
land is willing to pay in order to produce, employ and retain qualified social workers with knowledge, skills and imagination, capable of providing services second to none for service users who, in the end, have a right to such services.

Ann's conclusion was challenging in 1993 and it still is. Do we believe we can make a difference and are we prepared to take the necessary risks involved in such a project? This would make for excellent discussions in every one of our Branches in 2009. I am aware that in choosing their articles, several contributors to this vintage issue have focused on educational themes and there may be a reason for this. I believe that those with the power to influence the directions to be taken for training and educating social workers in Aotearoa New Zealand are experiencing the tensions involved in deciding between shorter (and therefore cheaper) courses, or longer (and therefore more expensive) courses, and functional practitioners or professional and less domesticated professionals. The final decision will tell us something about the relative strengths of pragmatism and idealism in today's political climate.

Changing directions?

Anne Opie

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I have been asked to tell my own story and relate this to issues pertinent to social work, particularly in relation to reclaiming the voices of social work. I have called my paper 'Changing Directions?' I want to problematise both words: what has changed? And in what directions might social work in Aotearoa New Zealand move in order to more fully reclaim its voices?

I have not placed my story in much of a chronological framework. My story moves between the beginnings of my career in social work at the end of the late 1960s in Edinburgh and in the early 1970s in London and then jumps to Wellington, half a world away from the United Kingdom and 25 years later where I am now doing research into the effectiveness of social work in the health field. As with all 'beginnings' the 'beginning' I have chosen is an arbitrary beginning. There were other beginnings, other moments which shaped and informed by career and practice but which I have not included here.

I want to begin my story with some vignettes.

Late 1967 to early 1968. It is winter in Edinburgh – grey and cold and dark, with dawn breaking at 9.30am and dark descending about 2.30pm. Since I work in a building where my office is effectively below ground, I feel that I am living in darkness. My work is to organise students who want to do voluntary work for the Edinburgh University Settlement. I learn

a great deal about the city, the United Kingdom, and about another colonised country in a very short space of time.

I have found some talks I gave to women's groups in Edinburgh about the work of the Settlement. In looking again now at what I said then, I find myself, still in a considerable state of culture shock having not long before arrived from New Zealand from the university and from a middle class provincial background, talking about the importance of volunteers to help the 'disabled, the crippled and the aged'; to befriend them; to do that which the State does not (and maybe cannot). I raise issues about hypothermia and poverty; the unequal society; the importance of families being able to cease care of their older relatives; and about the moral virtues of being a student visitor to older or disabled people (in phrases with which I must confess I do not feel very comfortable today – there is an unfortunate simple-minded prescriptiveness about them). Looking back, I think I was struggling to make sense of British society, with its gross inequalities, romanticising I suspect, the country from which I had come, and, as a Pakeha, unaware of many of the inequalities embedded in New Zealand society. This was after all before the 1970s resurgence of feminism and the coming to prominence of the issues of ethnicity.

These talks become more polished over the two years I work in the Settlement. About a year later I am quoting Titmuss to the effect that poverty is not the result of moral turpitude but a manifestation of economic and industrial (mis)management; and I link this to the Settlement as an offshoot of British imperialism, with intended ambiguity. I continue to describe the work of the student volunteers in slightly exalted tones:

It (the Settlement) is concerned with helping people on a purely friendly basis in the context of their own society. It is concerned with fulfilling a need in society. It is concerned with giving an outlet to the sense of responsibility that students do have about their community.

These words suppressed the actual difficulties in working with volunteers. Although I was meant to be a first point of call if there were issues they wanted to discuss, I was not in a position to offer training and it was doubtful if the students would have had time to both come to training and do their voluntary work. A large number did continue to work as volunteers, but I suspect many found their experience of volunteer work depressing and demoralising and just dropped by the wayside. (Some may also have found it too expensive since they had to meet the costs of their own bus fares.) For me, there were real issues of accountability.

Unsurprisingly, the demands on students in relation to study fluctuated and their problems in timetabling essays meant that while I would have arrived with the wallpaper, paint strippers, paint, brushes, glue, and ladders so that the students could start on transforming the usually very squalid rooms which they were asked to 'brighten up', the workforce did not. Some 'clients' complained about the length of time the students took to complete a job.

Most of the people we 'helped' were pensioners. This meant they were living on four pounds a week and did not have phones. I had to try to keep in touch by visiting. The chilblains I developed while standing at bus stops at the edges of housing estates in winds howling down from the arctic were impressive and extremely painful. There were many

parts of Edinburgh where the realities of the lives of those in the lower socio-economic classes challenged the rhetoric about the city as the 'Athens of the North', a phrase implying grandeur and openness. Instead, I saw poverty of a sort I could not have imagined and people living in appalling housing but somehow amongst the squalor, some were able to retain a real dignity. I began to think that there was a limit to volunteers' capacity to make a difference when the structural inequalities were so significant.

My second vignette; 1968 – the year of the Prague spring and the Russian repression, of the Paris barricades, sit-ins in the Registraries of Scottish and English universities; and this year of change shades into early 1970. I have left the Settlement and am undertaking my first social work placement as a Social Administration student at the Edinburgh Probation Office. My supervisor, Callum McDonald, who plays the bagpipes and speaks Gaelic, suggests I do an interview. As I walk into the room where the clients I am to see wait, I realise that I am about to be chewed up and spat out in small bits. The clients are a very hard-faced gypsy woman and her daughter, come to negotiate about the parole of a husband. They are necessarily system-wise. I am not.

As I recall, the interview lasted at the most five minutes, but at the time it seemed an eternity. I remember it still with extreme discomfort. I had no idea what to do or how to proceed (and with hindsight wonder what Callum thought he was achieving; and if the clients had been other than whom they were, would he have done what he did). I failed to 'extract', a word I use intentionally, any of the 'relevant' information from either of them. I have a hazy recollection of a second interview (who paid those women's bus fares?) but do not know whether this was more productive, in terms of the needs of the organisation, than the first, or even if I conducted it on my own.

My third vignette: 1972, where, after two years working as an untrained social worker in Brixton, with a huge caseload, I went to LSE to complete my social work training. When I think back to that time, the books I read then which stand out vividly in my memory are Peter Townsend (1963) on Bethnal Green, with his somewhat romantic depiction of a rapidly changing working class society; Brian Jackson and Dennis Marsden (1966) on the structural inequalities of the British education system; Richard Titmuss (1970) *The Gift Relationship*; Adrian Sinfield's (1969), *Which Way Social Work?*; and John Mayer's and Noel Timms' (1970), *The Client Speaks*. On top of these books, towards the end of that year, the first books on gestalt therapy hit England. There was outrage and puzzlement from the student social workers at what we considered (I suspect correctly) the staff's unwillingness to engage with new discourses which challenged and contested theirs.

Why particularly were these books important? I think in part because of the engagement by Townsend, Jackson and Titmuss with major structural issues. Townsend's (1963) work raised issues about the nature of local communities and the ease with which affiliations and associations could not just be simply transported to a new environment; that connections between people were the result of historical association, continuity, social pressures and expectations (what I would now call 'discourses' surrounding family and community relations). *The Gift Relationship* (Titmuss, 1970) was a comparative study of the organisation of the blood service in the United Kingdom, Japan and the United States of America. The manner in which blood was obtained from donors and then exchanged in the United Kingdom between different (medical) communities was symbolic of the quality of reciproc-

ity and collective responsibility of the welfare state, and the significance attached to these qualities. In the United States, though, because the blood had been paid for and was often difficult to get, hospitals were unwilling to trade. The blood could only be kept for three weeks. There was immense wastage of what had been so costly to collect; and United States and Japanese blood was often contaminated.

Mayer and Timms and Sinfield were more closely focused on issues immediately affecting social work. *The Client Speaks* (Mayer and Timms, 1970) was a study of the Family Service Unit's work in London. The authors addressed the tension created by the two completely divergent and polarised perceptions of the social work task. The clients (invariably women/mothers) of this particular agency usually came for assistance because they were poor. They needed financial help with housing arrears, and with gas and electricity bills. They often needed someone in authority to advocate for them. They saw the role of the agency as providing practical assistance and sometimes as giving advice about problems with recalcitrant children or husbands.

Their perception of the agency's role conflicted acutely with the staff. They were all trained (as we tended to be then) in psychodynamics. They were concerned about the ego strength of their clients. They were unwilling to create 'dependency' and were reluctant to hand out money. Rather than defining problems in social structural terms (about which they could do but little), they defined them more in relation to the strength of the individual psyche (where they believed they could intervene more successfully). The social workers defined their clients' real problems as psychological. The clients required counselling and the theory was that as a consequence of counselling, they would be able to resolve their inner tensions and manage their (inadequate) budgets better. The workers worried about the resistance of the mothers to counselling; and the more they perceived 'resistance' the greater the pressure on the clients to work through their psychological issues. You can imagine what happened. Clients learnt to play the game to get the assistance they had come for; some found the counselling they got helpful. For others it was an uncomfortable and puzzling experience which had to be endured for longer-term financial gains.

Mayer and Timms' research highlighted the importance of 'standing where the client is' (and, I want to add, 'finishing where the client is'). Workers need, they pointed out, to accept clients' agendas as relevant, rather than immediately subordinating them to the workers' orientation/concerns. Their work provided a fascinating and salutary study of the operation of ideology and power, subsumed under the notion 'service'.

Which Way Social Work? (Sinfield, 1969) raised some of the same issues but from a different perspective. What, Sinfield asked, was the social work rose? What was a legitimate focus? What did it mean to 'serve' your clients yet ignore their marginalisation within the wider society? How could the highly unequal relationship between social worker and client be constructed more equally; and even more perplexing, who actually did social workers represent?, a question which still touches on social work's ambiguous institutional positioning between client and state. If social work mediated between society and the individual, where was the political focus which moved beyond the attempt to ameliorate the individual circumstances? How was social change effected? Sinfield's answer was to urge the importance of community work and community development. In this context, the social worker could be defined as agent of the marginalised 'other', developing their consciousness of

their oppression, encouraging them to act of their own behalf. Rather than an agent of the dominant social order, social work was by definition sited within opposition.

By this stage I was a member of Frank Field's Child Poverty Action Group. One 'action' involved visiting, along with a bevy of other people all the post offices in my locality to check on the up-to-dateness of benefit information. As expected we discovered that the benefit application forms available were sometimes years out of date and did not reflect the range of benefits for which clients could apply. I was also part of the Brixton Advice Centre, working for the local authority by day, and at night, listening and trying to redress complaints about its heavy-handedness. Today we would (and do) talk (perhaps rather glibly) in terms of empowerment.

Why did I choose social work? Becoming a social worker was, I think, related to a desire to make a difference. Such statements are always laced with ambiguity but I think the attraction of social work lay in its dual focus – the juxtaposition of the personal and the political – and depending on how you positioned yourself, these boundaries could be closely linked. Social work too had a certain moral rightness about it, and in those days, the issue of what constituted the 'better' society was not so contested as it is now; and indeed, there was still belief in the possibility of a consensual society. Faith in linear models of progress still existed. (With hindsight, though, unless you are working for an organisation overtly committed to achieving change, I think I underestimated the difficulties of actively retaining a political dimension to practice in day-to-day work.)

The 1970s in England raised critical questions about the changing directions, about raising the political profile of social work to address the deeply embedded structural inequalities, about points and modes of social intervention, about training, about the construction of the client, and about the place of individual therapeutic work. Social work itself, while acknowledging its internal tensions, appeared caught up on a wave of optimism. In New Zealand today, faced with massive changes in the structuring of the work place (let alone in the wider society), social work does not seem to have that sense of engagement; a fact reflected in the conference organiser's theme, 'Reclaiming our voices'. The theme bridges two contradictory emotions; it acknowledges a loss and simultaneously posits the possibility of transcending that loss. I want to spend the rest of this paper focusing on issues which I consider are critical to moving on rather than staying lost. In doing so, I shall be focusing on issues raised by my current research into the effectiveness of social work in the public health sector with those caring for relatives with a dementia. However, I hope my comments will have resonance in other areas of practice. The two interrelated issues I want to specifically address are the routinisation of work and the development of practice.

The routinisation of work

In referring to 'the routinisation of work' I am not addressing directly the quality of the social work practice, although as with all professions, the research indicated a considerable variation among those participating in the research in levels of skill, knowledge base, training, and experience, factors which have a clear impact on individual worker perceptions of their role, the effectiveness and quality of their work with clients and their interaction with the wider organisation. What I am referring to is a process of de-skilling which has been ongoing in the health service for some years. During the past eight or so years of budget cuts

and non-replacement of staff who resigned, social workers typically have had to manage ever increasing caseloads with less clerical support, with reduced training opportunities and with an increasing organisational focus on output and immediate response to referrals. Nearly all the 21 social workers in my study, but especially the older, trained and/or experienced and competent women practitioners, observed the effect of this on their work. They, in tandem with recent gerontological literature (Fry, 1992; Getzel, 1985; Kirschner, 1985; Marshall, 1983; Marion, 1991) defined their supportive role as encompassing a practical and therapeutic dimension.

Unsurprisingly, they were concerned about the reduction of the service they were able to offer to essentially a practical crisis service, the difficulties of retaining a counselling role, and the difficulty, because of the size of their caseloads, of regularly monitoring the situation of caregivers in the community. Among the health professionals with whom they worked the social workers were still too often perceived as 'bed emptiers'; valued for their practical contribution to the achievement of the organisational objective; their wider role either not understood (most of the 40 plus staff whom I interviewed and who worked with the social workers saw the social work role primarily, if not entirely, in terms of arranging services) or, in those situations where a counselling component was recognised, then in general this was acknowledged only vaguely.

Alternatively, I was left with a clear understanding that the social worker's role as a counsellor was highly contested, and that a number of people from other disciplines defined themselves as 'doing social work too'. The notion of 'supporting the caregiver' was too often synonymous with the arranging of practical services and cessation of contact until the next crisis.

The nature of social work practice is profoundly affected by its organisational setting. There is a certain irony that the recent literature on gerontological social work which underscores the importance of incorporating a counselling dimension as a clear component of the work is occurring at a time when in New Zealand the quality and breadth of practice is threatened by a lack of time to engage in, for example, family counselling (a crucial area for families with relatives with a dementia because of the impact of this illness on all family members in relation to their familial dynamics, their anxieties about their own medical future, their ability to provide support to the caregiver, and their grieving processes).

There is an irony that the words 'providing services' suppresses the at times extensive counselling component involved in getting many older people to agree to accept services (Brody, Saperstein and Powell, 1989); and that another frequent organisational expression 'giving information' typically overlooks what can be a lengthy process in properly achieving a transfer of complex and often distressing information. There is irony that the Department of Social Welfare's seeking to extend the professionalism of its own staff may well absorb much of the country's scarce training resources and thus marginalise the training needs of staff in a different but highly peripheral area of social work.

There is an irony that Age Concern NZ (1992) has been promoting its much needed kit on elder abuse, but at a time when social workers' contacts with their clients are very limited.

There is an irony that social workers are meant to be referring out to community organisations, yet for the particular population with which I am concerned, there are few organisations with the necessary knowledge base, resources and skills to be of assistance; and the social workers were very restricted in the amount of time they could put into working with voluntary organisations to develop community support networks.

Moreover, there is no doubt that having the knowledge and skills to effect a fuller practice, and yet not having the time to undertake such work, is extremely demoralising and stressful for the workers concerned. It was clear that the more experienced and trained women in particular felt that they were not only failing their clients, but were unable to properly meet their own professional standards.

Yet in reviewing social work records, which are, if you like, the 'public' record of social work, I was struck by the extent to which social workers themselves (in many instances for a number of valid reasons) participated in the suppression of a significant dimension of their work. For example, assessment recommendations were distributed to other staff within the Service. None of the recommendations for action indicated any counselling goals. They referred only to arranging services (see Opie (in press)). So complete was this suppression that a newly graduated social worker at one site, on reading case notes, was beginning to come to the conclusion that counselling was not part of her role.

Not all of the managers to whom the social workers were responsible were familiar with the potential of social work with caregivers. Nor was there always a clear understanding of why social work caseloads were a problem, a slightly overt sub-text being the question of why social workers appeared to be doing comparatively little in contrast to other workers who also had high work loads. At one site in particular, social workers were expected to absorb an ever increasing workload, rather than the implications of this being discussed with management.

For example, the annual report emphasised the amount of work the social workers did, but did not raise issues of the real difficulties of maintaining a quality service (a management objective) under such conditions (although the report did comment on the desirability of fewer referrals because staff were overloaded). Nor did the report give any indication of the work (counselling, community liaison and development) that was not being done because of caseload size. No mention may have been made of this because, with contracting coming up, the social workers are failing to achieve what they consider to be a reasonable level of service (taking fiscal constraints into account), that the responsibility is management's and is not the responsibility of individual workers to have to undertake more and more overtime in order to try to provide a 'reasonable' service.

In these circumstances, senior staff need to raise these issues directly with management, focusing their discussion around the nature of the social work role. The intention of such discussions, while hopefully expanding management's understanding of what social work can contribute, would also be to set guidelines on workloads, and clarify expectations about what work is not undertaken, the implications of the decision not to undertake this work and what sort of skills management requires for the work it intends to resource.

If management is seeking staff to undertake work the parameters of which have reduced the work to extremely routine tasks only, is it appropriate to hire trained and experienced

staff whose expectation of their role is quite different? Does management have detailed ideas of type of work quality gerontological social work entails? Do they understand what counselling involves? If not, then they should, and even more to the point, social workers need to clarify, if they are claiming counselling as a skill, how their counselling practice is actually different from the 'counselling' provided by, say, a district nurse and they need to be able to present a coherent argument both about the time such quality work requires and its contribution to client well-being.

In other words, if social work is to re-claim its voice it desperately needs to render itself more visible.

The course of action is not without its risks. It involves being well prepared. It requires clarity about the potential of the social work role; it required honesty about the actual, as distinct from the desired, tasks that these staff at this site can realistically undertake, given their current levels of training, skills and development. It involves identifying training needs and keeping these before management. It involves taking the risk of finding out whether social work matters, or if it is by and large extraneous to the organisation. It therefore requires moving from a reactive to proactive position. If social work is to re-claim its voice, then you as practitioners have to make a properly considered claim for it. No-one else will.

The development of quality social work practice

Just as social work practice is affected by policies (national and organisational) and organisational culture, so too is it affected by the levels of skill, training and experience brought by individual workers and by the opportunities within the workplace to expand these. One of the issues that came up in the fieldwork was that supervision arrangements were not working particularly well. This is a matter of some concern because supervision is closely linked to skill development, professional accountability and client protection.

It is particularly important that it works well for beginning social workers who require quality support and input into their work. Supervision, it appeared, was one of those things that got lost most easily when staff were stretched (which is precisely when it should not get lost). There were other contributing reasons – inevitably, there were some issues of trust between supervisor and supervisee, a supervisor with less experience in gerontological social work felt at times at a loss, at some sites there were problems of distance.

Some workers felt that as a result of years of supervision with the same person, both they and their supervisor had become stale. Peer group supervision existed but from a number of comments, they appeared to be very unstructured, supportive, but not questioning of practice, and therefore undemanding.

Too often, both modes of supervision became discussions about clients, not how work was done with clients. The focus was on the descriptive, not on the analytical, or sessions developed an administrative/practical focus, where attention focused more on how the social worker was meeting organisational requirements and information – giving about contacts for services (especially in the case of new workers). There is a time for such things, but they should not dominate the supervision period.

Part of my fieldwork involved accompanying social workers on interviews (which I taped). What I found fascinating and worrying in some instances was that my impression of what had taken place in the course of the interview was substantially different from what the worker appeared to understand to have occurred. The point I want to make is that if supervision continues to rely on verbal reports of the process and content of an interview (often at some remove from the actual time of the interview) then the report given of that interview on which the supervision is based may bear little resemblance to what took place. I am not talking about a well-documented process of revision of events in light of other events, but the difficulty of recalling in detail what was actually said – that whole process of continual re-structuring.

Counselling skills are not developed necessarily by reviewing a whole interview. It may be much more appropriate to focus on two or three exchanges. This demands not a resume of what you think you said two weeks later. It required attention to what was said or what was not said.

In other words, part of re-claiming a voice is developing a more professional practice. This means in part a more open practice. This means taping interviews (obviously with clients' permission) to use in supervision. This means development of joint interviewing situations if at all possible and ensuring that your supervisor is present at least one interview a month. I do accept that it is initially scary opening up your work in different detail to others' scrutiny. I do not accept that to do this is impossible.

I see these sorts of developments in two ways. One, they are part of developing more complex and qualitative measures about social work effectiveness. Two, they indicate a preparedness to put your work on the line – an important dimension of professionalism. What right do social workers have to intervene in peoples' lives if they are not prepared to open up what they are actually doing for scrutiny?

There are two other issues I want to raise briefly. The first is the question of rotation of supervisors and supervisees. People who have supervised each other or been supervised by one person over a period of time get stale. What arrangements in your area can be made for changes in supervisors, especially if you look beyond the agency which employs you?

Secondly, what support and training do supervisors need? What is being fed back to CETSS and the training instructions about this? What training support groups can you set up in your own locality? Once again, it is critical that social workers make their needs known as part of maintaining a professional practice.

Social work often involves fine judgements in difficult and complex situations and social workers and supervisors require good peer support, good supervision and on-going training. Requiring these supports is not the mark of an immature service or incompetent staff, but is indicative of a service that takes its commitment to quality and staff development seriously.

Conclusion

I want to conclude by asserting that social work exists only because you say it does and that, further, it exists only within the parameters of your practice. This places some obligations

on you as workers. Clients are not well served by staff who are bogged down with work or lack skills or on-going training. Nor do such situations benefit practitioners. It is easy to characterise yourselves as lacking power. In the end, though, you are not powerless.

There is the choice to sit tight and say little. But there is also the choice to take up the rhetoric about quality, to ensure that your work with clients is recognised as part of the quality of the service. This required clarity and honesty about skills and limitations, it requires better and more refined supervision practices, it requires establishing what you are not able to do, because of time and training, and how that detracts from the quality of the service overall. It involves clearly outlining how you will maximise your contribution and what the organisation needs to provide for that to be possible. Reclaiming this professional voice, then, depends on preparation, strategy, a preparedness to take calculated risks, and a belief in your capacity to make a difference.

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