

Inspiring contemporary social work: Latest developments

There has been a flurry of international interest of late about the nature and state of leadership in social work (Holosko, 2009; Sullivan, 2016). These discussions inevitably detail lists of transformative personal attributes and capabilities for leaders, but rarely cite the quiet and sustained small acts of leadership derived from writing and sharing ideas about practice, research and social work scholarship. In the knowledge that writing and publishing can be a lonely and often exposing activity for authors, we as an editorial collective both encourage and applaud the contributors to our journal who take the time to explore, question and write about what they are doing.

Contributions to our national journal have historically reported on issues connected with direct practice, research and policy relevant to social work, as well as documenting the development of new conceptualisations for understanding both our discipline and diverse social issues. All of these dimensions are present in this latest edition. Importantly, this edition demonstrates social work's critical engagement with a range of people impacted by political, economic and social conditions such as the homeless, new parents, victims of abuse, immigrants to our country, and practitioners working in the field. These articles come together to contribute to a body of sustained inquiry into the complex social questions that practitioners grapple with, in their day to day work.

The first article in this edition *Supporting transition to parenthood in Aotearoa New Zealand* reports on research into early parenthood by Irene de Haan. Previous studies in diverse disciplines testify to the crucial role of parenting for fostering positive child outcomes (Krocheck & Mowder, 2012). Even so, de Haan's research

into this significant life transition documents the tumultuous experiences for both mothers and fathers and identifies the important gaps in service provision experienced by new parents. Ways in which practitioners might promote awareness and provide greater assistance during this transition to parenthood are discussed.

On an entirely different note we turn to our history. David McCullough, in the Jefferson lecture (2003) related "To me, history ought to be a source of pleasure. It isn't just part of our civic responsibility. To me, it's an enlargement of the experience of being alive, just the way literature or art or music is." In the second article of this edition, Sonya Hunt prompts readers to both honour the efforts of social workers who have gone before, as well as learn some lessons from the history of social work. In much the same way as McCullough relates that history is part of being alive, *The social work professionalisation project in Aotearoa New Zealand: The dream*, both records the early history and development of social work in this country and reminds readers that our history unfolds day by day and that we are all caretakers of that heritage. Key turning points in this history are discussed providing evidence of the strength of collaboration to establish social work in this country, while also documenting significant challenges. Hunt's account is characterised by a dynamic ebb and flow of political social influences, along with acknowledging the individual and collective efforts to establish and sustain the profession in Aotearoa New Zealand. We note from Hunt's article that the establishment of the national journal in 1965 was one of the milestone markers in the history of professionalisation of social work in this country.

Meanwhile, urgent and persistent harm related to issues of poverty and

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marginalisation of people is ever present in the forefront of contemporary social work practice. In our own country, the tragic slaying of Work and Income New Zealand staff in Ashburton on 1st September 2014 highlighted the risky and complex nature of client presentations to WINZ offices. In the third article of this edition, we publish an Australian research account about the influence of social work practice within Centrelink, the organisation responsible for income maintenance in that country. In *An adventurous journey: Social workers guiding customer service workers on the welfare frontline* Hall, Boddy and Chenoweth report on how the support and education resources provided by social workers to customer service workers in Centrelink impacted positively upon service delivery within that organisation. This contribution showcases an example of where social work practice at the meso level can promote social change within a large bureaucracy. Formal evaluation of this initiative illustrates the evidence base for this effective social work intervention.

Moving from Australia to Scotland, David McKendrick provides a critical analysis of the named person scheme within child protection legislation in that country. In *Crafting the Society of Control*, McKendrick draws upon theory from Deleuze (1992) to explore notions of surveillance and late modernity and the implications for social work practice. While this article provides a critique of the named person scheme it also contributes to furthering the conceptualisation of child protection practice through theoretical examination and policy analysis. New ideas about practice are promoted through discussing the skills, processes and tasks associated with facilitating an innovative intervention, development of theory occurs through extending current conceptual thinking and applying this analysis to emerging developments in policy and practice.

Continuing the focus on child protection practice, Shirley Jülich and Eileen Oak critically examine secrecy, silence and

reluctance to disclose in the context of child sexual abuse. In *Does grooming facilitate the development of Stockholm Syndrome? The Social Work Practice Implications*, the grooming process in child sexual abuse is considered as a facilitator of the development of Stockholm syndrome; and the syndrome may have a role in maintaining silence about sexual abuse through to adulthood. Of particular interest in this article is the exploration of how Stockholm syndrome may impact child protection professionals and either provide safety, or increase risk, for the child.

We then turn to look at immigration. Immigration is a hotly debated topic in Aotearoa New Zealand and around the world with positive views highlighting the many benefits that arise from countries having a diverse population, and negative views often being based on stereotypes (Lyons et al. 2011). In their article, *Attending to immigrants' everyday activities: A new perspective on ensuring Asian immigrants' quality of life*, Hagnyun Kim and Clare Hocking acknowledge that Asian immigrants to Aotearoa New Zealand face a range of challenges that can have a negative impact on families and can lead to the marginalisation of Asian communities. The authors pay attention to the role that social workers can play in enhancing the quality of life for Asian immigrants. Drawing on occupational science, the article explores how an occupational framework can provide social workers with a greater understanding of how Asian immigrants do immigration; that is, how occupations play a mediating role in helping immigrants to connect with others and adjust to life in a new society.

In the next article, *In search of 'home' for wellness: Mental health social workers' views on homelessness in mental health*, Shoichi Isogai reports on research that explored the views of mental health social workers as to how mental health clients experienced homelessness. While the research was focused on homelessness in Auckland, the issues of homelessness is pertinent to Aotearoa New Zealand in general. Isogai,

makes the point that users of mental health services face a range of individual and structural factors that act as barriers to finding a home; and in particular, structural issues make homelessness an enduring issue for users of mental health services. On the basis of the research findings, Isogai makes suggestions for practice that capture the problem solving, empowerment and advocacy components of social work (International Federation of Social Workers, 2014).

Finally, Shirley-Ann Chinnery reminds social workers of the importance of attachment theory and shares some interesting social work history. The significance of social work practice knowledge in the evolution of attachment theory is a disciplinary connection little known to many social work practitioners. This article, *Social work's fingerprint on the evolution of attachment theory: Some essential knowledge for care practice*, seeks to remind care practice social workers specifically of this association along with a

very useful discussion of the ongoing utility of attachment and the concept of the internal working model in foster care practice.

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Supporting transition to parenthood in Aotearoa New Zealand

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ABSTRACT

INTRODUCTION: Recent rhetoric about investing in ‘vulnerable’ children disregards the reality that the magnitude of change accompanying adaptation to parenthood makes all infants and their families vulnerable. This article reports the findings of a small-scale qualitative study of Aotearoa New Zealand parents’ experiences of transition to parenthood and their views on support received or wished for.

AIM: To gain insight into how adaptation to life with a baby is experienced and how support could be improved.

METHODS: The study involved sequential in-depth interviews with each of 25 socioeconomically diverse first-time mothers and a single set of interviews with 11 fathers and one grandmother. Narrative analysis was used to discern themes.

FINDINGS: Participants expressed surprise regarding challenges inherent in adaptation to parenthood. While they deeply appreciated support from Lead Maternity Carers, they saw later professional support as “for the baby”. They found little support to deal with problems experienced, which encompassed financial, accommodation, mental health and relationship issues.

CONCLUSION: A true investment approach would build on families’ commitment to making beneficial change for the sake of their baby. Well-being could be promoted by longer stays in maternity facilities and straightforward information and coaching about dealing with change as well as about infant care. Fathers’ needs should be carefully considered to help secure engagement in life with a baby. There is a key role for family support social work in designing relevant services and in meeting a need for ‘someone to talk to’ for early help to process change and resolve problems.

KEYWORDS: first-time parents; family support; narrative methods

Introduction

Adaptation to parenthood brings changes in lifestyle, roles, responsibilities and relationships (Seah & Morawska, 2016; Wilkins, 2006). Life is suddenly dominated by the baby’s needs (Ahlborg & Strandmark, 2001). Breastfeeding is often problematic (Ingram, Johnson, & Greenwood, 2002). Broken sleep and anxiety about infant health

or development are usual. Inability to soothe a fretful infant produces an unfamiliar type of helplessness. Cowan, Cowan & Schultz (1996, p.30), taken aback by high levels of stress incidentally reported by new parents in couples groups, say “It would be tragic if the real difficulties families face as they attempt to raise young children were to be ignored on the assumption that help is needed only by those in more traditionally high-risk samples”.

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Many new parents need support to manage difficulties, whether transitory or persistent. While life with a baby can be delightful, it is a challenge, sometimes complicated by stress or illness. Around 20% of mothers and 5% of fathers experience perinatal depression or anxiety (Epifanio, Vitalba, De Luca & La Grutta, 2015). Poverty, addiction and inadequate housing all make adaptation to parenthood harder. Conversely, the demands of caring for a baby may undermine capacity to deal with chronic problems. This article draws on qualitative research completed in 2010 (de Haan, 2011) exploring the experiences and views of first-time parents in Aotearoa New Zealand.

Aotearoa New Zealand has persistently high rates of family violence and child maltreatment. Victims are repeatedly let down by the system (The Office of the Children's Commissioner, 2016; Wilson, Smith, Tolmie & de Haan, 2015). Abuse within families causes harm that is cumulative and long-lasting (Broadley, 2014; Munro, 2011). If social work is to enact its commitment to social justice we must devise strategies to promote well-being and prevent harm. It seems sensible to offer support as families embark on raising children, but understanding how best to do so requires understanding of the perspective of parents themselves.

Aotearoa New Zealand has an established system of free maternal and infant health services. Women are encouraged to choose a Lead Maternity Carer (LMC) to provide consistent antenatal and perinatal care. Most LMCs are community-based midwives. After a few postnatal home visits LMCs hand over care to 'well child' nurses, offering most mothers home visits for very young infants, then drop-in clinics. Traditionally these nurses worked under the banner of the venerable New Zealand Plunket Society, established in 1907 to improve infant health. Other agencies now provide similar services, notably Māori providers. However, all services must conduct 4-6 week child development assessments, recently found to be insensitive to Māori and

Pacific people and to disregard "fundamental differences in parenting approaches between indigenous and other population groups" (Litmus, 2013, p.171).

Munro's review of child protection in England (2011) identifies a pressing need for early intervention, using a partnership approach to resolve problems. Aotearoa New Zealand families would have had more chance of finding such help in the 1980s and 1990s, when non-profit agencies were contracted to support *families under stress*, a term covering a multiplicity of circumstances including financial strain, mental illness, relationship problems and past trauma (Munford & Sanders, 1999). These services were intended to be easily accessible and responsive to self-identified needs. The rationale for this accessibility was that overtly recognising that all families may struggle at times reduced shame and stigma, making it easier for families to seek help. Family-centred practice of this kind reflected international interest in supporting families to tackle problems that undermine ability to provide a secure environment for children. In Aotearoa New Zealand the focus has narrowed to target, as in other countries, families considered *troublesome and troubled and 'high risk and high cost'* (Churchill & Sen, 2016).

Cost concerns are implicit in the recently completed review of Aotearoa New Zealand's statutory child protection agency, Child, Youth and Family. The Modernising Child, Youth and Family Panel (2016, p. 38) uses an actuarial model to estimate costs of *poor life outcomes* (e.g. incarceration; income support receipt) expected to eventuate from childhood *vulnerability*, a term currently ubiquitous in Aotearoa New Zealand policy rhetoric. Since it is the family environment that is envisaged as undermining children's well-being, it is odd that no coherent strategy is proposed for addressing problems that beset families and distract them from the myriad tasks and interactions involved in raising children. What this child-focused investment approach will mean in practice is unclear.

What is clear, however, is that when families perceive services as intrusive or judgemental they are likely to be wary of telling professionals their whole story. As Morris (2013, p.203) says, they “may hold back in revealing their needs, fearful of the ensuing interventions”. Yet knowing the whole story enables professionals to provide the reliable, responsive support that underpins constructive change (Morris, 2013).

Support is categorised as informal, semi-formal and formal. Personal networks provide informal support including comfort, advice and practical help. Semi-formal support includes skilled peer support and member-run groups, sometimes facilitated by service providers. Formal support is service provision requiring professional expertise. Introducing the UK ‘Supporting Parents’ studies, Quinton (2004, p.22) concludes: “Support is complex to assess, to get right and to deliver”, particularly in view of “differences in individual and cultural ideas of what satisfactory parenting is, how and when this needs support and who should decide that”.

Contemplating the importance of understanding the context of parents’ lives, Duncan, Bowden and Smith (2005, p.14) reject “a top down expert to parent approach”, recommending partnership models instead. From a social work perspective, partnership is inherent in strengths-based family support models (Scott & O’Neill, 2003) and in the respectful relationship-based practice promoted by Featherstone, White and Morris (2014). Yet “remarkably little is known about how families reflect on their lives and experiences and the implications... for social work practice” (Morris, 2013, p.199). Professionals, policy analysts and service providers may be blinkered by assumptions embedded in their own culture and background and so misconstrue the realities of parents’ lives and attempt to impose inappropriate concepts or practices (Silberberg, 2001; Waller, 2001). Reporting research about Māori sudden infant death, de Joux (1998, p.2) explains that antenatal

services available to Māori women did not meet their spiritual or cultural needs and expectations:

Many of the Māori women interviewed were adamant that traditional practices and customs should be reintroduced and incorporated in any programmes that were developed... The concept of educating the woman only and maybe the partner is not realistic when in the whanau environment she may be one of several members of the whanau that are responsible for the care and support of the baby.

If services are designed and delivered according to assumptions about recipients’ needs and preferences, they will suit only a relatively narrow band of potential users, who are probably, in terms of background and circumstances, not unlike the designers of the support: mature, educated, affluent, culturally mainstream. Pondering why young women viewed antenatal classes as “not for them”, Cliff and Deery (1997, p.144), go so far as to wonder “whether older married mothers are actually the preferred clientele of professionals responsible for designing and delivering these services”. Clearly there is potential for misalignment between the nature and style of services and the needs and preferences of people expected to use those services. This suggests a need for input by potential users at the design stage.

My study explored how new parents experienced adaptation to parenthood. Participants were encouraged to tell their stories in their own way but prompted to talk about support, including informal support to provide insight into how helpful aspects of informal support might improve formal services. Ideas for change or innovation were welcomed. The research questions were:

- What was the experience of first time parents in a range of circumstances in Aotearoa New Zealand today as they adapted to life with a baby?

- What factors did a diverse set of first time parents experience as helpful or unhelpful as they dealt with challenges encountered during transition to parenthood?
- What are the implications for policy and service delivery?

Methods

Transition to parenthood is deeply personal so a narrative methodology was appropriate for this qualitative study. People commonly tell stories to communicate personal experience (Maines, 1993; Sandelowski, 1991) and women commonly want to talk about childbirth (Olin & Faxelid, 2003). A theoretical base for the study is the ecological perspective central to Patterson's (2002) conceptualisation of family resilience as related both to family processes and to risks and opportunities in social systems.

In Aotearoa New Zealand, as elsewhere, the age range of first-time mothers spans the teenage years to women over 40. To reflect this, the purposive sample comprised 27 first-time mothers aged 16-40, resident in two demographically different areas of Auckland city as well as in a semi-rural area within 90 kilometres of Auckland and a rural area about 200 kilometres from Auckland. Recognising that transition to parenthood is a process over time the study involved three sequential in-depth interviews with each woman, the first in late pregnancy; the second three months after the birth; the third around the baby's first birthday. To make interviews convenient and comfortable, participants were invited to choose the location, usually their home.

Participants were initially recruited through childbirth educators. I was invited to briefly visit classes to describe the study and leave information sheets. I then contacted women who registered interest. Although this strategy was successful, women thus recruited were mostly over 26: few younger women attended classes. To recruit young participants, and also in rural areas lacking childbirth education, I invited midwives to

display flyers about the project and give information sheets to interested women. An intermediary consent form allowed them to pass women's contact details on to me. This strategy attracted participants from different areas and in various circumstances. However, only four were Māori and two of Pacific Island heritage; most were Pakeha (New Zealand European) or European migrants. One participant dropped out of the study before the second interview and another was unavailable, having moved into a women's refuge to escape an abusive partner. Two younger women were untraceable for the third interview. The experience of significant others was included, both through women's reports and through a set of single interviews, mid-way through the project, with 11 partners, all men, whom participants invited to participate. The mother of one of these men was also interviewed. Ethical approval was obtained from Massey University Human Ethics Committee and the Northern Regional Health Ethics Committee. In case interviews raised potentially harmful issues, I carried details of sources of help. Confidentiality was paramount. I undertook all the interviews and transcription. Pseudonyms (followed by age) distinguish participants from one another.

An interview schedule was used flexibly, enabling participants to discuss whatever was important to them. Analysis was done by *parsing* narratives (Gee, 1991) through repeated listening to participants' taped narratives to hear how each speaker introduced and concluded stories by using "entrance and exit talk" (Riessman, 1993, p.58) and used pauses and shifts in tone to build *lines* (units of meaning) into *stanzas* (groups of lines with similar content), constructing stories woven into narratives. The stories contain much everyday detail. Themes were discerned through coding and categorizing lines within stories.

Limitations

A limitation of the study is its small scale. Only six of 27 participants recruited were non-European. Experiences and views

presented can only be indicative of those of first-time parents in Aotearoa New Zealand. Voluntary participation may have favoured recruitment of people coping well rather than struggling to cope. However, several participants encountered extremely challenging circumstances at various times. Recognizing its limitations, the study's aim was "informative" research (Schoenberg, Shenk, & Kart, 2007, p.11) in that studies employing "a limited number of cases with rich contextual data and no pretensions of generalizability may be ... informative for the specific research question being addressed".

Findings

Key themes are presented under the following conceptual categories: A life-changing experience; learning coping strategies; adapting to fatherhood; balancing parenting, employment, isolation.

A life-changing experience

Participants described transition to parenthood as life-changing. Celia (37) commented: "Our main focus now is [Baby]. Most of the stuff we do or eat or go to is around her". Tom (37) highlighted relationship change: "The husband is no longer the centre of the wife's attention, it's as simple as that, no longer the be all and end all, the baby is". Since many stories recount difficulties it is important to note that generally participants found caring for their babies enjoyable and were determined to be "good" parents. This sentiment applied across the age range but was most poignantly expressed by participants for whom childhood was hard. The stories of Abby (19) and Kim (18), both maltreated as children, suggest that becoming a parent can be a turning point (Rutter, 1987), reorienting a life trajectory towards well-being. Echoing findings of a study of adolescent Latino parents (Dornig et al., 2009), Abby said: "Your life changes dramatically. You can't have the same friends you had doing drugs; you've got to be a role model for your little one. It's a 24/7 job".

However, Dawn (17), also keen to "be a good mum", developed postnatal depression, left her partner Kent (18), and was "staying around everywhere, in motels and stuff", seeing the baby only intermittently. Kent's mother lamented the lack of professional support available to Dawn. Kent thought schools should teach about parenthood: "It's hard, coming from a freedom life to having a baby. You're responsible. Some people think it's quite easy. It's not".

Many found the shift from "a freedom life" hard. Beforehand they could hardly see past the birth: most embarked on parenthood with scant knowledge of what parenthood entails. As Cara (31) said: "Suddenly you've got this baby and you think, well, I haven't actually read anything about what to do now".

Learning coping strategies

Participants typically were taken aback by the "constantness" of infant care. Jess(29) explained:

I don't think you can actually appreciate until you've got one, the constantness of it. We're in the position where we don't have family around, it makes it harder, we don't get a break. But I really enjoy looking after him. The day goes so quickly.

"Floundering in the deep end" metaphors were used by several participants to express exhaustion, confusion or panic. Amy (19) benefitted from informal and formal support, including phone help lines like Plunketline.

When he's sick I just stress. I've got no clue. I panic. I ring Mum. I ring my friend - she's got two kids, she knows basically everything. She gives a couple of ideas and I try them. I ring Plunketline but sometimes you have to wait a bit. [Baby] fell off his changing table even though he was strapped in. I felt *worse* when I went to the doctor's: 'What will they think? I dropped my baby!' He was fine. And they were nice.

Some participants expected to learn infant care techniques while recovering from giving birth and were astonished, even outraged, when this did not happen. Some were more fortunate. Kim (17) hated being in hospital, where she felt ignored and “enclosed” and against her midwife’s advice left too soon after a caesarean:

The next day I rang [midwife] and asked if I could go to the birthing unit. I got there, which was really good because I had all the support I needed. I thought I’d have to go in three days but she said I could stay until I’m ready to leave. [Partner] was allowed to stay. It was really good.

Participants generally praised birthing centres, which provide facilities for LMCs to manage relatively straightforward births, with women staying around three days. Participants felt safe with their “own midwife”, by then regarded as a trusted advisor. They appreciated the respectful, upbeat atmosphere and the willingness of staff to welcome partners to stay overnight. Some men were taught basic infant care and women reported receiving patient, kindly help with establishing breastfeeding.

What participants most wanted from personal networks was practical support. Food provided by friends and family was deeply appreciated, as was help with shopping. However, some family members were unavailable due to employment commitments, living miles away, or estrangement. Participants craved *appraisal support* (Warren, 2005), that is, someone they trusted noticing their developing competence, but this was rarely forthcoming. Interestingly, younger participants seemed to more easily adapt to life with a baby than older participants, who typically were anxious about “doing it right” (Wilkins, 2006). While LMC visits were helpful, LMCs were often elsewhere when support was actually needed. Participants were ambivalent about well child services, seeing nurses

as “there for the baby” with no role in supporting them generally. It was reassuring to know the baby’s development was normal, but not always easy to get reassurance. Amy (19) said: “I’ve tried going there to get him weighed but either they’re closed or they’re busy”. Several described encounters with “bossy” or “directive” nurses. Fay (34) told a story about avoiding “problems” by pretending to do as the nurse suggested. Ange (33) never returned to a clinic after the nurse rejected her explanation of why her tired baby did not demonstrate a developmental milestone.

Semi-formal support was of limited use. Childbirth educators and well child services in Aotearoa New Zealand encourage peer support by establishing neighbourhood coffee groups for mothers, who then organize groups themselves. Only two participants enjoyed their coffee groups. Ange (33), experienced hers as “a forced situation” where she found no-one compatible. Nor were groups always accessible. Julie (23) explains:

The antenatal class have a coffee group but its miles away, I just thought there’s no point. There are probably things out there but I kind of slipped through... Occasionally I spend the day without seeing Mum or anyone and I’m kind of ‘This isn’t very fun’.

A problem with building semi-formal support on childbirth education is that this best suits older, more affluent women. Young participants felt uncomfortable in classes and had no incentive to stay connected. This corresponds to a study indicating that women who attend childbirth education want to “meet people like me” while non-attenders think classes are “not for people like me” and fear being “looked down upon” (Cliff & Deery, 1997, p.143). Two teenage participants enjoyed childbirth education designed for their age group, but spaces there were limited.

Several participants said that “teamwork” helped with adapting to life with a baby. Jan(33) explained how she and her partner coped with their baby’s colic: “It’s working together rather than [having] defined roles. It’s been a life-changing experience but we’ve adapted. We’ve been a team since we got married, now we’ve got a new member”. However, services apparently only nominally recognised men as “hands-on dads”.

Adapting to fatherhood

Lack of support for men was a common complaint. Men often felt ignored or undervalued, “spare” in hospital delivery rooms and unwelcome afterwards. Matt (38) believed men should be warned they would get little attention: “The guy’s invisible... they’ve got a little area for dads to make sandwiches and stuff [but] the nurses and doctors are...not so much rude but they won’t even acknowledge you’re talking”. Telling a story about a childbirth educator encouraging men to “talk about men’s stuff”, Roz (23) said this failed because the educator was female: “It would be better to have a bloke for the blokes”. Several men were disappointed to find themselves “redundant” at first, especially with breastfed babies. Matt(38) explained:

During the whole pregnancy there’s the two of you, these messages, you’re in it together. Then the baby comes - and it’s the two of *them*, mum and baby, and you just kind of, well, make dinner, wash dishes...Guys take a couple of weeks feeling anxious, absolutely helpless, before the crying doesn’t get on your nerves. I think a really good message for dads is, it actually gets much better after, like, four months.

Some men worried about replicating parenting demonstrated by their own fathers. One attended private counseling, but others worried silently without help to process experiences of destructive behaviour patterns.

Balancing parenting, employment, isolation

As the year progressed women felt increasing pressure to return to work, several agonizing over relative advantages of earning money, regaining status and being a “full-time mum”. Some professional women felt “left behind” or that they were “becoming a bit dim”, as Jess (29) said. Some fathers were still working long hours. Crises caused strain, as Abby(19) recounted:

Mostly we just manage to get by. There’s been the odd time when the cupboard was quite bare, but we’ve fed [Baby], used the money for her [when] bills got on top of us. But bills are important, like the roof over our heads, the power. [Partner] took a week unpaid leave when we were in hospital. So we were a bit down on money...We got a bit grumpy, hadn’t had the nutrition. We’d go over to his sister’s for dinner.

Many participants were “just getting by”. Working part-time meant “prioritising” or “cutting back”. Those on low incomes or Benefits found “every \$5 counts”. Those with high incomes usually had high outgoings. Returning to employment caused angst. Clare (31), who felt “nobody cares what I do with my day”, explained her dilemma:

Going from a working woman to a mum, feeling bored and lonely, felt like a loss. I was surprised how difficult that was... The company has been flexible, brilliant - but I think my manager’s found it difficult. I suspect that often happens. I don’t feel I can complain but it hasn’t been a total success. I’m actually at the stage I’d rather be at home. I’m working four days - four days the manager can think of you as a real person, three days and I’m a ‘part-time mum’.

Dee (20), a waitress, also found her manager’s attitude subverted an overtly supportive arrangement.

Others felt “bored and lonely” too. Zoe (17), renting a house in a poorly resourced suburb, was sure there were young mothers around as lonely as herself and “needing to get out of the house”. Having heard that a local agency was planning a group for “first-time mums that don’t know what to do, practical stuff”, she was upset this never eventuated. Some participants made friends through childbirth education, enjoying outings, emotional support and reciprocal babysitting. Services found useful were drop-in Plunket Family Centres, offering company and guidance but available in only a few areas; and Mainly Music, a church-based activity evidently widely available and used by a range of people with toddlers. Mostly, however, women told stories of isolation and diminished status.

Discussion

The study suggests that policy rhetoric about valuing children’s well-being is currently not matched by commitment to supporting parents. Otherwise, as Cheryl (26) noted, a “Parent Subsidy” equivalent to Childcare Subsidy would recognise that parenting is valuable. Cheryl thought it absurd that as a “full-time mum” she was deemed “not working”, yet, if she had a job, childcare workers would be paid to look after that same child. Participants commonly struggled financially. Paid parental leave was a boon for those eligible but ineligibility caused indignation, especially when women were employed just slightly less than the year required. Some fathers had little time off work around the birth; one in effect had none. Yet no-one suggested paid paternal leave, perhaps because this might mean less maternal leave.

An ecological view (Patterson, 2002) of support for adaptation to parenthood indicates that despite free, universal maternal and infant health care, the current Aotearoa New Zealand system lets families down. In particular, LMC support stops so abruptly that women may feel abandoned, even shocked. From this point onwards

service provision is experienced as “for the baby”. As Julie (23) realised: “We were just another family - it’s on to the next one now”.

At societal level there is apparently attitudinal disjunction. Policy rhetoric, transmitted through the media, directs public sympathy towards vulnerable children and positions the child protection system as poised to swoop in and castigate parents deemed failing. Meanwhile, participants plainly felt that raising children is commonly regarded as a mundane endeavour, with efforts to do well hardly noticed, far less applauded. While the notion ‘It takes a village to raise a child’ is often espoused, responsibility actually rests with parents. As Cheryl (26) mused, parents are expected to “just cope” and this makes it hard to admit to needing help; struggling to cope is internalised as “failing to do something anyone can do”. An individualistic worldview may occasionally hinder help-seeking: Julie (23) said: “[Partner] doesn’t like help from people, he thinks when he’s achieved something on his own, he’s achieved it”. This suggests that policy makers and service providers must not only be aware that pride or shame may deter help-seeking, but also be vigilant against the possibility of exacerbating shame. Participants’ narratives indicate that when new parents experience service provision as disrespectful or insensitive they simply avoid providers or fake compliance. This indicates a worrying lack of the trust that enables people to tell their whole stories. If we are to do better in stopping family violence and child maltreatment in Aotearoa New Zealand we must offer services that families trust, so problems do not remain hidden. We must also ensure that intervention is sophisticated enough to respond to the complexity and diversity of families’ lives.

The study suggests that respectful, responsive interaction is vital in enabling health professionals to fulfil their important role in facilitating transition to parenthood. Enabling women to stay longer in maternity

facilities could strengthen the turning point potential of becoming a parent. Possible strategies include reinforcing maternity facilities' welcoming, congratulatory atmosphere; providing straightforward information about common problems; and spending more time coaching new mothers and fathers in infant care. Using current rhetoric, this would be an investment. Participants' stories repeatedly recount episodes where men felt "ignored", "invisible", "useless" or "helpless", resulting in considerable disappointment and chagrin. Potentially this could tarnish the experience of becoming a father and compromise the task-sharing notion of teamwork. Feeling powerless may just possibly be a factor in infant maltreatment. This proposition warrants further study.

There was notable change in multiple aspects of participants' lives. Problems encountered extended beyond infant care into financial strain, housing difficulties, relationship problems, physical and mental illness and effects of past trauma. Many were unaware of tax credits and other financial assistance available, or unsure how to apply. Many benefited from informal support in the form of practical help; material assistance such as nappies or food; or down-to-earth emotional support, the latter commonly delivered in loving, no-nonsense ways, making them laugh and defusing anxiety. For example, when Tania (20) worried about her baby blowing bubbles her sister said: "It's rabies!... I'm joking, all babies blow bubbles".

An intriguing implication of the study is the usefulness of social work expertise in developing services to make the most of prospective parents' determination to be good parents. As Quinton found (2004, p.189) participants preferred services that "took their views and needs seriously, listened to them and were emotionally supportive as well as practically helpful". Services to meet participants' expressed needs would facilitate access to material support; provide reliable advice, perhaps through events offering company; cater

for both men and women and support the notion of teamwork; offer skilled emotional support; and, importantly, be delivered in a relaxed, respectful style, perhaps at neighbourhood family centres. More specifically, across the entire age range participants wanted "someone to talk to", an objective, supportive listener who could understand them, comprehend their concerns, offer information and guidance presented as options rather than directives, and, as Tania (20) said "get the necessary help, have the contacts -almost like, not a counsellor, someone just to talk to. Even a couple of times would be enough for them to see a problem". Karen (40) explained "You want to talk when you've just given birth, you really do, but nobody else really wants to". Pondering what her son's partner needed when first experiencing postnatal depression, Lisa said:

She needed someone that could come round. She found it very upsetting when her midwife stopped, after the six weeks. You get so attached then all of a sudden it's like 'You're in Plunket's care now'. For the baby it's good, but Plunket seems more about Baby than Mum. That's what needs changed. It's like a feeling of abandonment for some mums. I reckon we need people that train in that field of work, to see if you've got worries - if no worries that's brilliant, but just to know they're like a friend coming for a chat but like a therapist. And if something's wrong they might be able to help and guide them.

This suggests a need for the responsive, relationship-based practice described by Featherstone et al. (2014) and Morris (2013). If introduced by LMCs or other trusted people, and available to all new mothers, home visits by family support social workers could provide new parents with early intervention. (Munro, 2011) in a comfortable, non-stigmatizing way.

In considering support for new parents, Ungar's (2008) concept of navigation and

negotiation is useful. Navigation refers to capacity to seek support and availability of support sought. Negotiation denotes adjustment of style, delivery and purpose of services to suit background and culture. Although participants wanted to navigate to, or access support they were thwarted by limited availability or absence of services. The crux of negotiation is designing services to meet potential users' actual needs. Apart from limited childbirth education for teenagers there was little evidence of negotiation having taken place. No-one mentioned services designed to meet cultural needs. Yet, if services are misaligned with users' background or culture then professionals may mistake normative behaviours for risk factors (Waller, 2001) undermining rather than reinforcing confidence and competence and potentially causing rather than assuaging problems.

Conclusion

Recently the term vulnerable has been widely used to designate children and families at risk because of their circumstances. Reclaiming a less stigmatising use of vulnerable positions all infants as vulnerable, being utterly dependent on adults for nurturing and safety, and all new parents as vulnerable, facing new responsibilities and profound change. Every family's circumstances are different. Transition to parenthood is idiosyncratic as well as complex.

Social work is well-placed to understand and respond to complexity (Duvnjak & Fraser, 2013). The social work knowledge base is applicable to supporting families in challenging and complicated circumstances; social workers' practice wisdom can constructively contribute to developing services designed to provide early help to stop difficulties becoming entrenched. So that services suit actual needs parents should be involved in the design of these services. However, services likely to appeal to parents would recognise that they want to do their best for their babies, provide a mix of

information, practical and emotional support and involve fathers. By building on existing universal services a true investment could be made in the well-being of infants and their families. Childbirth education and maternity care could be used to facilitate more learning about looking after an infant and about changes inherent in adaptation to parenthood. Softening the loss of a woman's close relationship with her LMC could be achieved by offering a visit or two by a family support social worker. Further research could usefully investigate any links between fathers' sense of helplessness and infant maltreatment.

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The social work professionalisation project before the 1990s in Aotearoa New Zealand: The dream

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ABSTRACT

INTRODUCTION: The meaning and purpose of social work has always been debated within the social work profession. The profession dreams of contributing towards a better, fairer, civil society locally and internationally. This article explores the professionalisation of social work in Aotearoa New Zealand. This exploration has been undertaken as background for an ongoing research project.

METHOD: A critical consideration of the different theoretical and historical dimensions and interests at work that impacted on the journey of professionalisation of social work in this country has been undertaken based on a review of literature. Part one of the article outlines a definition of social work, and different concepts and approaches to professionalisation. Part two of the article contextualises the different approaches to professionalisation within Aotearoa New Zealand, from early forms of welfare pre-colonisation up until the early 1990s.

CONCLUSION: The literature and trends discussed serve to both document the history of professionalisation of social work in Aotearoa New Zealand and as background to an ongoing critical research project which aims to uncover interests at work and interrogate the legitimacy of those interests, while enabling the voices of key actors from the time to surface, be explored, and be recorded.

KEYWORDS: social work professionalisation; professional associations; social work education

Introduction

Professionalisation is a term which can describe both an individual's socialisation process into the context of an occupation and also the process by which an occupational group aspires to professional status that is shared internally and recognised externally. Further the occupational group becomes a moral community that is potentially important to civil society (Beddoe, 2013a; Evetts, 2006a; Olgiati, 2006). The International Federation of Social Work provides a global definition of social work which states...

social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing. The above definition may be amplified at national and/or regional levels. (International Federation of Social Workers, 2014).

Social work is a practice-based profession and an academic discipline that promotes

Social workers debate issues of social justice, human rights, cultural respect, indigenous

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knowledge, equality, sustainability, transformation, empowerment, liberation, equity, fairness, redress, support, problem solving, social change, empowerment, wellbeing, competence, ethics, values, trustworthiness and more in our specific contexts and also globally with a fervent desire to move towards the dream of a better, fairer, civil society. These collective values are the vision, and driver of our profession. The professionalisation project was considered and promoted by the profession as a pathway for social work to reach closer to this dream. However, the environment, theoretical base and practice settings for social work are complex and fluid. Payne (2005) identified three discourses in social work theory incorporating reflexive therapeutic, individualist reformist and socialist collectivist approaches from which to consider the practise of social work, with a micro, meso or macro focus, and from social control or social change perspectives. These discourses may be utilised to assist with illuminating the evolution of the professionalisation debate as well as the paradoxes within the debate.

How does the concept of professionalisation fit within this complex setting? “Ngā hiahia kia titiro ki te timata, ā, kaa kite ai tātou te mutunga” (You must understand the beginning if you wish to see the end) (Gilgen (1991) in Ruwhiu, 2001 p.55)

Part 1: Approaches to professionalisation

Before exploring the social work professionalisation project in Aotearoa New Zealand, it is useful to briefly discuss the differences in the approaches to professionalisation. A number of competing approaches to understanding professionalisation have been developed in the literature and they differ in their definition of what constitutes a profession and their analysis of why some occupations have professionalised to a greater degree than others (Abbott & Meerabeau, 1998). These approaches include the *trait*,

characteristic or attribute approach (Etzioni, 1969; Flexner, 2001 (1915); Greenwood, 1957), the *power and control approach* (Becker, 1962 in Barretta-Herman, 1993; Freidson, 2001; Weiss-Gal & Welbourne, 2008) and the *process approach* (Beddoe, 2013a; Evetts, 2006a). Regardless of analysis, professionalisation implies status and influence in and on society.

Trait approach

The *trait, characteristics or attributes approach* to professionalisation emphasises the function of professions in society, listing a number of features that are required before an occupation can claim to be a profession. These traits usually include having a systematic theory and body of knowledge, recognised professional authority by clientele, community sanction, code of ethics, and a professional culture sustained by formal and informal groups including employing organisations, education and research centres, and professional associations (Daniel, 2013; Etzioni, 1969; Flexner, 2001 (1915); Goode, 1957). This approach to social work was first explored by Flexner in 1915. He posited that the word profession or professional in its broadest meaning is simply the opposite of the word amateur. But he argued that social work could not be a profession as it did not conform to all six professional criteria¹ (Flexner, 2001 (1915)). Rather, he argued that what mattered more is a professional spirit and approach to work.

Other traits considered important in order to professionalise have been added or strengthened over the years, including specialist skills (Daniel, 2013), the generation of original research (Lyons, 2000), long periods of training and socialisation within higher education (Wilensky, 1964)

¹ The six professional criteria listed by Flexner (2001) in 1915 “Essentially intellectual operations with large individual responsibility, deriv[ing] raw material from science and learning; this raw material is worked up into a practical and definite end; they possess an educationally communicable technique; they tend to self-organisation; they become increasingly altruistic in motivation” (Flexner 2001, p.156).

coupled with control over entrance to the training (Daniel, 2013; Orme et al., 2009), commitment to service (Brill, 2001), autonomy of action (Olgiate, 2006), prestige and remuneration and fiduciary relations with clients. There is however, no consensus as to the essential traits that may be used to clarify the difference between professions and occupations (Wilensky, 1964).

Others argue that occupations distribute themselves along a professional continuum with undisputed well-recognised professions, such as medicine and law, with a maximum degree of attributes or traits at one end and occupations, such as social work, being less developed and with moderate levels of attributes and positioned further down the continuum (Greenwood, 1957). The concept of the semi-profession was introduced to explain why some occupations such as social work (and teaching and nursing) did not fully meet the traits required to be a profession, including employer constraints on their autonomy, limitations on professional monopoly, power, public esteem and community sanction (Scott, 1969), and additionally, not placing themselves above the communities they worked for (Beddoe, 2013a; Goode, 1969). Further it was asserted that different fields of social work practice in Aotearoa New Zealand in the 1970s and 1980s were variable in their systematic body of knowledge and approach to professionalism (McDonald, 1977; Toren, 1969).

Thus, in the Aotearoa New Zealand setting, the low level of practitioner training, cultural imperatives and ideological challenges towards professionalisation placed the traits framework in doubt (Ings, 1986). Additionally, the trait approach fails to consider the reality of privilege, power and control with regards professionalisation projects (Barretta-Herman, 1993; Wilding, 1982).

Power approach

The *power or control approach* to professionalisation developed from the 1970s. This approach focuses on why and

how occupations establish and maintain dominance and the degree to which an occupation achieves the exclusive right or monopoly to perform certain types of work or delivery of services. In utilising this approach, consideration may be given to how knowledge is organised into disciplines and the effect that professional recognition has on relationships with clients, society, and with other professions (Barretta-Herman, 1993; Freidson, 2001; Becker, 1962 in Hamilton, 1974). Further, the power approach offers an explanation of the social processes underlying any occupation's attempt to attain professional status, and the hierarchy of professions with reference to the profession's power and control, which the traits' approach did not fully explain (Weiss-Gal & Welbourne, 2008).

The crucial part played by politicians, who are enlisted by an occupation to support professionalisation by having laws adopted and creating an alliance between the state and profession is also integral to the power approach towards professionalisation (Barretta-Herman, 1993; Wilding, 1982). However, as social work also has a commitment to social action, social justice, and equity, the profession must at times challenge dominant state interests. This may in part explain both why social work has not yet received universal acceptance of its claim to professional status (Beddoe, 2013a), and also why the state was initially reluctant to regulate social work (Ings, 1986). Barretta-Herman (1973b) argued that "the challenge for social workers is to remain true to the dual commitment of the social work task by using power and status of increased professionalisation to improve services to clients and to enhance social justice" (p.35).

The gendering of professionalisation projects is also examined in this approach noting that professionalisation takes place within broader structural and social systems. Rueschemeyer (1986, p.137) remarked that the "high devotion/low power syndrome" of the social service

professions fits well with women's traditional roles (cited in Witz, 1992 p.58). Etzioni's (1969) definition of semi-profession also had two defining features; it was an occupation located within a bureaucratic organisation and one in which women predominate. It is argued that definitions of professionalisation effectively exclude women, women's knowledge, the feminine characteristics of caring and any focus on relationships (Bolton & Muzio, 2008).

Notions of class, ethnicity and religion have historically also played a role in the development of professionalisation projects, with some groups having restricted access to the power and resources necessary for the successful development and maintenance of professionalisation projects (Bolton & Muzio, 2008; Witz, 1992). Social workers have traditionally dealt with "dirty work" and still predominantly deal with the most economically and socially depressed people in the community and with some of the most severe problems (Jones, 1974). Recruitment of social workers also often emerges from these same groups and this in turn impacts both on power and desire to professionalise (Toren, 1969). Further, social work's early alignment with faith or religious causes was seen by Walter (2003) to threaten the occupation's professionalisation as it was not viewed as a science and was instead seen as more closely aligned to the arts.

Beddoe (2013a) describes a professionalisation project as "a sequence of activities linked to an underlying purpose, which in the field of professions in society, is directed at the improvement of the standing and power of an occupational group, often over decades with many different actors" (p.48). A sociological analysis of professionalism suggests that emphasising professionalism is a distinctive and special way of controlling and organising workers and work, with real advantages for both practitioners and their clients in terms of status and service delivery (Evetts, 2006a, 2011).

Process approach

A third approach, the *process approach*, focuses on the concept of professionalism in both occupations and professions implying the importance of trust in client relations and reducing the significance of requiring a definitional line between professions and other (expert) occupations (Evetts, 2006a). This approach suggests a "less elitist stance and allows for social mobility of occupational groups while recognising this activity is not entirely independent and autonomous" (Beddoe, 2013a p.46-47). Professionalism can be conceptualised as both an occupational value (Freidson, 2001) and/or as a discourse (organisational professionalism) (Evetts, 2003; Fournier, 1999). Evetts (2006b) suggests that

in addition to a profession protecting their own market position through controlling the licence to practice and protecting their elite positions, professionalisation might also represent a distinctive form of decentralised occupational control or moral occupational community that could be important to civil society (p.136).

The term professionalism has also been transformed into a discursive tool for discipline, performance and control (Cockburn-Wooten, 2012).

The social work professionalisation project both nationally and internationally continued in various ways over the latter half of the twentieth century, with the occupation gradually adopting more of the identified traits, power and control, trust in client relations and ethical direction to gain greater recognition (Hugman, 1996). Professionalisation, therefore is a politically charged project, achieved through a series of strategic alliances with those in power (Freidson, 2001) while at the same time evidencing technical knowledge and competence, promoting ethical standards and public interest while separating the discipline from competing groups with

alternative cultural capital (Beddoe, 2013a; Jones & Truell, 2012). Professionalism, as a process approach has thus been argued as a way to establish symbolic capital (Schinkel & Noordegraaf, 2011), authority, value and confidence in (social) work while also fostering occupational closure and a practice of exclusion and control which in effect could undermine key social work values (Beddoe, 2013a; Cockburn-Wooten & Brewis, 2014).

Part 2: The social work professionalisation project

The Aotearoa New Zealand history of social work professionalisation commences with recognising the early forms of welfare that were in place in Māori society through whānau, hāpu and iwi before the signing of the Treaty of Waitangi (Durie, 1995; Nash, 2001). The introduction of Pākehā forms of welfare reflected to a degree what was available in Britain at the time (Youngusband, 1981), and compensated for the limited social and economic capital of many of the new immigrants who were not in a position to provide for periods of unemployment, sickness or old age (Tennant, 1983). This period includes the devolvement of responsibility for social services to the state (Social Security Department, 1950), and the growth and development of social work as a salaried occupation (Beddoe & Deeney, 2012; Nash, 1999; Tennant, 1983, 1989). The Child Welfare Division of the Department of Education was responsible for child protection social work under the Child Welfare Act, (1925).

Explanations for the length of time taken for the social work professionalisation journey in Aotearoa New Zealand incorporate a range of factors that are both internal and external to social work (Nash, 2009). Factors include the religious spiritual beginnings of the occupation; the female domination of the occupation in terms of both the workers and the caring tasks; power constraints with regards influencing law;

some social workers' internal ambivalence about professionalising and the social work imperatives of social action and reform; the initial lack of a clearly articulated body of knowledge and corresponding availability of education and training; associated low levels of social work practitioner autonomy; the lack of clearly demarcated social space or field for social work; as well as the marginalised position that clients of social workers hold in society (Garrett, 2007, Schinkel & Noordegraaf, 2011). Overlaying these factors is the unique bicultural orientation of Aotearoa New Zealand and the structural inequality experienced by Māori (Benton, Benton, Croft, & Waaka, 1991; Ministerial Advisory Committee on a Māori Perspective for the Development of Social Welfare, 1986). Pūao-te-Āta-tū, a milestone report documenting structural racism within the Department of Social Welfare (Ministerial Advisory Committee on a Māori Perspective for the Development of Social Welfare, 1986) led to significant changes in child welfare legislation (from the Department of Social Welfare Act (1971) to the Children Young Persons and their Families Act (1989), with a focus on whānau decision making and the family group process. Social work in Aotearoa New Zealand was both challenged by and supported the moves to develop services provided by Māori for Māori along with a professional association that was responsive to demands for partnership.

The main actors in the development of professions are practitioners, users, universities, the state and employing organisations (Evetts, 2011; Muzio & Kirkpatrick, 2011). In the remaining discussion consideration is given to the growth of social work education, the development of a collective identity that was responsive to Te Tiriti o Waitangi (The Treaty of Waitangi), and the impact of a number of public inquiries and reviews of social work practice in the Aotearoa New Zealand social work professionalisation project.

Development of social work education

The development and increasing availability of social work education and training is a significant part of the social work professionalisation project and this history has been comprehensively detailed by Nash (1998) and others. The first formalised social work programme was initiated at Victoria University in 1949 (McCreary, 1971; Nash, 2009; Staniforth, 2010) and was soon complemented with various vocational programmes including the State Services Commission Social Work Training Centre at Tiromoana, Porirua (Fry, 1974; McDonald, 2004; Staniforth, 2015). Social work education became firmly embedded in the tertiary sector with the introduction of Massey University's four year Bachelor of Social Work programme in 1976, soon to be followed by programmes in other universities (Nash, 1998). During this period the New Zealand Social Work Training Council was empowered to "...develop basic minimum standards for accreditation for social work training" (Nash & Munford, 2001 p.23). Social work education and training proliferated to meet increasing demands for available and accessible social work training. The New Zealand Council for Education and Training in the Social Services (NZCETSS) developed requirements for the level A and B certificates, resulting in numerous low entry programmes being established (Beddoe, 2014). Level A endorsed courses provided an introductory level certificate undertaken within a 12 month period, while level B courses were at least two years in duration either a postgraduate diploma from Victoria or Canterbury Universities, the Bachelor of Social Work degree from Massey University, or a two year Diploma from some of the Polytechnics (Nash, 1998)ⁱⁱ. NZCETSS was replaced by Te Kai Awhina Ahumahi Industry Training Organisation

ⁱⁱ "The specialist C level qualifications were either gained through postgraduate study or specialist courses in other settings. The C level qualification was not one that became particularly widespread" (Nash, 1998 p.365).

which further expanded the low entry (University Entrance not required) courses and additionally introduced work-based training and unit standards for practitioners that on completion resulted in a level B Diploma. For many years, the Level B qualification was generally considered to be the benchmark minimum qualification for employment as a social worker in health and other sectors and this was reflected in the historical qualification benchmark set by the inaugural SWRB (Social Workers Registration Board, 2014). Since the implementation of the Social Workers Registration Act (SWRA)(2003), the SWRB has the responsibility for the recognition and monitoring of the standards of social work qualifications across the range of tertiary institutions in Aotearoa New Zealandⁱⁱⁱ

Development of collective professional identity

The development of a collective social work professional identity began to emerge in Aotearoa New Zealand in the 1960s and in 1964 the New Zealand Association of Social Workers (NZASW) was established. The Association affiliated to the International Federation of Social Workers (IFSW), developed a Code of Ethics and held an inaugural conference in its first year. The agreed upon focus was training, sharing information, research, professional standards, philosophy and international linkages (Hancock, 2004; Hancock & Nash, 2005; Nash & Miller, 2013).

In 1969, NZASW established a working party to consider establishing a register of social workers (Corrigan, 2005; O'Brien, 2013). However, being guided by Treaty considerations, the need for on-going development of accessible education and training and related issues of social justice, registration was shelved for many

ⁱⁱⁱ There are currently 22 recognised social work qualifications, owned by 17 institutions (Social Workers Registration Board, 2016) and delivered by 19 tertiary institutions across 28 sites (J. Duke, personal communication, January 14, 2016).

decades (Hancock, 2004; Nash, 1999). Both the amalgamation of the Child Welfare Division of the Education Department and the Department of Social Security in 1970 – 1971 (Kendrick, 2004; Nash, 2001) and the creation of the category of social worker in the Department of Social Welfare Act (1971) further recognised social work as an occupation with its own professional identity. Around the same time, the NZASW membership committee endorsed a proposed definition of social worker and published it in the Association journal (Manchester, 1970)^{iv}.

The Aotearoa New Zealand journey of social work professionalisation is an example of a professional project that has followed a systematic process over many decades with many different actors involved. Academics discussed their views on the professionalisation project and the role and place of university education alongside the profession's responsibility for maintenance and setting of standards (Ritchie, 1967). Sharing information was achieved through a number of channels including NZASW publications with the first NZASW journal published in 1965 (McKenzie & Nash, 2008). The development and on-going publication of two special journals *Te Komako* and *Tu Mau* within the Aotearoa New Zealand Association of Social Workers ((A)NZASW)^v journal, identify significant developments in terms of "recognising the status and mana that belongs to its Tangata Whenua and Pasifika members" (McKenzie & Nash, 2008 p.4). News from the branches was originally included in the journal. From the 1990s the news was recorded in the monthly Association newsletter, ANZASW Notice Board. Recurring themes and issues in the

journal over the years have been noted including discussions about qualifications (education and training), membership of the association, conferences and their coverage, generic social work and evolving fields of practice, client concerns (Hancock & Nash, 2005; McKenzie & Nash, 2008) and at specific times debating professionalisation (Ings, 1986). Social work as a profession was threatened by the demand for competence in organisational-based tasks at the risk of neglecting social justice imperatives in order to adapt to, and survive in, the deregulated market-driven neoliberal environment. During the 1980s NZASW experienced a period of very low membership with internal conflict around issues of racism, social justice, accountability and the place of qualification (Beddoe & Randal, 1994). The remaining membership considered winding-up the Association.

At the same time, a number of public inquiries and reviews investigating practice within social services and institutional racism in the Department of Social Welfare and wider society (Benton et al., 1991; Ministerial Advisory Committee on a Māori Perspective for the Development of Social Welfare, 1986; Report of the independent inquiry team reporting on the circumstances of the death of a child, 1989) resulted in the public and professional demand for better, safer, more professional services and thus a focus on the education and training needs of those in the social services sector (Beddoe, 2013b). Changes in legislation (Children, Young Persons, and their Families Act (1989)) and processes for working with children and young people who were at risk of harm were introduced and regularly reviewed (Mason Report, February, 1992).

The professional Association responded to the challenge of essentially being a Pākehā organisation with the development of a response to its Treaty of Waitangi obligations which included constitutional changes so that both the Tangata Whenua and Tauwiwi caucuses would hold equal representation for decision making

^{iv} The definition provides a description of what a social worker does, disciplines from which the practice derives its theory and the presence of social work supervision. Case-work, group-work, community organisation and social service administration were named as ways practitioners may carry out their tasks.

^v NZASW changed its name in 1998 to Aotearoa New Zealand Association of Social Workers (ANZASW) to reflect its bicultural priority

(Beddoe & Randal, 1994). In 1988, rather than wind-up the Association due to the internal conflicts, the remaining membership of about 100 paid-up members voted to develop and implement an accountability process via a competency based membership system including a parallel process available for Māori social workers using the Niho Taniwha model (Aotearoa New Zealand Association of Social Workers, 2008). A national Code of Ethics was also developed along with a complaints procedure (Aotearoa New Zealand Association of Social Workers, 1993). These developments sidestepped issues of professionalisation, qualification, elitism and registration, yet provided a way for social workers to demonstrate values, knowledge and skills sufficient for competent practice (Beddoe & Randal, 1994; Keall, 1993; Nash & Miller, 2013). However, the membership of the professional Association with demonstrated competency did not include the majority of social workers practicing in Aotearoa New Zealand.

Beddoe (2013a) argues that, this situation may have continued on for many years in Aotearoa New Zealand if it were not for the state's obsession with risk and audit and the corresponding public crisis of trust in social workers and the professions in general. It became important for the state to be seen to be doing something about promoting high standards for public services. Interestingly and ironically for social workers, the drive for professionalisation in Aotearoa New Zealand came at the same time as consumer challenge to professional monopolies (Freidson, 2001) and critique of the widespread acceptance of knowledge claims of professions (Harington & Beddoe, 2013). Social workers have long been active in challenging the label of expert, arguing for client self-determination and partnerships with consumers (Munford & Walsh-Tapiata, 2001; O'Brien, 2011; Sanders & Munford, 2008), utilising strength based approaches and feminist, empowerment, anti-discrimination and anti-oppressive theories to underpin practice' (Payne, 2014).

Conclusion

The social work professionalisation project in Aotearoa New Zealand had to navigate the many barriers and interests at work which were both internal and external to social work in order to develop professional status that was shared internally and recognised externally. At the same time, the professionalisation project needed to preserve the dream and vision of social work so as to positively impact on civil society. In considering the different approaches to professionalisation, the range of barriers to the journey of professionalisation of social work in Aotearoa New Zealand up to the mid-1990s have become more apparent. By this time, the Association was poised to once again consider the possibility of professional regulation and in the early 1990s it set up a working party to consider options of social worker registration (Blagdon, Taylor, & Keall, 1994). Concerns began to mount regarding whether professionalisation in the form of statutory regulation would or could provide opportunities for greater practitioner scholarship, civic literacy and responsibility to utilise theory, provide ethical care and retain a concern for social justice (Harington, 2006). The link between the dream of professional social work while taking the next step involving the development of a statutory regulatory framework for social workers was less certain. However, by the turn of the century, there was a concerted push for the statutory regulation of social workers and registration proposals were developed. These developments looked set to mark a massive professional shift for social work in Aotearoa New Zealand with statutory social worker regulation to become the next major historical phase of the social work professionalisation project.

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An adventurous journey: Social workers guiding customer service workers on the welfare frontline

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ABSTRACT

INTRODUCTION: This paper explores a reform to worker relationships at the frontline of the Australian income support and government service provider (Centrelink). Reform involved social workers providing guidance to customer service workers and working closely with them in order to improve interactions with people seeking assistance.

METHODS: A case study traced reform in two Centrelink offices over one year, and included semi-structured interviews and observations with social workers and customer service workers. A thematic analysis highlighted the nature of changes to worker relationships over time, and how new relationships supported new organizational practices.

FINDINGS: Customer service workers initially reported both anxiety and excitement, expressing admiration of social workers' skills and knowledge. Over time, they emphasised the inspiration and interpersonal support social workers provided them, how this helped them deal with difficult situations and was missed when not available. Social workers' initial scepticism around demands on their time and challenges to their professionalism gave way (in part) to a sense of influencing and guiding workers towards more humanising interactions, although some concerns and organizational tensions remained.

CONCLUSION: Guidance to other workers is a form of leadership which fits well with social work's relational, supportive potential. Tensions in the welfare context mean that providing guidance is both rewarding and challenging, taking social workers on an adventurous journey involving adversity and (self) discovery.

KEYWORDS: relational social work; income support; customer service; professional identity

Introduction

Challenges in late modern social welfare settings can make the idea of social workers as inspirational change agents appear unrealistic (Marston & McDonald, 2012). Increasing managerialism, machine-like processing and shallow customer service orientations pose daunting obstacles for social workers (Rogowski, 2010). In large government organizations human issues can become lost in traffic control, where market outcomes

overshadow humanistic support (McDonald & Chenoweth, 2009). For a social worker in this situation, their expectations may not match the realities of limited influence, hostility, confusion and helplessness. Rather than inspired, workers in this environment may feel closer to Kafka's (anti)hero in *The Castle*,

A lot of things here seem designed to put one off, and when a person first arrives the obstacles look insuperable...
...circumstances, the vast amount of

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work, the way officials are employed in the castle, the difficulty of getting hold of them... ..Who, on his own, however great a worker, could gather all the strands of even the most minor incident together on his desk at one time? (Kafka, 1997, pp. 232-7)

Whilst the organizational setting can constrict and complicate social work practice in Kafkaesque ways, social workers can also influence the organization they work in, particularly through the relationships they build (Hughes & Wearing, 2013). Encouraging organizational and network responsiveness through developing supportive and anti-oppressive relationships has been a focus of a range of relationally oriented theory influencing social work such as strengths (McCashen, 2005), network (Trevillion, 1999), dialogical (Seikkula & Arnkil, 2006) and relational social work (Folgheraiter, 2004).

Recent examples of innovative relational practice have seen social workers challenge dehumanising approaches in social security settings (Tonkens & Verplanke, 2013) and expose the development there of a 'welfare dead zone' where people needing help are increasingly alienated from services and caught in a dangerous cocktail of isolation and disaffection (Global Agenda for Social Work and Social Development, 2014, p. 28). Our own research explored how social workers were involved in and influenced some recent change attempts and changing relationships in the Australian income support setting (Centrelink).

Background

Centrelink is predominantly staffed by customer service workers who deal with enquiries and requests around payments and claims. Customer service workers interview people in severe financial hardship experiencing difficulties in everyday living, and often in crisis. Difficulties and crises are revealed (and obscured) in customer service interactions, and there is significant research literature which has highlighted

the complicated nature of such interactions in Centrelink (Eardley et al., 2005; Howard, 2012). There is longstanding criticism that Centrelink's service framework simplistically frames people in need of complex support as 'customers', and that interactions with Centrelink can exacerbate distress and tension for people seeking assistance (Murphy et al., 2011). There is also some evidence that its customer service approach involves tension and distress for workers (Howard, 2012, Kennedy & Corliss, 2008) who might benefit from access to social workers for advice and guidance in their work (Diaz, 2008).

Social workers have operated in the Australian social security context for over seventy years, with over six hundred currently employed as 'professional officers' in Centrelink. Whilst this is a small proportion (2-3% of overall staff), social workers occupy relatively senior operational levels, working in small detached teams in local offices, processing and call centres.

Some interactions between people accessing Centrelink and customer service workers may touch on clear triggers which result in a referral to a social work team (for example, around payments related to escaping domestic violence). However, customer service workers also encounter many situations which are unclear and where referrals are dependent on how an interaction unfolds at the frontline. Ambiguity may arise where the service interaction itself invites confusion or distress, particularly given increasingly automated claim processes and the mismatch between tightening social security policy conditions and expanding needs for income support with diverse groups of people seeking assistance (Murphy et al., 2011). This can lead to mistrust as customers present as confused, distressed or angry following cancelled or suspended payments, and where they perceive that their needs are not being responded to (Murphy et al., 2011).

Change Attempts Involving Social Workers in Centrelink

In this complicated and potentially volatile setting, an innovation was introduced in 2011/12 whereby social workers in a number of Centrelink sites began to work more closely with customer service workers (Australian Department of Human Services, 2013). Reforms expanded on some previous local projects which involved social workers working with customer service staff to assist particular groups of clients in need (Hall, Boddy, Chenoweth, & Davie, 2012). Reforms posed possibilities for improving organizational responses to difficult and distressing human situations through improving the network of relationships surrounding frontline customer service. In practice, this meant social workers would work directly with customer service staff, provide coaching and guidance, and work collaboratively on complex cases at an early stage rather than through a detached referral process.

New arrangements involved substantial resourcing for customer service workers. This was to give them more time with people seeking assistance, time to consult and engage with social workers regularly, and to offer people better access to social workers for more comprehensive support. For social workers, new arrangements positioned them as the key support for customer service workers (but involved only limited resourcing, with expectations that they could draw on additional support from customer service workers to lessen some of their overall workload). Changes drew social workers into challenges at the frontline, and this paper traces these developments drawing on a case study of two sites undertaken for around one year as changes unfolded.

Method

The question of how relationships developed between social workers and customer service workers was considered through a

case study of two sites involved in changes, one regional and one metropolitan. The case study included interviews with social workers and customer service workers, as well as observations during site visits. We have also pursued consideration of other perspectives, including people accessing assistance and Centrelink managers (Hall, Boddy, & Chenoweth, 2014; Hall, Hadson, Boddy, & Chenoweth, 2014), but focus in this paper on worker relationships.

A case study approach was used to afford a close involvement with participants over an extended period of time and was in keeping with our conceptualization of relationships as constructed "in a situation" (Folgheraiter, 2004, p.130). Whilst often criticised for a lack of explanatory power, the rich picture of participant perspectives and changes over time, characteristic of case study, is particularly suited to understanding dynamic environments involving new and untested experiences (Flyvbjerg, 2006). A rich engagement with workers' perspectives was central to our research interest in their engagement in a potentially humanising service, and provided a basis for conceptualising new developments in human terms.

Twenty four worker interviews were undertaken involving fourteen workers in total. Semi structured interviews were conducted during site visits after workers had been involved in arrangements for some months (typically no more than three months) and again after they had been involved for around 9-12 months. Eight customer service staff and six social workers participated (from a possible pool of ten and eight respectively). All interviews and site visits were undertaken by the first named author, who subsequently participated in reflective discussions with the remaining authors to refine concepts and cross-check high level themes prior to a more detailed analysis.

Analysis of interview recordings and notes, with assistance from NVivo10, focused on comparing and contrasting perspectives

and highlighting themes within a matrix (Miles & Huberman, 1994) featuring three stages: reflections on prior history of service provision in the sites; views on early experiences over the first few months of change, and perspectives on later experiences (approaching the end of the first year). An initial coding process established a large set of codes which was then categorised according to several overarching themes (Miles & Huberman, 1994). A narrative of findings was developed for reporting based on this themed timeline of changes. This narrative references participants extensively in their own words, reflecting an attention to polyphony and to minimising researcher bias by including multiple voices directly in reporting - a process discussed at length elsewhere (Hall, Boddy, & Chenoweth, 2014). Some identifying details not relevant to findings have been altered to preserve anonymity. This research was approved through the Griffith University Ethics Committee.

Some limitations arose around accessibility, meaning that one research participant from each group was unavailable for a later interview and one from each group unavailable for an early stage interview. The two sites involved were chosen because they undertook early implementation of new arrangements (which were planned to roll out across 44 sites by 2014/15). These sites may not have been representative, however later interviews with senior managers who covered multiple sites indicated that findings were relevant to experiences in other offices.

Findings

Reflections on previous service arrangements

It's always about the queue...about pumping them through, excuse the expression, I know it's horrible...but that's what it's about. (Renee, Customer Service Worker)

It's an environment that's run by numbers and figures and I.T.

[Information Technology]. (Lisa, Social Worker)

That the social security environment could be oppressively process oriented, machine-like and dominated by information technology was a view shared by workers in early interviews when reflecting on their past work. This is not unexpected, given previous research literature has detailed the anxieties of customer service workers (Howard, 2012; Kennedy & Corliss, 2008) and challenges for social workers in this environment (Dearman, 2005; McDonald & Chenoweth, 2009). What was perhaps of more significance was the apology and the clear desire amongst customer service workers to provide a more balanced service which did not favour a business of quick transactions over human factors. Customer service workers reflected that processing people quickly was about organizational drivers rather than meeting the needs of people.

My personal experiences from working for [Centrelink] is we're very transaction based...so 'get them in get them out... don't let them talk too much'... For every transaction we do in [the computer system] we get so many funding dollars. (Mary, Customer Service Worker).

Some customer service workers appeared highly concerned about this and were also conscious of having limited knowledge and capacity to help.

I've always had customers telling me their issues...and before, I never knew what to do. To say have you thought about this or that, to have those resources...a stepping stone to where they want to go. (Felicity, Customer Service Worker)

Customer service workers also drew connections between customer experiences and their own sense of pressure working in that environment.

'Don't let them talk too much'...I personally have been stopped...have

been told I have to stop customers from talking...[The] manager said to me I need to be more [pause, appears upset].. computer based. (Ralph, Customer Service Worker)

In Ralph's case, he elaborated a scenario before recent changes where he had attempted to engage with a customer who wanted to share a positive experience and been advised (electronically) not to.

One situation, I had this man, he was on DSP [Disability Support Pension] and had been for years... He got a job and so he's come in to tell us about his earnings...and I'm like, 'fantastic', you know, 'this is great' ... and he was telling me about it... so I was coding his stuff but also discussing with him...and I got a couple of messages from my manager saying 'you need to move on...you need to get rid of him'...(Ralph, Customer Service Worker)

Excitement and scepticism

It is perhaps not surprising then, that customer service workers expressed excitement at the prospect of being able to listen to people and work more closely with social workers. Customer service workers perceived social workers as highly skilled and knowledgeable, particularly around the use of community resources.

Having them [social workers] there is going to be massive, just for their knowledge. (Mary, Customer Service Worker)

However, social workers expressed an initial reticence around new arrangements, and stressed the pressures they already experienced to manage workloads and not fall into a processing approach themselves. Although they shared a concern about service provision in the front office and the potential for people to fall through the cracks, they were also concerned that customer service staff might be viewed as pseudo-social workers, engage in what they

saw as risky practices or potentially take over their roles. These concerns were heightened by the fact that additional resourcing was largely provided organizationally for customer service staff.

We didn't get resources...and this is a very big pressure on the social work service. That [it] is not recognised in the funding...if you want to do a good job, to respond to what needs to be at the front. (Nicole, Social Worker)

As a social worker probably the biggest thing for me is that without that ongoing support... staff will take the conversations too far and not know how to bring it back and not know what to do. (Lisa, Social Worker)

Social workers' scepticism was also inspired by experiences of a longstanding organizational push towards phone-based work and online service delivery, which they felt represented a move away from the development of local relationships.

Experiences of change

They [the social workers] were always very remote before...you knew them and you'd say 'Hi', but that was about the extent of it. It's a lot more personalised now, a lot more give and take. It's a much better relationship(Felicity, Customer Service Worker)

Both groups described a significant change as new arrangements were implemented. Social workers were involved in the delivery of initial training sessions over the course of one week. The sessions covered issues and services in the local community, paying attention to people's strengths, and relating to people in a more open and supportive conversational manner. Over the first few months, social workers assisted (variably) with visits to and from community agencies, and provided weekly one-hour coaching sessions with customer service workers, although this also varied over time due to

organizational pressures. They also provided informal guidance which was facilitated by locating themselves in closer proximity to where customer service workers were seated. Learning from social workers was described by customer service workers as central to pursuing more helpful conversations with people seeking assistance.

We had the opportunity then to research, because you don't know what's out there... time to research, build relationships with community providers, and obviously social work. Right from the start we had regular one on ones, reflective, and we used those sessions as educational. (Jenny, Customer Service Worker)

Coaching from social workers took the form of one hour weekly sessions which were focused on allowing customer service workers to reflect on their conversations with customers and how they had pursued supportive referrals where customers expressed additional needs. These sessions appeared to be highly prized by customer service workers.

...we bring in a couple [of examples] and talk about how the conversation went, a question we might have used, what was useful and what might have been better... Trying to identify ways of helping the customer...I'd never experienced that before, here [in Centrelink]. (Luke, Customer Service Worker)

For social workers, coaching sessions and observations from working together began to reveal a change in the way customer service workers assisted people seeking assistance.

I think one of the things I notice about the conversations they are having now compared to what they were having before is that they are more genuine... There is something about it that is not as transactional... (Christopher, Social Worker)

Pursuing such conversations invoked some anxieties for customer service workers which

were reduced through close contact with a social worker.

I was really anxious when I first started. I was so worried [laughs]. I didn't know whether I should come in on the first Monday... It helped to spend time with the social worker. (Renee, Customer Service Worker)

Consultations, coaching and training from social workers were viewed as a source of security and support, particularly where these helped build knowledge about other services which they could refer to.

Referrals? I was almost fearful of them... it was like who do I call? It was like a minefield... Whereas now, obviously not fearful of it and I generally have a basic understanding of what they offer, so I'm more confident. (Jenny, Customer Service Worker)

The growing relationship was also significant for allaying customer service workers' discomfort around challenging or distressing experiences arising in their work.

Pretty much anything that would make me feel uncomfortable, personally uncomfortable, I would be straight to a social worker... if I just have any worry about a customer's wellbeing or others. (Mary, Customer Service Worker)

Risks, worries and challenges

Despite positive experiences, there were challenges around maintaining regular support, and how support was perceived. This was particularly evident in site (A) where local management was seen as limiting opportunities for customer service workers to spend time reflecting with social workers or visiting services with them after the initial training period. Whilst there were perceptions of stronger management support in the other site (B), in both sites, session regularity fluctuated over time with shifts in managers and social worker availability.

In site A, restrictions on time with social workers impacted opportunities to develop a better sense of community assistance options, something which customer service workers found particularly difficult as it limited their ability to make informed, quick referrals.

The social workers have been really good, they've got a greater awareness, and are handy to at least have a case consultation with... [but there is a] difference between the talk of what it should look like and how it's turning out. It's hopefully something that will change a bit more... at least knowing the [community] services and what they provide... But I think it's a work in progress because it is a fairly large shift. (Luke, Customer Service Worker)

More involvement with social workers led customer service workers to value the social worker role more highly than before. It also resulted in them missing this when it was less available.

Social workers still provide a lot of support. They don't often sit out the front. They are available a lot to consult with cases and good to talk to around extra services and what's going well or what a customer might need or might be good for them. (Luke, Customer Service Worker)

As customer service workers were able to spend more time with customers, the extent of customers accessing additional support became apparent. Coupled with limited availability of social workers (who found their workloads increased rather than alleviated through working closely with customer service workers), this resulted in many lengthy interactions involving only limited or no consultation with social workers. This was viewed with concern by social workers as exposing customers (and workers) to risk.

The notion of risk was discussed in two ways. First, it invoked an objectifying terminology, which might be viewed as a legitimate

professional assessment, or more critically, as reductionist and controlling (Rogowski, 2010). Second, talk about risk indicated a broader concern or worry (Seikkula & Arnkil 2006) at confusion around professional boundaries and at social workers' capacity to be available to and support workers and customers. It was also acknowledged that customers' needs may have previously been overlooked or ignored, and that changes were revealing hitherto hidden needs. Where coaching and regular working together failed to occur, social workers' worries increased.

At one stage people requesting to see a social worker were being sent to [customer service workers]. Now that doesn't happen, but there is still a tendency... At times it has been a little bit frustrating in terms of people not understanding why a social worker might do some things. (Michael, Social Worker)

In the site where customer service workers were concerned about connecting with community services, social workers did attempt to support visits by services into the office and advocated for consistent, regular coaching time. This brought the social workers into conversations with managers which involved some conflict and confusion around who was responsible for customer service workers' development.

....We put in place meetings for major players to get together, but that didn't occur... There wasn't enough interest or commitment... It was really difficult for us because we had different managers ...and every week it was a struggle to have reflective sessions. They [customer service workers] were really passionate and enthusiastic when they began... but there were constant struggles [with management]. I've really had to push to get the one on ones happening. (Nicole, Social Worker)

Caught up in this struggle, customer service workers reflected on the critical importance of their connection to the social worker, as

well as concerns at an ongoing struggle to give new staff entering the team the same opportunity they had.

They [social workers] are our greatest resource, our backbone ... we work together... [but] the new staff coming in... haven't had the involvement and training in the early days that we had... the support of social workers. (Jenny, Customer Service Worker)

In both sites, social workers dealt with multiple turnovers of managers and had mixed success ensuring coaching and consultation occurred, although this was more successful in site B, where they had a longstanding positive relationship with a key manager and with another senior leader involved in other community initiatives reported elsewhere (Hall, Hadson, Boddy, & Chenoweth, 2014). Where coaching and consultation flourished, social workers concerns diminished and with it some reduction in their workload was reported. Social workers also reflected on their own growth through new relationships with customer service workers.

It has been really interesting for me working in a different way...working with the CSAs [Customer Service Advisors], helping them. You learn more about them personally and how they approach the work...Yourself, you are more exposed, because if you give feedback you invite feedback... that was interesting to learn how I could handle this...to feel comfortable in the middle of the action. (Nicole, Social Worker)

Working 'alongside'

My biggest concern was whether social workers were being replaced. My greatest learning has been... that's it's not just about responding to everything... but them [customer service workers] working alongside us. There's an exchange ...we work together ...it's a joy. (Christopher, Social Worker)

Over time, fewer concerns about a threat to professional status were evident, particularly for those social workers who spoke about customer service workers as an additional 'pair of hands', and emphasised a shared approach developing.

I think where this is different is in terms of us really working in partnership, so that we are working in ways which are productive...so the client gets something out of it, to empower them. (Nadine, Social Worker)

In later interviews, customer service workers talked about working collaboratively with social workers, with customer service workers handling simpler referrals and social workers dealing with more complex issues.

[A family] were looking to rent privately somewhere better but they couldn't afford the bond...I contacted [the worker] at [community] housing assistance to help with that but referred them to the social worker as they [also] had issues around trying to get one of their children back into their care...and that was affecting them. (Felicity, Customer Service Worker)

A more humanising customer service response was reported by social workers.

For the customers it was amazing to see what level of support they got. There were Centrelink issues and other assistance through services...seeing the difference they were making for people was really encouraging. (Nicole, Social Worker)

Towards the end of the study, there was still scepticism about changes amongst social workers, particularly in relation to resourcing. Despite this, there was also a strong belief in the benefits of working together and that collaboration had helped clarify the different roles and also improve the efficacy of social workers from an 'add on' to part of the frontline service.

Sitting out the front with them has helped us in supporting staff rather than just being an 'add on' service. It's just been really useful, seeing what goes on out the front rather than just being behind the scenes. Through that process they have also been able to learn from us and understand the differences between what we do and what they do. (Christopher, Social Worker)

Discussion

Attempts to develop more supportive interactions in Centrelink exposed the frequent situations of hardship and distress Centrelink customers dealt with. Closer relationships with social workers led customer service workers to value social workers for their knowledge and guidance. Customer service workers' initial anxiety and excitement around what they saw as enhancing their knowledge and making a difference gave way over time to a more constructive recognition of challenges in the service environment and talk of the inspiration and interpersonal support social workers provided. Getting to know the social worker was described as essential, and the capacity to consult with or hand situations over immediately to a social worker reduced worries around complex situations.

Social workers' more sceptical attitude, particularly early on, is understandable in light of the paucity of resources and expectations that they would simply make do. Their growing involvement in situations at the frontline resulted in a mixture of hope and worry. They saw real benefits in working with customer service workers but were concerned about the level of support needed in new arrangements. However, over time customer service workers were equally unhappy about limitations around their access to social workers, and the failure to adequately resource social workers became a shared worry. Towards the end of the study this worry was evident in our interviews

with senior managers, and influenced an alternative Centrelink programme which resourced additional social workers to work with customer service outreach staff.

In spite of the struggles and confusion at an organizational level, reforms to the process of customer service delivery led to widespread learning, development and further innovation. Community forums fostering service user feedback to staff were facilitated. These occurred particularly where social workers managed to develop close relationships with customer service staff. Availability and closer relationships between social workers and customer service workers were more evident during the training and settling in period and where social workers were successful in ensuring shared learning activities such as regular coaching and visits with community services. Where such opportunities developed, positivity and even 'joy' around collaboration signified a remarkable (if fragile) shift in organizational practice.

Implications

Promises of social workers conquering overwhelming organizational challenges have been deservedly critiqued by Marston and McDonald (2012). However, the possibility of guiding others, working with and learning from them, invokes a more balanced picture of how social workers can influence (within limits) in difficult organizational settings. Osborne and Brown (2013) have argued that innovation in public service organizations is increasingly recognised as developed by leaders who engage with networks and value collaborative relationships. Folgheraiter (2004, p.132-134), in picturing social work as an "adventurous journey", highlighted its strength in developing new relationships and providing guidance in changing, challenging welfare environments (Hughes & Wearing, 2013, pp.197-8).

Social workers are well positioned to provide guidance where challenges arise. First,

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because they are continuously involved in the journeys of other people (Folgheraiter, 2004, p.134) from whom they can learn and draw inspiration (Dybicz, 2012), and also because they can recognise the troubles of people they encounter as public issues. Because of this, guidance which involves an alliance of mutual respect and dialogue with others is most relevant to social work (Maidment, 2006). However, pursuing this in an organizational context, particularly in constrictive welfare organizations is not straightforward. To rephrase Marx's famous dictum, social workers make their own history, but not just as they please or under circumstances of their own choosing.

The politics of relational practice

New relationships traced in this paper engaged social workers with customer service workers who were a first point of contact with 'the real problems of people in flesh and blood' (Folgheraiter, 2004, p.144). Social workers broadened their own understanding as challenging situations arose which revealed the limitations and obfuscations of the customer service environment. For social workers, changes led to some worries (for themselves, workers and customers), which they expressed in terms of risk. However, they also found changes encouraging and enlightening. New *worker* relationships threw into relief historical arrangements in the office environment where social workers had been isolated, with limited possibilities for dialogue with customer service workers.

Findings from the Centrelink case suggest that social workers' own 'room to move' (McDonald & Marston, 2006, p. 171) is expanded through their room to relate. Rather than a straightforward exercise of professional power, social workers' influence in Centrelink was diffuse and linked to the perceptions and development of other workers, and, crucially, to their own learning. Alliances expanded the freedoms of the practice space (Hyslop, 2011, p. 419), and a more humanizing

frontline approach was identified, albeit without sufficient resources for change to be consistently maintained.

Conclusion

The call for social workers to develop a "relational heart" in service provision has grown in strength in recent years (Spratt et al., 2014, p. 1508). In part this has focused on asserting the value of therapeutic social worker-client relationships (Ruch, Turney & Ward, 2010; Trevithick, 2014). This paper provided an alternate focus on the development of guidance to other workers, reflecting an increased interest in how guidance within a network of relationships contributes to *social* work (Robertson & Haight, 2012; Scourfield, 2013).

There is a temptation to view late modern human service environments as straitjacketing social work. This frames social workers as increasingly surrounded by constrictions, with less 'room to move', less discretion and little capacity to influence organizational surroundings. This paper suggests a more nuanced picture, in line with the view of social work as "a perpetually changing and unfinished project" (Adams, Dominelli and Payne, 1998, p. xvi). In this picture, (new) relationships, guidance and inspiration can develop which humanise service provision alongside the difficulties of an adventurous journey involving adversity and (self) discovery.

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Crafting the society of control: Exploring Scottish child welfare policy in a neoliberal context

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ABSTRACT

INTRODUCTION: This article explores contemporary Scottish child welfare policy and locates it in a neoliberal context. The existing national practice model known by the acronym GIRFEC (Getting it Right for Every Child) has been a feature of policy and legislation since early 2000. Its latest iteration is notable for two developments, one being the change in the threshold for state intervention in family life to the notion of *wellbeing* and secondly, the appointment of a *state guardian* (known as the named person scheme) for every child in Scotland.

METHOD: Drawing from the concept of late modernity (Parton, 2006), I argue that these advances constitute a net widening approach that seeks to universalise state involvement in family life. The concept of the *society of control* (Deleuze, 1992) is utilised as a method of exploring how the named person scheme can be viewed as a universal surveillance mechanism which seeks to preserve and promote neoliberal hegemony.

CONCLUSION: In the Scottish context the named person scheme is a vehicle for neoliberal state control. The scheme is underpinned by notions of normative compliance resulting in social work practice becoming distanced from its social change agenda, instead working on families rather than with families.

KEYWORDS: GIRFEC, named persons, neoliberalism, children and families, late modernity

Introduction

Although part of the United Kingdom, Scotland has retained a unique social work identity (Brodie, Nottingham & Plunkett, 2006). Its services to children and young people in particular demonstrate a trajectory that differs from services in England and the rest of Great Britain (McAra & McVie, 2007). Since the landmark Kilbrandon report, Scottish child welfare approaches have followed the lead of Scandinavian services much more closely than their English counterparts. McGhee and Waterhouse, (2010) describe Kilbrandon as “an innovation in Scottish policy ushering in a distinctive child welfare institution, the children’s hearings” (p.1091).

Initially set up in May 1960 the committee chaired by Lord Kilbrandon addressed the issue of juvenile delinquency from a liberal humanist standpoint. The Kilbrandon committee concerned itself with the issue of juvenile delinquency aiming to explore its causes and to consider the most effective ways of preventing young people and their families from becoming involved with the state. One of the aims of the committee was to develop alternative methods of intervention that would emphasise the importance of the views of the children and parents as central to the relationship between the state and the family. Kilbrandon promoted a welfarist approach which considered the needs of the children and their families in the context

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of their emotional, social and personal environment. Kilbrandon argued that to tackle delinquency, a requirement existed to develop a more holistic understanding of the issues faced by the child (Smith & Whyte, 2008). To develop such an understanding Kilbrandon argued for qualified professionals to work with children and their families to listen to and understand the unique social and personal aspects of the child's life. In particular, Kilbrandon identified a relationship between the structural disadvantage inherent in poverty and an increased propensity for delinquency in childhood. This welfarist approach has remained a central aspect of Scottish policy and echoes throughout much of the legislation for children and families as well as other areas of social work activity (McAra & McVie, 2007).

Kilbrandon's most visible and enduring legacy, the children's hearing system, was influenced by approaches prevalent in Scandinavia. The Scottish Children Reporters Administration has consistently advocated the benefits of exploring the reasons for the child's referral to understand and contextualise the needs as well as the deeds of the child. Central to this process has been the importance given to the child's interpretation of their circumstances. McAra and McVie (2007) argue that the hearing system's emphasis on exactly these welfare principles makes it unique to Scottish society and supports the integral functions of need and deed in coming to a decision about the child. Smith and Whyte, (2008), emphasise the importance and the uniqueness of social pedagogy as a tenet of the Kilbrandon report. Social pedagogy emphasises the importance of a trusting and supportive relationship between professionals and families focusing on the influence of the internal and external experiences children and families have to endure. In order to explore fully the unique experiences of children and families, professionals require an appreciation of the social, political and cultural intersections and entanglements that constitute the peculiar complexities of family life.

The Children (Scotland) Act 1995 continued in this vein, with the importance of prevention and diversion from statutory services given particular emphasis (McGhee & Waterhouse, 2011). The 1995 Act enshrined the *no order* principle placing a responsibility on local authorities and the Children's Hearing system to work in a voluntary capacity with children and their families. This principle requires the hearing to impose compulsory measures of care only if all other attempts to work with the family have failed. As I will go on to discuss below, the development of the named person scheme from 2014 forms an additional part of the GIRFEC policy (Scottish Government, 2016c) creating the role of a state guardian for every child up to the age of eighteen. The scheme aims to support families should they wish to access public services, but has resulted in an erosion of the welfarist principles that were of such importance to Kilbrandon. A variety of new terminology has simultaneously entered the lexicon that de-emphasises the influence of wider social political and economic factors on children's lives, replacing it with a more personalised discourse that sees a greater emphasis placed on individuality and personal attainment (Gilbert, 2013). The idea of wellbeing has supplanted the notion of welfare and Scottish social work policy has moved to a more individualised series of interactions with children and their families. I will demonstrate that this is a key principle of neoliberalism, one that deliberately obscures wider structural influences on children and their families by emphasising a more individualised response based on the particular circumstances of the child and their family.

This article will explore in depth a particular element of the Getting It Right For Every Child (GIRFEC) legislation, the named persons scheme (Scottish Government, 2016b). GIRFEC is Scotland's legislation to protect and support children. It is of interest to note that the GIRFEC approach which has existed in policy since the early 2000s has only become law in

March 2014. The named person legislation is currently being redrafted after the Scottish Supreme Court found that it breached aspects of data protection law. Its aim is to ensure that all Scottish children receive the help and support that they need from either universal services, such as health and education or more specialised services such as social work. GIRFEC utilises a common assessment approach that promotes inter agency working and emphasises the requirement to place the child at the centre of any planning or practical activities that take place. The named person scheme aims to complement the Getting it Right approach by providing all children in Scotland with a named first point of contact should they or their family feel they need it (Scottish Government, 2016,b). GIRFEC and the named person scheme provide the framework for the state's support and intervention with the Scotland's children and their families. While both are developed with the stated aim of supporting and protecting children, concern has been growing over the invasive nature of universalist policies that seek to use mass surveillance to intervene in family life (Waiton, 2016).

The central argument of this article is that neoliberalism requires an increase in the state's surveillance of the family and a lessening on the threshold for the state to involve itself in the life of the family. These changes allow the neoliberal state the opportunity to pursue its economic goals safe in the knowledge that it has adequate provisions in place to identify and work with families who threaten its hegemony. Using the mechanisms available to the state, opportunities exist to negate such a threat, while ensuring that those who pose a risk are swiftly and effectively dealt with. This article will explore the potential for the named person scheme to fulfil this role in a manner that causes services such as social work to be recast into new modalities that constitute a flight from the profession's moral and ethical base as an agent of social change.

GIRFEC: A historical context

To provide a clear historical narrative of the development of Scottish childcare policy it is important to foreground this article with an exploration of the context of the development of child welfare policy in Scotland. A notable addition in relation to children and families was the Children's (Scotland) Act 1995 which continued to promote the rights of the child in law and policy. This Act strengthened the requirements for the views of children to be taken into account as well as presenting a series of essential principles that reflect and legitimise a shift away from the welfarist principle to a more individualised conceptualisation of the interaction between the state and families. These principles include: each child who can form a view on matters affecting him or her has the right to express those views if he or she so wishes; parents should normally be responsible for the upbringing of their children and should share this responsibility; each child has a right to protection from all forms of abuse, neglect or exploitation; so far as is consistent with safeguarding and promoting the child's welfare, the public authority should promote the upbringing of children by their families; any intervention by a public authority in the life of a child must be properly justified and should be supported by all services from all relevant agencies working in collaboration (Children (Scotland) Act 1995).

Although the Act retains some emphasis on the welfare of the child, a more individualised narrative emerges, one that represents a shift toward the child being seen in a more individualised milieu. While on the surface this might seem superficial, as Clark and Smith (1998) perceptively point out; it is a significant signal shift in the direction of travel for services. The concept of welfare retains a symbolic association with a social work, where the philosophy of social pedagogy (central to Kilbrandon) is retained by promoting a holistic exploration of the influences of the social political and cultural environment. Wellbeing indicates

a new direction; one more suited to a neoliberal environment where connections between environment and behaviour are underemphasised which leads to a revision of the relationship between the state and the family (Parton, 2005).

The Children and Young People Scotland Act received assent in 2014. A more powerful sense of a uniquely Scottish discourse emerges in this Act, one that continues the thread of the 1995 Act, which encouraged a more personalised approach to children and their families. There are two specific aspects of the 2014 Act that further enhance the directional shift towards a neoliberal policy paradigm that was prevalent in the 1995 Act. One of these is the emergence of the named person scheme, while the other is the introduction of the concept of wellbeing.

The notion of wellbeing encompasses a shift to a more individualised, personalised set of concerns associated with the vague concept of personal welfare. One outcome is that the concept of the person becomes foregrounded. As Esposito (2012) remarks, human life is considered untouchable only when based on personhood. The legal sphere and the pursuit of subjective rights in the name of the person are linked to the qualification of personhood. The result of this is an erosion of services emphasising collectivist notions of shared experience and belonging. The collective sense of experience is eroded and a newer more individualised notion that emphasises the concept of personhood replaces it. Because of this social work comes to represent individual change and development as opposed to wider societal, ecological or structural change. Esposito's (2012), critique of the sovereignty of the person is transposed and then it is embodied as named. The named person is a further qualification as to whether someone counts as a particular type of person and depends on an attitude towards and stance adopted towards that person.

The named person is not only a rational being but the stance taken towards them is

inevitably a moral position (Dennet, 1988). In the Act, children from birth to the age of 18 would have a named person appointed in respect of them to work alongside the parents or carers of the children, should they require support and signposting. The named person is associated with a broader drive to ensure a more effective and streamlined array of services coordinated via a single planning process that would encourage and strengthen existing co-working arrangements across local authorities and their partner agencies. I will return to the operational issues of the named person scheme later in this article.

The scheme mobilises universal state involvement in the life of the family using the spurious notion that all children require a direct link to services which is provided by a particular professional who acts in the child's best interest. The scheme relies on each child meeting a series of wellbeing indicators (of which there are over two hundred) which are used as an indication of the child's development. The emphasis on the wellbeing indicators and the individual child so prominent in the scheme represents what Wacquant (2009) describes as a "moral individualism" that is a requirement of hegemonic societies as an "ongoing, routine feature of neoliberalism". (p.310)

Foucault (2001) argued that governmentality was the "ensemble formed by the institutions, procedures, analyses and reflections the calculations and tactics that allow the specific, albeit complex form of power" (p.211). In applying this concept to GIRFEC, we see how this policy is just such an ensemble. The institutions of the Scottish state including charities, churches and social organisations have fully engaged with GIRFEC and have ensured it is prominent in all arenas. A national practice model has been developed by the Scottish government and comes with the possibility of further action should families demonstrate a lack of compliance, one which allows the state to engage with families in a more direct and potentially more punitive

manner. This is particularly prescient for social workers as their involvement has the possibility of engaging with families who may demonstrate a lack of compliance for a variety of reasons often relating to a sense of isolation or vulnerability. In these circumstances, there is an opportunity for the state to move to a position of compulsory involvement to exert the complex form of power described by Foucault.

Parton (2005) deploys a Foucauldian analysis using the notion of discourse to frame social policy relating to children. The discourse established in GIRFEC affords the concept of personal wellbeing primacy. Although not ignored, the role of the wider societal impacts on children is firmly in the background with the practices associated with this (such as community development or welfare rights) becoming an adjunct and losing their position of importance and the symbolic value that centrality brings. The focus of the lens rests on individual children and the pressure of working in mainstream social work, often dominated by child protection concerns, ensures that it remains so.

The named person scheme is an increasingly pervasive regime of social regulation (Parton, 2005). The scheme mobilises and universalises the scope of state involvement while lowering the threshold for this involvement. This mobilisation, universalisation, and alteration of thresholds for involvement is mirrored by the increasing neoliberal direction of society. Neoliberal hegemony needs to develop an array of mechanisms to protect itself from potential insurgency or any threat to its dominance. As Hall (2013) cited in Evans and Giroux (2015 p.28) states:

Neoliberalism's victory has depended on the boldness and ambition of global capital, on its confidence that it can govern not just the economy but the whole of social life. On the back of revamped liberal political and economic theory, its champions have

constructed a vision and a new common sense that have permeated society....

They have thoroughly undermined the redistributive egalitarian consensus that underpinned the welfare state, with painful consequences for vulnerable groups.

Here I argue that this alteration of thresholds for intervention is a deliberate and necessary requirement of neoliberal societies and is scaffolded by panoptic surveillance of families (Stoddart, 2015). Using Deleuze (1992) and the concept of *The society of control* I will argue that the named person scheme can be located as a method of social surveillance specific to a neoliberal context. The implications of which will be most seriously felt by those who are experiencing marginality, poverty and those families for whom the state already has a significant degree of involvement in their life.

GIRFEC in a globalised neoliberal environment

Stoddart (2015) explores GIRFEC and the named person as a paradigm for the surveillance of children. He argues that this policy is predicated on the state widening its involvement in the private lives of the family using state actors to gather and store information on families. Parton (2005) demonstrates how social workers become agents in the surveillance of children with some children experiencing greater surveillance than others. The move towards a neoliberal society requires the state to widen its surveillance to a universal provision allowing the state to infiltrate the life of every family. Families themselves now become concerning regardless of the presence or otherwise of particular actions or behaviours that are reasons for the involvement of the state. The emerging narrative, captured in various national and international legislation, is one of risky, troubled, feral families (Beddoe, 2014), often living in social housing and claiming state benefits. Noticeably absent from this narrative is any detailed consideration of the

global impact that neoliberalism has had on the most vulnerable.

Parton (2005) describes this social climate as one of late modernity. He analyses this concept by comparing the death of two children who died thirty years apart in the United Kingdom. Maria Colwell was a white child from a predominantly white working class area who was beaten to death by her stepfather, while Victoria Climbié was a black child murdered by her Great Aunt and her partner who were both African. The differences in the social circumstances of the two children are stark and as Parton explains, “are in relation to issues of identity and global mobility” (Parton, 2005 p.49).

Family members killed both children; the difference in their social circumstances provides a vivid metaphor for the transition of society from a period of modernity to late modernity. Friends and neighbours knew Maria Colwell and her family; they were part of the estate she lived in and the ethnic mix of her family, the community and the professional involved was from a white British background. These are the cultural and social norms of modernity; her background and history solidly fixed in a series of established and recognisable social and cultural idioms; the housing estate, the family, and the workplace. Maria’s life was recognisable to families across Britain. Victoria Climbié’s circumstances were markedly different, Victoria was from the Ivory Coast, living in London in a reconstituted family, not well known in the community and surrounded by a diverse racial, cultural personal and professional environment. Victoria, having moved from Africa, was transient, her identity and location were not fixed, her family situation was fluid. She had moved to England via France, was in the care of extended family in an anonymous part of London, and was living in temporary and precarious housing.

Parton (2005) argues that to develop systems that intervene in the lives of families responsibly and effectively, we must first

understand the nature of late modernity as an environment where social and cultural norms that we once understood through the prism of modernity are recast into new and more fluid formats. Late modern society is no longer to be readily understood using traditional social and cultural norms, as the power and influence of the family environments predominant in modernity (like the Church, the work place and the family unit), have had their power base eroded. This reorganisation of society requires a similar reorganisation of public services. The services for vulnerable children inspired by Kilbrandon and are no longer fit for the emerging society. The new challenge of creating services that are responsive to the new iteration of society has emerged, an iteration dominated by neoliberal constructs that emphasise management of populations for maximum economic benefit. The state has moved from a position of being the guardian of its children to become a guardian of neoliberalism. To do this effectively, the state has engaged in a detailed process of developing mechanisms of mass surveillance to detect potential risk to its hegemony. The increase in inspection and regulation regimes is further evidence of the advanced mechanisms developed by the state.

The dominance of free market economics over all other aspects of the state role has required the state to adapt its policies to support the burgeoning neo liberal order. In a late modern environment, the dominance of free market economics over the state is captured in the key principles of the named person scheme, through its universalism, its application to all environments, and its requirement for all professional compliance. To provide services in late modernity a complete coverage of this newly emerging society is required. The global dominance of neoliberalism has resulted in significant social and economic disparity between those who enjoy economic traction and those who do not (Gilbert, 2013). To initially protect, and then expand the power and influence that increased economic traction brings, the state must develop an apparatus that supports

and promotes neoliberalism, a doctrine that Harvey (2007, p.33) describes as “the financialisation of everything”. Gilbert (2013, p.9) elaborates noting:

Put simply, neo liberalism, from the moment of its inception, advocates a programme of deliberate intervention from the government to encourage particular types of entrepreneurial, competitive and commercial behaviour in its citizens, ultimately arguing for the management of populations with the aim of cultivating the types of individualistic, competitive, acquisitive and entrepreneurial behaviour which the liberal tradition has historically assumed to be the natural condition of civilised humanity.

Webb (2009) argues that the emphasis on neoliberal politics requires the state to develop services more akin to “a hyper rational processing system which is based on the administrative steering of front line practice from a risk regulation perspective” (p.212). Using the analogy of the actuary Webb depicts social workers as commodifiers of risk, who apply increasingly complex actuarially inspired devices to measure the risk families pose to the neoliberal order. The need for universalism assumes prominence as social workers need to be able to assess all risk represented by all families. The adherence to neoliberalism forces every society to develop universal policies such as the named person to act as a viewfinder to assess those most likely to provide a threat.

This universalisation of surveillance is supported and buttressed by the development of increasingly sophisticated internet technology systems (Garrett, 2005), increased integration of services and the development of fix narratives that are built around short term opportunities for families to get better, or else. Taken together these three areas represent the dominance of neoliberalism on current child welfare policy in Scotland.

GIRFEC, surveillance and societies of control

Deleuze’s (1992) seminal paper “Postscripts on Societies of Control” offers another method of conceptualising societal changes using the metaphor of a shift from disciplinary societies to societies of control. Disciplinary societies are characterised by “vast spaces of enclosure” (Deleuze, 1992, p.3), where environments such as schools and factories act as a vehicle for the delivery of discipline. Because of the globalised, rhizomatic nature of the neoliberal economic system, these entities find themselves in decline requiring new societies of control to emerge. These new societies are referred to as corporations. The corporation is fluid, lacking in boundaries and structures and requires a new approach to the delivery of discipline. Into this vacuum that the named person is inserted, the universalisation of its coverage, its technocratic solutions and its dependence of the merging of services make it perfectly suited to the society of control. Control comes to resemble a spirit or a gas, ubiquitous in its rhizomatic nature. These societies are described as being in a state that is “undulatory, in orbit, in a continuous network” (Deleuze, 1992, p.4). As capital moves across traditional geographic boundaries and takes on the amorphy of entities such as Uber and Airbnb, new forms of control are required to facilitate the continuing growth of the free movement of capital. To protect the rhizomatic political order that neoliberalism represents the state requires the development of policies that are responsive and flexible to any potential threat to the order.

In order to deliver control to a more fluid population social work services align themselves to societies of control. There is no room for differentiation between services, they meld together to resemble a gas. This form of control manifests itself in an increased emphasis on integration of services and on reducing silo working. This shift in emphasis from the specialist approach to the universalism of the named person is

evident in the shift from welfare to wellbeing described by Clark and Smith, (2012). Here the state has universalised its rhizomatic ubiquity with wellbeing providing a conceptual expansion of the territory for state involvement and surveillance. This mandate legitimises State involvement while ensuring that all families fall under its ever present and ever expanding watchful eye. The integration of services is a requirement to recognise that in societies of control, risk is not static but mobile, fluid and evolving.

This shift in emphasis is reflected by changes to the working environment of social workers, the move to flexible and agile working practices which include greater flexibility to work from home and increased capacity to access computer systems using mobile devices which incurs a destabilising erosion of traditional spaces resulting in a diminution of strong relational based working practices. The move away from the office supports the development of a more individualised work pattern, one that continues the thread of individualisation so prominent in the named person policy. The shared space of the office permits the development of a culture that can offer comfort and encouragement and the opportunity to explore the challenges of the profession in a shared space. This is a significant and irrevocable paradigm shift in the culture of service delivery, motivated by the society of control. The reduction in environment and culture takes place alongside the increase in surveillance and the universalism of the named person. Here the need to create a protective environment for neoliberalism is built using legislation and policy to create spaces where mass surveillance thrives (Scottish Government, 2016a), and those who present a threat to the neoliberal hegemony can be swiftly identified and quickly enmeshed with the mechanisms of control represented by the state.

Early intervention services that emphasise prevention, diversion and inter agency working enjoy a positive reputation in social

work in Scotland, speaking as they do to the strong historical lineage dating back to the Kilbrandon report. Preventative and diversionary methods that emphasise a close inter agency approach comes with the perception of being conducive to reducing the need for statutory involvement in the future and are perceived as approaches that allow families to avoid the statutory involvement of the state in their lives. Early intervention is valorised by its resemblance to traditional liberal forms of relationship-based practice encouraged by Ruch, (2005) and Trevithick, (2003). But, as Featherstone, Morris and White (2014) point out, this approach is not without significant ideological baggage shot through, as it is with powerful neoliberal rhetoric described as “a future-oriented project building on elements of social investment and moral underclass discourses. It incorporates an unforgiving approach to time and to parents—improve quickly or within the set time limits.” (Featherstone, Morris & White, 2014, p.1739)

Featherstone Morris and White (2014), also note that early intervention in this environment can often result in the state’s surveillance assemblage becoming enmeshed with families at increasingly early points in the family life while crowding out possibilities to resolve issues themselves using their own organic strategies and mechanisms. The practice of information sharing has the effect of increasing families’ exposure to the full gamut of state tutelary services for relatively minor issues at increasingly earlier intervention points (Stoddart, 2015). State involvement in family life becomes couched in a normalizing discourse that encourages an unquestioning approach from those in receipt of services.

The named person policy was developed to encourage a closer working relationship between agencies such as health, education and social work which involves sharing knowledge, skills and information the desire to do so is translated into a common linguistic parlance to represent a closer alignment of services with more effective and efficient

relationships between them. The desire is to ensure that the various services including health, social work, education and the police remain in close contact by sharing knowledge, information and intelligence. The separation between the assistencial and the juridical (Donzelot, Deleuze, & Robert, 1980) becomes obscured as the silos in which the services are housed meld together. The specific identity of services, are eroded as they merge meaning families situations are exposed to an amalgamation of what Wacquant (2009) describes as the left and right hand of the state. A redrawing of the settlement between the state and the family is taking place, one that favours the state and the reassembling of the state's apparatus to facilitate this change. This redrawing of the settlement between the state and the family is inextricably linked to the prevalence of neoliberalism and its diverse nodes of governmental control which seek to provide a closer relationship between the state and its citizens allowing the state to encourage behaviours that promote neoliberal values while at the same time reducing opportunities to create threat to the neoliberal hegemony. Legislation and policy become statutory instruments of oppression that facilitate the application of neoliberalism to the population and reduce the populations' capacity to challenge the existing political and social order.

GIRFEC, the family and the state: a neoliberal direction?

The named person scheme claims to provide a paradigm for Scottish society to work towards creating a shared vision for the growth and development of all Scotland's Children. In doing so professionals including social workers, teachers and health visitors assume a formal role in implementing state policy. Writing about the troubled families' scheme in England, Crossley, (2015) describes this using Wacquant's concept of *state crafting* as a primary tool in promoting a neoliberal political agenda represented in Scotland by the named person. The involvement in the state in all aspects of the family life represented by the

named person and the development of large numbers of wellbeing indicators represent a clear indication of the state developing a form of hyper surveillance of its children and their families to fit the requirements of neoliberalism. The emphasis on the person, which runs through the legislation, encourages a continued direction of travel away from broader notions of collectivism. The universalism of the scheme will continue the flight from the influence of structural societal issues as a concern for families to the actions of individuals. Evans and Giroux, (2015, p.9) argue:

all traces of the broader structural forces producing a range of social problems such as widening inequality and mass poverty disappear. Under the regime of neoliberalism, individual responsibility becomes the only politics that matter and serves to blame those who are susceptible to larger systemic forces.

As social workers this flight should be treated with significant concern as it moves social workers into a position that resembles working on families rather than working with families. A further impact of this type of policy direction is the deliberate disconnection of social work from a broader role that would seek to influence inequalities in society and operate as agents of social change as opposed to agents of social control (Fergusson & Woodward, 2009).

Conclusion

In the Scottish context, the named person scheme is a vehicle for neoliberal state control. In order to maintain the neoliberal hegemony, the state requires families to adhere to a series of carefully constructed rules. To facilitate this, it is vital that the state develops a clear apparatus that operates as the vehicle for normative compliance. The challenges that represented by the shift from modernity to late modernity require a new approach to public services, one that can deliver the discipline required to manage a disparate precariat (Standing, 2011).

Despite its benign presentation, the named person scheme is a device that supports and maintains a pernicious political ideology responsible for the impoverishment and disenfranchisement of many for the advantage of the few. In this regard, the named person has aspects of the trojan horse providing a format for the delivery of discipline, control and punishment in Scottish society while supporting the ideology of neoliberalism.

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Does grooming facilitate the development of Stockholm syndrome? The social work practice implications

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ABSTRACT

INTRODUCTION: This article focuses on the problem of risk instrumentalism in social work and the way it can erode the relationship-based nature of practice and with it, the kinds of critical reflexivity required for remedial interventions to keep children safe.

METHOD: By exploring the relationship between the process of grooming and the condition known as Stockholm syndrome, the article seeks to address this problem by offering some concepts to inform a critical understanding of the case dynamics in the sexual abuse of children which can explain the reluctance of victim-survivors to disclose.

FINDINGS: Beginning with an overview of the development of actuarial risk assessment (ARA) tools the article examines the grooming process in child sexual abuse contexts raising the question: "Is grooming a facilitator of Stockholm syndrome?" and seeks to answer it by examining the precursors and psychological responses that constitute both grooming and Stockholm syndrome.

CONCLUSION: The article identifies the underlying concepts that enable an understanding of the dynamics of child sexual abuse, but also identifies the propensity of practitioners to be exposed to some of the features of Stockholm syndrome.

KEYWORDS: Stockholm syndrome; child sexual abuse; victim-survivor; paedophile; hostage; hostage taker

Introduction

In this article, the overview of both Stockholm syndrome and grooming is explored in the context of victim-survivors and the conspiracy of silence. It is sometimes assumed that child sexual abuse victims feel unable to report abuse because of their lack of voice, lack of power, their position in the family or their inability to frame experience as abusive. However, these are not the only reasons because if it were, then as adults, these victims would surely disclose the abuse or report it to an authority, but they do not. Victim-survivors in Jülich's

(2001) study remained extraordinarily loyal and silent: a silence which persisted well into adulthood, and was so profound that victim-survivors appeared reluctant to disclose or report the sexual abuse to which they had been subjected. Their silence continued to protect the abuser long after the abuse had ceased. Jülich named this a *conspiracy of silence*. The reluctance to disclose and report can be attributed to attachment disorders (Bowlby, 1979) or it can be explained by Summit's (1983) child sexual abuse accommodation syndrome (CSAAS). He identified five stages of the CSAAS that

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enabled children to deal with the impact of child sexual abuse: secrecy, helplessness, entrapment and accommodation, delayed disclosure and retraction. However, though plausible in explaining the behaviour of children and young people, it does not explain why victim-survivors persist in maintaining the conspiracy of silence into adulthood. In this article we offer an explanation. We argue that grooming techniques used by those who sexually abuse children facilitates the development of Stockholm syndrome (traumatic bonding) which protects the abuser for decades. Further, we make the argument that risk instrumentalism, with its narrow definitions of risk, could inhibit the ability of professionals using ARAs to identify risk. This is exacerbated by the subtleties and complexities of the dynamics associated with the sexual abuse of children.

Before discussing the rise of neoliberal risk instrumentalism, we comment on the use of terminology. The term *victim-survivor* denotes a victim of child sexual abuse (CSA). *Abuser* denotes a perpetrator of CSA, while *bystander* (Herman, 1997) is used to describe family members or close family friends subjected to the complex family dynamics in the abusive situations. The term *outsiders* is adapted from Graham's (1994) work and refers to professionals and other people not subjected to the complex family dynamics involved in the prevention of the sexual abuse of children.

The rise of neoliberal risk instrumentalism in social work

The past twenty years have witnessed the growth of formalised risk assessment tools in child care social work in Australia, Canada, New Zealand, the UK and US (Oak, 2015). Such risk assessment instruments can be divided into two types: the formalised structured risk assessment instrument characterised, by standard questionnaires and regular templates that serve to assist professional judgement such as the "Common Assessment Framework"

(CWDC, 2006), and the actuarial risk-assessment (ARA) tools in which empirical research methods are deployed to identify a series of risk factors which are believed to "have a strong statistical relationship to behavioural outcome" (Shlonsky & Wagner, 2005, p. 410). The new *Tuituia Assessment Framework* (Child Youth and Family, 2013) launched in 2013 entails both the formalised assessment templates and ARA dimensions (Oak, 2015). Despite the popularity of ARAs with senior managers for the ways they are perceived to reduce practitioner bias and assist with professional judgement, they are criticised for ignoring the day-to-day client-social worker aspects of the case and hence the moral and ethical dimensions (Broadhurst et al., 2010), or to result in the erosion of rapport building skills and the kinds of reflexivity required for remedial action to protect children (Littlechild, 2008; Munro, 2011; Oak, 2015). Littlechild (2005, 2008) commented on how practitioners fail to recognise that concepts of risk are socially constructed and dynamic entities, not easily amenable to risk instrumental quantification. This problem is compounded by the fact that, when using ARAs practitioners tend to use concepts such as *risk of harm* and *actual harm* interchangeably (Gillingham, 2006). Moreover, ARAs ignores the fact that social workers need to translate risk information into a range of choices regarding the most effective service interventions (Shlonsky & Wagner, 2005). The inability to define risk or to develop an operational definition will impact upon the practitioner's ability to determine effective thresholds for intervention (Oak, 2015). All these practice problems can be linked to the decline of the relationship-based nature of practice and the erosion of critical thinking skills as a result of the introduction of the ARAs (Broadhurst et al., 2010; Gillingham, 2006).

The problems with the types of risk instrumentalism that underpin such risk frameworks, are that they embody a specific construction of risk that is somewhat mechanistic and uniform (which belies the complex and individualised nature of the

casework dynamics) and also entail the assumption that risk is something that can be measured, predicted and contained (Horlick-Jones, 2005). Given this scenario, the authors' concern is to consider what conceptual frameworks can be developed to assist practitioners develop a critical understanding of the complex, relationship dynamics that exist in child protection cases? One possible answer is to look at the relationship between Stockholm syndrome and grooming and to consider whether grooming facilitates the behaviours associated with this condition.

Grooming

Craven, Brown, and Gilchrist (2006) addressed the paucity of theorising on grooming in the context of child sexual abuse by highlighting the ways definitions of grooming such as those developed by Howitt (1995) and O'Connell (2003) conflate the term *paedophile* with *sex offender*. They identified the practice implications of this conflation by pointing out firstly, the term *paedophile* is a specific clinical diagnosis and most child sex offenders engage in sexual grooming not just *paedophiles*. Secondly, people who know the offender may not recognise the grooming process because the offender may not fit the stereotype of a *paedophile* and thirdly, the conflation of *paedophile* with *sex offenders* may prevent the offender recognising and taking responsibility for their grooming behaviours. These misconceptions, particularly regarding *paedophile* stereotypes such as "stranger-danger" detract from the fact that most child sexual abuse victim-survivors know their abuser (Cowburn & Dominelli, 2001).

Craven et al. (2006) posited an alternative, and more holistic definition of grooming:

[A] Process by which a person prepares a child, significant adults and the environment for the abuse of a child. Specific goals involve gaining access to the child, gaining the child's compliance and maintaining the child's secrecy to avoid disclosure (p. 297).

Craven et al.'s (2006) literature review identified three types of sexual grooming: self-grooming, grooming the environment and significant others and grooming the child. Self-grooming involves the justification or denial of the offending behaviour as a precursor to the move from thinking about the act to being motivated to abuse (Van Dam, 2001). Self-grooming is likely to be affected by the response of both the wider community and the child and the success of the grooming process. It includes the cognitive distortions adopted in a similar fashion to those of victim-survivors to minimise the harm or to justify behaviour, for example, children are regarded as sex objects rather than human beings, or there is a sense of entitlement on the part of the abuser, or the behaviour is excused by the belief system "we live in a dangerous world" or it is excused by "uncontrollable urges".

Grooming the environment begins with identifying the vulnerable child (Conte, Wolf, & Smith, 1989; Van Dam, 2001). Offenders groom the wider environment in the form of parents, carers, teachers, social workers etc. by integrating themselves into places and community networks where they are likely to have contact with children. Craven et al. (2006) commented on the ways that sex offenders exploit opportunity, in that they seek to ingratiate themselves into a community and places where they are likely to meet children and will often assume a position of trust. Van Dam (2001) reported that many descriptions of abusers amongst research respondents are that they are frequently "charming", "very helpful" and have "insider status". Another tactic is to become indispensable to the wider community. Hare and Hart (1992) suggested that abusers have a penchant for reading community needs and meeting those needs and will often willingly undertake tasks or jobs that other people will not do (Leberg, 1997).

Some abusers groom the environment by targeting lone-parent families to gain this status, or they may target children or young

people who have absent parents, and hence have less protection. In the absence of parental role models, it is easier to befriend a child and create opportunities to be alone with them. In intrafamilial situations, abusers often isolate the victim from the non-abusing parent and the outside world by developing exclusivity with the child. They may also exploit the parents' needs for a life outside the household by encouraging them to be more proactive in community activities and at the same time this gives them increased access to their victims. Conversely, they may isolate non-abusing parents from the outside world in order to prevent them from having people with whom to share their concerns (Leberg, 1997), in a similar way to holding the child hostage (Jülich, 2005). Some abusers achieve this by encouraging drug or alcohol dependency in lone parents, which also offsets any future disclosures made which will be likely to lack credibility (Leberg, 1997). Another strategy aimed at reducing credibility is questioning (usually) the mother's parenting competence in front of friends and other family members.

The vulnerability of the community to such grooming tactics is exacerbated by the cognitive dissonance or cognitive distortions parents/carers, other family members and even professionals may experience. This dissonance/distortion manifests itself in the initial wariness and unease they have about trusting the prospective abuser which coexists with their feelings and reactions to the repeated offers of hospitality or help. Cognitive dissonance occurs when parents/carers and practitioners ignore their wariness and adopt a more appropriate response to these overtures of help and their thoughts are changed to be more consistent with behaviour (Van Dam, 2001). Grooming is a long-term strategy (Sanford, 1980) and is often undertaken so well that, even if abuse is later disclosed, the perpetrator has gained such a position of trust in the community, that the victim is unlikely to be believed.

There are two aspects to grooming the child: the physical grooming which gradually reduces the child sensitivity to touching and results in the gradual sexualisation of the child (Berliner & Conte, 1990) and psychological grooming which may begin with the abuser's version of "sex education" or attempts to enter a child's bedroom when they are changing or stroking a child's head when discussing explicit sexual material. Such attempts to normalise this sexualised behaviour are assisted by the roles that abusers adopt to legitimate their actions, for example, Herman et al.'s (1990) study identified how abusing fathers adopted the role of "suitor" to the daughters they abused. Another technique is the effort to interact with the child on their "wave-length" (Van Dam, 2001) or raising the child's status to that of adult (Wilson, 1999).

Chase and Statham (2005) identified a four stage continuum to the grooming process: stage 1: identify the vulnerable child, stage 2: socially isolate the child, stage 3: develop an emotional attachment, and stage 4: isolate the child from their families and develop progressive control over the child. The study of child sex offenders by Elliott, Browne, and Kilcoyne (1995) demonstrated how groomers looked for specific behaviours to identify vulnerability, such as the way the young person was dressed, whether they lacked confidence and self-esteem, or whether they had a problematic relationship with parents/carers. Similarly, Ward and Keenan (1999) explored the distal planning strategies of groomers and describes two types; covert/explicit planning – the abuser/offender does not acknowledge any premeditated thought or planning but, manipulates circumstances in order to enhance contact with potential victims and explicit planning – deliberately initiating contact for sexual purposes. This is similar to techniques used by hostage takers (Graham et al., 1994)).

Several researchers (Finkelhor, 1984; Prentky, Knight, & Lee, 1997; Wyre, 1987) identified

three typologies of groomer: the aggressive groomer whose approach is characterised by violence, threat or force (Gupta, Raj, Decker, Reed, & Silverman, 2009); the criminal opportunist, those who engage in one-off offences against strangers; and the intimate groomer who perceives a relationship with their victims as analogous to a consenting sexual relationship between two adults (Canter, Hughes, & Kirby, 1998) and where intimacy is ensured through the promise of gifts, reassurance, affection, desensitisation, kissing and oral sex by abuser on victim. A fourth dimension of grooming is suggested by McAlinden (2012) who described a style of grooming known as “forbidden fruit” activities where groomers use items or treats that are illegal for children or young people to consume such as alcohol, cigarettes and drugs, the showing of (adult and child) pornography and telling lewd jokes. Forbidden fruit activities, by their deviant nature, are likely to ensure the compliance of children and to reduce the likelihood of disclosure.

Just as an understanding of grooming techniques is vital to understand the processes through which CSA occurs, Williams (2015) asserted that an understanding of pre-offence grooming is equally important, because it provides insights into the ways a perpetrator manipulates the behaviour of the victim and changes the relationship to an overtly abusive one (Berliner & Conte, 1990). Thus it is necessary to understand how victims are approached and groomed as part of their routine activities (Felson, 2008) and how the manipulation and control occurs. This power and control is further secured through the construction of *trauma bond* that some victim-survivors form with their perpetrators through a process of violence counterpoised with affection and degradation (Jordan, Patel, & Rapp, 2013). This is similar to the small kindness being amplified in the context of terror, identified in Jülich’s (2001) research as a precursor to Stockholm syndrome.

The relevance of Stockholm syndrome

Stockholm syndrome is a useful concept as it can provide an over-arching understanding of why victim-survivors of child sexual abuse have acted and responded as they do. This phenomenon is also referred to as traumatic bonding, hostage identification syndrome, or survival identification syndrome. Stockholm syndrome is named after the robbery of Kreditbanken at Norrmalmstorg in Stockholm, Sweden in 1973. During the crime, several bank employees were held hostage in a bank vault from August 23 to 28, 1973, while their captors negotiated with police. It has been accepted that hostages can develop Stockholm syndrome and we have many examples of this beginning with the puzzling reactions of employees in the Stockholm bank (Graham et al., 1994). During six days of captivity, the hostages (bank staff: three women, one man) developed an emotional bond to the hostage takers. This was a complex bidirectional bond that formed the basis of a survival strategy for the hostages. They believed if the hostage takers liked them, then they would not hurt them. This relationship persisted well beyond the siege and the hostages continued to view the hostage takers as their protectors, and were unable to censure them in any way. The emotional bond with the hostage-takers was so powerful they not only identified with the hostage-takers but also came to view the police as the enemy. Subsequently, the hostages attempted to protect the hostage takers from the police (Goddard & Tucci, 1991; Graham et al., 1994). The relationship between the hostages and hostage-takers did not cease at the end of siege but persisted for years after the actual incident. Moreover, the female member of staff formed an intimate relationship with one of the hostage takers (Jameson, 2010).

The reactions of hostages in this event, and other similar instances, have been studied to provide the basis for what has come to be known as classic Stockholm

syndrome (Graham et al., 1994; Hacker, 1976; Kuleshnyk, 1984; Soskis & Ochberg, 1982; Strentz, 1982). Drawing on the literature related to hostages, Graham et al. (1994) extended classic Stockholm syndrome to provide an overarching theory referred to as Graham's Stockholm syndrome theory. Graham and her colleagues theorised that emotional bonding could occur between a victim and an offender and reviewed the literature relating to nine victimised groups to determine whether bonding to an offender occurred as it had in Stockholm syndrome. These groups included concentration camp prisoners, cult members, and civilians in Chinese Communist prisons, pimp-procured prostitutes, incest victims, physically and/or emotionally abused children, battered women, prisoners of war, and hostages in general. It was found that in all nine groups, bonding between an offender and a victim occurred when the four following conditions co-existed: (a) perceived threat to survival and the belief that one's captor is willing to carry out that threat; (b) the captive's perception of some small kindness from the captor within a context of terror; (c) isolation from perspectives other than those of the captor; and (d) perceived inability to escape (Graham et al., 1994, p. 33). All these factors were identified in Jülich's (2001) research as precursors to the development of Stockholm syndrome. Jameson (2010) explored the psychology of Stockholm syndrome and described it as both a survival strategy and form of adaptive behaviour which provides hope for the victim in a hopeless situation. Seen in this context it is easy to understand how victim-survivors of child sexual abuse form strong emotional attachments to their abusers and misconstrue small acts of kindness as love.

While the general public would not think of children and young people as hostages, they can be victims and they can be held captive, and in chronic abusive relationships they are particularly vulnerable to the forces of Stockholm syndrome which can be understood as a survival technique for children in this situation. Victims of child

sexual abuse are more likely to develop Stockholm syndrome (Alvarez & Alessi, 2012). Their hostage situation exists in both material and subliminal form manifested in: their perceived threat to survival and belief the abuser is willing to carry out that threat, the victim's perception of some small kindness from the abuser within a context of terror, fear of isolation and the perceived inability to escape. These elements are the four precursors or conditions that Graham et al. (1994) identified as the precursors for Stockholm syndrome and Jülich (2001) analysed her interviews of adult survivors of CSA using these precursors as a framework.

Emotional abuse or the threat of harm is a threat to physical survival. Child sexual abuse (CSA) includes physical and emotional abuse which threatens a child's psychological survival and in some cases his/her physical survival. Adult victim-survivors of CSA in Jülich's (2001) study indicated they had experienced threats in many different ways – physical, sexual, the withdrawal of love, threats that people they loved might be harmed or pets harmed. A person under threat perceives kindness differently than a person who has not been threatened, as is the case for instance, in the cessation of violence experienced by battered women. Victim-survivors spoke about physical sensations that were enjoyable, they often prefaced statements with "at least he didn't" and ended with "hurt my sister/brother/mother" etc. They often said "it wasn't that bad", "or it could have been worse" (Jülich, 2001, p. 183).

Isolation is not as obvious for victims of CSA as in other hostage taking situations. However, the emotional and psychological isolation described by adult victim-survivors of child sexual abuse in Jülich's (2001) research was profound. For some this was reinforced by the lack of action by various authorities (outsiders). Victim-survivors said they blamed themselves, they felt guilty, and were ashamed, and this alone served to isolate them from the perspectives of others (Jülich, 2001). This situation is exacerbated

by threats abusers make to children as they silence them and which renders them incapable of escape. The victim-survivors in Jülich's research said they tried to stop the abuse but were unable to. Other adults (bystanders) who should or could have known what was happening did nothing. All too often in those cases when reports or disclosures were made, the abuse did not stop. Some mothers were unable to protect victim-survivors because they were subjected to abuse as well. Victim-survivors interpreted this as proof that there were unable to escape (Jülich, 2001).

Advocates of Stockholm syndrome theory would argue that, given these precursors Stockholm syndrome can develop. However, we argue that grooming can also facilitate the development of Stockholm syndrome.

Subliminal messages of Stockholm syndrome and grooming

The subliminal messages associated with Stockholm syndrome lead victims to have narrowed perceptions: they are focused on the immediate, surviving in the here and now and, as a result, cognitive distortions distortions or dissonance occurs. Such distortions are evident in their reframing of the situation where they do not see themselves as abused when actually they are, or they minimise and rationalise the abuse e.g., – "it wasn't that bad", or the abuser "couldn't help him/herself". Often they blame themselves or they see the abuser as "good" and themselves as "bad" or they switch back and forth. They frequently interpret violence as a sign of caring and love and demonstration of small kindnesses in a context of chronic abuse, become large kindnesses and enable victims to have hope for the future. In extreme cases they believe they love the abuser and they are convinced they need the abuser's love to survive. Finally they become convinced that the abuser will know if they have been disloyal and will "get them" or that they will retaliate in some way. Subliminal messages to grooming are very similar: victim-survivors

feel they are to blame, they are bound to the abuser through secrecy, or they think the abuser is the only one who understands them, or they feel that the abuser treats them like a grownup, and in some cases victims want to "protect" the abuser (Jülich, 2001).

Cognitive distortions can generate a sense of false or pseudo-agency in victim-survivors. The pretend or pseudo-agency in this instance, refers to the ways child sex abusers lull victims into thinking they are giving informed consent and that they are engaged in a sexual relationship with an equal when in fact they are victims-survivors of CSA. Thus, the victim feels as though they are in control and making informed decisions about the relationship, not only as children but well into adulthood. They are unable to see the relationship as abusive, they might know on some level that it is wrong but they become incredibly practised at maintaining the silence. Conte et al. (1989) identified in their research with convicted child sex abusers that the development of pseudo-agency was a popular grooming tactic with young victims.

Implications for assessing risk and abuse

The complex bidirectional relationship central to Stockholm syndrome could still be very strong according to where the victim-survivor is on his/her journey of recovery. This relationship does break down, but it takes time. Victim-survivors of CSA when they are prepared to disclose, will appear to practitioners as ambivalent and even contradictory, they may tell their story then recant (part of the process of child sexual abuse accommodation syndrome, but also an anticipated outcome of exposure to the precursors of Stockholm syndrome). Therefore it can be frustrating to work with victims of child sexual abuse as they seem to keep changing their minds, and practitioners may start to doubt them and doubt themselves and their understanding of what is happening or has happened. Thus they need to be mindful that support

persons (bystanders) can be subjected to the same forces the abused child was, and that they too could be subjected to the influence of Stockholm syndrome and grooming. Moreover, victims may not be confident that family members (bystanders) or professionals (outsiders) can contribute objectively. Often family members are the very people who should have been able to protect the child, but they did not for whatever reason. Herman (1997) has reminded us that bystanders traditionally have “looked the other way”, and “outsiders” (professionals) too have failed to recognise the signs of chronic child sexual abuse. It is also pertinent to remind ourselves that as practitioners, social workers working in families are not immune to the development of Stockholm syndrome. There has been some research in Australia indicating that social workers could use the same techniques as children when dealing with a potentially violent parent (Goddard & Tucci, 1991), while in the UK, research has shown the impact of Stockholm syndrome has led child protection practitioners to reframe violence and sexual abuse as something else (Littlechild, 2008; Munro, 2011), or become susceptible to cognitive dissonance in relation to prospective abusers (Munro, 2011).

Conclusion: Conceptual frameworks to inform social work practice?

This article has explored the connection between grooming and Stockholm syndrome in order to provide an explanation for non-reporting of CSA and to identify the common relationship dynamics that develop in both scenarios so as to inform the relationship based aspects of social work practice. In doing so, it has attempted to provide a brief overview of the psychology and behavioural characteristics of abusers and hostage-takers and to identify how certain forms of vulnerability and opportunity increase the likelihood of abuse occurring. Moreover, it provided a range of research evidence to support the developing of Stockholm

syndrome as a result of CSA grooming (Graham et al, 1994; Julich, 2001). As a result, it has identified numerous ways this connection can inform social work practice. In terms of grooming, Ost (2004) suggested that developing grooming typologies informs practice because they have the potential (if not to predict) to identify certain regular patterns of behaviour and motive so as to develop a modus operandi of an abuser who has had previous convictions for CSA. Elliott et al. (1995) identified a number of core grooming typologies for framing the complex dynamics of abusive relationships and for enabling comparisons between different, yet connected categories of abusive behaviour. In terms of Stockholm syndrome and grooming there are further similarities between the distal planning strategies used by hostage takers and abusers, the targeting of victims and the ways opportunities are exploited to gain access (Gupta et al., 2009; Ward & Keenan, 1999). Moreover, Craven et al.'s (2006) tripartite model of grooming, including reference to how abusers groom the environment, coupled with the concept of cognitive distortions, offer insights into the ways child protection practitioners could become susceptible to elements of Stockholm syndrome.

Whilst none of these conceptual frameworks could be regarded as constituting a body of knowledge to generate a precise science, they do render a more critical understanding of the power plays at the centre of these abusive relationships and hence contribute to an understanding of casework dynamics in child sexual abuse contexts. These dynamics do not readily lend themselves to the kinds of risk instrumentalism underpinning ARAs like the Tuituia Assessment Framework and hence these concepts are vital to the development of a critical practice aimed at remedial interventions to protect children. Indeed, if certain conditions and the four precursors identified by Graham et al. (1994) exist, Stockholm syndrome may be present. It is likely this will not be identified on an ARA instrument.

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Attending to immigrants' everyday activities: A new perspective on ensuring Asian immigrants' quality of life

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ABSTRACT

INTRODUCTION: The quality of Asian immigrants' lives is significant to the harmony of New Zealand society where, at the 2013 Census, 11.8% of its residents identified as Asian. However, settlement can be stressful for new Asian immigrants because moving to a country with a different culture can disrupt most of their familiar routines, and it is strongly associated with marginalisation and isolation from society. Recognising these challenges, social workers have positioned themselves at the forefront of efforts to improve Asian immigrants' quality of life.

METHOD: An occupational perspective is applied to underpin an examination of Asian immigrants' participation in Aotearoa New Zealand society. Occupational science is a basic social science grounded in the notion that people engage in occupations for their existence and that the drive to be occupied has evolutionary, psychological, social, and symbolic roots.

CONCLUSIONS: This article suggests an occupational perspective as a new analytic framework which has the potential to give social workers clearer insight into the realities which Asian immigrants encounter; consequently, increasing their ability to support Asian immigrants' full participation into a new society.

KEYWORDS: Asian immigrants, occupation, occupational perspective, settlement

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Introduction

New Zealand is one of the popular destinations where potential immigrants desire to re-establish their lives. In part, New Zealand's attraction may have been enhanced by the discourse about biculturalism which has increased New Zealand society's cultural responsiveness (Nayar, 2013). The 2013 Census reported that 74% of New Zealand's population were of European ethnic origin, 14.9% Māori, 11.8% Asian and 7.4% Pacific, accompanied by 1.2 per cent emerging ethnic groups from Middle Eastern, Latin American and African countries.

In response to the ethnic diversity of New Zealand's population, the New Zealand

government aims to build an inclusive society where all members fully participate in their communities (Ministry of Social Development, 2003). This goal has led to the establishment of a wide range of resettlement services to accommodate immigrants' cultural needs and assist them to deal with the challenges of integration (Department of Labour, 2007). From this perspective, it is necessary to understand the characteristics of New Zealand's diverse ethnic communities separately where possible. This knowledge will help immigrants to become contributing members of their new communities.

From amongst all the diverse ethnic groups in New Zealand, this article focuses on the Asian population, which dramatically increased over recent decades (Ho, 2015),

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and suggests a new analytic framework, an occupational perspective, to give a better understanding of the experiences of Asian immigrants settling in New Zealand.

The Asian population in New Zealand

The Immigration Act Review of 1986 instigated a changed pattern of immigration and contributed to increasing numbers of Asian immigrants into New Zealand's society (Bedford, Callister, & Didham, 2010). According to this report, Asian immigrants were expected to strengthen national prosperity (Spoonley & Gendall, 2010), leading to the Immigration Act of 1987 in which new immigrants would be selected based on their personal merits rather than their national or ethnic origins (Cheyne, O'Brien, & Belgrave, 2008).

With governmental acknowledgement that immigrants from Asia would bring valuable skills and make financial contributions to the economy (McKinnon, 1996), the 1987 immigration policies opened the door to Asian immigrants. As a result, the number of Asian residents rapidly increased from less than 2% of the population in 1986, to 11.8% in 2013 (Statistics New Zealand, 2013). In 2013, 471,711 people who self-identified with Asian ethnicities resided in New Zealand and their number is predicted to reach 24% of the total population by 2021.

Asian people come from a vast region that contains over 60% of the world's population, east of and including Afghanistan, and south of and including China (Ho, 2015). It is almost impossible to understand Asian populations as a whole, as they are made up of diverse ethnic sub-groups such as Chinese, Indian, Filipino, and Korean. Each Asian ethnic group has their own unique cultural and linguistic background, demographic characteristics, and health, education and socio-economic status (Ho, Au, Bedford, & Cooper, 2002). Thus, there are "the multiple dimensions of difference within New Zealand's Asian communities" (Ho, 2015, p. 97).

Several researchers, however, have made a major contribution to understanding the characteristics of the Asian population in New Zealand (Abbott, Wong, Williams, Au, & Young, 2000; Bedford et al., 2010; Epstein, 2006; Ho, 2015; Ho et al., 2002; McKinnon, 1996; Nayar, 2013). For example, Epstein (2006) postulated that immigration to New Zealand entails a complex process of re-negotiating identity in which Korean immigrants maintain a hybrid Korean-New Zealand identity, whereas Ho (2015) elaborated the changing characteristics of the Asian population under six themes including: more diverse Asian ethnic groups, changing age-sex structure, different labour market experiences, growing mobility and transnational connections, complex patterns of mixed ethnicity, and increased concentration in Auckland.

These authors agreed that, for Asian immigrants, immigration itself is a highly complex process that produces similar levels of stress despite their different ethnicities and attributes. Many Asian immigrants encounter some level of physical, socio-cultural, political, economical/ environmental change, which can have a significant impact on all aspects of their lives.

Issues Asian immigrants encounter in New Zealand

The receiving communities of migrants need to be well prepared if they are to accept immigrants and refugees. Host populations need to be educated through publicity campaigns and integration projects to assist the settlement process for immigrants and refugees. Host children need to know more about the lives and customs of children from different ethnic backgrounds. (Nash, 2005, p. 152)

As Nash (2005) postulated, the increasing diversity of New Zealand's population means that all citizens need to be able to understand and interact with each other regardless of their cultural backgrounds.

This effort will enhance societal responsiveness to new comers and empower this population to access and maximise relevant and necessary support to be part of society.

A basis for social responsiveness and support can be identified in New Zealand's history. Given its legislative foundation in the 1840 Treaty of Waitangi, it can be argued that New Zealand is historically bicultural (Nayar, 2013). In this context, indigenous people's rights of participation, partnership and protection are protected (Cheyne et al., 2008), forming a cultural safety framework for New Zealand society by which cultural respect and power relationships are critically considered (Lim & Iwama, 2006). This provides the foundation for multiculturalism in which ethnic minorities can reach their full potential whilst maintaining their culture (Nayar, 2009), leading to the fact that 86% of immigrants reported living satisfactorily in New Zealand (Department of Labour, 2008).

However, there are growing concerns that many Asian immigrants face formidable barriers to accessing the full benefits of an inclusive society, which are associated with the loss of cultural norms, language, religious customs and social support systems (Chang, Morris, & Vokes, 2006; Ho, 2015). They encounter great pressure to relinquish many things they hold dear in order to gain entry to another culture (Kim, Hocking, McKenzie-Green, & Nayar, 2016), with the resulting effect that there is "too much to know and too much to do" (Suleman & Whiteford, 2013, p. 201).

Asian immigrants are also vulnerable to racism, given the fact that they were reported to be one of the most discriminated against groups in New Zealand (Statistics New Zealand, 2012). Spoonley and Gendall (2010) revealed that the majority of New Zealanders were ill-equipped to deal with Asian immigrants' sudden appearance and remained suspicious of their different cultures. This attitude is often associated with resistance, and hostility is influenced when the media focus on the negative

aspects of the Asian inflow (Cheyne et al., 2008), limiting Asian immigrants' capacity to participate in civic society.

Asian immigrants thus have to find ways of creating a new home and negotiating their ethnic identities with limited knowledge, support and resources whilst dealing with prejudice against them within New Zealand society. For many Asian immigrants, the significant socio-environmental changes which they inevitably experience may compromise their capacity in their participation in civic society and this is clearly seen by the differences in levels of income, health status, educational attainment, and employment (Scragg, 2010), leading to a sense of being second-rate citizens, whether politically or economically (Kim et al., 2016; Mueller, 2006).

The role of social workers in supporting Asian immigrants

Asian people in New Zealand remain more highly educated than other New Zealanders; but they have lower incomes and are more likely to live in more economically deprived areas than Europeans, which limits their options for making healthy lifestyle choices. (Scragg, 2010, p. 3)

Immigration, the action of transitioning to a new country, has the potential to adversely impact individuals' health and wellbeing, as their capacity to participate in meaningful life is limited (Connor Schisler & Polatajko, 2002). It has been argued that resettlement stress undermines Asian immigrants' health (Abbott et al., 2000; Mehta, 2012). Furthermore, Asian immigrants' limited capacity to participate in civic society is a breach of the United Nations' Human Rights Declaration, which clearly states that all human beings are equal in dignity and rights (United Nations, 1948). In response, the authors suggest that social work is a profession that can effectively empower Asian immigrants to overcome the problems of being an ethnic minority in their new community.

The major goal of social work is to increase individuals' social skills and social opportunities, alongside strengthening the community's capacities to solve problems (Specht & Courtney, 1994). This function fits well when social workers work with individual Asian immigrants with limited ability to engage in the host society, while assisting the host society to develop support programmes which address transitional life challenges and consequently enhance newcomers' wellbeing.

In reality, many social workers already actively engage in related activities to support Asian immigrants to re-build their lives, as part of complying with their mission; that is to "alleviate social suffering and improve the quality of people's lives" (van Heugten, 2001, p. 14). This includes educating Asian migrant clients to resolve problems whilst linking them with needed resources at the micro level, developing community resources at the meso level, and initiating social services and developing social policies at the macro level (Shulman & Shedlin, 2009).

In response to the demographic change, the Social Workers Registration Board of New Zealand (SWRB) also emphasises its members' ability to work with diversity as one of its ten core competence standards (SWRB, 2015). Currently, social workers should have sufficient knowledge of diversity between and within different cultures including ethnicity. Additionally, in the health sector, where significant numbers of social workers work, the New Zealand government gives District Health Boards responsibility to develop culturally responsive services for Asian immigrant groups and requests health professionals to improve their cultural competence to respectfully and effectively work with a diverse range of people (Mehta, 2012).

However, it is the concern of the first author, as a fellow social worker with an immigrant background, that social workers' understanding of Asian immigrants'

experiences is often hampered by insufficient resources which do not reflect the new realities of the New Zealand population (NZAsia Foundation, 2009). Furthermore, given how suddenly the Asian population appeared (Ho, 2015), the first author has witnessed that social workers with mainstream backgrounds have less experience with Asian cultures and therefore struggle to understand Asian immigrants' life situations. It is perhaps not surprising, as Connolly (2001) attested, that what people bring to a situation depends on what they have learned and experienced previously.

In the next section, we will introduce a new analytic framework, an occupational perspective. By attending to people's everyday activities (Wilcock, 2001), this perspective can assist social workers to understand what it is like to be ethnic immigrants and how they interpret situations from the perspective of their specific religion, culture, and language.

Occupational perspective

Given that immigration is a process of adaptation (Berry, 1997), adopting an occupational perspective that attends to people's everyday occupations has the potential to enrich social workers' understandings of what is happening to Asian immigrants as they adapt to a new culture whilst re-building their everyday lives. That perspective is promoted by occupational science, which was established in the late 1980s to study the relationships between people and what they do on a daily basis (Wilcock & Hocking, 2015).

Occupational science is a basic social science grounded in the notion that people engage in occupations for their existence and that the drive to be occupied has evolutionary, psychological, social, and symbolic roots (Yerxa, Clark, Jackson, Pierce, & Zemke, 1990). A key feature of this scientific perspective is to examine the form, function and meaning of occupations in people's lives.

Occupation

As noted above, the term occupation is the central concept of occupational science (Creek, 2010). Occupation is not narrowly interpreted as employment; rather it encompasses “every activity in which a person participates over the course of a day, week, month, year or life” (Njelesani, Cameron, & Polatajko, 2012, p. 36). The perspective taken is to examine what people do on their own or collectively and how people seek identity. In that context, occupations can be conceptualised as doing, being, becoming and belonging (Wilcock & Hocking, 2015).

Doing

Doing encompasses all the activities that people perform in order to carry out their daily lives, and incorporates physical, social, psychological, emotional, and spiritual dimensions. The everyday activities people want, need and are expected to do are commonly categorised as self-care, productivity and leisure (Townsend & Polatajko, 2007).

Self-care is all about maintenance, from personal care to community living. It encompasses any activity where the intention is to stay physically and mentally fit (Creek, 2010). Occupations in self-care generally include those activities that are necessary for the maintenance of self within the environment, such as preparing meals, dressing, banking, and even shopping; in summary, activities related to looking after oneself (Kielhofner, 2009).

Productivity is associated with activities with which people support self, family and society through the production of goods and services. Productive activities are a deeply generative and integrative force in people’s lives, with the way that they express themselves being closely tied to what they do for a living (Whiteford, 2010). Activities in this area also closely relate to life satisfaction, resulting in changed perceptions of self in positive ways (Law, Steinwender, & Leclair, 1998).

Leisure is characterised as “a measurable residue of time, clearly distinguished by an absence of constraint and an abundance of something called discretion” (Suto, 1998, p. 273). Participation in leisure is a key component of people’s occupational repertoire as it often provides a suspension of reality, leading to increased life satisfaction, freedom from obligation, freedom of choice, enjoyment, relaxation, self-expression, and internal locus of control.

Through engagement in activities across these three domains, people interpret and comprehend the world, and make their place in the world (Yerxa et al., 1990). This makes it clear that occupation is as old as humanity because people have to do these activities for survival, and doing so connects them to social and cultural environments (Kielhofner, 2009).

Being, becoming and belonging

Life meaning, a person’s being, and occupation are inseparable (Hasselkus, 2011). Given that being refers to “the essential nature of someone; their essence or substance, soul, spirit, psyche, or core; their inner person or persona” (Wilcock & Hocking, 2015, p. 180), a person’s being is largely shaped by their daily patterns of occupational participation.

In everyday life, people’s occupations are the basis for how they feel about themselves and determine their relationships with others. Through a reflexive process in which they make choices about how to occupy their time, people give life meaning and forge their being (Kielhofner, 2009).

Additionally, occupational science posits that people’s history of occupational participation determines their becoming (Forsyth & Kielhofner, 2006). People set goals throughout life, and through occupations they achieve these goals and experience success and self-efficacy; that is to say, “it is through doing that people become what they have the potential to be” (Wilcock, 2001, p. 413).

Belonging is experienced as the ease and familiarity of doing things with others (Wilcock & Hocking, 2015). Being accepted and knowing that people belong is strongly aligned to a sense of fitting in, being suitable, or acceptable, as well as being included and feeling secure in what people are doing (Wilcock, 2001). It is through doing things with others that bonds are created and a sense of belonging is established within family, friends, and wider communities.

As such, in the occupational science literature, a person's self is "to a large extent occupational in nature, as one performs mainly through 'doing' in order to be, become, and belong" (Huot & Laliberte-Rudman, 2010, p. 72). A person's sense of who they are and can become is articulated through their daily patterns of occupations which have personal, cultural, and spiritual value to the individual; in other words, the self is largely constructed by participation in occupation.

Health and wellbeing

Health is now widely recognised to relate to how people achieve a productive and fulfilling life regardless of their health conditions (Wilcock & Hocking, 2015). According to the World Health Organisation (WHO, 2001), health is created within the settings of people's everyday life; where they learn, work, and play. This assertion clearly indicates that health is determined by participation, which is embedded in occupation (Townsend & Polatajko, 2007). In this sense, people's actual experiences of everyday occupations are the primary resources for good health.

Attending to a person's engagement in everyday occupations is consistent with the Ottawa Charter for Health Promotion (WHO, 1986), which identified preparation for living (education), the outcomes of human productivity (shelter, food, income), and its social and environmental conditions (peace, justice, a stable ecosystem, sustainable use of resources) as the prerequisites of health.

Wellbeing refers to a perceived state of harmony in all aspects of one's life at an abstract level including self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth (Hasselkus, 2011). These dimensions can be satisfied by engaging in occupations which provide a sense of reality and achievement, and improve one's sense of fulfilment and self-esteem (Law & Baum, 2001). It is engagement in occupation that helps people find their purpose and meaning in life and this experience eventually increases a sense of wellbeing; that is to say, "life without occupation would be tenuous, and the experience of wellbeing would be nigh unto impossible" (Hasselkus, 2011, p. 60).

Occupational science studies in immigration

Occupational science is grounded in the belief that people are most true to their humanity when they engage in occupations (Yerxa et al., 1990). Health, wellbeing and survival are viewed as dependant on a person's opportunities and resources for participation in health-building occupations (Wilcock & Hocking, 2015). This assertion has the potential to assist social workers to listen closely to immigrants' everyday occupational needs, and consequently increase their capacity to help immigrants find a place in their new country.

In occupational science, humans are believed to be in reciprocal interaction with their environments (Connor Schisler & Polatajko, 2002). This perspective clarifies that people are inevitably conditioned by the contexts in which they find themselves; yet they are active in relation to their environment. Through that lens, people are viewed as adapting through transactions with all elements of their environments. This makes it possible to conclude that immigrants adapt to a new culture by seeing themselves as social objects, and they can only do that through social interaction, where the means of interacting is through engagement in occupations (Whiteford, 2010).

This suggests that using occupation as a unit of analysis can provide insights into the adjustment process of immigration and will help to understand the lives of immigrants by exploring what they actually do as they interact with people in their new communities (Gupta & Sullivan, 2013). Research in occupational science reveals that immigration is a major life-transition that disrupts people's established occupations and subsequently impacts on their quality of life. For example, Connor Schisler and Polatajko (2002) found that immigrants adapt to a new society by sorting activities into same, altered, added, and abandoned, whilst Nayar (2009) discovered immigrants navigate cultural spaces to continue their occupations. Huot and Laliberte-Rudman (2010) also commented that immigrants negotiate integration through occupation following immigration.

From this perspective, the process of settlement can be conceptualised as an occupational transition (Gupta & Sullivan, 2013) in relation to how immigrants navigate occupations within various social circumstances (Huot & Laliberte-Rudman, 2010). This knowledge makes it possible to hypothesise that occupations are mediating devices with which immigrants adapt to a new environment and when their occupational choices are out of balance, their health and wellbeing are compromised (Nayar, 2009).

Discussion

In an attempt to understand the varied experiences of immigrants, the term acculturation has been most commonly used to explain the demands and results of cross-cultural relocations (Santisteban & Mitrani, 2002). Berry (2001) defined acculturation as "a process that entails contact between two cultural groups, which results in numerous cultural changes in both parties" (p. 616). The focus of acculturation is on how individuals, who left one social unit and entered another, manage to adapt to new contexts through interaction with the receiving culture.

Acculturation is considered to be a selective process available to immigrants through which they adapt to new value systems and transform personality traits, including *assimilation, separation, marginalisation and integration* (Krishnan & Berry, 1992). Eventual choice of one of these processes largely depends on how the acculturating individual answers two questions; *cultural maintenance and contact and participation* (Berry, 2001).

It is clear that the concept of acculturation, particularly Berry's model (1994, 1997, 2001), has contributed to an increase in knowledge of immigrants' experiences. However, because this model predominantly views assimilation as "inevitable when dominant and minority groups cohabit" (Deutscher, 2004, p. 450), it is questionable how this model reflects today's world environment where "immigration is no longer viewed as a permanent one-way movement" (Ho, 2015, p. 108).

Within the context of globalisation, propelled by developments in transportation and communications, it is almost impossible for immigrants to be totally disconnected from the origin of their world and assimilate into the culture of the host society (Kim et al., 2016). Instead, they frequently communicate with their home country via diverse technologies, thus adapting to transnational connections during the acculturation process (Ho, 2015).

This means social workers should reconsider the traditional belief of acculturation models, whereby the acculturative process of immigration is a unidirectional course of cultural change eventually resulting in full assimilation (Deutscher, 2004). In this sense, the concept of "recycling the old me into the new me through occupations" (Clark, Ennevor, & Richardson, 1996, p. 374) can be useful in understanding the complexity of being a member of an ethnic minority in a multicultural society.

The concept of recycling can help social workers who use the ecological approach to

analyse the complex transactions between people and their environments (Payne, 2005). For example, at the micro level, through exploring what people do every day, social workers can identify how Asian immigrants' daily activities remain the same, or are altered, added or abandoned as a result of the merging of two cultures (Connor Schisler & Polatajko, 2002). This knowledge will lead to further understanding of how Asian immigrants navigate cultural spaces to perform activities within the community at the meso level (Nayar, 2009), and contribute to social workers developing policies to assist Asian immigrants to regain control over their disrupted activities at the macro level (Kim et al., 2016). As such, bringing an occupational perspective to the challenges experienced by Asian immigrants will produce knowledge with which social workers can effectively empower Asian immigrants to sustain health and wellbeing in a new country.

A distinguishing feature of social work is to consider clients' situations alongside family, community, and society, to help them continue normal life tasks (Specht & Courtney, 1994). This inspires social workers to be ready to strengthen individual immigrants' functioning and develop societal structures that provide resources and maximise opportunities for participation in civic society. To achieve this, this paper suggests that social workers seek out occupational science research, literature and training. From that perspective, they can explore what immigrants actually do to adjust after immigration. Concurrently, social workers can increase their knowledge of how immigrants connect with different places through their occupations and subsequently facilitate full participation in their new communities.

Lastly, attending to immigrants' everyday occupations aligns with the New Zealand Settlement Strategy (NZSS), which aims to assist immigrants to participate in society by 1) feeling welcomed and accepted, 2) being in the right job, 3) being housed

well, 4) speaking and understanding New Zealand English, 5) knowing how to access information and services, and 6) understanding the New Zealand way of life and knowing that they are contributing to it (Department of Labour, 2007). The emphasis of the NZSS is clearly on immigrants' everyday occupational needs such as jobs, housing, schools, and health systems.

Based on the NZSS, a number of settlement services have been established to support immigrants in the adaptation phase, while self-help groups have emerged which are involved in the integration phase of settlement (Nash, 2005). For example, Settlement Support New Zealand is an Immigration New Zealand initiative which provides a local contact to newcomers through 18 offices around the country. The Chinese New Settlers Services Trust (CNSST) is a local initiative in Auckland which offers culturally and linguistically appropriate services to Asian immigrants, providing workshops such as New Zealand Law and Legislation, Home Ownership, or Road Safety Campaign (CNSST, 2014).

The NZSS was designed to assist newly arrived immigrants to learn how to perform occupations reflective of New Zealand society and as a result, feel a sense of belonging in their new community, and confidence that they are able to judge what actions are appropriate to the place. In other words, the focus of the NZSS is on helping immigrants to know how daily occupations are done within the New Zealand context. Employing an occupational perspective holds promise for gaining an in-depth understanding of immigrants' occupational needs.

Conclusion

Social work is a profession which draws on a wide range of theories. Much of social work theory is co-constructed with other professions, leading to the recommendation that bringing an occupational perspective to Asian immigrants' settlement issues

might be a route forward for social workers to understand their everyday needs and to assist them to achieve an acceptable quality of life in New Zealand. This article suggests that social workers' capacity to work with Asian immigrants will be strengthened by exploring what Asian immigrants actually do whilst they interact with a new culture. The occupational perspective has relevance for social workers faced with the growing challenges of meeting the needs of a diverse range of people.

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In search of ‘home’ for wellness: Mental health social workers’ views on homelessness in mental health

Shoichi Isogai¹

ABSTRACT

INTRODUCTION: There is a lack of acknowledgement of the homelessness crisis for tāngata whaiora (all people who have lived experience of mental illness and/or are users of mental health services, including Māori) in Aotearoa/New Zealand. This article reports the findings from an exploratory study of how mental health social workers perceive the challenge of homelessness amongst tāngata whaiora in urban Auckland.

METHOD: This small exploratory qualitative study used semi-structured interviews with mental health social workers to discover their views about the issue of homelessness among tāngata whaiora in urban Auckland.

FINDINGS: The research illustrates that homelessness is prevalent among tāngata whaiora in urban Auckland, and the cyclical nature of this problem presents a serious obstacle for their recovery. This study also found that the lives of tāngata whaiora are affected by ‘iterative homelessness’. Participants were clear that tāngata whaiora do not choose to be homeless; rather individual, structural and community factors cause them to be homeless.

CONCLUSION: The policy and mental health practice implications of these findings are discussed.

KEYWORDS: homelessness; iterative homelessness; recovery; mental health social work

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Introduction

For many people, home is a safe and secure place where they can be themselves without being judged. Having somewhere to call home is one of the fundamental aspects of recovery for all tāngata whaiora (O’Brien & Leggatt-Cook, 2006), as home provides a place to manage their mental illness. However, homelessness is one of the serious challenges that tāngata whaiora frequently face in Aotearoa New Zealand (hereafter referred to as Aotearoa). Tāngata whaiora as used in this article refers to all people who have lived experience of mental illness and/or are users of mental health services. This Māori term is interpreted as *people in search of wellness*, illuminating the contemporary notion of the

relationship between New Zealanders, mental health and mental health services (O’Brien & Leggatt-Cook, 2006).

The present study explored the perspectives of mental health social workers about homelessness in tāngata whaiora in Auckland. Although there is a considerable body of research about the housing needs of tāngata whaiora in Aotearoa (Colwell, 2009; Elgin, 2010; Peace, Kell, Pere, Marshall, & Ballantyne 2002), there is a lack of acknowledgement amongst the general public of urban Auckland about the homelessness crisis for people engaged in mental health services. Hence Auckland, the largest metropolitan city in Aotearoa, which also has a super-diverse population (Chen,

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2015), is the best laboratory in which to study the issue of homelessness in the country.

While the issues emerging from this study are specific to Auckland, the findings are relevant for all New Zealanders, particularly for tāngata whenua whaiora as Māori are over-represented in both mental health admissions (Gawith & Abrams, 2006) and in the population of homeless people in Aotearoa (Richards, 2009). Understanding the challenges of homelessness and its impact will allow social workers and service providers to provide sufficient and effective services to at-risk homeless tāngata whaiora, while at the same time creating a supportive system and network for tāngata whaiora, to choose and maintain housing for their recovery.

Literature review

Defining homelessness is problematic as there has long been debate over the conceptual framework and classification of homelessness, and there is no clear international consensus (Amore, Baker & Howden-Chapman, 2011; Harris, 2015). Chamberlain and MacKenzie (1992) state that homelessness is a relative concept as it obtains meaning based on the housing conventions in a specific culture.

In Aotearoa New Zealand, various authors have attempted to define and classify homelessness in terms of who is included as homeless people (Amore et al. 2013; Leggatt-Cook, 2007a; Richards, 2009; Statistics New Zealand, 2014). Statistics New Zealand introduced the first official definition of homelessness in Aotearoa in 2009 based on the European Typology of Homelessness and Housing Exclusion (ETHOS) (see Amore et al., 2011). They refer to the homelessness situation in Aotearoa as “living situations where people with no other options to acquire safe and secure housing” (Statistics New Zealand, 2009, p.6). Statistics New Zealand describe living situations as including: those *without shelter* (people who live in no accommodation or temporary shelter); in *temporary accommodation* (people

who live in a shelter overnight, or other 24-hour non-private dwellings that are intended for a short-term stay); *sharing accommodation with a household* (people who live in someone else’s private dwelling temporarily); or, *living in uninhabitable housing* (people who live in a dilapidated house) (Statistics New Zealand, 2009). The official definition of homelessness in Aotearoa was updated in 2014 with little modification (Statistics New Zealand, 2014). This new official definition of homelessness excludes the following statement from 2009, “those who remain institutionalised because accommodation in the community is not available are not defined as homeless” (Statistics New Zealand, 2009, pp. 7)

In 2013, Amore et al. (2013) reviewed the official definition of homelessness in Aotearoa, replacing the term with *severe housing deprivation*. The new term refers to people who live in severely inadequate housing, caused by a *lack of access to minimally adequate housing (LAMAHA)*. Amore et al. (2013) explained three fundamental dimensions of adequate housing, including, habitability, privacy and control and tenancy security. Using this definition, people (including tāngata whaiora) who remain in hospital or community-based residential care, are only counted as LAMAHA if they complete the treatment in the hospital and have no minimally adequate housing to be discharged to (Amore et al., 2013).

The 2012/2013 New Zealand Health Survey highlighted that one in six adults, living in Aotearoa were diagnosed with major mental illness at some time in their lives (Mental Health Foundation of New Zealand, 2014). About 20% of the population in Aotearoa will experience a mental illness at any time; about 40% have had some form of mental illness, while 20.7% have had a mental illness in the past 12 months (Browne, Wells, & Scotts, 2006).

A recent study showed that one in every 120 people in Aotearoa is either homeless or at-risk of severe housing deprivation (Amore,

Viggers, Baker, & Howden-Chapman, 2013). According to the Auckland City Mission's 2013 street count, about 68 people were rough sleepers, eight were at risk of being homeless and living in hostels, and 13 were in institutional care (Auckland City Mission as cited in Parliamentary Library, 2014). Notwithstanding the Auckland street count, there are few statistics available about homeless tāngata whaiora in Aotearoa. The only official research to measure the number of homeless tāngata whaiora was conducted by Peace et al. (2002). They estimated using national data that 8000 tāngata whaiora might be having housing difficulties, 2000 might be perceived as living in temporary or emergency accommodation or homeless and 8000 were at-risk of homelessness due to their living circumstances in 2001.

Causes of homelessness for tāngata whaiora

There is ongoing debate on the cause of homelessness within the literature. The argument lies on a continuum between an individualist approach (voluntary or individual failures lead to homelessness) on the one hand, and a structural approach (macro socio-economic factors cause people to be homeless) on the other (Leggatt-Cook, 2007a; Leggatt-Cook & Chamberlain, 2015). Several scholars have explored individual and structural causes of homelessness among tāngata whaiora nationally and internationally (Kell & Peace, 2002; MHCA, 2009).

Various scholars explain that it is a widely held view that some homeless people choose to be homeless where homelessness is a lifestyle choice or the result of individual failures due to lack of morale or laziness (Laurenson, & Collins, 2006; Leggatt-Cook & Chamberlain, 2015). Others indicate that having severe mental illness causes tāngata whaiora to become homeless as the illness prevents them from forming and maintaining stable relationships (Kell & Peace, 2002; National Coalition for the Homeless, 2009). Nevertheless, Leggatt-Cook (2007a) argued that housing

unavailability and unaffordability, caused by economic restructuring along with changes in welfare and housing policy, are major causes of homelessness. Additionally, discrimination and stigmatisation are causal factors of homelessness among tāngata whaiora as they are vulnerable to exploitation by the public (Peace et al., 2002).

There has been an emerging trend towards what is known as the 'both/and' view of the causes of homelessness (Christian, 2003; Leggatt-Cook & Chamberlain, 2015). Several researchers have recognised that the causes of homelessness are overwhelmingly heterogeneous and occur via a complex combination of wide-ranging social and economic factors and personal life incidences and situations (Morrell-Bellai et al., 2000; Leggatt-Cook, 2007a). Thus, both individualist and structural approaches are sometimes presented as two sides of an equilateral relationship and represent major views of the causes of homelessness.

Recovery and its relationship to 'home'

The relationship between housing and recovery from mental illness has been illustrated in both international and Aotearoa New Zealand studies (Fieldhouse & Onyett, 2012; MHCA, 2009; O'Brien & Leggatt-Cook, 2006). Several scholars state that having a place to call home is integral to the recovery of tāngata whaiora as affordable, adequate and sustainable housing plays a central role in supporting their independent living in the community (MHCA, 2009; Peace et al., 2002).

Services in Aotearoa New Zealand have adapted a recovery-oriented approach to service delivery (Cheer, 2009). Recovery refers to, "living well in the community with natural supports. Recovery does not always mean people will return to full health or retrieve all their losses, but people can and do live well despite this" (Mental Health Commission, 2012, pp.11). It is a people-centred concept and a philosophy of human

rights that emphasises the concepts of hope, self-determination and active citizenship participation in society (MHFNZ, 2008).

Recovery for tāngata whaiora has often been seen to be on a continuum between the points of recovery as a process on one hand and recovery as an outcome on the other (Ramon, Healy, & Renouf, 2007). Piat, Sabetti and Couture (2009) explained that recovery is an active and on-going process of individual change allowing a person to live with mental illness in the community, rather than reaching to the completion of the illness. In contrast, others have claimed that recovery is an outcome as reaching a place they can call home is the result of recovery from mental illness (Bond et al., 2004). Currently, there is a growing recognition that a 'both/and' view is necessary for services that work with tāngata whaiora. Ramon et al. (2007) noted that recovery is a "complex and multifaceted concept, both a process and an outcome, the features of which include strength, self-agency, hope, interdependency, and systematic effort" (pp. 119).

Methodology

This small exploratory qualitative study used semi-structured interviews with three mental health social workers to discover their views about the issue of homelessness among tāngata whaiora in urban Auckland. All interviewees were qualified social workers who have worked with homeless tāngata whaiora extensively in the mental health service in one of the District Health Boards (DHBs) in Auckland. Full ethics approval was obtained from the Massey University Human Ethics Committee in 2012. Data were anonymised, then thematically analysed. Initial coding was developed based on the topic outlined in the semi-structural interview guide and from key themes in the interviews. Member checking and digital recording were used to ensure the participants' perspectives were appropriately reported.

The author acknowledges that the qualitative data can only present a narrow view of

mental health social workers' understanding of homelessness among tāngata whaiora. Furthermore, due to limited resources and time, the small scale of this research and findings cannot be representative of all mental health social workers' perspectives on homelessness in urban Auckland. However, the purpose of qualitative research is to understand a challenge at a deeper level rather than to generalise, so this study is reported to develop mental health social workers' understanding of homelessness and mental illness in Aotearoa New Zealand. Interviewing social workers who work with homeless persons was a practical way of exploring the challenge while respecting the dignity of tāngata whaiora.

Findings

Four key themes emerged from the data. These were: understanding of the links between homelessness and home in mental health; the causes and consequences of homelessness for tāngata whaiora; understanding of the recovery concept and its relationship to home and policy and mental health practice implications.

Understanding the link between homelessness and home in mental health

Generally, all participants explained their understanding of homelessness in mental health in terms of its definition and the serious impact it has on the lives of tāngata whaiora. They described the homeless in this context as people who live in temporary or emergency accommodation or who have insecure and inappropriate accommodation and remain housed at continued risk of being rough sleepers:

Homelessness is people who do not have a stable place to live, like a transient. So, [there is] no place for them to live comfortably. (Steven)

With respect to perspectives on 'home' for tāngata whaiora, there was a mutual

agreement amongst participants that *tāngata whaiora* have similar understanding of the concept of home as they are no different from any other members of the community. Further, the majority of participants explained that home was a place where *tāngata whaiora* know people, customs and/or culture and can be members of their community:

Somewhere that you want to return to, that you can return to, and that is somewhere where there is some sense of you having a place and position within a community. (Eric)

The causes and consequences of homelessness for *tāngata whaiora*

There appears to be a shared understanding among participants that homelessness and mental illness are indirectly related to each other as they are mutually reinforcing. For instance, Eric commented that symptoms increase the risk of homelessness for *tāngata whaiora* while homelessness exacerbates mental health issues for homeless people.

When exploring the cause of homelessness, all participants commented that homelessness is a result of choicelessness for *tāngata whaiora*. Two participants noted that it is one of the “myths of life” that people choose to be homeless, explaining that:

Becoming homeless is the least worst decision that they felt they could take at that particular point in their lives. (Eric)

Some professionals have made them homeless because they feel that their accommodations are unacceptable. (Kate)

Participants described the causes of homelessness among *tāngata whaiora* in terms of individual, structural and community factors. Participants considered that there were two types of individual causes of homelessness for *tāngata whaiora*: symptoms of mental illness and lack of organisational skills. Symptoms were the key

feature of individual causes of homelessness for *tāngata whaiora*. Participants explained that when *tāngata whaiora* become unwell, their symptoms become obvious to family/whānau members or landlords. Their symptoms led these people to perceive them as a risk, which could then result in homelessness for the person who was unwell. Ultimately, because mental illness takes over the cognitive process of *tāngata whaiora*, they felt compelled to be homeless:

They [*tāngata whaiora*] may also seek to become homeless in a sense that they may have serious delusions, hallucinations about people seeking to endanger them; they may actually think that living an anonymous existence is a good way of responding to such situations. (Eric)

Lack of organisational skills, such as budgeting and cleaning, is another individual cause of homelessness for *tāngata whaiora*. Kate explained how *tāngata whaiora* become rough sleepers as they have no skills and confidence to live independently:

Somebody goes into institutions at a young age and they can become institutionalised and therefore, have no skills, ability or confidence to live on their own. (Kate)

On the other hand, there are two structural causes of homelessness for *tāngata whaiora*: housing unaffordability and unavailability. Housing issues are the key feature of structural causes of homelessness among and housing unaffordability is one of the obstacles that many face. Kate said some *tāngata whaiora* are unable to access housing due to the high price of housing. Nevertheless, two participants stated that there appears to be housing competition in urban Auckland due to a shortage of private housing, and population growth:

There is much competition among people wanting accommodation. So landlords

are actually spoiled for choice. So, they can choose who they want. A lot of people with mental illness on benefits would be at their 'bottom of the list' because of being disrupted by their illness, they are unable to provide references. (Steven)

In addition to the individual and structural issues, participants identified two community causes of homelessness for tāngata whaiora. These are: estrangement from families/whānau, landlords, or flatmates and discrimination. Estrangement from families/whānau, landlords and/or flatmates is an important feature of community causes of homeless among tāngata whaiora as the community refuses to take them to their home or deny their rights to the property after admission into the service:

Admission into a unit may be the end of long process as far as landlords, neighbours, co-tenants, maybe concerned; the admission itself may be used as a means to evict you from the accommodation. (Eric)

They [tāngata whaiora] admitted onto the ward and family tell practitioners that they are unable to take the person back because they are struggling and they want somebody else to take it on. That's too much for them (Kate)

Discrimination by landlords is another main obstacle for tāngata whaiora in accessing housing. Due to a lack of information or misunderstanding about mental illness among the public, landlords perceive tāngata whaiora as non-ideal tenants. Therefore, landlords eliminate tāngata whaiora as possible tenants:

A lot of landlords advertising for rental, talking about wanting professionals or students to avoid unemployed and who are on benefits. (Steven)

The participants reported that this discrimination is caused by the media as it

portrays alarmist and sensationalist views of how tāngata whaiora are dangerous to the public:

If you have not have any experience in mental illness in your family or community, then your only information is coming from the media. And if the media is telling you that these are dangerous people, they are all bad and not going to be good tenants for you. (Eric)

There are two major consequences of homelessness for tāngata whaiora, including multiple difficulties, and aggravation of mental illness. Kate identified that some of the multiple difficulties that tāngata whaiora face include accessing and maintaining income benefits; medication, and maintaining a daily routine. It is also difficult for tāngata whaiora to receive clinical support as they are required to provide their home address to receive assistance from support workers:

If you become homeless, where do you get your clinical support from? And where is your clinical monitoring? Where is your community support come from? You know where people try to help you to deal with your symptoms and the day-to-day community living issues that they are facing. (Eric)

Aggravation of illness is another consequence of being homeless for tāngata whaiora. Steven noted that some tāngata whaiora are re-admitted into hospital because "being homeless exacerbated their mental illness".

If you are prone to MI, and you become homeless, it is highly likely that the experience will tend to worsen your symptoms because you are suddenly in a position where you have no settled address, you have lost your address, you have lost your community and perhaps lost respect and self-image. (Eric)

Understanding of recovery concept and its relationship to 'home'

Recovery as a process was the main definition of recovery for most participants. Two participants commented that they perceived recovery as a process because obtaining a home was a part of the process of tāngata whaiora's recovery. Having a home was identified as a crucial factor of tāngata whaiora's recovery as it provides a place for self-care and to manage their illness appropriately and securely:

Taking housing away [from tāngata whaiora] is like being in an Olympics [athlete] and cutting off somebody's ankle, isn't it? It kinds of not fair starting, you know, slightly tight in the starting block. (Kate)

Policy and mental health practice implications

All participants provided some mental health service development and practice suggestions to reduce homelessness among tāngata whaiora. Participants reported two practice suggestions: advocating for the housing needs for tāngata whaiora and providing a new categorisation of homelessness in mental health services. Two participants reported that advocacy for tāngata whaiora's housing needs should be directed to both the public and the government. Steven said that it is necessary for social workers:

To advocate and educate the public to counter stigma about mental illness. They might need to have social workers running a housing advocacy service to support and lobby for affordable housing for mental health clients.

Alternatively, Eric offered a new classification of homelessness in mental health to quantify the number of homeless tāngata whaiora in mental health services in both non-governmental organisations and DHBs. This classification consisted of four

groups: 1) people who have an established address which they can return to, 2) people who lose their accommodation immediately upon their admission, 3) people who lose their accommodations at some point during the admission to [services] and 4) rough sleepers at the point of admission who remain homeless when admitted. Eric explains an advantage of using this classification:

To indicate those clients [tāngata whaiora] who are going to have accommodation issues, prior to discharge and they get flagged very quickly in the admission process. So that, all the staff that will be involved with the client in an in-patient unit, or community [mental health] team can recognise that this is going to be an issue that will need to be addressed.

Discussion

It is apparent from the findings reported in this study that homelessness is indeed prevalent among urban Auckland's tāngata whaiora, and the cyclical nature of this problem presents a serious obstacle for their recovery. The findings also support themes that are reported in existing literature. The experiences reported by mental health social workers in this study recommend a review and reconceptualization of the official definition of homelessness/severe housing deprivation in Aotearoa, as the current definition fails to capture the systematic issues of iterative homelessness in mental health services, particularly for the at-risk homeless population. In this study, types of homelessness described by the participants were; rough sleepers, transients, and living in an inappropriate and/or insecure accommodation (Elgin, 2010; Richards, 2009). This iterative homelessness is the ongoing cycle of loss or movement from accommodation to hospitalisation in both the short and long-term as they remain tenuously housed and at continued risk of being rough sleepers (Robinson, 2003).

Quantitative research into the nature and extent of this issue would help address the current invisibility of homelessness amongst tāngata whaiora in Auckland. It is recommended that a new categorisation of homelessness be implemented in order to identify and quantify a number of homeless tāngata whaiora in mental health services.

The debate over the definition and categorisation of homelessness in Aotearoa is one of the themes that emerged from the literature review (Amore et al., 2011; Richards, 2009). Participants in this study noted that tāngata whaiora are either transients or tenuously housed, and some return from the community to the hospital several times due to loss of accommodation. This finding was consistent with other studies (Elgin, 2010; Timms & McLachlan, 2009). Nevertheless, the current news media and local government response to homelessness in Auckland is mainly focused on those people who are without shelter (Kang, 2016; Auckland Council, 2012). Amore et al. (2011) rightly argue that “definitions produced by government agencies with responsibility for addressing homelessness tend to minimise the population and concentrate on those who are publicly visible” (p. 20). Thus, official statistical categories should portray homelessness as it is perceived and defined by practitioners in order to address this current invisibility of homelessness amongst tāngata whaiora in Aotearoa.

The tension between individualist and structural approaches to the causes of homelessness was another theme which emerged from the literature (Leggatt-Cook & Chamberlain, 2015) and was clearly identified from the data, demonstrating the growing recognition of the ‘both/and’ view of causes of homelessness.

When exploring the individual causes of homelessness, one of the themes discussed in the literature is whether homelessness is a lifestyle choice or personal failure (Leggatt-

Cook, 2007a; Leggatt-Cook, & Chamberlain, 2015). In this study, all the participants stated that it is a myth that people choose to be homeless; rather, they become homeless as a result of choicelessness. This view is supported by other studies (Beaton, et al., 2015; Timms & McLachlan, 2009). Hence, it would be completely inaccurate to assume that the majority of homeless tāngata whaiora choose to be homeless. The literature reported here demonstrates that there is a clear and intimate relationship between homelessness, housing difficulties and mental health (Peace et al., 2002; MHCA, 2009). In this study, the participants showed that there is an interconnected relationship between homelessness and mental health: they mutually reinforce each other but are also indirectly connected (MHCA, 2009).

The findings show that symptoms of mental illness along with a lack of skills to maintain housing are major individual causes of homelessness. Significantly, participants commented that the symptoms, rather than mental illness itself, were the main feature of individual causes of homelessness for tāngata whaiora. This suggests that the symptoms of mental illness may not be widely recognised in the urban Auckland community. Thus, it is recommended that social workers develop a collaborative multi-agency support forum where social housing providers, private landlords, mental health service teams and providers along with tāngata whaiora can meet and discuss any risks and protective factors with the aim of developing a tenancy management and support network for those at-risk homeless tāngata whaiora.

A structural view of homelessness (Leggatt-Cook, 2007a) was also echoed in the data. When asked Why is homelessness prevalent among tāngata whaiora in the urban area of Auckland? all participants identified a shortage of affordable housing due to population growth and increased housing market competition and prices. This view is consistent with Leggatt-Cook’s (2007b)

study. Structural views of homelessness for tāngata whaiora must also take into account the implications of displacement of tāngata whenua from their turangawaewae as a result of European colonisation.

Interestingly, another theme emerged from the research, namely community causes of homelessness in mental health. In this study, participants identified several other community factors that lead to homelessness, including; rejection, estrangement and/or eviction from families/whānau members, landlords or flatmates. This finding may suggest that one of the contributors to homelessness is the inability to understand such behaviour among members of the community such as landlords or flatmates, thus risking the stability of tāngata whaiora's housing (O'Brien & Leggatt-Cook, 2006). This may suggest that there is a need for mental health providers and practitioners to provide psycho-education to tāngata whaiora and their families/whānau regarding their symptoms of mental illness and wellness management strategies that may be introduced to reduce the likelihood of an estrangement from their families/whānau or eviction from landlords. It is also essential to promote that iwi and hapū are responsible to practice kaitiakitanga to at-risk homeless tāngata whaiora (Wellington City Council, 2014).

Educating the community about the symptoms of mental illness and housing needs for tāngata whaiora is urgently required. The findings from this small study suggest there may be widespread ignorance of mental health issues among the general public, which contributes to homelessness among tāngata whaiora. In this study, two participants identified that community cause of homelessness among tāngata whaiora are caused and perpetuated by alarmist and sensationalist views by the media. Exclusion from stable housing due to prejudice and discrimination is a crucial issue for tāngata whaiora as not only excludes them from the community (MHCA, 2009), but also violates their human rights to have adequate

housing for their recovery (New Zealand Human Rights Commission, 2010). Hence, it is argued that mental health social workers need to ensure that housing is understood as a basic human right (Wellington City Council, 2014) for tāngata whaiora.

These findings also suggest that recovery is a process. The recovery model is variously perceived as process, outcome, or both (Ramon et al., 2007). There was no mention by participants of the 'both/and' view of recovery. This is consistent with MHFNZ's (2008) view, which describes recovery as a personal journey of achievement through life that tāngata whaiora choose to have regardless of the existence or non-existence of mental illness, rather than curing the illness itself. Participants commented that obtaining an appropriate and secure home for tāngata whaiora is a crucial part of the recovery process for them and plays a significant role in their recovery (O'Brien & Leggatt-Cook, 2006).

Conclusion

The main goal of this article was to explore the perspectives of mental health social workers about homelessness amongst tāngata whaiora in urban Auckland. This small study found that the lives of tāngata whaiora are affected by iterative homelessness as it does not merely impede recovery but also produces multiple challenges, and aggravation of mental illness. In order to address iterative homelessness, social workers and service providers need to find new ways of forming effective partnerships in order to advocate for tāngata whaiora who have experienced homelessness. The inclusion of other social service agencies is critical to facilitating social change and empowering tāngata whaiora who are affected by social exclusion. Effective interagency case-management and coordination amongst mental health services and social, homeless, community and housing agencies is an essential aspect of holistic and accessible care for at-risk homeless tāngata whaiora (O'Brien & Leggatt-Cook, 2006).

An official definition of homelessness requires consideration of a process view of recovery as tāngata whaiora require ongoing clinical treatment after discharge from the hospital or community-based residential care services. Māori homelessness, a condition where indigenous people are displaced from kinship relationship, ancestral lands and indigenous knowledge (Groot, Hodgetts, Nikaro & Leggatt-Cook, 2011) should also be incorporated in the official definition of homelessness in Aotearoa New Zealand for greater inclusion. It is essential for the social work profession to take an active voice in challenging the current official definition of homelessness and its discourse amongst the general public.

As has been shown here, mental illness-related stigma and discrimination remains a significant challenge for tāngata whaiora in Aotearoa. Those tāngata whaiora who are living with their families/whānau, landlords and/or flatmates with lack of understanding of symptoms of mental illness are vulnerable to exclusion from housing. It is recommended that policy-makers support agencies to promote and educate the public about symptoms of mental illness and its stigmatisation and discrimination and tāngata whaiora rights to have adequate housing in partnership with other organisations such as: the New Zealand Coalition to End Homelessness; the Auckland Community Housing Providers Network; the Auckland City Council; Like Minds, Like Mine; and the New Zealand Human Rights Commission. Organising a multi-agency public awareness campaign (Mental Health Commission, 2005), Taku Manawa/human rights workshops (Human Rights Commission, 2011) and/or Mental Health First Aid training courses (Jorm & Kitchener, 2011) are recommended to improve the public attitude and management of symptoms of mental illness and homelessness issue for tāngata whaiora in Auckland.

Ultimately, government policy on assessing the extent and nature of the problem, and funding and support of agencies may assist

in developing appropriate interventions that promote the health of individuals and their communities. Such an investment is likely to lead to reduced costs and burdens in mental health facilities, and human costs in tāngata whaiora.

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Social work's fingerprint on the evolution of attachment theory: Some essential knowledge for care practice

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ABSTRACT

INTRODUCTION: Social work practice knowledge was seminal to the evolution of attachment theory. This disciplinary connection is little known to many social work practitioners. This article seeks to remind care practice social workers specifically of this association, as the social work skills upon which early attachment knowledge was premised remain important to contemporary care practice.

FOCUS: Through a three-part discussion, this article aims to deepen care practice social workers' understanding of attachment theory and its practical relevance for care practice assessment. The first section outlines the watershed moments of the theory's development. The second highlights social work's connection to this development. The third and final section reviews the construct of the internal working model and its value for distinguishing emotional differences in an adult's relational biography.

FINDINGS AND IMPLICATIONS: A key care practice goal is to facilitate the healthy growth and development of children and young people who have been placed in foster care due to maltreatment. A growing number of attachment researchers have found that the internal working model of a child's new caregivers, with respect to attachment, is an important element in the revision of the child's internal working model of relationships (Pace & Zavattini, 2011). Thus, care practice social workers need to pay close attention to relational facets in prospective caregivers' assessments as some literature suggests that practitioners struggle to understand the role attachment orientation plays in the care relationship (Bick & Dozier, 2008).

CONCLUSIONS: This article highlights and elaborates upon the utility of attachment theory for present-day care practice and argues that a deep understanding of this theory is likely to be instrumental to achieving better relational outcomes in foster care. This knowledge is foundational to conceptualising the different relational expectancies that prospective foster parents might bring to a new relationship.

KEYWORDS: attachment theory; foster care assessment; secure-base; adult attachment; care quality

Introduction

A key task of care giving involves the ability to detect and respond to a child or young person's need in a manner that is likely to enhance their security and emotional wellbeing. Accordingly, prospective foster

parents need to possess the emotional competencies important to facilitating the formation of attachment security in a new parent-child relationship. A child's healthy growth and development is promoted by such emotionally responsive parenting. Moreover, an international covenant directs

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that, “[i]n all matters relating to the placement of a child outside the care of the child’s own parents, the best interests of the child, particularly [their] need for affection and right to security and continuing care, should be the paramount consideration” (United Nations, 1986). This sentiment is similarly reflected in Aotearoa New Zealand’s own domestic family law, specifically the New Zealand Children Young Persons and Their Families Act 1989, s. 13(h), which asserts:

that where a child or young person cannot [be with] his or her family, whanau, hapu, iwi, and family group, the preeminent principle to be adopted is that the child or young person should be given an opportunity to develop a significant psychological attachment to the person in whose care [they are] placed.

Care practice social workers (CPSW) assessment *must* be on the relational expectancies that prospective foster parents bring to the new parent–child relationship. Attachment theory offers a useful conceptual map for understanding this and how relational experiences within, and beyond, childhood can influence the way a prospective foster parent may perceive a child placed in their care. Through a three-part discussion, this article aims to deepen a CPSW’s understanding of attachment theory and its practical relevance for care practice assessment. The first section outlines the watershed moments of the theory’s development. The second highlights social work’s connection to this development. The third and final section reviews the construct of the internal working model (IWM) and its value for distinguishing emotional differences in an adult’s relational biography. Highlighted in this section is the importance of considering relationships in their cultural context.

Attachment theory: The watershed moments

John Bowlby (1907-1990) was the theory’s creator and his early theoretical ideas were

originally advanced in a series of papers (Bowlby, 1940, 1944, 1951, 1958). The thesis that underpinned this work was the view that the quality of a child’s care profoundly influenced their immediate and successive social and emotional development. Bowlby’s early works were later consolidated into the now internationally acclaimed attachment trilogy: Attachment (1969); Separation (1973); and Loss (1980). The theory itself represented a skilled interweaving of four discrete, then merging, knowledge systems which comprised: (1) ethology; (2) control systems theory; (3) cognitive psychology; and (4) psycho-analytic object relations theory. These knowledge systems are discussed later. The theory has been developed, refined and subjected to robust empirical testing over the ensuing 70 years. In brief, this progress can be broadly traced across four main developmental epochs, noted below.

Early theorising: Attachment is a biological necessity!

The initial period of theory development involved the generation of constructs important to conceptualising attachment as a motivational system, independent of basic drive fulfilment. Bowlby believed that this relational system was underpinned by psycho-biological properties which encompassed a prefigured affective goal important to maintaining emotional connection between primary kin and/or their substitutes. He believed this bond operated to ensure a child’s safety, comfort and security (Bowlby, 1969, 1973, 1980). Distinct from his own psychoanalytic training, which was premised on theoretical assumptions (Klein, 1948), Bowlby sought scientific grounding. Thus he created the field’s first attachment study referred to in the literature as the Forty-four Juvenile Thieves study (Bowlby, 1944).

This study involved a case series methodology aimed at investigating the effects of maternal separation in two groups of children aged between 5 and 16 years. The cases were drawn from referrals to

London Child Guidance between 1936 and 1939. Forty-four of these children and young people had theft histories, while those allocated to the matched clinic control group (n=44) did not. Children were allocated to one of six predefined groups, according to personality descriptors. One group (n=14), were of particular interest to Bowlby. He described these children as being of affectionless character, i.e., they appeared to lack “normal affection” (Bowlby, 1944, p.24). Reviewing case histories Bowlby found that 86% had been exposed to extensive disruption through separation from their primary attachment figure at very young ages. Only 10% of the control group shared this experience.

Additionally, a number of children in the *thieves group*, unlike those in the control group, presented with other behavioural challenges comprising: lying, stealing, depression, episodic aggression toward others, poor academic performance, hyperactivity and attentional problems. The findings provided Bowlby with seminal verification of the important role care continuity played in child development and the concomitant negative impact exerted by adverse and discontinuous care. The social work perspective was pivotal to grounding Bowlby’s developing conceptualisation of the nature of the care relationship in practice. The specifics of this relationship are discussed in section two. Suffice it to say here that dedicated study on the long- and short-term separations of children from their primary caregivers was instrumental to strengthening and advancing Bowlby’s developing attachment claims (Bowlby & Robertson, 1953; Robertson, 1953). Without this work, the next watershed moment in attachment theory would not have been possible.

Quality of the parent–child relationship shapes child’s attachment pattern

Mary Ainsworth (1967) produced the field’s ground-breaking study on attachment patterns in early childhood.

The methodology she applied was a simple, direct, naturalistic observation of young children and their mothers. The conceptual and empirical work prefiguring this study was directly attributable to James Robertson’s (1911-1988) influence (Bretherton, 1992, 2006, 2013). Robertson was a psychiatric social worker employed by Bowlby in the Tavistock clinic in 1948. Bowlby’s decision to employ Robertson was predicated on two key factors: his disciplinary training as a social worker and his thorough training in child observation (Bretherton, 1992; Van Dijken, van der Veer, Van Ijzendoorn, & Kuipers, 1998).

Robertson’s contribution to attachment theory is elaborated upon in the paper’s second section. Specific to Robertson’s practice is the *person-in-environment* construct, a major disciplinary tenet of social work. It is worth noting here that Ainsworth’s use of naturalistic observation was inspired by Robertson’s cogent use of situated knowledge reflected in Ainsworth’s comment:

All of his data on mother-child interactions and relationships – [were compelling] in indexing the effects of prolonged early separations – [and] came from visiting the children in their homes and separation environments and observing [and] listening The power of his observations in reflecting [and] communicating it effectively ... impressed me very much, so I took direct observation as my own model. (Ainsworth & Marvin, 1995, p. 5)

Ainsworth’s (1967) subsequent study supplied Bowlby with crucial empirical support for his thesis about the role that care quality played in a child’s socio-emotional development. The first of three patterns of attachment of early childhood were pioneered through this work and codified as follows: (1) secure (b); (2) insecure-avoidant (a); and (3) insecure ambivalent or resistant (c); (see Ainsworth, Blehar, Waters, & Wall, 1978).

A fourth classification later joined the foundational three (B, A and C), after a conceptual battle waged in the literature by three, now equally well known, third-generation attachment theorists (Crittenden, 1988, 1992; Main & Solomon, 1990). The fourth category was subsequently classified as *disorganised* (D) (Main & Solomon, 1990). The next defining moment in attachment theory was the identification of adult attachment patterns which follows.

Experience in close relationships influences adult attachment

Empirical support for Bowlby's constructs of the internal working model with respect to adult attachment was not evident until the mid-1980s. The researchers responsible for this breakthrough were George, Kaplan, and Main (1985), whose finding confirmed another of Bowlby's early conceptual propositions: that the attachment system continued to be active throughout life and remained an important influence in shaping an adult's perception and experience of close relationships (Bowlby, 1988). George et al. (1985) developed the Adult Attachment Interview (AAI), a semi-structured interview protocol that invites participants to respond to a series of open-ended, attachment-based questions. Respondents are asked to recall and reflect upon their relationship with principal care giving figures in their childhood. They are subsequently asked to relate experience of this care to the way they were treated when scared, ill, hurt, upset or separated from the specified attachment figures. Questions also relate to the impact their early care experiences may have on current relationships with these key figures and in relation to their own children, if applicable.

The interviewees' responses are subsequently analysed using a methodology based on narrative integrity (Main, Hesse, & Goldwyn, 2008). Close attention is paid to the way an adult narrates both their early relational history and their current

relationship with key attachment figures. Individual differences in attachment are discriminated by the level of coherence and organisation identified in responses. Three distinct classification patterns of adult attachment emerged from this ground-breaking research: (1) secure-autonomous (F); (2) dismissing (D); and (3) pre-occupied (E). Two further categories were added to these: (4) unresolved-disorganised (U-d) with respect to trauma and loss; and (5) cannot classify. These strategies are discussed more fully later. Over the last 20+ years, work in the attachment field has concentrated on translating vital principles from theory and science into clinically useful practices. Some examples relevant to the field of foster care now follow.

Bowlby's dream realised: Fostering healthy relationships through attachment interventions

As stated, over the last few decades and especially within the last decade, the attachment field has focussed on developing clinical interventions aimed at facilitating positive change in distressed relationships. Of interest to the care practice context are interventions such as the: Attachment and bio-behavioural catch-up (ABC) (Bick & Dozier, 2013); circle of security (COS) (Powell, Cooper, Hoffman, & Marvin, 2014); creating loving attachments: parenting with PACE (Golding & Hughes, 2012); nurturing attachments: supporting children who are fostered or adopted (Golding, 2008); and the fostering attachments programme (Golding, 2006). These applications are primarily concerned with identifying and enhancing a foster parent's capacity for sensitive and emotionally responsive care giving.

Some attachment-informed studies in the foster care field have found that foster parents present with higher rates of attachment insecurity than members of the general population (Ballen, Bernier, Moss, Tarabulsky, & St-Laurent, 2010; Steele et al., 2008).

The literature shows that, when maltreated, children are placed with attachment-insecure foster parents and, independent of their early experiences of care adversity, they are more likely to become relationally disorganised (Ballen et al., 2010; Barone & Lionetti, 2012; Bates & Dozier, 2002; Steele, Hodges, Kanuik, & Steele, 2010). Significant emotional, behavioural, relational, social and academic difficulties are associated with attachment disorganisation in childhood (Fearon, Bakermans-Kranenburg, van Ijzendoorn, Lapsley, & Roisman, 2010; Juffer, Bakermans-Kranenburg, & van Ijzendoorn, 2005). Moreover, it is also predictive of later mental health problems in adolescence and adulthood (Van Ijzendoorn, Schuengel, & Bakermans-Kranenburg, 1999). These research findings point to the vital importance of ensuring that the relational histories of prospective foster parents are robustly explored during pre-placement practice assessments.

Against this conceptual background, social work's influence on attachment theory is now explored below.

Social work's influence on attachment theory

Social work can claim to have influenced the development of attachment theory in three key ways: (1) in its focus on the actual or lived vs. fantasised experience of the parent-child relationship (Bowlby, 1940); (2) in relation to the impact of loss on a parent's childhood experience of being parented (Bowlby, 1940; Bretherton, 1992; Sable, 2011); and (3) through the use of direct, naturalistic observation as a lens for accessing information about the relational quality endemic to a parent-child relationship (Bowlby & Robertson, 1953; Bretherton, 2013; Robertson & Robertson, 1989; Winnicott, 1952). These three influences are considered because of their seminal impact on the theory and their enduring importance to contemporary practice.

The relevance of actual lived experience

Social work's influence on the genesis of attachment theory was first inspired by two psychoanalytically oriented social work colleagues with whom Bowlby worked and studied during his time at the London Child Guidance Clinic (Van Dijken et al., 1998). Bowlby was intrigued by the person-in-environment focus that his social work colleagues, Molly Lowden and Nance Fairburn, applied to their work. Bowlby had long held the view that a person's interaction with their environment was central to a child's socio-emotional development. However, this stance was contrary to his own theoretical training which emphasised the primacy of the internal world (Bretherton, 1992). The person-in-environment perspective, pivotal to social work training, (Cornell, 2006), represented an innovative thinking frame not offered or sanctioned by his discipline. Moreover, this stance provided a goodness of fit with Bowlby's developing views about the role environment played in a child's emotional development. Specifically, his social work colleagues encouraged him to consider his patients' accounts based on their *actual or lived experience* in their daily lives (Bretherton, 1992). Bowlby acknowledges Lowden and Fairburn's influence on his foundational conceptualising on attachment in one of his early papers (Bowlby, 1940) and again during a later interview where he asserted "I learned a hell of a lot from them [Molly Lowden and Nance Fairburn] I learned far more from those two social workers than I learned from my psychiatric colleagues" (Smuts, 1977, pp. 9-11, cited in Van Dijken et al. 1999).

Encouraged by the perspective of his social work colleagues, Bowlby started to actively interrogate his own clinical work for the relational elements that might better explain his young patients' emotional troubles. This led Bowlby to implementing the field's first research study: the Forty-four Juvenile Thieves study discussed earlier (Bowlby, 1944).

The impact of childhood loss

Fairburn and Lowden also supported Bowlby to actively consider to what extent his young patients' predicament might have been influenced by the nature of their relationship with their own parents (Sable, 2011). Moreover, these colleagues also suggested that he reflect on the parents' childhood histories of parenting as their tacit practice knowledge signalled that losses sustained in early childhood may contribute to later emotional difficulties encountered in parenting. Subsequent research on adult attachment has established that unresolved emotional experience in childhood (e.g., loss) is regularly associated with attachment insecurity in adults (George & West, 2011). This finding confirms the social workers' early, practice-based conceptualisations. Social work's next influential contribution to attachment theory was the use of simple, direct, naturalistic observation.

Noticing, describing and analysing behaviour: James Robertson's contribution

Attachment theory, as discussed thus far, is comprised of a number of discernible watershed moments. Observation as a tool to better understand relational quality might be among the most compelling contributions made by social work practice toward better understanding the importance of the care giving relationship and its impact on a child's socio-emotional development. Bowlby's (1969) collaboration with James Robertson is credited for this development. As mentioned earlier, James Robertson was a psychiatric social worker appointed to the Tavistock by Bowlby for his observational expertise and person-in-environment perspective. Robertson and Bowlby put these conceptual and practice skills to immediate use in detailing the distress experienced by young children when separated from care giving figures (typically, at that time, mothers). Robertson proposed a three-stage model of childhood grief based on this work, comprised of: (1) protest; (2) despair; and

(3) denial/detachment (Robertson & Bowlby, 1952). Robertson's view was derived from the many observations he had made of young children separated from their parents and placed in residential nurseries as a result of the Second World War (Burlington & Freud, 1942).

Robertson also possessed cinematic skills which proved fruitful to launching attachment theory as a world-wide phenomenon; he was able to technically depict the behavioural changes young children experienced when separated from primary caregivers. His professional social work training enabled him to articulate the meaning of these changes to the interdisciplinary audiences viewing his films. With Bowlby's endorsement, Robertson made a range of films that portrayed a child's reaction to separation from its primary attachment figure. The first of these now famous films is *A Two year old goes to hospital* (Bowlby & Robertson, 1953), a synopsis of which can be found in Winnicott's (1952) editorial for the Royal Society of Medicine.

This film, and others, met with a hostile reception from the interdisciplinary group of hospital staff who attended the initial screenings. The emotional impact of the films on staff was identified as a contributor to the negative reaction at the time (Robertson & Robertson, 1989; Winnicott, 1952). However, the key charge against the films was championed by the medical fraternity who were seriously concerned about the medical risks, for example, cross-infection, that might accompany greater rates of parent-child contact following hospital admission. Concerns were also expressed about the emergent distress children appeared to experience when parents were permitted to visit. Criticisms of methodological rigour were also levelled at the case method upon which the films were premised. In short, these films challenged the biomedical perspective. Excluding parents from children during hospital stays was then routine practice. According to van der Horst,

Frank, and van der Veer (2009), parents were conceptualised “as ignorant and noisy intruders who only criticized the staff and disturbed the quiet and disciplined course of events in the ward” (p.124). Despite the initial resistance these films, became instrumental in changing the face of hospital policy internationally by, championing the right of parents to accompany their young throughout their hospital stay (Alsop-Shields & Mohay, 2001).

More critically, Robertson’s influence has had a lasting impact on the development of attachment theory. The continued use of visual technologies in the attachment field is historically linked to his early and compelling cinematic work. Current-day attachment interventions use video or digital feedback as a mechanism to promote change in distressed relationships largely by enhancing caregiver sensitivity and emotional attunement (COS: Powell et al., 2014; ABC: Bick & Dozier, 2013).

The importance of a relational focus in care practice assessments

Three elements for practice were amplified in this brief review of social work’s seminal influence on attachment theory. These practices remain relevant to social work in general and are of particular importance to the field of contemporary care practice. The resultant information suggests that practitioners need to: (1) access and listen attentively to an adult’s lived experience of close relationships. This history offers important clues as to the strengths, vulnerabilities and struggles that prospective foster parents might encounter in new relational affiliations such as those required in a foster parent–child relationship; (2) collectively reflect on the relational biographies gathered, with the prospective foster parents, to ascertain what role close relationships might have played in resolution of any evident trauma and loss, across the life course; and (3) learn to apply a systematic method of naturalistic observation to understand more about the

emotional quality present in a parent–child relationship.

Attachment research suggests that ways of being in close relationships are inter-generational and, when considered in the context of the parent–child relationship: care giving adults are highly likely to parent the way they were parented (Hautamäki, Hautamäki, Neuvonen, & Maliniemi-Piispanen, 2010; Van Ijzendoorn, 1992). The transmission pathway for care quality is expressed through parenting behaviour while different internal working models of relationships are known to develop from different care experiences (see Ainsworth et al., 1978).

Positive internal working models (security) of self and others typically result when one’s care giving experience has been continuously reliable and responsive. Conversely, negative internal working models (insecurity) arise in correspondence with care giving characterised by rejection, neglect, inconsistency, fear and/or emotional unresponsiveness. Attachment insecurity, as indicated earlier, is associated with poor developmental outcomes in children. Thus it is essential that CPSWs are able to recognise the characteristics associated with an adult’s IWM as these relational attributes are highly likely to influence the quality of care a fostered child receives. Accordingly, the final part of this article explores attachment theory’s construct of the IWM.

The internal working model and patterns of adult attachment

The internal working model, according to Bowlby (1973) represented a relational blueprint formed from the myriad of interactions enacted between the self and significant care giving figures in childhood. Drawing on early cognitive theory, he claimed that it was the actual experience of care giving (i.e., parenting behaviour) that became cognitively encoded in memory as a schema that would subsequently guide the way future relationships would be perceived.

Memory encoding studies have since found that perception does, in fact, appear to be shaped by experiences; a finding consistent with current neurobiological understandings about the brain as a habit-dependent entity (Schore & Schore, 2011): once an experience becomes stamped in the brain, the greater the likelihood that it will be encoded in the mind for later recall. Knudsen (2004) asserts that the human brain is shaped by experience; the care giving environment is a key influence on the development of a young child's brain and the more a neural circuitry is activated in the brain through experience (e.g., care giving) the more likely it is to be instantiated. Knudsen (2004) cautions that, although the brain is structurally capable of change based on new inputs such as a new sensitively responsive care giving experience represents, there are constraints on the brain's malleability. Recent attachment studies show that a fostered child's IWM can be positively revised, particularly where very young children have been placed with emotionally responsive foster parents (Bates & Dozier, 2002; Bick & Dozier, 2008). While similar relational shifts have been identified in older children, the rate of relational change is much slower (Steele et al., 2010).

In relation to this neurobiological knowledge, the AAI (George et al., 1985) protocol was developed to investigate whether an adult's recall of significant relationships in childhood would clarify how those early relationships might influence an adult's perceptions. The researchers believed that the AAI questions worked to surprise the unconscious, thus revealing the way an adult comes to mentally represent their relational experience. As previously outlined, three distinct patterns of adult attachment emerged from this analysis: (1) secure-autonomous (F); (2) dismissing (D); (3) pre-occupied (E) (and subsequently (4) unresolved-disorganised (U-d) with respect to trauma and loss). In brief, relationally secure adults possess the ability, on inquiry, to readily access autobiographical memories of childhood. They subsequently display ease in communicating openly and directly

about their significant past and current relational experiences, even emotionally distressing events. The key relational belief and expectation of secure adults is that significant others will be available and responsive to their needs. These adults typically value relationships – not only do they seek support and care when needed but they also possess reciprocating capacities.

An earned-secure relational orientation was identified in later attachment research (Roisman, Padrón, Sroufe, & Egeland, 2002). This status was noted in adults who, while narrating difficult and abusive early care experiences, were able to relay this experience in coherent and reflective ways suggestive of a positive revision in relational orientation. Recent research in the attachment field of couple relationships suggests that change in one's relational approach in adulthood might result from the buffering effect afforded from being in relationships with emotionally responsive partners (Overall, Simpson, & Struthers, 2013).

In contrast, adults who have not experienced close, relationally responsive partnerships, in either childhood or adulthood, are more likely to develop insecure relational strategies. Adults with dismissing (D) states of mind are discomfited by the proximity required in close relationships and thus use a range of deactivating strategies to suppress or inhibit emotional closeness. Adults with this relational orientation value self-reliance over emotional connection with others. The narrative markers common to this relational position include: not being able to remember; normalising distressing experiences in relationships; and reporting invulnerability to the emotional needs of others.

The preoccupied attachment strategy, on the other hand, is beset by ambivalence and anxiety. Adults who inhabit this stance are often described as entangled with relational experience from the past. They find it relatively easy to recall their experience of care in early relationships but frequently

lack the capacity to describe these in a coherent or succinct manner. Moreover, past experiences notably intrude on their description of current relationships. The relational state of most concern, specifically from a care practice perspective, involves adult experiences of unresolved trauma and loss. Adults operating from this stance have been described as frightening and disorienting to children because their shift in mind states can be rapid and unpredictable (George & West, 2011). These mind states are narratively displayed through momentary lapses in reasoning. Behaviourally, this presentation is associated with marked emotional dysregulation.

A sound understanding of the foregoing conceptual knowledge is important to care practice assessments of prospective foster parents as these individuals, once selected, will be the fostered child's new attachment figures. As identified earlier, change to an IWM is possible when new and discrepant experience in close relationships challenge the extant IWM, thus prompting the prospect of relational revision. Consequently, CPSWs need to reliably select prospective foster parents possessing the most optimal relational strategy for facilitating this outcome in the fostered child.

The prospect for attachment revision has been realised in this population, as earlier attested, by a growing body of research involving maltreated children who have been both fostered and adopted from State care (Dozier, Stovall, Albus, & Bates, 2001; Pace & Zavattini, 2011). Notable from these studies are the positive shifts found in a child's relational expectancies when placed with caregivers assessed as attachment secure (Pace & Zavattini, 2011; Steele et al., 2010). Such adults are more likely to override the child's invitation for them to respond in kind, by not employing distancing strategies in the face of distress or responding angrily when the child makes persistent and demanding bids for proximity (Bick & Dozier, 2008). Instead, emotionally secure adults characteristically

possess the capacity to flexibly appraise their experience and to modify their behaviour in accordance with feedback. These emotional skills are important to the provision of secure-base care which, in the fostering context, requires caregivers to recognise and understand a child's typically dysregulated care-seeking behaviour. Foster parents' sensitive responses to a vulnerable child's attachment needs, despite the consequent distortion, are fundamental to reawakening a child's trust in their attachment figures and in revising their own perceptions of themselves as loveable and worthy of care and protection. Cultural identity is equally pivotal to a child's sense of security. The negative impact of cultural dislocation, specifically of *mokopuna* Māori in foster care, is domestically well known. This outcome signals the need to ensure that all assessments of relational closeness be culturally grounded. This matter is considered further below.

Culture, attachment, law and care practice social work

Cross-cultural attachment research strongly suggests that connectedness amongst close others is species-specific, but research on *how* culture influences attachment outcomes in different societies is inchoate (Agishtein & Brumbaugh, 2013). Currently there is little attachment research from a Māori perspective. This is a critical knowledge gap for CPSW in Aotearoa New Zealand given the profession's bi-cultural practice obligations under Te Tiriti O Waitangi (ANZASW, 2008) and in light of the disproportionate numbers of Māori children entering the care system (OCC, 2016). Presently, sections 5 and 13 of the Children Young Persons and Their Families Act 1989 direct that a child's connection to their *whānau*, *hapū* and *iwi* be consciously promoted throughout the placement process. From this perspective, cultural identity is positioned as a vital strength in the development of a child's coherent sense of self.

Care sector practice reality (e.g., placement urgency, kin availability, work volume) often compromises the principles and might result in mokopuna Māori being placed in non-Māori families. The longer such placements continue the more problematical for all involved in the care relationship as it heightens the prospect of emotional bonds forming between the placed child and their respective caregiver(s). Case dependent, the attachment paradigm and legal process, may be applied to endorse the continuance of the new relationship. The iatrogenic impact of this care drift needs to be recognised by CPSWs and remedied in the crisis phase. Building cultural capability within the CPSW workforce will be an essential step toward resolving this dilemma. Where placements external to the kinship system are required, assessing cultural receptivity of prospective foster parents appears warranted. Developing a reliable tool to support CPSWs in this assessment may prove fruitful, particularly in light of the litigious disputes evident in case law between kin and non-kin caregivers.

Conclusion

In summary, this article has offered discussion aimed at deepening CPSWs' understanding of attachment theory and its practical relevance for care practice assessment. Three important contributions made by social work to the development of attachment theory were emphasised. Social workers in the care practice field need to recognise the theoretical utility of attachment knowledge as an important conceptual tool in the assessments of prospective foster parents as an adult's attachment capacity has a profound impact on care quality. A growing number of attachment studies conducted within the fostering population show that developmental catch-up and healthy adjustment are more likely when children are placed with substitute caregivers (when required) who themselves possess the ability to be an effective secure-base.

Traumatised children need caregivers with high levels of emotional competence. Some foster parents, based on emotional aptitude, are more likely to weather the relational storms involved in caring for the hurt child in transformational ways. As highlighted above, it is essential that these assessments are culturally grounded. CPSWs need, at the point of assessment, to be able to consistently and reliably recognise the relational contributions that prospective caregivers bring to the care relationship. This article has argued that a deep understanding of attachment theory is likely to be instrumental to achieving this outcome as this knowledge is foundational to conceptualising the different relational expectancies that prospective foster parents might bring to a new relationship.

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Revisiting Moral Panics

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I grabbed onto Cohen's *Folk Devils and Moral Panics* when it came out in 1972 (Cohen, 2002). I was studying then, but soon found myself teaching deviance and normality to sociology students. They were familiar with Becker (*Outsiders*, 1963). There was an appetite for material that drew on the experience of student life. *Outsiders* spoke of becoming a marijuana user, listening to jazz. You could gaze into the notion of hip or life as sub-culture. Music, politics and identity linked to emerging social mobility, diversity and creativity.

Cohen re-set the story in the UK with mods and rockers. The possibility of a critical narrative was flipping. The object of curiosity was less on us as an emergent threat and more on the way conventional society was so reactive, so keen to repress, to panic! We chilled with some incredulity as Cohen laid out an analysis of what was being done, why the establishment was so exercised by our existence. He wrote of social coercion employing method, data and stories gathered from our lives – from the street, the events in urban landscapes in which we roamed and made claim to public places. Cohen remarkably realised how these sites were the opportunity for the establishment to pick out a devil and instil panic in their comfortable, indignant allies. Establishment figures speaking through an establishment media were usefully and methodically depicted by Cohen as massing their armoury against our emergent hopes and aspirations. Our identity was a threat. They twisted detail, cultivated stereotypes and fanciful 'what ifs' to generate panic that justified more bricks in the wall; more social control.

Surely this was the exposure that could help cool to prevail.

There was an account in Cohen's material of an outrage, when a lad up in court was fined an outrageous amount - \$50 maybe – by the pontificating judge. The lad brandished back, 'I'll pay it with a cheque!' The papers erupted. They did not get sarcasm. How far could draconian go before it was recognised as facile. Youth were not the problem. How we 'did' society was the issue. How our elders governed, how establishment media made news, how commentary ostracised some and gloried others, how an elite remained so arbitrary and smug, could all be evidenced; maybe the focus could move back to how might we create effective social policy or social cohesion.

So this edited book *Revisiting Moral Panics* (2016) invites us first to reflect how things have developed since then. Edited by social work academics, following a series of seminars in the United Kingdom (Moral Panics blog, n.d.), the text brings together a global range of authors to consider continuing accounts of the folk-devil/panic/control dynamic. Calling out a devil, a community to castigate still targets many; women, children, troubled, feral, Maori, Welsh, Roma, chavs, the dying, digital frontiers – from Italy, Holland, Aotearoa New Zealand, the United Kingdom and we get them all in this volume. The collection reminds us that communities are still targeted and sadly that our efforts to modify a dominant practice of oppression and marginalisation have not diminished. There is a hint here that whatever we have been doing with this analysis and

knowledge has not shifted the pattern. The scope for the establishment to play these cards has not been extinguished. As the example here show the strategy is endemic and widespread. Conventions of power continue to be abusive and people in need are more likely to be harassed than supported. Practitioners located in networks of services and support need to be capable of calling out the tactic whereby repression puts denial and obfuscation ahead of any insight into how things may be bad, unjust and indeed, indicative of a case for reform.

There is a very well worked out pattern in the volume where commentary and extension of the theory is woven with the stories from the front line. Many times we can imagine the phenomenon explored here being the '6pm news' where issues and constructs are reduced to sound bites. We can grasp how news becomes sport as factions try to score. Who can make the slam-dunk and send the other team reeling? The editors, by their selection and organisation of the text, were keen to remember those early scholars who were in their time relevant, heroic and insightful. They are useful chapters on the background and future of panic modalities although I would like to go see the suggestions go further than reminding front line practitioners to ask the critical questions. It is clear that private troubles demand public mobilisation; professional practice must be connected to civic action.

The editors' own chapters where they add in their appraisals are a tribute to good sociology and research based advocacy. The material draws us into reflection on how practice might shift intractable social realities. These patterns of denial and obfuscation repeat and linger, forming the new notion of a *wicked problem*. The editors want to speak directly to social workers however they maybe placed as practitioners and activists, who in the time and in the constancy of their work need to be clever to restore agency to

people's lives. Because that will never be sufficient, practitioners must then rise from supporting those who feel the oppression, to speaking to those gatekeepers in the powerful world, preoccupied with holding off the feeling to care, bereft of ideas and maybe even concern or care.

The largest portion of the book is devoted to a fascinating range of examples and case histories. Authors from all parts of the globe report on all manner of devils and panics. The chapter on "feral families" in New Zealand by Liz Beddoe sits alongside several chapters where conventions about mothering (Sally Brown) child protection (Ian Butler) "lost childhood" (Kay Tisdall) each offer short and helpful accounts of the way conventional power-holders will demand a return to simplistic family orthodoxy, never to imagine what it takes to provide support and lift struggling folk out of forsaken circumstances. Further chapters recognise the tendency to point the finger rather than offer the hand. In another framing of power and inertia there are chapters which retell how institutions of trust and sanctuary can be revealed as abusive and unsafe but it does not follow that reform is quick. First there is resistance, possible denial and then so much commotion in the name of inquiry. Chapters by Mannay, le Grand and several others are useful demonstrating how applicable and plentiful the scholarship Cohen inspired has become. Most authors here are academics, not all in social work, using their research as a catalyst for action. There are practitioners here too talking about the situations they confronted in their work. There is willingness in this publication to motivate practitioners to press on. To be insightful requires powers of observation and places to present that content. It means taking informed content to audiences in communities, causes and sites of influence. It is valuable to share knowledge and rebut the obvious agenda offered in mainstream media, by authorities, by the pontificators and those who are quick to defend the status

quo. We can use the notions of the public domain and the public interest to mobilise equity in the narratives that get noticed. Rebuttal is a step along the way, but rebuilding inclusive communities is more demonstrative, building a robust civic habitat.

This text aims to empower practitioners to do a better job for and with their communities and citizens. Herein are valuable and wide ranging chapters about panics and the fallacy that a shrill call will capture any initiative and negate what really needs to be addressed. The support these chapters get from the editorial contributions which pay their respects to the moral panic pioneers, creates a

compendium, archaeology of ways we can be resistant to those who want to make the agenda their cheap shots and draconian measures. Much of the tool kit of good practice lies in the concepts and analysis that is used to inform and motivate effective engagement. This text is timely and we know the time is now.

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Reviewed by **Phil Harington** University of Auckland, New Zealand

Social work practice in mental health: An introduction

Robert Bland, Noel Renouf and Ann Tullgren
Second edition 2015. Allen & Unwin, NSW Australia.
ISBN 9781743314753 Paperback 320 pages NZD60

This second edition of *Social Work Practice in Mental Health* remains an introductory text, focusing on generic practice with people with mental health problems rather than addressing key specialist areas of practice in depth. It continues to emphasise a view of social work in mental health as embracing both scientific and relational dimensions of practices that was found to be central to the successful first edition of the book published in 2005.

The book is set out in two parts. The first part explores the context for practice. In this part there is a focus on the daily-lived reality of mental illness and exploration of key concepts and issues in mental health. There is analysis and comment on the political and legal context for practice primarily in Australia. Whilst not dissimilar to the political and legal contexts in Aotearoa New Zealand, readers would be advised to locate and substitute relevant New Zealand legislation and policy to read in conjunction with this chapter. Part one concludes with a useful overview of some mental disorders, an introduction to mental health classification systems, and a description of common mental health treatments.

In the second part, focuses more on social work practice in mental health. This section begins with an orientation to assessment of mental health. The remaining chapters follow an ecological approach beginning with individual casework, moving to practice in mental health settings, mental illness

service settings, working with families, and with communities. This section concludes with a discussion on sustainable social work practice in mental health agencies.

I found the authors' exploration of the practical dimensions of critically informed practice useful. There is a focus on the emergence of recovery theory as a unifying conceptual basis for mental health work, discussion of the search for evidence to inform practice, and a case made for the need to work in partnership with consumers and families in all aspects of practice.

Throughout the book the authors provide real life examples and personal narratives from people who experience mental illness which enable the reader to glimpse the daily lived reality of the impact of mental illness and the journey of recovery. Each chapter concludes with some questions for practice that prompt the reader to reflect on what they have read, and how this information can be integrated into their own practice. In addition the authors provide a list of websites providing further information and resources relevant on the each chapter topic.

The authors have captured the reality that people who experience mental health problems may engage with social work services from a variety of entry points. This book is a useful introductory text on mental health for social workers working in any field of practice. The text is easy to read, provides a comprehensive index, and useful links to further information and resources.

Reviewed by [Jennie Payne](#) Child Youth and Family, New Zealand

Social work with children and families: Reflections of a critical practitioner

Steve Rogowski

Oxon, UK: Routledge. 2016.

ISBN 1472433718.pp.202. Hardback. NZD 150

Drawing on a long career as a frontline practitioner, Steve Rogowski has published a deeply theoretical reflection on social work with children and families. He is an exceptional commentator. *Social Work with Children and Families* is a radical, critical, and personal explanation of the demise of social work as a profession in the United Kingdom. Readers in Aotearoa New Zealand will find much of interest and many issues that resonate with their practice experience.

The author describes the 1950s-1970s as the golden days for the welfare state in the United Kingdom and, consequently, for social work there. Thatcherism led to neoliberalism and these movements replaced the social democratic consensus; and marketisation, privatisation, consumerisation, and managerialism became the new common sense. The real-life implications of these descriptors were that the state services were seen as inherently ineffective and inefficient, that a combination of state and community agencies were believed to promote choices for customers/clients and that professional management was to be much preferred to practitioner leadership and control. In addition, there was a *remoralisation* whereby clients could again be held responsible for their choices and circumstances rather than being excused by social disadvantage. Class analysis and welfarism were replaced by individualism and self-responsibility, and effectively there was a shift from the *nanny state* to the *muscular state*.

The author describes social work with families in the United Kingdom as being limited to child protection. The intention now is to minimise risk, and this is not necessarily the same as making things better. Assessment tasks are the foremost activities in practice, and the predominance of electronic forms and frameworks has meant that practitioners are effectively e-technicians. Social workers also allocate, and ration, resources and signpost clients to community services that they once provided themselves. The majority of functions are proceduralised and management language is pervasive (e.g., investigation, problem families, welfare dependency). In the modernised work environment, interagency engagements, information sharing, and actuarial analysis (flagging up of identified families) are expected to effect a transformation despite the fact that these provisions are likely to have minimal impact on the daily experiences of practitioners or their clients. The steady deprofessionalisation of social work can be disorienting and dispiriting for practitioners, and it will most likely be disempowering and disabling for clients. Child protection is effectively a contemporary variant of child rescue, and the narrowness of its focus fails to accurately illuminate the familial, the societal, or the structural determinants of personal distress.

Social Work with Children and Families poses a central question for the human services of our age: is it possible to exercise professional agency within highly managerialist work settings? One possibility is that newer, and less well trained, social workers will become little more than a human face

for bureaucracy. Another option is for practitioners to exploit the fact that social service organisations, however distrusting and disparaging, will continue to require social workers of sorts and these workers can subtly subvert systems by doing what is right for people rather than solely doing things right as the agency requires it. The author also sees hope in critical analysis and in an ethic of care. Rogowski admits that critical and postmodern perspectives do not readily translate into practical provisions but an ethic of care could do so as it contests the tenets of individualism, and it might replace these with new and perceptible expressions of responsiveness, responsibility, and competence. Nevertheless, it is unlikely that we will again see locality-based social workers who represented one of the high points of the profession's brief history in the United Kingdom. These practitioners had the understanding and the accessibility to provide proactive and preventive services, which assisted families to flourish, while being minimally intrusive and bureaucratic.

It is apparent that, like the clients it serves, social work in the United Kingdom has

been the casualty of pervasive political and economic forces. Unfortunately, it is doubtful if the present author is suggesting solutions of sufficient strength to regain the standing and influence of his profession. Rogowski's theoretical analysis is very informative and useful, but perhaps the future of social work now lies in dedicated and confident practitioners possessing demonstrable competencies and capabilities for casework and community development. The author can be dismissive of the authoritative caseworker and of evidence-based practices, but every occupation in the contemporary market place has to have something to sell; and to acknowledge this, and to take charge of it, is not the same as selling out. As we know, the faith of neoliberal politicians in the procedures and protocols of managerialism is misplaced because checklists and computers cannot stop families repeatedly coming to notice, and neither can they interrupt multiple generations of abuse and dependence. Only proven therapeutic skills and strategies can effect lasting change for individual families and for selected communities and, in doing what is right for them, social work might also be doing what is best for itself.

Reviewed by [Peter Stanley](#) Tauranga, New Zealand

Working ethically in child protection

Bob Lonne, Maria Harries, Brid Featherstone and Mel Gray
 Routledge, Abingdon, England, 2016
 ISBN-13: 978-0415729345, pp.229, Paperback, NZD49.95

The social policy landscape in which social workers are practicing is rapidly changing in Aotearoa New Zealand. Governmental rhetoric is increasingly focusing on monitoring and blaming “failing parents”, while also demonstrating a reluctance to appear fully cognisant with the impact of structural issues such as poverty and the housing crisis. This narrative of blame has the potential to reshape the social work practice environment in ways that require conscious resistance. Government has recently announced the removal of the requirement to prioritise the placement of tamariki with their whanau, a proposal that has resulted in widespread condemnation. The criticisms contained within Puaote-Atatu need to be heeded and legislation needs to be strengthened to ensure that outcomes for tamariki Māori and whanau don’t deteriorate further. No doubt an avalanche of significant changes will be announced between now and when the new Ministry for Vulnerable Children, OrangaTamariki begins operating in April 2017.

Uncertainty is a key feature of child protection practice in Aotearoa New Zealand. As social workers we collectively wait while information is drip feed to us about what the new ministry will mean for social work services and more importantly the children and families in need of our support and advocacy. With a lack of consultation social workers are finding our key sources of information through the media, while social media platforms such as Reimagining Social Work are utilised to assert our professional voice, to influence and guide these changes. Given the rapid changes facing child protection practice in Aotearoa New Zealand this topical book is a welcome edition,

providing a critical lens from which to view ethical child protection practice.

Lonne, Harries, Featherstone and Gray are all social workers with international research expertise in child protection and ethics. The authors express commitment to improving child protection practice and policy. They state from the outset that child protection systems in Anglophile countries are failing and assert the need for ethical practice in regulated systems. The authors encourage a dialogical approach to decision making that emphasises relational engagement with clients, whanau, colleagues and other professionals. The book examines the inter- and intra-personal stress that child protection social workers experience, and attention is given to the recognition and management of unequal power relationships. A process orientated relational framework to ethical decision making is detailed, to guide the difficult choices that are made in child protection social work practice.

Lonne, Harries, Featherstone and Gray present evidence to demonstrate the crisis facing Western child protection and welfare systems. They critique protective interventions in favour of a holistic model of ethical decision making, and highlight the importance of practitioner led advocacy to reform child protection practices. The authors recommend modifying child protection practices from the individualist risk saturated lens in favour of engaging in the emotional and economic realities that families struggle with through active community engagement. The authors caution against a child focused orientation that emphasises children’s’ rights and a social investment approach. Advising that such an approach in a neoliberal environment

can transform into a child rescue approach without appropriate support for families. This caution is significant in Aotearoa New Zealand, as the Children, Young Persons and their Families Act (1989) which is under review, was constructed to advance the rights of the family while keeping the child paramount, and this ethos must prevail.

The book is split into four sections; with part one containing an overview of ethical theory and conceptual frameworks for ethical decision-making. Part two critically considers the dominant perspectives which have shaped child protection practises in Western countries. In this section, the authors provide a clear review of prevailing ideologies, social constructions and the impact of neo-liberalism on child protection practices. Demonstrating how these ideologies have resulted in risk management approaches that are centred on child rescue, children's rights and social investment, as opposed to rights based approaches that emphasises parenting support to disenfranchised families and

communities. Part three explores how complex information is utilised when making judgements in ethical decision making, taking into consideration organisational and legal mandates, and key ethical principles. Part four summarises the overall ethical imperative of the book. The authors demonstrate through case examples a relational approach to child protection, which encompasses social justice action to improve systemic issues. These case studies illustrate child protection practice that enables family unity and safety, as well as the realisation of social rights. The book utilises case examples well to situate learning. Each chapter concludes with a set of reflective questions for further contemplation.

As a social work educator this book has been useful to me in shaping the debate about child protection reform, in both the classroom and in my research. This book is a must read for social workers in the care and protection sector.

Reviewed by **Kelly J Smith** University of Waikato, New Zealand