testimony in court cases in both the UK and Canada, and has made numerous contributions to media, as well as acted as consultant on other documentary projects around the world (personal communication, October 19, 2020).

Ken also continues his own consultancy and counselling practice in this area. One of the areas which is currently emerging is people who are seeking support after discovering their histories through DNA testing, helping them talk through some of the issues arising and, if they decide they want to contact their donor (where this is possible), facilitating the contact (K. Daniels, personal communication, August 31, 2023). Ken has also recently provided two recent webinars for Fertility New Zealand, the local consumer support organisation. Again, Ken has been at the forefront of some of the critical ethical issues arising from these practices and their present and future impacts on children and their families.

Judge Phil Recordon (retired after over 50 years as lawyer, barrister and judge) worked with Ken on the Richmond Fellowship Board and provided some feedback on the importance of some of Ken's work:

Ken's lectures in NZ and overseas and the numerous articles that went with the lectures continue to astound me.

The simplicity he brought to fearfully complex issues. The clarity and hope he gave so many couples and families with his ideas and thoughts. While the focus of our time together was on Mental Health and an organisation he had helped establish in New Zealand [Richmond], we often drifted in our discussions to an infertility issue which he wanted to get my thoughts on. (P. Recordon, personal communication, January 27, 2022)

In considering the impact that his contribution has made in this area, Ken has been able to acknowledge some of the factors that have enabled his success, recognising his position of privilege:

I have some mixed feelings about the fact that I think I've been quite successful in this area in comparison to many of my female colleagues and I put down my success to four factors. One was that I was a male and when I started in this field most of the doctors were males and when I look at my female colleagues ... they were often disregarded ... The second was in relation to having a university position that accorded some status to what I was saying. Thirdly, that I actually did research and I came up with data that they needed, that they wanted and therefore it was important from that point of view. Fourthly, if I think about mental health, which is the other area that I was involved in, and reproductive technology, both of these are on the fringe of mainstream health and there has been a lot of stigma associated with both of those fields and that fighting the stigma and challenging it has been part of what I've seen as social work responsibility and contribution to this whole area. (Personal communication, December 17, 2020)

Ken has remarked upon the clear overlaps that he has seen between his work in fertility, and mental health, and Ken's early contribution to the Richmond Fellowship demonstrates his interest and commitment to both.

## Richmond Fellowship

Elly Jansen was a Dutch-born nurse who moved to the UK to train as a missionary. She was particularly interested in the field of mental health and moved into social work, eventually setting up the first community “half way” house in London for people being discharged from psychiatric inpatient units in 1959. Jansen continued to expand this initiative and eventually developed the Richmond Fellowship, with over 50 houses in London and another 50 located throughout the world (Encyclopedia.com). Ken initially met Elly when he was studying on a human relations course at the Tavistock Institute in London. They bonded over a shared interest in mental health, and Elly attempted to recruit Ken to lead one of the London Richmond Fellowship residences in London. While tempted, Ken declined the offer to return home at that time, but remained deeply interested in the idea of the therapeutic community (Daniels, 2021).

Following his return to New Zealand, while working in mental health in Christchurch, Ken learned of a meeting being held in Auckland, organised by Keith Lightfoot, a vicar who had trained in the UK and was interested in setting up something like the Richmond residences in New Zealand (Daniels, 2021). Ken attended this meeting, and it was here that he also met Judy MacKenzie, another social worker who was later involved in the deinstitutionalisation project in Porirua. In 1975 Judith had received a Nuffield award for three months of study in the UK. During this time she visited Richmond Houses in London and Oxford and was also very impressed (Staniforth, 2007). With a core group of enthusiasts, Judith MacKenzie related that Ken set up the first house, Dorset House, with Judith setting up another house in Wellington. “We literally started with nothing, and we needed to use all our contacts and skills to obtain funding to start up these houses” (personal communication, January

20, 2022). Other homes soon followed in Napier, Auckland and Hamilton (Staniforth, 2007).

Ken was appointed as the Inaugural Chair of the Richmond Fellowship New Zealand and remained in that position for 3 years, engaged in the difficult job of securing ongoing funding for the development of the organisation and its residences (Daniels, 2021). The Richmond Fellowship continued to grow and, by the 1990s, there were organisational difficulties arising that placed the Fellowship in a difficult position. Dame Anne Hercus became chair of the organisation and Ken was asked to consider rejoining the board. After further tumultuous times on the board, Ken soon found himself once again holding the position of chairperson in 2005. Ken was to help the organisation rebalance and grow and Judith Mackenzie noted that all of Ken’s skills of thoughtfulness and diplomacy were utilised in this role (personal communication, January 20, 2022). Richmond Services eventually merged with Recovery Solutions in 2015 to form Emerge Aotearoa. Emerge Aotearoa is an organisation with an operating budget of over \$NZ 140 million (Emerge Aotearoa, 2022) and provides a range of services, including support in mental health and disability, housing, addiction as well as peer and wellbeing services.

It was in this capacity that Ken also began his close relationship and friendship with Judge Philip Recordon. Emphasis is placed again on Ken’s calm manner in dealing with difficult situations.

Ken I have known for 30 years. I was aware of his Social Work background when we met which was around the time I joined the Richmond Mental Health Group as founding Chairperson of the Richmond Foundation which was to become the Christine Taylor Trust –with support financially from the Richmond Fellowship, which became Richmond

NZ and now Emerge Aotearoa. We had some dark days in the 90s and early 2000s with our Boards with Richmond. It took the skill and experience of Ken and of our great friend Judy McKenzie to settle down what were turbulent times for the Board. (P. Recordon, personal communication, January 27, 2022)

Ken remains as an active board member of the Christine Taylor Foundation for Mental Health. As described by Recordon above, the Foundation was initially set up in 1995 as the charitable arm of the Richmond Fellowship, initially known as the Richmond Foundation. To avoid confusion and any appearance of conflict of interest, the Foundation's name was eventually changed to the Christine Taylor Foundation after Christine Taylor, a mental health social worker who had also been instrumental in developing the Fellowship in the Auckland area and been an active board member and chair. This foundation continues to provide grants to grass-roots organisations that support people with experience of mental distress (Christine Taylor Foundation, 2024).

Ken's service has been widely acknowledged and he was appointed by the Queen, in 2014, as an Officer of the New Zealand Order of Merit in recognition of his national and international contributions in the field of assisted human reproduction and mental health.

### Highlights

During our interviews, Ken was asked to reflect back upon his career and what the highlights and challenges had been for him. As often occurs, some of the challenges were also highlights. Ken acknowledged the difficulties of his earlier work in social work education, but that in looking back, that this was a highlight:

... being able to get social work education training established in New Zealand or

playing a fairly major part in that, but there was a lot of swimming against the tide at that stage. There was a lot of resistance, a lot of struggles and I think where we are at now is a reflection of the very hard work that went in and the good foundation that we established. (K. Daniels, personal communication, December 17, 2020)

In 2022, Ken submitted all his research work for examination and received a Doctor of Letters degree from the University of Canterbury. The Doctor of Letters recognises an outstanding academic contribution to the development of knowledge.

One of his overseas examiners commented:

Ken has long been internationally recognized as one of the experts in psychosocial aspects of assisted reproduction, and his research has had substantive effects on the work of other academics. He has also, and perhaps more importantly, made a significant real-world impact on policy and practice relating to how these reproductive treatments are viewed and regulated. (K. Daniels, personal communication, January 27, 2024)

While the awarding of the doctorate was an honour for Ken, a more important highlight for him was being asked to give the graduation address at one of the University's graduation ceremonies.

Ken talked of the impact others had had on the new graduates, citing the influence of those present as whānau as well as those who were present in spirit. He talked of the way the graduates had benefited from standing on the strong shoulders of others and how the University had now become part of their shoulder brigade. Ken recalled how his experiences had impacted him, and the realisation that his contribution had come from his heart as well as from a strong mind:

Having been involved in working with troubled and distressed families over many years, more significantly I've seen that strength comes from the heart and I've tried to spell that out in terms of love and caring and compassion and understanding and working for the betterment of life of families and individuals. I concluded, my biggest challenge to the graduates, was that "whereas other people have been there for you in terms of their shoulders and hearts, the challenge for you is to be there for others so that they will be grateful to you for the contribution that you will make to their lives". (K. Daniels, personal communication, December 17, 2020)

When I first interviewed Ken in 2020, he thought that the awarding of the DLitt and the graduation address to the students would mark the transition to a more formal retirement period. I interviewed Ken again in 2023 and I remarked that that didn't seem to be going as planned. He continues to interview prospective students for the social work programme at Canterbury, teaches, remains involved in doctoral supervision, research and consultancy, engages in a private counselling practice and is Chair of the David Ellison Charitable Trust. Since that interview he has also become the chairperson of the Christine Taylor Foundation for Mental Health. Ken describes himself as a "failed retiree".

Outside of work, Ken and Trish continue to be busy.

We have adopted twin daughters and grandchildren, and our family life has been great. I'm told that I'm a very good cook and I keep up fitness. I walk every day. We socialise a lot, we have a lot of friends here for meals and we go out a lot. Because of my work I have travelled extensively and I love the travel and we have a favourite place that we have gone to in Thailand for about nine or 10 years. (K. Daniels, personal communication, December 17, 2020)

## Conclusion

Having considered the many contributions made by Ken Daniels over the years, it is clear that his work has demonstrated a social work that has been enacted through many kinds of ways and has made an impact upon many systems levels:

I have been able to throughout my career to take a generalist approach to social work in that I have been involved in direct practice but also in consultation in research, policy development, teaching. And that has been at a national and international level...in the reproductive field (K. Daniels, personal communication, December 17, 2020).

Ken also recognises the helicopter, or global, perspective of working "to engineer the systems that impact on people's lives and wellbeing" (K. Daniels, personal communication, December 17, 2020).

The article began with a description of Ken's earliest years, acknowledging a strong commitment to be of service right from the beginning. He has made significant contributions in a number of important areas and has maintained a social work lens throughout his work. When asked to consider what he believed he would like to best be remembered for, Ken stated:

A commitment to other people, a commitment to social justice, a commitment to the fact that education is the major way in which we change systems, people, thinking, approaches despite how hard that is sometimes. But I'm a great believer in the power of education and of learning and that yeah, I have never doubted the need for, and contribution of, social work to our society or to societies in general. (K. Daniels, personal communication, December 17, 2020)

Through Ken's considered, compassionate and comprehensive contributions to social

work education, professional development and the lives of children and families involved in assisted human reproduction, these commitments will undoubtedly form part of his legacy.

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