
Counselling in social work in Aotearoa New Zealand: The historical, political and socio-cultural evolution

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Dr. Barbara Staniforth is a senior lecturer in social work in the School of Health and Social Services at Massey University. This article is the first of a two-part series which looks at the role of counselling in social work in Aotearoa New Zealand. It follows from a series of interviews with various prominent social workers and academics conducted through 2005-2006, which attempted to provide a historical and thematic construction of some of the forces which had shaped social work and the role of counselling within it. The second article examines a quantitative piece of research which asked approximately 1,000 members of the Aotearoa New Zealand Association of Social Workers for their beliefs around, and practice of, counselling in social work. Both pieces of research formed part of a PhD dissertation entitled Past, Present and Future Perspectives on the Role of Counselling in Social Work in Aotearoa New Zealand completed in 2010.

Introduction

Social work and the role of counselling within it have evolved differently throughout the world. While clinical social work within the USA has long been established as a legitimate branch of social work in its own right, the role of counselling within the UK has evolved within the context of state run services and has moved from being a core social work task to a service that is often 'referred out' by social work. There are many forces which have shaped the role of counselling in social work in Aotearoa New Zealand. This article will review the impact of several factors on this development, using information obtained through qualitative interviews and other sources.

The beginnings of social care in Aotearoa can be traced back to tangata whenua and iwi structures (Nash, 2001). Colonisation and migration would then play a part (Walsh-Tapiata, 2004). New Zealand has had a relatively small population. This has impacted on the philosophy and culture of the nation and has also meant that individuals could yield significant influence. One of the issues which impacted on the development of social work and counselling is the relatively late emergence of formal social work (the first formal social work qualification began in 1949) and counselling here, as opposed to other countries. Furthermore, social work in New Zealand grew out of a welfare state which was ambivalent about the role social work should play. As in many other countries, one of the main influences in terms of defining social work and its role appears to have been the tension which

¹ The name of the professional social work association of Aotearoa New Zealand changed from 'New Zealand Association of Social Work' to the 'Aotearoa New Zealand Association of Social Work' in 1993. For the purposes of this article we have used the current term throughout.

has existed between the community work/clinical work split and the Aotearoa New Zealand Association of Social Work's¹ (ANZASW) ambivalence regarding professionalisation (Kendrick, 2004). Another significant variable in Aotearoa New Zealand has been the role of tangata whenua and biculturalism. Social work here has grown up within two cultures and the tensions which have existed between them. More recently registration for social workers and psychotherapists and proposed registration for counsellors has also begun to alter the landscape of helping professionals and what they do.

Previous literature

While the broad and exhaustive history of social work in Aotearoa New Zealand is yet to be written, there are several pieces which comprehensively address various areas of social work or particular times in depth. Nash (2009, 2001, 1998) has focused on the history of social work education, various oral histories and of the development of the profession of social work. Baretta-Herman (1994) and McClure (2004, 1998) have looked at the development of the welfare state and the evolution of social security in New Zealand. Harris (2004) has traced the role and relationships of tribal committees and the Maori Women's Welfare League with the Department of Maori Affairs' Welfare division while Walsh-Tapiata (2004) has detailed the impacts of colonisation and the influence of Western constructs of social work upon Māori. Dalley (1998) has reviewed the history of child welfare in Aotearoa throughout the twentieth century. There has also been a considerable amount written in regards to the history and relationships of social welfare and social policy (See Tennant, 1989; Dalley & Tennant, 2004; Cheyne, O'Brien & Belgrave, 2004).

In relation to the specific topic of counselling in social work, the Aotearoa literature is scant. Simpson (1978) details the 'counselling crisis in social work' while Munford (2000) conducted a small study looking at similarities and differences between social work and counselling. There are other authors, such as van Heugten who have written about this topic within works on private practice (1999) or within the role of social work more generally (2001).

Methodology

Ethics approval was granted for this research in September of 2005 from the Massey University Human Ethics Committee. Interviews were conducted from November 2005 to September 2006 with 14 prominent social workers, counsellors and academics. A snowball sampling technique was initially used to obtain a series of potential interviewees. From there, purposive sampling was used as there was an under-representation of tangata whenua and those with extensive experience and knowledge of community and iwi development. Semi-structured interviews were used for all interviews, with candidates being given a list of the questions prior to the interviews. Questions included canvassing of interviewees' definitions of social work, counselling and psychotherapy, asking about historical forces that may have shaped the development of the role of counselling in social work, the role that biculturalism may have played, and any other forces that interviewees felt may have shaped the evolution of the role of counselling in social work. All interviews were digitally recorded. All interviewees agreed for their names to be used in the research and subsequent publications.

Interviews were transcribed and interviewees were given the opportunity to review and amend the transcripts of their interviews. Interviewees were also provided with a CD copy of their interviews.

Data analysis did not occur until after all interviews had been completed. A 'fixed qualitative analysis' (Sarantakos, 2005) was then conducted where data was initially open coded (Babbie, 2007). Initial coding revealed themes which corresponded loosely to the questions posed during the interviews. A cut and paste technique was used to pull out the data that had a relationship to each of the initially identified themes. Secondary coding was then done through each of the above themes in line with a variable-oriented analysis (Babbie, 2007).

Key influences

Foreign influences

The early roots of social work and counselling are situated in our pre- and post-colonial development. While many roles and tasks of social work are seen in early Māori society, the beginnings of Western constructs of social work were imported as many other things have been. Western constructs of social work developed within Great Britain and the USA. Social work and the role of counselling within it are products of those importations and their subsequent indigenisation which have shaped a very unique perspective and practice of both.

There has been a continuous flow of cultural influences from the outside from the beginning of the contact in the mid eighteenth century and that has grown and strengthened. It has not weakened. You can call it globalisation if you like and that would be a term that would cover the whole period. That particular aspect if you look at social work in relation to those international influences, the institutions that were set up by the early pakeha settlers bore the aspects of avoiding the poor law from the UK but stressing the need for self reliance. All those things have been built into the kind of attitudes developed by this society in which we now live ... (M. Hancock, personal correspondence, 2/11/05).

Early socio-political contexts

It was the attitudes referred to above which partially fuelled the late emergence of social work in Aotearoa compared to many other countries. Social work had established itself in the UK and the USA by the late nineteenth century (Youngusband, 1981). Soon after the establishment of Charity Organisation Societies in both the UK and USA, social workers became engrossed in debates in regards to the role of individual versus societal change within social work. These debates saw much discussion about the role of counselling and its place within social work and have sometimes been referred to as the '100-year debate' (Haynes, 1998). In Aotearoa New Zealand however, while many people and organisations were performing the tasks later to become associated with social work such as the Māori Women's Welfare League (Harris, 2004) and the Education Department (Tennant, 1989) the first school of social work was not established until 1949-50. Some have felt that this arose out of a reluctance of the Labour government to admit that it 'needed' social work in New Zealand, particularly as the country was often admired for the comprehensive care provided by the Social Security Act, 1938. Ken Daniels summarised a statement made by Jim Robb which demonstrated this point:

New Zealand's approach to welfare can be characterised by a 'kind hearts and cashbox' approach. That was the view that if you had difficulties, a kind heart or money would solve the problem. So a whole lot of our social interventions were about welfare benefits and it was only when there was a realisation that that wasn't actually bringing about any change, that there was a reflection on, 'Well what do we need to be doing?' And it was at that more intensive level of intervention, and that meant that there needed to be skills and knowledge for handling that. And that meant there needed to be education and training (Personal correspondence, 01/02/06).

He then drew a parallel to a more current situation which gave a more vivid portrayal of the point Jim Robb may have been trying to make:

I was in Vietnam last year doing some work for UNESCO and one of the things that I was told there, was that the term social work wasn't allowed to be used in Vietnam because as a communist country to acknowledge the need for social work was to acknowledge that the state had failed (Personal correspondence, 01/02/06).

Education and training

The development of social work education and training in Aotearoa has been extensively detailed by Nash (1998). The first formalised social work education programme was begun at Victoria University in 1949. This programme initially imported staff from the UK.

McCreary (1971a, 1971b) outlined the early development of the school as well as the contribution made by its various staff. The school began taking students in 1950 under the direction of D.C. Marsh who had been brought in from the UK. McCreary described Professor Marsh as being a 'social administrator', and a staff member, Miss Brenda Stubbs as falling on the 'individual therapist end of the scale', and another staff member Jean Robertson as also falling closer to the individual social work provision by individuals (McCreary, 1971a, p. 13).

In Nash's interview with McCreary (1998), McCreary elaborated on this by stating:

I would say that Marsh was a social administrator and he wasn't very concerned with psychology and this sort of nonsense. But I taught psychology and the students were mainly concerned with what to do with people. So really we were teaching a sort of psychotherapy, psychology which got a bigger impulse when Minn arrived because he had been analytically trained, had a 5 year analysis and so during his administration the social administration side faded away it became much less (McCreary cited in Nash, 1998, p. 215).

'Minn', to which he refers, is Professor W.G. Minn who joined the school as head in 1954. As such, some of the interviewees who had attended this programme described an initial psychodynamic focus, consistent with a more therapeutically oriented approach. Gary Hermansson (who began his career as a social worker and then became instrumental in developing the profession of counselling in New Zealand) described the education he received through the Victoria course in terms of its strong psychodynamic orientation:

The professor who taught me at Victoria in 1964 was Professor Minn, who was a psychoanalyst really, and there was a psychoanalytic tradition within that. So my social work training was essentially training in an intra psychic type framework (Personal correspondence, 12/02/06).

While the Victoria University programme only graduated a small number of people each year, many of them would have been trained in the provision of therapeutic interventions.

Some recalled however that this form of work was seen as a luxury once they returned to practice. Judy McKenzie described these conditions:

When I went across to the Auckland Psychiatric Hospital...June Kendrick and I were there together, there was something like 1400 patients and two social workers...I went to Porirua in 1967, there were four of us...three of us were qualified...three of the four were qualified... the population there was something like 1200 in-patients and several hundred out on leave. It was an enormous amount of work. You could only do what you were referred. You picked up the work and you got a referral from a doctor or ward charge and that's what you did...I don't think it was even possible for us to establish a clinical path (Personal correspondence, 12/05/06).

From 1949 to 1976, Victoria was the main provider of formal social work education. (There were various vocational programmes throughout the country such as Tiromoana which had attempted to address some of the shortfall.) In 1976 both Massey University and University of Canterbury began their social work programmes. These programmes were to cultivate different perspectives in terms of the role of counselling in social work.

While the Massey programme was initially begun with Merv Hancock at the helm (who held a good balance of both community and clinical perspectives), the programme would soon be headed first by Ian Shirley (1982-1996) and then by Robyn Munford (1996-2006)² who were both very committed to the promotion of community development and social policy. The Canterbury programme was headed by Ken Daniels who held a strong clinical orientation. Daniels described his view of some of the dynamics at play over time in relation to holding this orientation:

I think it wouldn't be unfair to say that those of us who taught casework were probably marginalised and I don't think that would have necessarily been picked up by the students because I think most of the teachers of casework were pretty charismatic and effective teachers, so they went away with good things. But in terms of the power plays within that group of university educators in social work...I did a little exercise at one stage in which I looked at the heads of schools and what was their background and there were very few who had come through casework that were heads of schools of social work. Now I'm not suggesting that the head was that instrumental but we all know that it is... the public presentation of social work was often seen to be that macro level presentation, rather than the micro (Personal correspondence, 01/02/06).

Given the strong representation of Massey University in the North Island, and of Canterbury in the South Island, there may have been some geographic differences in terms of how the role of counselling within social work was perceived and practised. Christchurch is also seen to be the birthplace of psychotherapy within the country (Manchester & Manchester, 1996) and there have been many social workers operating in private practice in this area (van Heugten, 1999). Social workers in Christchurch, particularly those in health, were also heavily involved in the push for professionalism of social work in the 1970s and 1980s (B. Cromie, personal correspondence, 02/02/06).

² The Massey Social Work Programme in Auckland commenced in 1993 and in 2000 it became part of the School of Social and Cultural Studies. In 2008 the Auckland, Wellington and Palmerston North programmes were all united again within the School of Health and Social Services.

Biculturalism and the professional social work debates

Social work in Aotearoa New Zealand has been strongly shaped by the bicultural nature of this country, and so has the role of counselling within it. Like social work, counselling has been seen to come out of a strong Western perspective that has not been consistent with many of the important concepts within Te ao Māori. An in-depth review of these differences is beyond the scope of this article but some of the areas of contention include the role of individualism in counselling (Durie, 1985) the idea that counselling may be heavily involved in maintenance functions rather than in social change, and therefore potentially aligned with an 'oppressor' perspective (R. Munford, personal correspondence, 17/08/2006), differing understandings regarding confidentiality within Māori collective structures (E. Webber Dreadon, personal correspondence, 21/05/2006), and a lack of understanding of the functions of wairua, whanaungatanga and whakapapa within many constructions of counselling (Ruwhiu 2001, 2009, B. Wikaira, personal correspondence, 07/04/2006).

In many other countries, the role of counselling or psychotherapy within social work has been influenced heavily by the professionalisation of social work. There has been a tendency for those doing counselling or therapy within social work to see themselves as professionals or to be in the camps which agitate more strongly for the increasing of professionalism within social work. The history of the professionalisation of social work in Aotearoa has been a fairly tempestuous one and has been directly related to the Māori renaissance and recognition of Māori rights (Cranna, 1989). This history is well documented in Nash (1998, 2001, 2009) and Baretta-Herman (1994). In Aotearoa, those advocating for the professionalisation of social work were often located within the health/mental health fields, where counselling was often part of the social work role (B. Cromie, personal correspondence, 02/02/2006; R. Munford, personal correspondence 17/08/2006; J. MacKenzie, personal correspondence, 12/05/2006). Those who had concerns around the professionalisation of social work in this country were often aligned to grass roots community development and also tangata whenua (M. Hancock, personal correspondence, 02/11/2005, J. Kendrick, 28/07/2006). Opponents of professionalisation at that time saw that it would limit Māori participation as many Māori did not have access to culturally appropriate training opportunities (B. Wikaira, personal correspondence, 07/04/2006).

Daniels described the influence of these developments on the role of counselling within social work:

One of the moves that was taking place at that time was a move towards professionalisation. Education and training was a critical component of that... and what happens to those people who don't have the educational prerequisites to get into universities? It was also reflected in the debate about professional qualifications for membership of the Association and the debates went on and on and on. I think they really held back the professionalisation of social work because people were concerned that they might be being discriminatory because you were eliminating this group of people, eliminating their access to courses and so those two things were all tied up. Also, many Māori were more interested in working at the whānau or hapu or iwi level, rather than at that one to one level, and again I can remember debates about...this is not an appropriate way to be working, one to one, from a Māori perspective and the fact that only Māori should really counsel Māori or work with Māori and... I think they all added up to a situation in which counselling...the door was almost open for counselling to develop much more actively because social work was sort of saying, we feel uncomfortable with this...we are wanting to move more down to this end of the continuum etc, and we are also concerned about Māori in terms of access (Personal correspondence, 01/02/06).

These debates also became prescient within social work education. Gavin Rennie describes a growing awareness of the shifts that occurred throughout the 1970s and 1980s:

I can remember when I started teaching social work, within a year or so...having questions like: 'How does this affect Māori people?'; 'How does this affect indigenous people generally?'; 'How does this affect women?'; 'How does this affect people with disabilities?' We were starting to ask different questions (Personal correspondence, 11/09/06).

For Māori, there were also serious concerns that 'professional' models (often involving a casework/ individual counselling orientation) were far removed from what was needed by their communities (Independent Inquiry Team Reporting on the Death of a Child, 1988). The following excerpt from Puao-te-ata-tu demonstrates one of the chief concerns in regards to 'professional' social work education, and to Western counselling frameworks.

Both the staff and the community questioned the relevance to the needs of the Māori of much of the university based training of social workers. We were told repeatedly that training programmes were based on North American and European models which we consider inappropriate to New Zealand situations. Furthermore the casework approach to social work which asserts the paramountcy of the individual, is in itself contrary to Māori values, which emphasise the pre-eminence of the group (Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare, 1986, p. 39).

Like many aspects of the reflexive nature of social work theory and practice, Māori have also had a strong influence in terms of the practice of counselling within social work and within the profession of counselling itself. Wikaira (personal correspondence, 07/04/2006) has described how she has adapted Western models of practice to fit better with her work with tangata whenua, while Lang (2005) has responded to some of the concerns within the counselling profession. Models such as the 'Just Therapy' model which have been transported across the world have been heavily influenced by Māori worldviews (Waldegrave, 2009, 2003).

Māori and other 'flax roots' proponents of the professionalisation debates at times argued that those who proposed increased professionalisation were more concerned with the status of the profession than what was best for their clients (Shirley, 1981). Some of the literature (Beddoe and Maidment, 2009) and interviewees spoke to the devaluation of social work in Aotearoa and how this may have influenced the clinical or counselling role within it.

Status and stigma

While in the USA, the branch of clinical social work has developed which situates social work firmly within counselling and therapy, in Aotearoa, those social workers who practise counselling have appeared at times to distance themselves from social work, thus not building an association between social workers and counselling. Some of the people interviewed believed that this may be in part due to the stigma attached to social work, particularly for those in private practice. Hancock discussed his view on how some of this devaluation of social work may be fuelled:

Social workers are on the stigmatised end of life in terms of the social functioning issues that people have. It is social workers that have to get involved with child protection, compulsory mental health issues and so on. So social workers get stigmatised because of the nature of the work and sometimes this has not been recognised sufficiently (Personal correspondence, 2/11/05).

Daniels described a recent experience which illustrates how some have appeared to distance themselves from social work:

Social work has a stigma associated with it and counselling and psychology have higher status, probably, in the minds of the community. There is still an assumption that social work is about welfare and that that has some negative connotations in this country. It was really highlighted for me, one night when I was watching a local TV programme on some social issues that were being discussed and they had a panel and there were about ten people there and six of them were graduates from this programme, here at Canterbury University. And when the captions came up under their names it was 'family therapist', 'counsellor', 'family worker' and hardly any of them used the title 'social worker', and to me there has been a shift away from that kind of stigma that I was talking about into a higher status notion. And I think that's reflected in the fact that a lot of the private counselling...people have got to have quite a lot of money to be able to pay for that and so you are moving into a different realm of clients (Personal correspondence, 01/02/06).

Van Heugten's research into social workers moving into private practice also found that 'respondents were conscious of the poor public image of social workers, and therefore infrequently used this designation' (van Heugten, 1999, p. 233).

The expansion of private practice

Merv Hancock is acknowledged as one of the first social workers in the country to engage in private therapy and consultancy in the 1960s (Baskerville & Durrant, 1996; Hancock, 1969). There appears to have been an initial professional interest in the idea of private practice which seems to have receded quickly. Of interest is the fact that brochures for Massey's initial BSW programme in 1976 stated that the programme would prepare students for jobs in private practice. This statement was not subsequently repeated. Early on, the Education and Training Committee of the ANZASW prepared a statement on practitioners in private practice (1971) which outlined some of the pros and cons associated with the development of private practice social work in Aotearoa New Zealand. It recommended that private social work practitioners be licensed by the Association. There was no reference made to this statement or the process of licensure in future Association documents or journals. In the interview with Ken Daniels, who had been on the committee, he was asked what had happened to this initiative.

Well private practice always has fitted uncomfortably with the Association...well, not always, but certainly at the time that we were developing that (the aforementioned statement on private practice), it was uncomfortable because social workers shouldn't be in private practice. So there was an ideological issue that was important to all of that. Merv (Hancock) was very instrumental in all of this because he was saying, 'Well, I'm a practitioner, where's my reference group? If I want a smaller group within the... in the Association, I haven't got one'. We did start to develop that and it was a good move, but it ran out of steam...There was the ideological difficulty, but yeah, I think the people who were in private practice also had other agendas, other priorities (Personal correspondence, 01/02/06).

The seminal work on private social work practice (often with a counselling or clinical focus) is van Heugten's doctoral thesis (1999) looking at the issues arising for social workers moving into private practice.

Van Heugten and Hermansson discussed how there had been little market for private counselling in Aotearoa as all services had been funded by the State.

I suppose in my thesis I explored restructuring and privatisation in the late 80s and in the 90s providing some of the impetus for people to move into a private practice, which then encouraged more of a counselling, psychotherapeutic focus and individualization... ACC and its payment for sexual abuse counselling may have also added to that. Perhaps also social work was late in professionalising in New Zealand and along with professionalisation perhaps comes somewhat of a move away from communitarian approaches toward pseudo-scientific kind of approaches, which may be somewhat more individualistic (K. van Heugten, personal correspondence, 01/02/06).

With neo-liberal market reforms occurring in the 1980s and 1990s the door (and ideology) opened for 'pay-for-use'.

As of September of 2010, 191 of 4,229 social workers within the ANZASW membership claim to be self-'employed', the new category for private practice (J. Christian, personal correspondence, 1/09/2010). Many of these would be engaged in counselling functions. In 2003, a special private practice interest group was established within the ANZASW. There are approximately 30 members in this group. The group communicates mainly through email, and its mandate and tasks appear to revolve mainly around issues of negotiation of third-party payments from such institutions as ACC and WINZ. The group is also used to disseminate information through the ANZASW and make comment on issues in relation to policy and private practice (C. McPherson, personal correspondence, 19/11/08). There does not appear to have been any move outside of this group through the ANZASW or the Social Work Registration Board, to make any formal statement or set particular standards for those in private practice.

Counselling and psychotherapy as distinct professions

Prior to the 1950s there were very limited training opportunities for those who wanted to 'counsel' individuals, families or groups in Aotearoa. Many interviewees discussed the important role that the Marriage and Family Guidance Movement had played in training social workers and other helping volunteers or professionals in counselling. Hancock described its early development:

The marriage guidance movement had its roots in religious influences in the development of family life education and things like that. This led to the development of marriage guidance translated from the UK to New Zealand...And the development of counselling services within the Department of Justice with an alliance between marriage guidance and the Department of Justice for the training of counsellors. A number of those people subsequently moved over time into the counselling profession and helped its establishment (Personal correspondence, 2/11/05).

Social work established itself prior to counselling, and below, Daniels describes how social work initially gained through the training provided through Marriage and Family Guidance:

Marriage Guidance actually got a bit upset that in fact people would go through their training and then would come on to a social work course and they would lose their investment. Now the reason that people did that was because there was no advancement, there were no training courses in counselling and social work was seen to be the closest thing to it. When counselling courses started, I think a lot of those people started moving in that direction because it was a natural one, rather than to social work (Personal correspondence, 01/02/06).

Counselling as a profession developed about five to 10 years later than social work (this history is fully described in Hermansson, 1999) and some of the momentum for its development came from those such as Gary Hermansson who previously trained and practised as social workers. Hancock describes the evolution of these professions occurring in a parallel rather than a tandem fashion.

In terms of current status, some interviewees felt that there has been limited discussion within the profession around the role of counselling and that this has been usurped by our preoccupation with professionalism and registration. With some of these debates seemingly having come to some resolution (psychotherapy has mandatory registration, counselling is currently in limbo and social work has voluntary registration with signals that it is moving towards compulsory registration) there is a chance that the professions may become more competitive, attempting to 'ring fence' their domains.

Now there is competition between these two groups. Competition for members, I do not think that it is very overt at present because everybody is trying to put their house in order, but there is competition and there is criticism by each, and I think we have to live with that kind of tension and that kind of difficulty (M. Hancock, personal correspondence, 02/11/05).

While there are social workers who form part of The New Zealand Association of Counsellors (NZAC) and some counsellors who form part of ANZASW there appears to be little relationship between the professional associations, themselves, at an executive level (D. Chilvers, personal correspondence, 4/11/08).

Part two of this article, which discusses the quantitative results of the questionnaire sent to ANZASW members, will demonstrate that the majority of social workers who participated in the study indicated that they did at least 'some' counselling within their social work practice, with 12% of the respondent sample indicating that 'it is the majority of what I do'. We are potentially no clearer however of how this sits within the brief of professional social work in this country and if institutions and professional bodies will explicitly support social workers in this part of their role.

In line with social work and counselling moving towards registration and likely protection of title, it is important that each profession is able to articulate their scopes of practice. Now may be the time for some of the debates to return in terms of the role and functions of social work.

Conclusion

This article has explored the factors shaping the development of social work, and the role of counselling within it, in Aotearoa New Zealand. While the role of counselling in social work is firmly entrenched in such places as the USA, the path of counselling has not been so clear here. The late emergence of formal social work and counselling and subsequent professional education meant that there was a large social work workforce who had not had the benefit of basic social work training, let alone specialist clinical or counselling training. Most social work training has sat in undergraduate programmes and there has at times been strong opposition to professionalisation and registration of social work. Moreover, the strong influence of biculturalism in the development of social work in New Zealand has also had significant implications for the place of counselling in social work in this country.

The landscape is however changing rapidly at this time with mandatory registration for psychotherapy now a fact, and on the agenda for social work and counselling.

The second article in this series describes the results of questionnaires sent to ANZASW members asking them about their perspectives on, and their practice of, counselling in social work. As these results show, many social workers in Aotearoa are doing counselling in their practice and believe that counselling falls within the scope of their role. At this point, some direction or endorsement about the role of counselling in social work would facilitate a clearer understanding for students, social workers, and the people who rely upon them. Discussion and debates about this crucial component of practice may also increase collaboration between professions rather than increase competition. It is hoped that the path of counselling in social work in Aotearoa will become clearer than it has previously been.

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