

Judith MacKenzie

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My core belief is that people can be helped to help themselves with skilful intervention and support (J. MacKenzie, personal communication, May 12, 2006).

Introduction

As elsewhere in the world, the progress of social work in Aotearoa has been forged through the process of conflict. These conflicts have often centred around the role of social work and where it should place its efforts on the individual/community change continuum. While researching the history of counselling within social work in Aotearoa, I was fortunate enough to interview several people who had pioneered the development of social work in this country. I was particularly moved by a meeting with Judith MacKenzie. Her story seemed to exemplify a side of the community/professionalism debates which demonstrated an unyielding commitment to the development of the profession of social work even though it came at a great personal and professional cost. She appeared to me to have been a lightning rod for the times, and was at the forefront of several controversies during a very turbulent time in social work's development.



This article will review some of the historical evolution of social work within this country and examine Judith MacKenzie's contribution to the process and events which have helped form this history. Past and present social work academics, managers and practitioners were approached for their impressions, memories and opinions in regard to the role which Judith has played. These contributions were made through interviews, letters, phone calls and emails. Judith was also consulted throughout the process of writing this article. Judith's story and her contribution to the development of social work are best understood within the context of the times.

History

An exhaustive history of social work in Aotearoa has yet to be written. Writers such as Baretta-Herman (1994), Beddoe & Randal (1994), Chile (2006), McDonald (1998), Nash (1998, 2001), O'Donoghue (2003), Staniforth (2007), Tennant (1989) and Walsh-Tapiata (2004), have all contributed to the growing literature in this area of so-

cial work since post-European settlement. While it is acknowledged that tangata whenua have had systems and processes in place which fulfilled 'social work' functions within hapu and iwi (Nash, 2001), the emergence of a western practice of social work was slow to come to Aotearoa. While the UK and the USA saw the inception of schools of social work in the late 1800s, New Zealand's first social work programme did not emerge until 1950 when the School of Social Science at the University College of Victoria began its Diploma of Social Science in Wellington (McDonald, 1998). This late emergence of a social work programme did not mean that there had not been a growing workforce of individuals who were tasked with dealing with the effects of colonisation, poverty, urban drift and a changing socio-economic landscape. However, formal training for difficult and complex work was the exception rather than the rule and was often limited to those individuals who had either come from overseas or who had had the luck or luxury of being able to travel overseas to obtain training. These conditions precluded many Maori from having access to formal training.

When the two-year Victoria programme began in 1950, it took in only about 12 people per year, most funded from government bursaries by the State Services Commission. Maori were represented in the Victoria programme, but the small numbers admitted overall barely touched the tip of the iceberg in terms of much-needed social work training. The Victoria programme remained the only university-based social work programme in existence in Aotearoa until 1976 when Massey University began its Bachelor of Social Work programme, and the University of Canterbury started its two year diploma programme. The following year Auckland University also began the Master of Arts in Sociology (Social Work and Social Administration), which ran from 1977 to 1980 (Nash, 1998).

The New Zealand Association of Social Workers was formed in 1964, and joined the International Federation of Social Workers in the same year (Beddoe & Randal, 1994). From its beginning, the Association had to deal with questions such as, 'who should be admitted?', 'should they require formal qualifications?', and 'how should the Association help progress the profession within a bicultural Aotearoa?' (Hancock, 2008). These questions were to sit at the heart of the development of the profession of social work in this country. Somehow, growing a professionally trained workforce had to be managed within the constraints of very limited training opportunities and a growing acknowledgement in the 1970s and 1980s of the importance of indigenous and community-based knowledge which was not seen to be obtainable from a professional qualification. Social work's adolescence also occurred within a time of social change within Aotearoa.

The early mid-eighties was a volatile time in health social work in Auckland. As an occupational group it sought to accommodate competing demands, but also build a united front about what social work stood for. The Maori renaissance following the 1981 Springbok tour, the WRAG report critiquing the role of social work in perpetuating institutional racism, the emphasis on cultural matching between social worker and client and a community development approach, all of these various influences made social work a more complex area in which to work than in previous decades. As if to exacerbate the situation, running alongside this was considerable pressure for those working in social work to qualify and train as social workers and to establish a clear professional orientation (S. Hanna, personal communication, January 8, 2008).

The scene was set for some interesting dynamics, in which Judith MacKenzie was to play a large part.

Judith MacKenzie

Born Judith Bull (great-granddaughter of James Bull, who founded the town of Bulls) in 1930 at the beginning of the Great Depression in the Rangitikei, life was not always easy for her pioneer farming family. Judith's father had served in the Wellington Mounted Rifles brigade during WW1, in Egypt and Jordan, and had suffered poor health. Her mother, from Wellington, was born with a serious physical disability, and had been a teacher. Judith relays that her parents provided the children with a loving and supportive environment despite their health and disability difficulties and their very limited finances.

The fourth of five children, two older sisters, one younger and one older brother, I learned early, as we all did, that our help was needed in virtually every area of the farm and household. I rode my pony to primary school until at age nine a school bus collected us at 8.00a.m, more than a mile from the homestead. In 1944, my first year of secondary schooling, I took correspondence lessons, and helped on the farm for these were WW2 years. In 1945 I went to New Plymouth Girls' High School as a boarder (J. MacKenzie, 2008).

Judith began an arts degree in psychology at Victoria University College in 1949 while working in her student hostel to offset her fees. After two years she joined the Probation Section of the Department of Justice and continued studying part time. One unit in anthropology required a pass in a te reo paper. She enrolled for this at Ngati Poneke where Bill Ngata was tutor, and continued language studies for three years.

She was sponsored by the Justice Department for the two-year diploma course (and bonded for a further five years to the State Services). A practical placement with the Welfare Section of the Department of Maori Affairs, and her knowledge of te reo led to her employment as a social worker with Maori Affairs in Auckland, helping with the transition of Maori youth moving from the country to the city.

Judith left Maori Affairs in 1956 to begin her career in mental health, working at the Auckland Mental Hospital (later to become Carrington). Judith describes the early impact of working within a multidisciplinary team in a health setting:

I was able to work with a multidisciplinary team where social workers would be the only group who were not registered, who were not required to have an education or training. The background gained there, seeing what could be done when a team worked well for a patient and family, and what happened when there was a weak link be it social worker or doctor, strengthened the drive that has been with me all the years, for all social workers to be qualified. The need for a broad education and formal training seemed essential...Skills and values education and the opportunity to look at yourself, your prejudices and personal values, understand them and recognise that you do not work from your own personal value systems and beliefs, when working with another person (J. MacKenzie, personal communication, May 12, 2006).

This experience was likely to have shaped Judith's ongoing commitment to professionalisation within social work.

Judith had two children, one in 1956 and the second in 1960. At a time when mothers were expected to stay home, Judith returned to work shortly after the birth of each child. Her parents and in-laws frowned on this decision. 'They were really afraid that this would set the children upon criminal paths' (J. MacKenzie, personal communication, February 2, 2008).

During this time, there were very few social workers who had had the benefit of training who were working in Auckland. June Kendrick met Judith while attending the Victoria programme, and the two have remained colleagues and friends to this day. Judith and June were able to support each other and were instrumental in bringing together other social workers in the Auckland area for peer support, networking and professional development.

We were also in touch with others who had trained at Victoria, and in 1961-62 we got together a group who subsequently founded the Auckland Association of Social Workers. Donald MacKenzie (Judith's husband) was our first President (J. Kendrick, personal communication, February 7, 2008).

To Wellington

In 1963, Donald MacKenzie was promoted to Director of Research for the Justice Department. The family moved to Wellington where Judith worked part-time at Porirua Psychiatric Hospital. Phillip Parkinson, a colleague of Judith's in mental health services for over 20 years and a friend, describes the early times working with Judith:

At the time Judith and I worked in mental health services, the system was very medically orientated. The social work role was not understood or acknowledged at that time which meant that it was a stressful and sometimes confrontational environment to work in. Generally, nursing staff were hostile to social work involvement with patients and saw the role as confined to doing just practical things like sorting out financial arrangements, packing up flats when people were admitted and other welfare activities. With the trend to community care, there was concern that social workers would step up activities which would move clients out of hospital and that wards would close and jobs would be lost.

To some extent, the medical orientation of the day with emphasis on drug therapy and custodial care, reinforced this situation. While some medical staff were willing to bring more innovative approaches, the system did not encourage or support these moves. Judith established excellent rapport with medical staff and was able to achieve significant changes in medical staff's treatment options including individual, group and family therapy, and a willingness to try community options. Her work in this area enabled the establishment of a strong domiciliary nursing service and social work teams to provide active follow-up and support for those moving back into the community (P. Parkinson, personal communication, November 29, 2007).

In 1970 Judith began work at the Child Health Clinic in Wellington for three years, honing her clinical skills. Judith describes her time there:

It was absolutely brilliant... and our clients... the kids weren't always willing, but the parents essentially were, so that was where I really began to build on some counselling skills, because up until that time, I would not, I think, have done anything I could really describe as family therapy. I'd worked with families, but it would have been pretty practical. Those three years we worked together I really felt I had a good grasp of what I was doing. It was a real mix of individual, family and community work and I saw what could be achieved by social workers and a focused team. We had some good results, it was a very good time for me. It was also

my first full multidisciplinary team experience with well organised supervision and internal staff training. Only qualified social workers were interviewed for the vacancies at the Clinic (J. MacKenzie, personal communication, May 12, 2006).

Judith was eventually persuaded to go back to a supervising social work position that had been established at Porirua Hospital in 1973. Ruth Manchester, who worked as a lecturer in the social work faculty at Victoria University at this time commented on Judith's strong stance on professional training and the importance of good supervision and found Judith and her department to be a valuable resource for student fieldwork placements (R. Manchester, personal communication, January 28, 2008).

The Nuffield Award

In 1975 Judith was awarded a Nuffield Award for three months' study in the UK. A prestigious award, administered by the British Council for the Nuffield Foundation in London, the Nuffield was awarded annually to a teacher, a nurse or a social worker. It provided a small amount of money, which often only covered return airfare, while the recipient's organisation was expected to provide the employee's salary while on leave. A sign of the times, Judith relates that she was only offered half pay by the State Services Commission due to the fact that she was a married woman (J. MacKenzie, personal communication, January 28, 2008). The award enabled Judith to look at the delivery of social work and mental health services in the UK. Her interest and commitment to the Richmond Fellowship also came out of this time. Judith visited Richmond Fellowship houses in London and Oxford which she felt had a great atmosphere, and where residents were living in the community and undertaking their activities of daily living themselves. 'It got into my soul seeing people being brought back into an ordinary social life and managing their own personal requirements' (J. MacKenzie, personal communication, January 26, 2007). Judith's subsequent involvement in the Richmond Fellowship in New Zealand is discussed further in this article.

Move to Chief Social Worker Wellington

In 1977 the Wellington Hospital Board instituted a Chief Social Work position to which Judith was appointed. In this role, Judith fought for increased social work presence within the hospitals, greater access to community services, and support for education and training for social workers without formal qualifications within the Board. One of Judith's first tasks as Chief Social Worker at the Wellington Board was to have a key role in setting up the first Wellington abortion clinic (Parkview), following the passing of the Contraception, Sterilisation and Abortion Act of 1977. In this capacity Judith had special responsibility for the recruitment and appointment of the counsellors of the clinic.

Prior to the 1970s, abortion services were not available to women in New Zealand unless the pregnancy was deemed to place the woman in serious psychological distress. With the rise of feminism, the radical S.O.S (Sisters Overseas) group helped New Zealand women get to Sydney or Melbourne where terminations were more readily available. Judith Ackroyd, who currently co-ordinates the BSW fieldwork practicum at Auckland University, was one of the women employed in this service who Judith supported to attend the Victoria programme.

I have a picture of Judith sitting on top of a mountain alone surrounded by many voices calling out, but the gap between all the voices and between Judy is huge. And I sit this alongside her

hard work in establishing Parkview Clinic, the termination and pregnancy clinic in Wellington which was a service that was long fought for. It was considered very radical at the time (J. Ackroyd, personal communication, December 19, 2007).

Judith remained as Chief Social Worker for the Wellington Board until 1982. She relates these as generally satisfying times, working with an increasingly qualified social work workforce and many like-minded people.

The Social Work Training Council



Judith was a member of the Social Work Training Council from 1978 until it was disbanded in 1986, as the representative of the Hospital Boards Association. In this role she was involved with others in drawing up draft standards for social work education, management, supervision and practice (see Competencies Working Party, 1986). Ken Daniels, Professor (Adjunct) of Social Work at the University of Canterbury, describes working alongside Judith on the SWTC;

On the Council Judy was very active in promoting the professionalisation of social work and I use that word in the sense of seeking to ensure that the people we served received the best possible service (K. Daniels, personal communication, February 7, 2008).

Judith was also involved in the contentious course approval process and the establishment of the Certificate of Qualification in Social Work (CQSW) for social work education providers. Angela Elliot (Gilbert), long-time friend and colleague of Judith's, remembers being on the Social Work Education Accreditation Panel with Judith:

I recall that of the seven of us, Judith as the chair worked tirelessly at close of business to complete tasks and prepare for next day's round with that institution, while some of us nipped off to the bar! She is your ideal committee worker, well organised, focused, excellent at writing and completing work, good humoured and fun (A. Elliott, personal communication, November 15, 2007).

In 1975 the Accreditation Committee of the SWTC decided not to accredit the YMCA community work course with a CQSW. 'The standards were clear that community work was only part of what was needed for an accredited social work programme' (J. MacKenzie, personal communication, February 7, 2008). This decision is sometimes seen by some social workers as bringing about the end of the SWTC which had been criticised as being elitist (Nash, 1998). Merv Hancock, long-term social worker and colleague of Judith's over many years, remembers this decision, 'When the YMCA youth programme did not get a CQSW credential, many people believed that this meant that there was something wrong with the CQSW' (M. Hancock, personal communication, January 29, 2008).

Dual roles were sometimes difficult for Judith in this position. While the SWTC accredited the newly founded Auckland College of Education programme in the mid 1980s, the

ongoing relationship between the school and Judith as Chief Social Worker for the Auckland Area Health Board was at times extremely fractious.

Dedication to professionalism was evident within all of Judith's positions. Hancock describes how this was likely influenced by Judith's work within the health system:

Judith also worked in a hospital setting where credentials were important. Doctors had credentials, nurses had credentials and I think that Judith must have been frustrated to work in that setting and not see social work moving forward more quickly on credentialing. She was caught between a press for credentials and a need to hire people with credentials.

She was on the professional side of the professional/community debates and earnestly wanted the profession to move forward. She found the community side of the debate at times difficult particularly if it involved the argument that a good heart was all that was required to be a good social worker. She was not out of sympathy with many of the community work values and could see the need for social change, both within agencies and within society. She did however believe that social workers on the front line often had to attend to a much narrower scope and that they needed to be able to do this well (M. Hancock, personal communication, January 28, 2008).

Nowhere was this dedication to professionalisation to become more evident than within Judith's next position within the Auckland Area Health Board.

Chief Social Worker of the Auckland Area Health Board

In 1982, with her husband's health failing, Judith returned to Auckland and took up the position of Chief Social Worker of the Auckland Area Health Board. Judith describes this challenging position as a 'turning point', in her life and her career (J. MacKenzie, 2006.). 'I came up here (Auckland) to 204 social workers, spread over 13 different bases, from South Auckland to north of Warkworth, based in general and psychiatric hospitals, and community bases, with only 35 of them qualified' (ibid). Judith had taken over this position from Eve Hessey, the first Chief Social Worker, who had left the position after about a year to head the new Auckland College of Education Social Work Programme. Judith relates how prior to leaving, Eve had encouraged the Auckland Area Health Board to implement a policy of only hiring qualified social workers and giving the Chief Social Worker the decision-making powers regarding any unqualified appointments. 'Now I don't know how she managed to push that through, but it was pretty unwise on reflection. Once that policy was there, it was 'the red rag', and I was targeted as I had agreed to implement it. It was a whole big new challenge' (ibid). While Judith believed in the importance of having a qualified social work staff, in Wellington she had managed to largely accomplish this without a mandatory policy.

Sue Hannah, senior lecturer at Massey University in Palmerston North, has known Judith for 28 years. She describes how the combination of dedication to professionalism and the demands of hiring qualified social workers for the hospital saw Judith being aligned, for many, with the elite, white, status quo end of social work:

Judy stood firm on the requirement for social workers to have a professional social work qualification, and for there to be a strong united professional identity. She believed this was essential to good practice delivery, and because she quite correctly predicted the destructive

impact the new managerialist regime would have on the position of health social work in the decades to follow. In this dedication to professionalisation she was often misunderstood (S. Hanna, personal communication, January 8, 2008).

Judith describes one of the more painful points in her career:

I actually had a letter from NZASW in 1986, telling me I was, amongst other things, elitist, because of the policy, racist, sexist...and there was another 'ist' or 'ism'...and I was very upset when I got the letter. I was a foundation member of NZASW. My husband was first president here in Auckland before we went south. I got the letter when Donald was ill...very ill really. He read it. He said, put it in the rubbish bin, so I did. I wish I'd kept it, but I put it in the rubbish bin and resigned from NZASW. I could not be part of what was supposed to be a professional body, but which was not a professional body, so I left them (J. MacKenzie, personal communication, May 12, 2006).

To this date, Judith has not heard back from the Association, and it is not without a certain degree of irony for Judith that this article now appears in the Association's journal (J. MacKenzie, personal communication, May 26, 2008).

Gavin Rennie was among those who wrote to the Chairman of the Auckland Area Health Board in 1986. Currently Senior Lecturer in the School of Community Development at Unitec, Gavin was director of Friendship House from 1982-1990. Gavin became Chair of the first South Auckland District Council of Social Services and represented the views of a number of South Auckland workers who were concerned about the Auckland Area Health Board's policy of only hiring formally qualified staff. This was felt to be at the expense of having much-needed Maori representation in the hospitals. Gavin describes the letter as coming out of meetings and movements of the NZASW where younger social workers were raising concerns about the social work profession in relation to *Puao te ata tu* (1986), and other political issues.

I think those things needed to happen at that time. I don't like to think of things as binaries, but unfortunately at that time it was difficult to have professionally qualified staff who were Maori. It was one or the other. We soon began to be able to see the importance of the both/ and in terms of having professionally qualified Maori staff, but that's because later we could have both. Those were very stirring and passionate times. Many Pakeha in social work were very shaken up and anxious to do the right thing. We had no models to draw from, and having those binaries sometimes prevented us from being able to get to a workable compromise. In hindsight I am able to see that more clearly than I was at the time (G. Rennie, personal communication, November 27, 2007).

While at the same time as being accused of racist practice, Judith and Kate Leslie instituted the first Maori health social work team in Auckland Hospital which covered all wards. Pare NiaNia of Ngati Kahungunu who had obtained her social work qualification in Brisbane saw the advertisement for the head of team position while on holiday in New Zealand. She was appointed to head the team and went on to hire three other qualified Maori staff. Judith claims that Pare was adamant that her people needed the best qualified staff (J. MacKenzie, personal communication, March 4, 2008).

Sue Hanna comments on how it was easy to target Judith as the Chief Social Worker and see her follow through on the Board's policy in isolation:

Because she was not from Auckland the very radical social work she had done in the area of mental health, and her commitment to women's rights and the rights of cultural minorities was not widely known. Had it been, it should have both silenced and shamed those critics who accused her of sexist and racist tendencies (S. Hanna, personal communication, January 8, 2008).

The Chief Social Worker Association

Judith was instrumental in the formation of the Chief Social Worker Association which was supported by the Ministry of Health in the early 1980s. This service was formed with the intention of lifting the standard of service delivery by social workers in both hospital and community health centres. 'One of the policies developed by this group was the policy to recruit qualified social workers, and where this was not possible, to recruit candidates who could give a commitment to training and an expectation that they would undertake training after a two-year work experience/training employment.' (P. Parkinson, personal communication, November 29, 2007). The organisation sat outside of the NZASW and was instrumental in supporting health social workers through the initiation of such things as conferences and educational opportunities.

The CSW Association was funded through the Department of Health to develop a competency framework for the profession of social work. The Association commissioned Ken Daniels to develop this framework. This document, entitled *Competent Health Social Work* was piloted in 1985 and was based on the values, skills and knowledge base required of health social workers in New Zealand at the time. This document was also to form the basis of what would become the competency assessment process of the NZASW in 1989 (see also Daniels, 1989, 1990).

Restructuring in the 1980s

Made redundant in 1991, Judith was part of the first wave of the restructuring of the health system which had begun in 1989. This restructuring saw many senior social work managers in health and social welfare who had devoted their careers to advancing social work and social work services let go in very unceremonious circumstances. 'Donald died at the end of 1989 and then my sister in 1990, and all the professional heads were being chopped off. At least they were a bit compassionate to me and held me on, just in terms of my earning...until June of 1991.' (J. MacKenzie, personal communication, May 12, 2006). Fighting depression and physical illness, Judith was lured back into a position of ward social worker at Auckland Hospital. Angela Elliott (nee Gilbert) comments on this time:

Sadly, when her position as Advisor/Chief Social Worker was disestablished by the new breed of management in the Auckland Area Health Board she took a basic hands-on job within Auckland Hospital. This reflected her humility, lack of concern for status, and her commitment to social work on behalf of patients. Only those of us close to her knew of her personal family and professional crisis at the time. Judith retained her privacy and dignity and was a superb role model for us in the profession (A. Elliott, personal communication, November 15, 2007).

Deinstitutionalisation

Following Judith's redundancy from Auckland she was asked to return to Porirua Hospital in 1992 to manage a small team employed to assess, monitor and place long-stay patients

back into the community. This was a mix of individual, family and community work. Judith did this for four years and then returned to Auckland in 1996 as her contract with Capital Coast Health had ended. For the following year she was flown back to Wellington to work on a range of further projects for the District Health Board. Judith was later employed for three days a week with the Sutherland Unit in Auckland, helping young people with physical disabilities make the transition back into community living.

Judith was then asked to work on contract to the Auckland District Health Board, doing community audits in the fields of disability, home care of disabled and older people home support services (J. Kendrick, personal communication, February 7, 2008). Judith has also continued to work in a voluntary capacity with the Auckland Refugee and Migrant Services and is current Chairperson for the Auckland Age Concern Council.

The Richmond Fellowship

While this article has outlined some of the areas of controversy which have surrounded Judith's career, an area where there is no controversy is that of her contribution to the development of the Richmond Fellowship (now Richmond New Zealand) in New Zealand. Richmond Fellowship is one of the country's largest non-government providers of mental health services, with an annual turnover of approximately 30 million dollars, and serves over 600 people and their families (Richmond New Zealand, 2006). Founded in 1978 in New Zealand, Judith was one of the driving forces behind its establishment here.

Upon her return to New Zealand from her Nuffield Award travel in the UK, Judith wrote up her report for the Wellington Area Health Board, enthusiastically describing the Richmond Fellowship therapeutic communities she had visited. In 1978 while listening to Morning Report on the radio, she learned that a group of people in Auckland were meeting to discuss the possibility of setting up a Richmond Fellowship in New Zealand. The Wellington Hospital Board paid her fare to attend this meeting. Judith recounts a beautiful March afternoon, meeting with 12 to 14 other like-minded idealistic people in someone's back garden. 'It was a beautiful day, and there was a bit of wine, and I'm not sure quite how it happened, but I left the meeting having made the commitment to set up a Richmond Fellowship in Wellington' (J. MacKenzie, personal communication, February 7, 2008). Judith went back to Wellington and discussed the idea with some of her colleagues working in mental health at the time. 'Somehow, with no funds, we managed to rent the big Presbyterian Orphanage in Wellington for about five dollars a year, and Richmond's second house was established (the first house, Dorset House, had been established in Christchurch in 1978). Other houses followed in Napier, Auckland and Hamilton.

Ken Daniels, who chaired the Richmond Inaugural National Committee describes Judith's involvement: 'Her commitment to health and mental health were very extensive and she was a tireless worker as we struggled to raise funds to start this new service' (K. Daniels, personal communication, February 7, 2008). From 1978 until 1992, the Fellowship was overseen by an informal committee of unpaid volunteers. Around 1985 the first administrative employee was hired on a part-time basis to administer the salaries. In 1992, the first Chief Executive was hired. Judith left the Fellowship in 1997. Until this time Judith had acted either as National President or National Deputy President. In June 2005, Judith received a phone call from Judge Philip Recordon, asking her to come back to the Board to help out

through a difficult period. Reluctantly Judith did, and has served as either President or Deputy President since that time. Ken Daniels has come full circle as well and is current Chair. He comments:

She (Judith) continues to be Deputy Chair this year, and as the current Chair I am very grateful for the knowledge, wisdom and insights she has. She has made a major contribution to mental health service delivery as well as to policy development through her involvement in Richmond' (K. Daniels, personal communication, February 7, 2008).

Brian Manchester, long-time friend and colleague reiterates this: 'She (Judith) has made a major contribution to mental health services at district, regional and national administrative levels' (B. Manchester, personal communication, January 28, 2008).

Conclusion

Judith has recently returned from a 'Study and Learn' tour of China. During this trip she managed to climb the steps to the highest station of the Great Wall of China. This accomplishment can be seen as a kind of metaphor for her career in terms of determination and achievements. For over 55 years Judith MacKenzie has devoted herself to the development and professionalisation of social work services in Aotearoa New Zealand. A pioneer in both health and mental health social work, her determination and perseverance have at times put her at odds with others in social work. From her work with the area health boards and the Chief Social Worker Association she was involved as an agent of change within social work, insisting that the people who social workers served, deserved to have qualified practitioners.

As a health leader she was often misunderstood and seen to represent the values inherent in those public institutions in which she was employed, at a time of radical change within the country. Social work in Aotearoa needed those radical times to question the status quo, to consolidate and to find its identity, and social work also needed Judith MacKenzie. Developments in social work have finally caught up with some of the ideas regarding the need for safe and professional practice which Judith professed, in terms of the establishment of ANZASW's competency assessment criteria and the Social Work Registration Act of 2003. Judith's commitment has sometimes been seen as contentious. What is without question however is that at the heart of Judith's drive for professionalisation has always been her concern for the people we work with.

Judith currently lives in Auckland with her partner Max. She is happy to report that her children are both upstanding citizens and did not go down a path of crime!

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