The editorial collective and open access: one year on

This issue marks the first anniversary of the new format open access *Aotearoa New Zealand Social Work* journal. Our editorial collective has worked hard to redesign the journal, introduce a new online article submission and reviewing process and promote the journal to local and international audiences.

How we work in the editorial collective is a very collaborative process. Two or three editors work on an issue, managing the peer review process, working with authors and readying the articles for production. Two editors then work on production and proof checking. This spreads the load and means we have a very efficient system in place, enabling us to keep to schedule. Although we operate in a very collective fashion, we decided to appoint an Editor-in-Chief and, towards the end of last year, the collective elected Liz Beddoe to that role for the first three years.

During 2016 we published four issues with 33 original articles, 14 book reviews, one viewpoint and one commentary. These articles, in addition to the issues archived back to 2010, had more than 12,000 downloads during 2016. We have had 4,600 visitors to the journal: 76% of whom are from New Zealand and 24% from overseas.

Offering online and open access means we have reduced the barriers to sharing Aotearoa New Zealand social work practice with the international social work community, and many overseas academics and practitioners are choosing to use our journal to publish their research. Using open access means authors, and others, are able to rapidly disseminate their scholarship, research, practice innovation and policy critique using social media such as Facebook and Twitter.

We wish to take the time to thank our international advisory board and our panel of 120 (and growing) peer reviewers, drawn from Aotearoa, Australia, Canada, the United States, Ireland, Hong Kong and the United Kingdom. The strength of a journal lies in its reviewing processes, as our authors attest, good reviews are critical and constructive. As editors, we see our reviewers as vital partners.

Of the four issues published in 2016, two were special issues: one on child protection and neoliberalism, the other on creativity and innovation in social work. We have a publication schedule through to the end of 2018 including issues of Te Komako and Tu Mau. In 2017 we have two general issues planned, a special issue on critical and radical social work and an issue of Te Komako.

Turning now to this first issue for 2017, it is a rich collection of research and scholarship traversing some interesting territories. Some common themes emerge as various articles report research that gives voice to groups whose needs may be overlooked or who have their participation marginalised. Articles draw on qualitative research, literature review, case study and documentary sources and are a good example of the exciting breadth of current scholarly activity of practitioners and academics. The assembled articles traverse a wide set of topics: young people and their experiences as service users and potentially service designers; the transitions of older adults and people with disabilities between forms of independent living and residential care (and vice versa); the history of social work professionalization; the place of counselling in the profession; a critical exploration of the employment of neuroscience in social policy and practice; a

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critique of the internationalisation of student placements; and a discussion of embedded learning activities in professional education.

In *Making a claim for services: Supporting young people's engagement with services*, Kimberley Dewhurst, Robyn Munford and Jackie Sanders report on a qualitative research project about the factors that facilitate or inhibit young people with complex needs from accessing services. The researchers found that the first critical step was making a claim for services and encountering meaningful responses from service agencies and their practitioners. In this article the voices of the young people tell the story of how warm and positive responses made a difference to service user engagement and to service outcomes.

In *Counselling in social work, a legitimate role?* Petro Booysen and Barbara Staniforth report research from Aotearoa New Zealand on social workers' use of counselling skills in practice. This qualitative study found that social workers regularly use counselling skills and need opportunities for skill development. The article also addresses the potentially damaging implications of rigid professional boundaries on service users in times of high need. This article builds on the important discussion of counselling in social work by Staniforth (2010).

Following on from the theme of gaining the perspectives of groups with unmet needs, Delia McKenna and Barbara Staniforth discuss the emotional and social needs of older adults transitioning from independent living to residential care. The study *Older people moving to residential care in Aotearoa New Zealand: Considerations for social work at practice and policy levels* reports that participants wanted greater participation in decision making and more support over the transition period.

Luke Fitzmaurice addresses the topical matter of participation in the formation of social policy in a case study of the inclusion of young people in the work of the Expert Panel (Modernising Child Youth and Family Expert Panel, 2015). Drawing on his knowledge of the processes of the panel and literature from childhood studies in *Children's voices in system reform: A case study on children and young people's participation within the modernisation of Child, Youth and Family*, Fitzmaurice makes the case for young people having decision making influence. Careful attention to respecting and valuing children's voices can improve policy and service design.

In a second article, following on from Hunt (2016), Sonya Hunt continues to record the story of social work registration in Aotearoa New Zealand. This article, *The social work regulation project in Aotearoa New Zealand*, describes the processes which led to the creation of the Social Workers Registration Act (2003) from the 1990s to the initial period of implementation over 2003-4. Hunt traces the influences of many stakeholders in this professionalisation project with a careful collation of documentary sources. Future researcher of the history of social work in Aotearoa New Zealand will be grateful to have this important article to draw on.

In the article by Liz Beddoe and Eileen Joy on *Questioning the uncritical acceptance of neuroscience in child and family policy and practice: A review of current challenges to the current doxa*, the authors conduct a review of international literature which critiques the influence of neuroscience on social policy and considers this in the context of contemporary policy discourse in Aotearoa New Zealand. Beddoe and Joy argue that one impact of the domination of often dubious claims of "neuroscientism" is the sidelining of structural analysis and social justice in the way the state promotes a very narrow, middle class form of parenting.

International placements have become attractive in social work education bringing benefits of wider opportunities for student experience and building relationships between nations in the global profession.

But as Ines Zuchowski, Narayan Gopalkrishnan, Julie King, Abraham Francis point out in their critical review, there is potentially a dark side. In *Reciprocity in international student exchange: Challenges posed by neo-colonialism and the dominance of the Western voice,* the authors explore the phenomenon through a critical lens, recognising the potential for social work education to contribute to a reprise of cultural imperialism and inequitable arrangements, where the Global North partner benefits much more than their counterpart in the Global South. This is an important discussion with significant local and regional relevance as social work education programmes in Australasia forge partnerships in the wider Asia Pacific region.

The second article addressing transitions is *A review of adults with disabilities transitioning from their family home to community settings* by Garry Lim. Lim reports on a literature review on the transitions of adults with disabilities making the shift between their family home and living in the community with greater independence. The need for significantly better support is noted and a case made for greater government funded assistance in recognition of the potential vulnerability of this group of adults.

The final article by Eva Bowers and Margaret Pack, is *Designing and embedding authentic learning opportunities in a social work curriculum: Reflections and lessons learned.* Bowers and Pack discuss an educational project in which filmed scenarios were designed and created to embed into a blended learning programme in social work education. The scenarios in the filmed vignettes were designed to promote critical thinking and to assist social work students to tease out the ethical and cultural issues in everyday practice. With a background framework of Lipsky's *street level bureaucracy* the vignettes present real life examples of social workers' actions in securing resources and advocacy for service users and the power and authority issues therein.

Taken together, these nine original articles get the 2017 volume of the journal off to a strong start. As editors we know we have many other exciting offerings in the peer review pipeline. As ever, if you are thinking about submitting an article for a future issue, do feel free to approach Liz Beddoe or any other member of the editorial collective.

Liz Beddoe and **Neil Ballantyne**

References

Hunt, S. (2016). The social work professionalisation project before the 1990s in Aotearoa New Zealand: The dream. *Aotearoa New Zealand Social Work*, 28(3), 15-25. doi:10.11157/anzswj-vol28iss3id245

Modernising Child Youth and Family Expert Panel. (2016). *Expert panel final report: Investing in New Zealand's children and their families*. Wellington, New Zealand. Retrieved from https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/investing-in-children/

Staniforth, B. (2010). Counselling in social work in Aotearoa New Zealand: The historical, political and socio-cultural evolution. *Aotearoa New Zealand Social Work*, 22(3), 3-14. doi:http://dx.doi.org/10.11157/anzswj-vol22iss3id179

Making a claim for services: Supporting young people's engagement with services

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ABSTRACT

INTRODUCTION: Young people who experience significant adversity use multiple services (child welfare, youth justice, mental health, and education support services). Engagement with services can facilitate access to support and resources to mitigate the risks these young people face in their every-day lives. This article draws on the findings from a qualitative study which sought to examine the factors that either facilitated or inhibited young people's engagement with services. The young people had complex needs and had used multiple services from an early age.

METHODS: The study used in-depth interviews to explore young people's service experiences. A thematic inductive analysis identified key themes. The concept of making a claim for services emerged as an explanatory device to understand the processes of service engagement.

FINDINGS: Making a claim for services was a critical first step in young people's engagement with services, representing an ongoing interactive process between young people and service providers. Three key elements comprised a successful claim for services: young people's needs meeting service entry criteria; personal agency; and, relevant and meaningful service responses.

CONCLUSION: The findings indicate that making a claim for services is a dynamic process and that a cornerstone of effective practice with vulnerable youth involves social workers establishing meaningful relationships with young people. Social workers who make a positive difference in young people's lives are open to the different ways in which young people express their needs and support them to participate as active partners in interventions.

KEYWORDS: young people, adversity, services, support, agency

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It is well recognised that young people with complex needs will be users of multiple services. Young people who are involved with child welfare and youth justice services are also likely to require education support and mental health services (Maschi, Smith Hatcher, Schwalbe, & Rosato, 2008). Recent public discussion has highlighted the need for consideration to be given to how the well-being of the most vulnerable children and young people can be enhanced (Office of the Children's Commissioner, 2015). This discussion brings into focus the idea that vulnerable youth need to be able to access services, as a particular set of resources, to support them to achieve a successful transition into adulthood (Aaltonen, 2013). There is ongoing debate about how involvement with multiple services actually supports vulnerable youth to mitigate risks in their lives and successfully navigate their transition into adulthood. Some studies (see, for instance, Ungar, Liebenberg, Dudding, Armstrong, & van de Vijver, 2013) have identified that the quality of service provision, rather than the quantity of services, is more important in shaping outcomes for youth, and that increased service use may not actually substantively reduce the risks that young people face.

Studies such as these indicate that the way in which services are delivered, including the way in which they support young people's engagement in interventions, is an important factor in supporting youth who are multiple service users to access the resources they need to mitigate risks in their lives.

This article draws on the findings of a qualitative study which sought to add to the knowledge about what constitutes positive service engagement for vulnerable youth. This research focused on building an understanding of young people's perspectives on their service experiences. The study answers the question: What is the process by which young people become successfully engaged with services? The youth had complex needs and, as a consequence, had been users of multiple services from a young age. There are numerous studies examining young people's engagement with services; however, few studies examine the experiences of young people across multiple service domains. The article begins with an overview of the relevant literature regarding young people's engagement with services and a discussion of the theoretical concepts that informed the study. It then provides an outline of the methodology utilised in the qualitative study, and then moves to a discussion of the key findings from the study. The article concludes with a discussion of the implications for practice.

Young people's engagement with services

Engagement with services is an important way of boosting the resilience resources around vulnerable young people; services provide a set of resources which can help young people to mediate risk in their lives. Researchers have identified the factors which influence young people's engagement with services; that is, what facilitates or inhibits service engagement. Young people's initial experiences in becoming involved with services have the potential to influence their long-term engagement with the service; for example, when services are perceived by young people as being welcoming, empowering and respectful, they are more likely to remain engaged with the service (French, Reardon, & Smith, 2003). As Prior and Mason (2010, p. 12) note:

> 'Engagement' suggests a set of objectives around developing young people's personal motivation and commitment to involvement in activities. It implies that passive involvement is not enough.

Researchers have identified that relationships between clients and practitioners are the cornerstone of effective practice (Ruch, 2005). With regard to vulnerable youth, the relationships they are able to form with their service providers and the perceptions they have about the services they access, will contribute to either facilitating or hindering service engagement. Relationships which are empowering, authentic and respectful, and where young people feel safe and supported, have been found to facilitate young people's positive engagement with services (McLeod, 2007). A key focus for practitioners is ensuring that relationships with service providers do not replicate the power imbalances that exist between young people and adults who have not kept them safe and who have let them down; instead, these relationships should seek to offer young people the freedom to safely share their experiences and reflections in their own words (French et al., 2003).

When considering young people's engagement with services within the Aotearoa New Zealand context it is important to consider issues surrounding cultural identity and belonging. The principles of Te Tiriti o Waitangi (partnership, participation and protection) remind us of the importance of understanding young people's relationships within their iwi, hapu and whānau (Munford & Sanders, 2011). Of significance for this study are the high numbers of Māori young people in care (Office of the Children's Commissioner, 2015). The challenge for social workers is to ensure that services are culturally relevant and that whānau are active partners in decision-making about their young people. Effective services adopt social work models that draw on cultural beliefs and practices and support young people to remain connected with their whānau, hapu, and iwi, and to express their cultural identity in ways that are meaningful to them.

Also of significance in building an understanding of the nature of service engagement for vulnerable young people, is exploring the idea of agency including young people's ability to make sense of their circumstances and to have a voice in decisions that have impacted on their life circumstances. In thinking about agency, the idea of "bounded agency" (Evans, 2007, p. 92) is useful in understanding how young people's agency is tempered, but not fully controlled by social structures and their social positioning as "not adults" (Evans, 2007). Bounded agency recognises that youth exercise agency in defining and negotiating their lives and futures, but that their ability to do this is limited by their social, cultural, economic and political contexts (Aaltonen, 2013, p. 377; Evans, 2007, pp. 92–93). For young people who have faced significant and sustained challenges, such as prolonged exposure to abuse and neglect, violence, addictions, disengagement from education, and mental health issues, factors that limit their ability to exercise agency may be even more pronounced than for other youth who have experienced more normative transitions throughout their lives (Aaltonen, 2013; Munford & Sanders, 2015). Associated with these life experiences are also their experiences of services where these services have not always facilitated access to meaningful support and resources (Sanders & Munford, 2014a).

Young people's beliefs about what service provision might entail, their beliefs about whether they need help, and their views of service providers (for example, whether service providers are seen as friendly and accessible) have all been found to influence young people's decisions to engage with services (French et al., 2003; Jones, 2011). Research has indicated that factors such as stigma, labelling by diagnosis, coercion, assessments that young people felt were too quick to allow practitioners to develop a full understanding of what was happening for them, and a lack of personal control over service intervention options, all negatively impacted on their engagement with services (French et al., 2003). Moreover, given their circumstances, vulnerable young people may have little support to help them make sense of service delivery; such as service entry criteria, levels of entitlement, and the types of support that are available to them (Berzin, 2010, p. 493).

When vulnerable youth face barriers which inhibit their engagement with services, it may mean that they are unable to make a claim for services and receive the support they need. The quality of experiences young people have with services is central in boosting the resilience processes they have access to (Ungar et al., 2013). When young people are unable to locate services they perceive as empowering, respectful and relevant, their access to the supportive resources that services can provide (for example, emotional support; physical resources such as transport and housing; and supportive relationships with non-familial adults) is undermined. For many young people this becomes an entrenched pattern that compromises their ability to achieve well-being and to realize better outcomes.

On the other hand, when young people feel service providers are available, authentic, youth-focussed, respectful and trustworthy, they are more likely to engage with them. These factors align with positive youth development (PYD) approaches to service delivery (Lerner, Almerigi, Theokas, & Lerner, 2005). PYD approaches adopt the view that adolescence is a time of significant growth and potential, and view youth as resources to be developed, rather than as problems to be managed (Lerner et al., 2005,

p. 11; Sanders & Munford, 2014). In practice, services utilising PYD approaches work in ways that empower youth, actively involving them in decision-making and encouraging them to exercise their personal agency. Services utilising PYD approaches also work in ways that account for young people's wider circumstances such as their cultural identity, and family/whānau circumstances. It has been argued that such an approach to service delivery will enable youth to receive services that are respectful, empowering and well-attuned to their wider circumstances (Lerner et al., 2005). The ideas outlined here informed the design and focus of the current study.

The study

The purpose of the study was to investigate young people's experiences of becoming engaged with services and to understand the factors that influenced their engagement. It sought to answer the question: What is the process by which young people become successfully engaged with services? The study drew on qualitative interviews (*n*=109) with youth who were multiple service users. The interviews with the young people were collected for the Pathways to Resilience Project (the Pathways Study) between 2009 and 2013 (Sanders et al., 2013). The Pathways Study was a mixed-methods study that sought to understand the service experiences of young people (aged 13–17) who were using two or more services (child welfare, youth justice, education support and mental health) in five geographical locations.

The Pathways Study was approved by the Massey University Human Ethics Committee. Protocols ensured that research processes were sensitive and respectful, that young people were well informed about the study and gave their own written consent to participate in the research. Young people were recruited from services and, while these services gave permission for the researchers to contact young people, consent was sought directly from the young people. To protect anonymity and confidentiality, nominating organisations did not know who had given consent.

The qualitative interviews captured information about young people's life experiences, including experiences of family/whānau, school, community and services; relationships; exposure to risk and adversity; understanding of health and well-being; and their views on what did or what could assist them in addressing their challenges and achieving their goals (Sanders et al., 2013). Through thematically analysing these interviews, the study sought to develop an understanding of young people's experiences of service engagement. The study was informed by a social constructionist epistemology. Social constructionist thought prioritises the role of human agency and discourse in shaping the social world, and recognises that the experience of being is subjective (Berger & Luckman, 1966). Data analysis was underpinned by the social constructionist assumption that the youth held valid subjective interpretations of their experiences and their social world. This epistemological framework aligned with contemporary theories that inform social work practice with young people; these perspectives increasingly emphasise the importance of exploring and understanding the ways in which youth experience and mediate their social worlds (Aaltonen, 2013). Of importance was exploring with the young people their understanding of the individual, relational and contextual factors that had shaped their experiences, including their ability to exercise agency.

Inductive thematic analysis was used to analyse the data (Sanders et al., 2013). Initial themes were drawn from the interviews where youth explored issues such as: gaining access to services, their experiences across services (statutory and NGOs, voluntary and involuntary), experiences of meaningful support from services, and the role of family/whānau in service engagement. Through recursively moving between the raw data and emerging themes, a list of themes that reflected the lived realities of these young people was generated. Conceptual maps were developed in this process allowing exploration of the relationship between the themes and also the literature once the data had been analysed. The concept of "making a claim for services" emerged from the analysis as an explanatory device that captured the processes of service engagement.

The young people

Data from 109 youth were drawn on for the analysis presented in this article. The young people were aged between 13 and 17 years. Fifty-six (51.4%) were male, and 53 (48.6%) were female. A system of prioritised ethnicity was used to determine the ethnicity of the youth (Cormack & Robson, 2010). Young people could identify as many ethnicities as they felt accurately described their sense of cultural identity. Any youth who identified Māori as one of their ethnicities were classed as Māori. Young people who identified as having a Pacific identity were coded as Pacific youth, providing they did not also identify as Māori. Young people who did not identify Māori or Pacific ethnicities but who did identify Pākehā or other Western European identities were classified as Pākehā. Young people who identified any other ethnicity were classified as being of "other" ethnicity. Sixty-three youth (57.8%) identified as Māori; 28 (25.7%) as Pacific; 14 (12.8%) as Pākehā, and four (3.7%) identified as other ethnicity.

The young people were involved with two or more services across the service spectrum (i.e. child welfare, youth justice, alternative and specialised education, and mental health services). A total of 70 young people (64.8%) were involved with child welfare services; 72 (66.7%) were involved with youth justice; 95 (88%) were involved with education services; and 68 (63%) were involved with mental health services.

Findings: Making a claim for services

The concept of making a claim for services emerged in the data analysis process as a heuristic device which explained young people's experiences of engaging with services. Making a claim for services was identified as a critical first step in a process of successful engagement with services. Service engagement involved an ongoing, interactive process between clients and service providers of developing an understanding of client needs, what services could offer, and what a meaningful and relevant service response entailed. Regardless of whether service involvement was voluntary or involuntary, the youth sought to maintain a sense of control over their engagement with services. They sought to have meaningful connections with their social workers and they wanted their views and concerns to be heard and to be involved in decisions about interventions and service delivery. Making a claim for services comprised three essential elements which interacted to shape young people's service engagement:

- young people's needs and service entry criteria;
- personal agency; and
- relevant and meaningful service responses.

This section considers each of these three elements of making a claim for services, using quotations from the young people's interviews to illustrate key points. All identifying information within the quotations has been changed, and pseudonyms have been used to protect the privacy of the young people.

Young people's needs and service entry criteria

Services in Aotearoa New Zealand operate within the context of a number of legislative and policy frameworks. These frameworks determine factors such as client eligibility for particular services, and the ways in which services can be provided to clients.

Successful claims for services required that services could intervene within their mandate. Young people had to be able to communicate their needs to service providers. This required service providers to be receptive to young people's attempts to communicate their needs and to form relationships with young people that enabled them to feel empowered, respected and listened to.

Many of the young people reported challenges in communicating their needs to service providers. Without a clear understanding of young people's needs, service providers could not intervene in ways that supported the young person. In order to support young people to communicate their needs, service providers needed to be open to the different ways in which young people may attempt to let them know that they needed help and support. A large number of the young people used their behaviour to show adults in their lives that they needed support, as Byron captured below:

> *I guess I started misbehaving [at school], started being a dick to my teacher, coz of all the home problems and shit. I guess I just took it out on everybody else.* (Byron, 15 years)

When service providers were not receptive to young people's attempts to communicate their needs, the young people took from this response that services could not provide the support they needed which meant opportunities for early intervention were missed. This was illustrated by Armani and Renee in the following quotations:

> *They [service providers] can help me, but I knew they couldn't help me in the way that I wanted... I asked [them] to put me in rehab... And they reckoned they were sorting it out but it never happened.* (Armani, 15 years)

> *We were telling [child welfare services] for ages that we were getting abused, until we moved ourselves. Like we didn't go through the lawyers and that, we just packed our bags and just moved. They [child welfare services] were like, "oh, why did you move?" and we were like, "we've been trying to tell you."* (Renee, 15 years)

In order to make a successful claim for services, young people's needs had to meet service entry criteria. However, service providers needed to be open to how young people communicated their needs and this involved drawing upon the expertise of young people in developing an understanding of their needs. Byron's spoke of how his social worker listened to him and supported him to identify his needs and to develop a plan to meet these needs and achieve his goals. As a consequence he felt valued and this, in turn, had a positive impact on his engagement with services:

> *Ruth [youth justice social worker] was talking about, "so what do you want to do with your life?" and I was like, "well, I don't want to be a loser. I want to be [a famous person]." And I thought she would just take it as a joke and be like, "nah, you're a loser, you're never going to get anywhere" like all the other [service providers and school staff] had. But she was like, "so do you want to go back to school?" And I was like, "yeah, but no school will accept me". She was like "no, I think we can arrange that." And within two weeks she got me enrolled in school. I was rapt.* (Byron, 15 years)

Byron's story represents those of many of the young people in the study who reported that they wanted service providers to see them as a whole person, and view their challenges in the context of their personal histories. For example, Kaitlyn (15 years) explained that she distrusted workers who did not understand her "back story". For young people like Byron and Kaitlyn, the challenges for which they were referred to services stemmed from deeper issues at home or within their community, such as chronic neglect and abuse. The young people wanted service providers to understand the impact of these experiences when they were establishing ways they could intervene to help the young people. As Kaitlyn expressed, these experiences made you angry. Young people who had similar experiences to Kaitlyn put up barriers and pushed workers away. These young people were actually asking for someone to listen to them and respond to their issues. Service providers had to find a way through these barriers and this required them to be flexible in the strategies they used to engage with young people.

Personal agency

Successful claim-making required opportunities for young people to exercise their agency and have a sense of control about their engagement with services; there had to be opportunities for youth to be partners in the interventions that were offered even if service involvement was mandated, for example, youth justice custodial sentences. This could be achieved through youth participating in decision-making, for example through Family Group Conferences (FGCs). The active involvement of clients as partners in service interventions is important because clients hold important expertise regarding what will work in their lives and, ultimately, it is they who will make changes (Ruch, 2005). Relationships with workers were central in empowering young people to exercise their personal agency and participate in decision-making processes.

The desire to exercise agency over their involvement with services was pervasive across the young people's interviews. Due to the "bounded" nature of young people's agency (Evans, 2007, p. 92), young people required support to exercise their agency in positive ways. Natasha's experiences illustrate this. Natasha had been involved with child welfare services since she was 10, and had repeatedly run away from her placements. When Natasha was 16, a new social worker involved her in planning for her independence. Natasha explained the impact this had:

> *I never had a plan. I was running away for the hell of it. I've only been stable for like the last six months ... Coz now I have a plan, I have a goal, something to work towards. And now that I've got that, I feel so much better coz I don't have to wonder why I'm not getting anywhere.* (Natasha, 16 years)

In addition to having positive relationships with service providers that enabled them to participate in decision-making about their service involvement, young people reported that they wanted to retain a sense of control over their engagement with services. Many of the young people were supported to do this, for example when service providers asked them about their hopes and goals, and planned interventions around these. However, some of the young people felt that they were not listened to and that service providers were unable to adequately respond to their needs. These young people sought control over their engagement in other ways, for example, by refusing to talk to service providers about what they were experiencing or by behaving in ways that were challenging for workers to manage. Chelsea explained how she sought to reclaim control over her engagement with service providers after a series of episodic interventions that did not address the underlying issues with her family/whānau that were affecting her behaviour:

> *They [youth justice services] didn't know what to do with me. So it was like, oh she keeps offending, okay, we'll send her to counselling, we'll put her on a drug and alcohol course. We'll do what we did with all the others. I would pull out, sometimes I'd be like "no, I'm not talking to you, I want a different worker"… It's a pretty immature thing. I was kind of like stirring with them. Just kind of going, I won't see both sides.* (Chelsea, 16 years)

Young people like Chelsea found that one way they could be in control of their service engagement was to behave in challenging ways that pushed their workers to find new ways of engaging with them. In contrast to this, some of the young people shared experiences of being supported to retain control over their service engagement, even when they did not have a choice about actually being involved with the service. For example, Mel was involved with a drug and alcohol counsellor as part of a Court Order:

> *She'd [counsellor] just take me out for just a normal day, yeah. She'd take me to the mall or to get a munch or something or just drive around and talk… It just gave me heaps of time to open up, yeah and she wasn't pushy… Coz she wanted to get to know me before I started saying stuff.* (Mel, 15 years)

The desire to retain control over their engagement with services and to exercise their agency in their interactions with service providers was pervasive across the young people's interviews. Even when the young people had mandated involvement with services (for example, youth justice services), they sought control over their engagement, for example, by behaving in ways that gained the attention of workers. Strong, positive relationships with service providers were important in empowering young people to engage with services at their own pace and in encouraging them to participate in decision-making. This helped young people to feel a sense of control over their engagement with services and helped them to feel confident to seek the particular interventions they felt would meet their needs.

Relevant and meaningful service responses

When young people were able to communicate their needs to service providers and exercise personal agency in their engagement with them, they were able to negotiate access to relevant and meaningful services. This third element of successful claim-making reflected that young people had created a shared understanding of their needs with service providers. Getting the right help at the right time was important to the young people. However, a service response which was relevant to the young person's needs and meaningful within their wider circumstances (including their cultural context and beliefs) could not be activated if the first two elements of making a claim for services (communicating needs and exercising personal agency) were not achieved.

Many of the young people reflected on the importance of service providers understanding their needs. Jake and Natasha shared the following reflections about what makes a good worker:

> *Somebody who understands your needs.* (Jake, 17 years)

> *Ones that can connect with you… You just have to be able to talk to them about anything, coz if you can't talk to them they're no good to you.* (Natasha, 16 years)

The idea of a worker understanding young people's needs was central to their ability to make a successful claim for services. Young people wanted to feel that their workers "heard" them and understood their perspective. Many of the youth reported that their needs changed regularly; they lived in unstable environments and had volatile relationships with people in their daily lives. While these young people tried hard to build a shared understanding of their needs with service providers, many felt that the workers did not understand the consequences of their decisions, such as plans not being followed through. This was illustrated by Zane's experiences of involvement with child welfare services where he experienced inconsistent service responses:

> *Every time something would happen, they would put me in a house and everything would go sweet, then someone will say something or something will happen and boom, they shut down part of the plan. The only part that's keeping me going, the only bit that's wanting me to stay good.* (Zane, 15 years)

When young people like Zane experienced their plans being changed regularly (the thing that kept him hopeful), without their input, they felt disempowered and felt that their social workers did not understand them and their circumstances. Being let down yet again exacerbated their feelings of distrust of adults and of services. Other young people reflected that their service involvement was irrelevant to them and did not meet their needs as workers did not really understand their underlying challenges; for example, workers not understanding the impact of unstable living environments. This situation would cause other disruptions for young people such as disruption to school attendance as they tried to manage the challenging issues at home. As time passed for them, other young people became despondent about whether things would change; they felt that there was no point in them continuing to behave in ways that met service providers' expectations, as they had no goals that they wanted to achieve or believed they could actually achieve.

As well as wanting service providers to understand their needs, young people wanted social workers to help them understand why they could not always receive the support that they asked for; they wanted to understand service providers' rationale for the decisions they made. This was illustrated by Tama:

> *They [social workers] were straight up, instead of trying to do the "I will see," it was "nah you can't do that so," and I said "oh all good" instead of trying to lie to you and keep your hopes up waiting for ages and it's not even gonna happen. That's what I liked about them, they're straight up.* (Tama, 16 years)

For young people like Tama, it was important that social workers not only understood their needs, but helped them to understand how service providers were constrained in the decisions they could make and the resources they could provide to youth. Young people appreciated this honesty and social workers being "straight up" with them as this enabled them to establish positive relationships with trusted adults, something that had been missing for many of the young people in this study. The social workers who made a difference were committed to working with young people to find relevant services and to supporting these young people to remain engaged with interventions that had the potential to create meaningful and positive change for these young people.

Discussion: Practice implications

The findings from this study offered a number of insights into the ways in which young people made a claim for services and the ways in which service providers can support young people to positively engage with services. Whether their involvement with services was voluntary or mandated, young people wanted to be actively involved in determining what support they needed, and in shaping how that support was delivered to them. In making a claim for services, young people needed to learn how to communicate their needs in ways that service providers understood as help-seeking. Youth also required opportunities to exercise their agency, through being supported to participate in decision-making and retain a sense of control over their involvement with services. Finally, young people and service providers had to build a shared understanding of their needs so that relevant and meaningful services could be put in place.

Young people appreciated those service providers who were willing to support them to be active partners in their engagement with services. Service providers needed to listen carefully to young people's efforts to communicate their needs, involve them in decisions, and work to build a shared understanding of young people's needs and their wider circumstances and the ways in which services could meet those needs. Engagement was not static for the young people; rather, they experienced times when they were more engaged and less engaged with services. It was important that service providers recognised engagement as an ongoing process rather than a singular event, and made the effort to connect with young people throughout the challenges they faced.

An early assessment of needs and risks is an initial step in service providers' interactions with clients. Identification of needs provides practitioners with a foundation upon which they can base their future work with clients (Coulshed & Orme, 2006). The needs of the young people in this study were complex, and often went beyond the initial issue that they presented in their first contact with services. For example, a number of young people were referred to services for behavioural challenges; however, their behaviour was influenced by a wide range of challenges at home or at school, and that resolving these challenges would be more supportive for them than a narrow focus on their behaviour alone. Suspending judgement and taking the time to explore the wider factors influencing young people's behaviours and lives may be challenging for practitioners, many of whom may have limited time to spend with individual young people.

However, the experiences of the young people in this study underscore the importance of constructing young people as deserving of the time and attention it takes to understand their perspectives of what they need (Aaltonen, 2013). It was important that service providers were receptive to young people's efforts to communicate their needs. It is well recognised that relationships between social workers and young people are fundamental in supporting young people to engage with a service and that open, supportive relationships between practitioners and young people are the foundation of effective communication (McLeod, 2007). The same was true for the young people in this study. However, the challenges the young people in this study faced in communicating their needs and forming relationships with service providers suggests that this is an aspect of practice which could benefit from further attention.

Many of the young people did not have a choice regarding service involvement in their lives. Some were involved with child welfare services due to concerns about their care and well-being, or were involved with youth justice services as a result of offending. Others required mandatory support from mental health services due to concerns about self-harm or alcohol and drug misuse. Some young people were also required to attend alternative education services after being excluded from school, or required support from specialised education services throughout their schooling. Even when the young people were not voluntarily involved with services, they wanted to have some control over their engagement. They wanted meaningful connections with their social workers and other workers, such as tutors and youth workers, and wanted their views and concerns to be seen as important when decisions were being made. Relationships that empower young people to be active participants in interventions, and allow them to retain a sense of control over their involvement with service providers have been observed to have a positive impact on young people's engagement with services (Jones, 2011; McLeod, 2007). It has been suggested by various authors (for example, McLeod, 2007) that relationships between vulnerable youth and service providers should be egalitarian, empowering, and enduring, and that service providers should be seen by young people as accessible and available. This is supported by the findings of this study; the young people who had relationships with their service providers where they were empowered to exercise their agency, involved as partners in the interventions, and which were long-lasting, had more positive experiences of engaging with services.

This study has shown that it is important to recognise the substantial risks and challenges young people who are multiple service users face in navigating a safe pathway through adolescence and into adulthood. It is fundamental for those who work with vulnerable young people to form supportive, trusting relationships with these youth. Service providers were key people in the life stories of these young people. Young people responded positively to service providers who connected with them, gave their concerns and hopes consideration in decisions about interventions, respected their cultural beliefs and supported them to exercise their agency in their involvement with services. This aligns with other research on working with vulnerable young people (for example, Aaltonen, 2013; French et al., 2013) and indicates an ongoing need for practitioners to involve vulnerable young people in decision-making and planning for interventions.

Limitations

The findings reported on in this article were drawn from one qualitative interview with young people and capture their perspectives at one point in time.

Conclusion

The findings in this study have implications for practice with young people who have experienced adversity over their lifetime. It reinforces important roles for social workers in forming meaningful and authentic relationships with young people. What was evident from the experiences of the young people in this study was that their engagement with services is an ongoing, dynamic and complex process. The concept of making a claim for services was shown to provide a useful heuristic device for conceptualising young people's engagement with services highlighting three important aspects of this engagement: young people's needs and service entry criteria, personal agency, and relevant and meaningful service responses. The findings indicated that effective services are socially and culturally relevant. Practitioners who make a positive difference for young people are open to the different ways in which young people express their needs; these practitioners support young people to participate as active partners in the interventions that are offered. When services work well, young people are involved with decision-making processes, and communication between service providers and young people is open and honest. Importantly, when resources and interventions are relevant to young people's needs as they are understood by the young people, it is more likely that young people will successfully engage in services and that positive change will be achieved.

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References

Aaltonen, S. (2013). "Trying to push things through": Forms and bounds of agency in transitions of school-age young people. *Journal of Youth Studies, 16*(3), 375–390.

Berger, P., & Luckmann, T. (1966). *The social construction of reality: A treatise in the sociology of knowledge.* Harmondsworth, Middlesex, UK: Penguin.

Berzin, S. (2010). Vulnerability in the transition to adulthood: Defining risk based on youth profiles. *Children and Youth Services Review, 32*, 487–495.

Cormack, D., & Robson, C. (2010). *Classification and output of multiple ethnicities: Issues for monitoring Māori health.* Wellington, NZ: Te Rōpū Rangahau Hauora a Eru Pōmare.

Coulshed, V., & Orme, J. (2006). *Social work practice: An introduction* (4th ed.). London, UK: Palgrave Macmillan.

Evans, K. (2007). Concepts of bounded agency in education, work and the personal lives of young adults. *International Journal of Psychology, 42*(2), 85–93.

French, R., Reardon, M., & Smith, P. (2003). Engaging with a mental health service: Perspectives of at-risk youth. *Child and Adolescent Social Work, 20*(6), 529–548.

Jones, J. (2011). Narratives of student engagement in an alternative learning context. *Journal of Education for Students Placed at Risk*, *16*(3), 219–236.

Lerner, R., Almerigi, J., Theokas, C., & Lerner, J. (2005). Positive youth development: A view of the issues. *Journal of Early Adolescence, 25*(1), 10–16.

Maschi, T., Smith Hatcher, S., Schwalbe, C., & Rosato, N. (2008). Mapping the social service pathways of youth to and through the juvenile justice system. *Child and Youth Services Review, 30*(12), 1376–1385.

McLeod, A. (2007). Whose agenda? Issues of power and relationship when listening to looked-after young people. *Child and Family Social Work, 12*, 278–286.

Munford, R., & Sanders, J. (2011). Embracing the diversity of practice: Indigenous knowledge and mainstream social work practice. *Journal of Social Work Practice, 25*(1), 63–77.

Munford, R., & Sanders, J. (2015). Negotiating and constructing identity: Social work with young people who experience adversity. *British Journal of Social Work, 45*(5), 1564–1580.

Office of the Children's Commissioner. (2015). *State of care 2015*. Wellington, NZ: Author.

Prior, D., & Mason, P. (2010). A different kind of evidence? Looking for "what works" in engaging young offenders. *Youth Justice, 10*(3), 211–226.

Ruch, G. (2005). Relationship-based practice and reflective practice: Holistic approaches to contemporary child care social work. *Child and Family Social Work, 10*(2), 111-123.

Sanders, J., Munford, R., Thimasarn-Anwar, T., Liebenberg, L., Ungar, M., Osborne, A-M., … Urry, Y. (2013). *Methodological overview—The Pathways to Resilience Study.* Palmerston North, New Zealand: Massey University.

Sanders, J., & Munford, R. (2014b). Youth-centred practice: Positive youth development practices and pathways to better outcomes for vulnerable youth. *Children and Youth Services Review, 46*, 160–167.

Sanders, J., Munford, R., Liebenberg, L., & Ungar, M. (2014a). Multiple service quality: The impact of consistency in service quality for vulnerable youth. Child Abuse and Neglect, 38(4), 687-697

Ungar, M., Liebenberg, L., Dudding, P., Armstrong, M., & van de Vijver, F. (2013). Patterns of service use, individual and contextual risk factors, and resilience among adolescents using multiple psychosocial services. *Child Abuse and Neglect, 37*, 150–159.

ORIGINAL ARTICLE
QUALITATIVE RESEARCH

Counselling in social work: A legitimate role?

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ABSTRACT

INTRODUCTION: Social work roles can sometimes be considered to sit on a continuum between a community work/social change perspective and a therapeutic work perspective. One perspective could be preferred above the other, at a particular time and in a particular context, or both perspectives could be supported. This article explores the legitimate function of counselling in social work in Aotearoa New Zealand.

METHODS: Data were obtained sequentially through 16 in-depth interviews and four focus groups in a qualitative PhD study. The respondents were practising social workers from various ethnicities and fields of practice represented in Aotearoa New Zealand. Both the interview and focus group data were analysed using a general inductive and thematic data analysis method.

FINDINGS: The data demonstrate a relationship between counselling and social work, that social workers regularly use counselling skills and that social workers have a need to develop their clinical skills. Rigid boundaries between the two professions can have adverse effects for clients at times when multi-skilled professionals are needed; participants in this study are calling for ethicality and accountability in this regard.

CONCLUSION: The findings from the data confirm the legitimacy of counselling in social work and have implications for social work practice, education, and continued professional development.

KEYWORDS: counselling, social work, therapeutic social work, clinical social work, micro skills, casework

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The role of counselling in social work practice has sometimes been contentious. Roles within social work have often been presented along a continuum and, in many countries, social work has evolved favouring either a community work/social change perspective or a therapeutic work perspective. More recently, there has been an apparent shift towards supporting both perspectives in social work practice (Connolly & Harms, 2009, 2011, 2013; Healy, 2012; Maidment & Egan, 2009; Payne, 2014; Staniforth, 2010a; Staniforth, Fouché, & O'Brien 2011).

In describing this *both/and* stance Connolly and Harms (2013) point out that this aspect is characteristic of social work: "A distinguishing feature of social work as one of the 'helping professions' is the emphasis on *micro* and *macro change* [emphasis in original]" (p. 14). Healy (2012) affirms that micro (work with individuals), mezzo (work with families and groups) and macro (community, policy, and organisational change work) practice are all part of professional social work practice. The commentary notes on the 2014 Global Definition of Social Work, regarding core mandates, state that social work intervention responds to the need of the individual, family, group, community, or society. In relation to social work practice, these notes further include, “Social work practice spans a range of activities including various forms of therapy and counseling, group work, and community work; policy formulation and analysis; and advocacy and political interventions” (IFSW, 2014, para. 15). Connolly and Harms (2013) moreover, note that social workers will choose their area of practice according to their interest, skills, and values.

This article aims to highlight counselling in social work in Aotearoa New Zealand as a legitimate function of social work. This is done through a review of previous literature and presenting data obtained from qualitative interviews and focus groups with practising social workers in Aotearoa New Zealand.

Literature

Counselling skills in social work

The debate regarding the legitimacy of counselling in social work is certainly not a new one. Younghusband (1981) refers to tensions in this regard as early as the 1900s and Brearley (1995) writes that she recalls controversy around this aspect when the term *counselling* (in contrast to *casework*) became more widely used in social work in Britain in the mid-1960s.

Payne (2014) and Dominelli (2009) have, in their quest to define the role of social workers, categorised three main types of social work. Payne identified empowerment, problem solving, and social change and Dominelli identified maintenance, therapeutic, and emancipatory. Both authors have indicated therapeutic work (to effect change) with individuals or families, as one of the key aspects of the social work role. Asquith, Clark, and Waterhouse (2005) summarised the main roles in social work. They identified these roles as counsellor or caseworker, advocate, partner, assessor of risk and of need, care manager, and agent of social control. Hence, they also listed counselling work as one of the main parts of the social worker’s role and referred to assisting clients in achieving change as a key social work task.

The literature supports the legitimacy of counselling as a function of social work practice and numerous textbooks specifically teaching counselling skills for social workers, are available (Brandell, 2014; Miller, 2012; Riggall, 2012; Seden, 2005). These authors have all written about, and underlined the importance of, counselling competence and proficiency in social work practice. Hill, Ford, and Meadows (1990), for instance, have argued for the importance of counselling as a social work component and stressed the significance of social workers having adequate training and confidence in this regard. And Seden (1999, 2005), who advocates for counselling skill in social work practice, highlights the many circumstances and functions in social work practice that necessitate the use of counselling skills. “Counselling skills can underpin and permeate all key social work activities: assessing, acting, planning, advocating, working in organizations and developing competence to practice” (Seden, 2005, p 157).

Seden (2005) emphasises that social workers need some counselling skills to competently communicate and skilfully engage with clients. She further underlines that communication is a critical social work skill, employed in the shared understanding of thoughts, emotions, beliefs, and aspirations and in the process of facilitating goal attainment and change. Maidment and Egan (2016) describe micro skills as verbal and non-verbal communication techniques used in communication with others. These authors developed a framework for practice with individuals, families, and groups. The micro skills related to this framework are: listening, responding, using empathy, summarising, questioning, conciliation, validating, transfer, reflecting, paraphrasing, using silence, assertiveness, goal-setting, interpreting, externalising, verbal and non-verbal cues, clarifying, negotiation, prioritising, normalising, challenging, universalising, conflict management, affirming, using immediacy, boundary-setting, confronting and recording (p. 8). Beddoe and Maidment (2009) believe that social work practitioners should be able to use basic micro skills appropriately in practice once they have completed their social work qualification.

Still, depending on the contextual factors, the focus of social work may differ over time and from place to place (IFSW, 2014). Payne (2014) points out that social work is socially constructed. Therefore, social work, and the counselling component therein, have developed in a particular manner through particular influential aspects in Aotearoa New Zealand over time.

The Aotearoa New Zealand context

The modern profession of social work in Aotearoa New Zealand developed late compared to countries like the USA and the UK where professional social work appeared around the middle of the 1800s (McDonald, 1998). The first social work education programme in Aotearoa New Zealand was established at Victoria University in 1949 and Victoria continued to be the main social work education provider until 1976 (Nash, 1998).

Social work education influenced the development of the role of counselling in social work in Aotearoa New Zealand. In the early years of the Victoria programme, there was a significant focus on a therapeutically orientated approach to social work (McCreary, 1971; Nash, 1998). In 1976, social work programmes began at both Massey University and the University of Canterbury. The Canterbury programme had a strong clinical focus from the start and the Massey programme started with a balanced community and therapeutic orientation (Staniforth, 2010b). The clinical–community balance has evolved differently over time as further social work programmes developed.

Social work in Aotearoa New Zealand occurs through a bicultural framework and commitment, so any counselling done within social work in this country must acknowledge this. Counselling has often been perceived as a Western construct, and in some areas may not appear consistent with Māori values, for example, a focus on the individual (as is often seen in counselling), may be opposed to Māori collective values (Durie, 1985; Durie & Hermansson, 1990). Western counselling frameworks have often not been seen by Māori as beneficial to their communities (Walsh-Tapiata, 2004). Subsequently, there are some Māori and culturally relevant counselling or therapeutic frameworks and models developed that have contributed to the counselling component in social work as well as to the profession of counselling (Durie, 2003; Rochford, 2004).

There is limited research available regarding counselling in social work in Aotearoa New Zealand. In a random telephone survey exploring the public's perception of social work and social workers in Aotearoa New Zealand, one of the findings in this study was that 89.6 % (n=343 of 383 responses to this question) of respondents believed that social workers "did counselling with people" (Staniforth, Fouché, & Beddoe, 2014, p. 55). Apart from this, two separate Aotearoa New Zealand based studies have confirmed that many social workers in Aotearoa New Zealand experience counselling as a significant part of their social work role (Munford, 2000; Staniforth, 2010a). The Munford (2000) study found an overlap between social work and counselling skills: "The study revealed that counselling and social work practice is closely related in terms of theoretical models, skill components, value assumptions and the personal and professional qualities of practitioners" (p. 18).

Staniforth's (2010a) doctoral research used a questionnaire to explore the ideas and practice of 404 social workers in Aotearoa New Zealand in relation to counselling in social work. Results within this study included that 33% of respondents had counselling within their job descriptions and 96% believed that counselling fell within the role of social work in many fields of practice. A combined 62.6 % of respondents indicated that they did *some* counselling through to the majority of their work as counselling, while 30.8% stated that they used counselling skills in their work, but did not *do* counselling. Only 6.6% indicated that they did not do any counselling in their jobs. This study also found grounds for a collaborative and strength-based counselling orientation. Concepts like collaboration, inclusivity, respect, connection, and supporting people in their identity, strengths, and resources are all congruent with a strength-based orientation as well as with culturally appropriate practice (Munford & Sanders, 2011). Various authors have agreed that a strength-based orientation is consistent with culturally appropriate practice (Eketone, 2006; Munford & Sanders, 2011).

Methodology

Data for this article were obtained as part of a doctoral research project, which explored the question: "What are the core contextual considerations and practice components that are vital in developing and producing a practice framework for strength-based counselling in social work practice in the Aotearoa New Zealand context?" This research project obtained approval from the University of Auckland's Human Participants Ethics Committee.

Using in-depth interviews, the researcher (Booysen) explored the experience and knowledge of key stakeholders in a two-phase study. In the first phase, 16 interviews were conducted, throughout the second half of 2014, with social work practitioners from various ethnicities and fields of practice who indicated expertise in strength-based counselling (only 15 returned their transcripts with permission for the data to be used). In consultation with research supervisors, purposive sampling was used to identify potential participants who were invited to an interview. This sample was also expanded through the use of a snowball technique where interviewees were asked to identify others who might also fit the research criteria. Interviews were analysed using a general inductive and thematic data analysis method (Braun & Clarke, 2006; Thomas, 2006).

Following on from phase one, phase two of this study presented a draft practice framework for strength-based counselling (developed in phase one), to four focus groups. Participants were recruited through inviting the phase one participants, who had indicated that they would like to be involved in a focus group, and these participants were also encouraged to invite other eligible participants. The Aotearoa New Zealand Association of Social Work (ANZASW) was also approached to invite eligible members to participate. The focus groups were conducted in October and November of 2015. While the practice framework is still in development, several themes emerged in relation to practitioners' views on counselling in social work. These are the focus of this article.

Findings

Several themes emerged in relation to counselling in social work. Themes explored here are: relatedness between counselling and social work; social work practice requires counselling skills; developing counselling skills in social work; boundaries of the professions and the effect on the counselling role in social work; and becoming multi-skilled practitioners. Participant quotes from phase one and two are used to illustrate these themes and key stakeholder interview participants are identified in the data as P1–P15. Due to the nature of focus groups, it is not always possible to identify specific individual participants from focus group transcripts and therefore the focus group participants are identified according to the group they participated in, namely "F gr 1–4."

Relatedness between counselling and social work

Practitioners from both the interviews and focus groups discussed their views and experiences on the interrelationship between social work and counselling. Several participants indicated that they believed that the division between counselling and social work in practice is not rigid and they confirmed that there is an overlap in service delivery between social work and counselling. One participant who managed an agency employing social workers and counsellors, reported her experience in this regard:

> I think even sometimes people who are trained as counsellors and social workers themselves might have a few problems in making that very clear distinction because they do cross over incredibly …. I don't know maybe 70% of the types of things that you do are similar …. But when I used to listen to, or if we did a case study where the counsellors and the social workers were there working with say a particular person, a lot of what they would talk about would be the similar sorts of things they were trying to achieve. (P10)

Another participant spoke about the tension between counselling and social work and indicated, "That tension is about 'what's social work, what's community work, what's counselling?'" (P7). He continued to point out that the strength-based approaches in practice are a particular point of interrelatedness between counselling and social work: "So I think narrative, solution focused, strength-based ways of working are probably the models and essence of what brings counselling and social work together. They are compatible models" (P7).

Social work practice requires counselling skills

During the key stakeholder interviews and focus groups, participants from several different fields of practice described there being a counselling component, requiring considerable counselling skill, in their social work role. Participant P1 articulated her experience in this regard: "So referrals might not always be for counselling but really there is a whole lot of counselling that goes into social work." A number of the participants pointed out the necessity of using counselling skills in their healthcare roles. One participant stated that, even though one might have a social work role in the healthcare environment, "usually, with any health issues there comes lots of other stuff which requires the counselling side" (P3).

Other fields of practice were also mentioned. Social work with youth and children was a field in which participants indicated that counselling skills were required. One participant found that, in her casework role, she needed counselling skills for the children she worked with. "I was employed as a caseworker but I had … counselling kind of work with children .... So I wasn't trained as a counsellor but we used a lot of counselling tools and skills with children" (P12). Participant P10 referred to the practitioners in the justice system who utilise counselling skills in their role. And a participant from focus group 3 added that, even in most difficult situations, for example in statutory social work, counselling skills were relevant. She noted, "the counselling you can do even when the situations are difficult—it might be with Child Youth and Family uplifting a child. It doesn't mean that you can't provide some counselling."

Furthermore, another participant from focus group 3, a community-based healthcare practitioner, who described counselling in his practice as "part of our everyday mahi" found that his counselling skills helped him to work some of the *magic* needed in his role. He also believed that when issues arise in a meeting, that it is part of the practitioner's daily practice and ethical responsibility to the client to respond to these. He emphasised that "it is not ok [to say] 'we'll leave that for your counsellor'" in certain situations that require an adequate and immediate response from the practitioner. This participant further pointed out that a "window of opportunity" might be missed when the social worker does not have the skills or liberty to be able to respond to what arises for the client in that moment.

Developing counselling skills in social work

Several participants pointed out that the social work training that practitioners received, at different times and in different places, led to a workforce with varying degrees of counselling capability and varying need for further development. Practitioners who qualified overseas, for example, often experienced a different social change/therapeutic work balance in their study compared to some of their Aotearoa New Zealand qualified counterparts, as this participant indicated:

> My background training is from overseas. So I have noticed the difference because a social worker in Europe is a person that does therapeutic work while here [Aotearoa New Zealand] it is looked at less. And also, for my knowledge around social work training [in Aotearoa New Zealand] it [counselling skills] is a lesser component of it really. (F gr 2)

There are also practitioners who followed a different route pertaining to their qualification and practice experience. This participant described her journey:

> I started off my social work journey about 30 years ago in the UK and I trained over there. Before I trained as a psychiatric nurse because I had a mental health interest and then came over here and moved into the counselling side of social work, which I've been counselling with a bit of social work ever since. I went on to Massey to do my post grad diploma in counselling. (F gr 4)

Several participants indicated training at a time, and in a programme in Aotearoa New Zealand, when the training was based on task-focused social work with a small therapeutic component. One participant described her original social work training as well as her further professional development:

> I trained many years ago and social work training was very, very task focused and very assessment focused and the therapeutic component was probably very minimal. We did some kind of "helping conversations" type of training and there wasn't that sense of social workers being in a clinical role.… But, I really believe that over time we've kind of grown into a professional role that is different and it was way after I trained that I then started training in narrative therapy and CBT, and all the other opportunities that came my way that weren't part of the curriculum when I did my training. (F gr 2)

Many other participants also found that they needed to develop their counselling skills further after completing their initial social work qualification. This participant described his experience in practice that compelled him to develop his counselling skills:

> So 20 years ago I was managing a sex offender programme and had a four-year degree in social work. I'm not sure that training had given me the clinical and the therapeutic skills I needed. So I then, over four years, I completed a Master's programme in counselling. (P7)

He further pointed out that he believed it was unethical to expect practitioners to deliver a service to clients when they are under equipped for their task:

> I think we do need to be teaching people the micro skills of how they work with an individual, with a family, with couples. So it is about micro skills versus social policy broad analysis and we need to work in a way that integrates that. And if we are sending practitioners out without that set of skills, we are asking them to experiment with people … and that's probably unethical if you think about it. (P7)

Several practitioners either reported having obtained both social work and counselling qualifications or having done additional counselling papers, courses, or workshops. The participants found their dual qualification or additional counselling training valuable in their social work practice. The participant affirmed:

> I've been a social worker and I'm a counsellor as well and I've been doing that thirty years now and I've worked in refuge and prisons and sexual abuse agencies ... But I find it really valuable having both my degrees. (P6)

Boundaries of the professions and the effect on the counselling role in social work

There were participants who referred to their experience with practitioners from both the counselling and social work professions who appeared to be protective of the perceived boundaries of their professions. The earlier-quoted participant who managed an agency of social workers and counsellors relayed her experience in this regard:

> I noticed in that agency that counsellors were very protective of their roles and that social workers were very protective of their roles and that made it quite difficult at times when you were trying to work as a team... (P10)

Similarly, another participant who is a practice manager of a team of social workers and counsellors reflected on his experience and highlighted the uncertainty in regard to the boundaries of the social work and counselling professions that exists in practice. He described it becomes a territorial issue of "what should I do and what should I not do?" (F gr 2).

Participants also reported that social workers themselves are often hesitant to acknowledge their counselling role. One participant explained that she finds that many social workers "don't see themselves as providing counselling other than supportive counselling and they would actually defend that and be very clear that they are not counselling" (P8). She attributed this to people being careful not to imply that they are qualified as counsellors, but also thought that social workers see counselling as something separate from social work. She further noted that, even though social workers often deal with client trauma and use counselling skills in the intervention process, they would not identify this work as counselling.

A few participants added that other professionals, colleagues, and governing bodies are not always supportive of their counselling role and that this can contribute to practitioners feeling uncomfortable in acknowledging this aspect in their role. A participant revealed that it is his experience that "other agencies or professionals or registered bodies" deny the counselling role that social workers have and said, "I feel like I don't have the energy to explain" that "I did a unit or a paper on it [counselling], you just get on with it." He continued that it depends on who he talks to, as some people will simply reject the fact that he does counselling and concluded by saying "but we actually do [do counselling]" (F gr 3).

One participant cautioned that he found the rigid boundaries between the counselling and social work professions sometimes occur to the detriment of clients. He explained:

> In working with pretty marginalised people virtually all of my career …. I always have felt that it's a … very courageous step that people take, to even enter into encountering you as a professional. And so often they are adult weary because they've had poor experiences with adults in their life, and so we need to be very careful of introducing too many [practitioners] to them. (P13)

He continued that it is the norm, as a social worker, to refer people to a counselling service but emphasised that it may mean that a client could perhaps not make the transfer as they already have a connection and trust relationship with the social worker as opposed to the new helper:

> [I've thought about] separating things into different disciplines that can work perhaps when people have self-confidence, a strong identity. But if you are very marginalised, those things can be recipes for people dropping through the cracks when the referral is made. (P13)

Becoming multi-skilled practitioners

Participants reflected on the notion of there being less rigid boundaries between the professions and in this regard, the terms *social practitioners*, *integrated practitioner* and *multi-skilled* practitioners were proposed. One practitioner referred to "David Epston [who] once talked about having social practitioners." He liked that because to him it confirmed "there's something in between" the two professions (P7). The participant who cautioned earlier on rigid boundaries explained his thoughts on integrated practitioners:

> Social workers might truly take on board that they can be counsellors within [their role]. I have social workers, I have counsellors, I have educationalists, and I'm trying always to get all three of those disciplines to learn from each other. And to say "you might be the one point of contact with a family, you've got to try and bring in, even if you trained as a social worker, bring your counselling, bring what you've learnt from these other practitioners, bring it into your practice because then you are truly being an integrated practitioner." (P13)

A number of participants also spoke about their hopes and ideas regarding professional development opportunities for social workers in regard to developing their counselling skills and becoming multi-skilled practitioners. Some specifically suggested that they would like to see a counselling paper as part of social work study. Most participants simply emphasised that social workers need counselling skills and that they often have a need for additional counselling training. One participant from focus group 4 said, "social work programme training could do a whole heap more around counselling." And another expressed, "I'm really interested in this because I'm quite keen to develop that therapeutic side of my social work" (F gr 4).

A number of participants felt that a social work counselling model or framework could be helpful in the process of embracing the counselling component of social work and being multi-skilled practitioners in their practice. Some indicated that a model or framework could give recognition and validation to the counselling role in social work. For instance, a participant in focus group 3 noted, "To help social workers when they practise [that they] can stand proud and say 'yes we do do' [counselling], there is a counselling component, it is recognised." Another remarked that a model or framework could be helpful in dealing with "really serious issues like the death of a child, grief and loss, [and] trauma" (P2). And others spoke about the value of a model or framework that is particularly relevant to the Aotearoa New Zealand context.

Discussion and conclusions

While the original doctoral research project focussed on exploring the question, "What are the core contextual considerations and practice components that are vital in developing and producing a practice framework for strength-based counselling in social work practice in the Aotearoa New Zealand context?", data emerged on the legitimacy of counselling in social work. Social workers indicated that counselling plays a critical role in their practice and that they require counselling skills in their regular social work roles and activities across various fields of practice. This is consistent with findings from Staniforth (2010a) and Munford (2000).

The participants reported that there is a space in service delivery where social work and counselling overlap. The counselling component of social work and the counselling profession do not have dissimilar goals. Seden (2005) indicates that social workers need counselling skills in practice to develop competent and effective helping relationships where information and insights can be shared, and change and goal achievement can be facilitated. Whereas the definition of counselling as presented by the New Zealand Association of Counsellors (NZAC) states, "Counselling is the process of helping and supporting a person to resolve personal, social, or psychological challenges and difficulties" (NZAC, 2016, para. 1). Some fluidity between the roles and tasks of social workers and counsellors was indicated by participants in this study as well as there being some similar ways of working, for instance with strength-based approaches like solution-focused therapy and narrative therapy.

On the other hand, Seden (2005) and Munford (2000) both underline that the relationship between social work and counselling is complicated. Although the two professions share roots, theoretical frameworks, knowledge, practice skills, values and concepts, the boundaries between them are not all that clear. The participants reported a protectiveness and uncertainty surrounding the boundaries or perceived boundaries between the social work and counselling professions. They, furthermore, pointed out that the mixed messages about the legitimacy of counselling in social work contribute to uncertainty and ambiguity. Social workers are also often hesitant to acknowledge a counselling component in their role, as they are careful not to imply that they are qualified counsellors.

Notably, not all practitioners are equally well equipped with counselling skills and the social work workforce consists of practitioners with varying degrees of counselling skill capability due to people taking different qualifying routes, and qualifying in different places and at different times. Moreover, many social work practitioners indicated that they felt compelled to develop or further develop their clinical skills as they found that their basic social work qualification did not prepare them adequately in regard to the counselling skills needed in their role. Several participants in this study reported having undertaken additional workshops, papers, or courses to improve their counselling skills and a number completed both social work and counselling qualifications.

Continued professional development for supervisors is also indicated, as supervision would require social workers who do counselling to be supervised by supervisors who are qualified to do so. Although there is provision within SWRB policy for supervision to occur through others than social workers in certain cases, this would sometimes not be the first preference, and some social workers may then have to engage in supervision with a social worker as well as a clinical (counselling/therapeutic) supervisor.

These aspects point to an on-going need for initial or continued professional development in counselling training for social workers. There are potentially many different ways that training and professional development could be attained. Options indicated by participants were counselling training in undergraduate social work training programmes, a postgraduate qualification, and counselling training opportunities as further professional development for social workers. These are explored in depth elsewhere (Staniforth & Booysen, 2016).

Research participants in this research also indicated that the development of contextually appropriate models or frameworks would be helpful to recognise and validate counselling in social work and support practitioners. Contextually appropriate social work, including its counselling component, in Aotearoa New Zealand is committed to bicultural practice and the principles of the Treaty of Waitangi. The strength-based approaches, referred to earlier, like solution-focused therapy and narrative therapy, are aligned with culturally appropriate practice (Eketone, 2006; Munford & Sanders, 2011). Bertolino (2010) states that "cultural competence is a cornerstone of a strengths-based philosophy" (p. 46) and Jones-Smith (2014) affirms that culturally competent practice is a vital part of strength-based counselling. These are non-pathologising, respectful, and collaborative ways of working which adhere to the principles of socially just practice and lead practitioners to consider the social, economic, and political systems that disadvantage people (McCashen, 2010).

These are interesting times for counselling *and* social work, and counselling *within* social work. At this time there is no mandatory registration for either counsellors or social workers in Aotearoa New Zealand. This means that there is no absolute regulation regarding "who does what?", or "who can call themselves what?" There is also little clarity over competency of social workers doing counselling in Social Work Registration Board policies, with little guidance to be found in either social work competency standards (SWRB, 2016) or qualifying programme graduate profile requirements within the Process for Recognition/Re-Recognition of Social Work Qualifications in New Zealand policy guidelines (SWRB, 2013).

Social workers in this study indicated they do counselling. The scopes of practice are, however, not easy to delineate and mandatory registration may change that environment and bring clarity to what is required of practitioners regarding counselling skills, for example, clinical social work as in the USA which has a clear pathway. While this may provide greater clarity or endorsement of counselling as a legitimate skill within social work, there is also the possibility that it could bring greater rigidity or it could preclude this as a social work role. Rigid boundaries between the professions could, at times, be to the disadvantage of clients in that intervention opportunities could be missed and clients could be lost as they may not transfer in the referral process. A possibility of greater flexibility that came out of this research project was indicated with reference to terms like *social practitioners, integrated practitioners, and multi-skilled practitioners* referring to interdisciplinary and transdisciplinary practice. Silos are seldom erected to the advantage of people using social services.

This study was exploratory and the findings reported here cannot be generalised to other groups due to its small scale. A larger scale qualitative study may be beneficial to produce a generalisable result. To ensure competent service delivery, an exploration of the required social work practice competencies regarding the counselling component in social work as well as a study investigating best training options to meet these counselling practice competencies are recommended. It would also be advantageous to learn what the different schools of social work in Aotearoa New Zealand are currently teaching regarding counselling skills and how the professional boundary aspects are managed.

Increased attention to the legitimate role of counselling in social work would improve accountability and competence in this regard and serve both clients and practitioners. It is the hope of the authors that this article will contribute to support for, and acknowledgement of, social workers in their counselling activities and may further add to the debate around the legitimacy of counselling in social work.

References

Asquith, J., Clark, C., & Waterhouse, L. (2005). *The role of the social worker in the 21st century*. Retrieved from http://www.gov.scot/resource/doc/47121/0020821.pdf

Beddoe, E., & Maidment, J. (2009). *Mapping knowledge for social work practice: Critical intersections*. South Melbourne, VIC: Cengage Learning.

Bertolino, B. (2010). *Strengths-based engagement and practice: Creating effective helping relationships*. Boston, MA: Allyn & Bacon.

Brandell, J. (2014). *Essentials of clinical social work*. Thousand Oaks, CA: SAGE.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. http://dx.doi.org/10.1191/1478088706qp063oa

Brearley, J. (1995). *Counselling and social work*. Bristol, England: Open University Press.

Connolly, M., & Harms, L. (Eds.). (2009). *Social work: Contexts and practice* (2nd ed.). South Melbourne, VIC: Oxford University Press.

Connolly, M., & Harms, L. (Eds.). (2011). *Social work from theory to practice*. Cambridge, England: Cambridge University Press.

Connolly, M., & Harms, L. (Eds.). (2013). *Social work: Contexts and practice* (3rd ed.). South Melbourne, VIC: Oxford University Press.

Dominelli, L. (2009). Anti-oppressive practice: The challenges of the twenty-first century. In R. Adams, L. Dominelli, & M. Payne (Eds.), *Social work: Themes, issues and critical debates* (3rd ed., pp. 49–64). Basingstoke, England: Palgrave Macmillan.

Durie, M. (1985) *Counselling Māori people*. Paper presented at the New Zealand Counselling and Guidance Association Hui, Tu Tangata Urban Marae, Palmerston North.

Durie, M. (2003). Paiheretia: An integrated approach to counselling. In *Nga kahui pou: Launching Māori futures* (pp. ??–??). Wellington, NZ: Huia.

Durie, M., & Hermansson, G. (1990). Counselling Māori people in New Zealand Aotearoa. *International Journal for the Advancement of Counselling, 13*(2), 107–118. http://dx.doi.org/10.1007/BF00115706

Eketone, A. (2006). Tapuwae: A vehicle for community change. *Community Development Journal,* 41(4), 467–480. Retrieved from http://dx.doi.org/10.1093/cdj/bsl028

Healy, K. (2012). *Social work methods and skills: The essential foundations of practice*. Houndmills, England: Palgrave Macmillan.

Hill, M., Ford, J., & Meadows, F. (1990). The place of counselling in social work. *Practice,* 4(3), 156–172. http://dx.doi.org/10.1080/09503159008416892

International Federation of Social Work. (2014). Definition of social work. Retrieved from http://ifsw.org/get-involved/global-definition-of-social-work/

Jones-Smith, E. (2014). *Strengths-based therapy: Connecting theory, practice, and skills*. Thousand Oaks, CA: SAGE.

Maidment, J., & Egan, R. (Eds.) (2009). *Practice skills in social work and welfare: More than just common sense* (2nd ed.). Crows Nest, NSW: Allen & Unwin.

Maidment, J., & Egan, R. (Eds.). (2016). *Practice skills in social work & welfare: More than just common sense* (3rd ed.). Crows Nest, NSW: Allen & Unwin.

McCashen, W. (2010). *The strengths approach: A strengths-based resource for sharing power and creating change.* Bendigo, VIC: St Luke's Innovative Resources.

McCreary, J. (1971). The School of Science: Part one—The Martians. *The New Zealand Social Worker*, 7(1), 9–17.

McDonald, D. (1998). *Social work in Aotearoa New Zealand: An introduction*. Auckland, A/NZ: Addison Wesley Longman.

Miller, L. (2012). *Counselling skills for social work* (2nd ed.). Los Angeles, CA: SAGE.

Munford, G. (2000). *Counselling and social work perspectives*. Unpublished Research Project, Massey University, Palmerston North, New Zealand.

Munford, R., & Sanders, J. (2011). Embracing the diversity of practice: Indigenous knowledge and mainstream social work practice. *Journal of Social Work Practice, 25*(1), 63–77. http://dx.doi.org/10.1080/02650533.2010.532867

Nash, M. (1998). *People, policies and practice. Social work Education in Aotearoa/New Zealand from 1949–1995* (Unpublished doctoral dissertation). Massey University, Palmerston North, New Zealand.

New Zealand Association of Counsellors. (2016). *What is counselling?* Retrieved from http://www.nzac.org.nz/what_is_counselling_.cfm

Payne, M. (2014). *Modern social work theory* (4th ed.). Chicago, IL: Lyceum Books.

Riggall, S. (2012). *Using counselling skills in social work (Transforming social work practice).* Los Angeles, CA: Learning Matters.

Rochford, T. (2004). Whare tapa wha: A Māori model of a unified theory of health. *Journal of Primary Prevention, 25*(1), 41–57.

Seden, J. (1999). *Counselling skills in social work practice.* Philadelphia, PA: Open University Press.

Seden, J. (2005). *Counselling skills in social work practice* [Ebrary version]. Retrieved from http://www.ebrary.com

Staniforth, B. (2010a). *Past present and future perspectives on the role of counselling in social work in Aotearoa New Zealand* (Unpublished doctoral dissertation). Massey University, Auckland, New Zealand.

Staniforth, B. (2010b). Counselling in social work in Aotearoa New Zealand: The historical, political and socio-cultural evolution. *Aotearoa New Zealand Social Work, 22*(3), 3–14.

Staniforth, B., & Booysen, P. (2016). Counselling training in social work in Aotearoa New Zealand. Are we there yet? *Advances in Social Work and Welfare Education, 18*(2), 24–38.

Staniforth, B., Fouché, C., & Beddoe, L. (2014). Public perception of social work and social workers in Aotearoa New Zealand. *Aotearoa New Zealand Social Work, 26*(2/3), 48–60.

Staniforth, B., Fouché, C., & O'Brien, M. (2011). Still doing what we do: Defining social work in the 21st century. *Journal of Social Work, 11*(2), 191–208. http://dx.doi.org/10.1177/1468017310386697

Social Workers Registration Board. (2013). *The process for recognition/re-recognition of social work qualifications* *in New Zealand.* Wellington, New Zealand: Author. Retrieved from http://www.swrb.govt.nz/doc-man/policies-1/292-programme-recognition-standards-3

Social Workers Registration Board. (2016). *Competence.* Wellington, New Zealand: Author. Retrieved from http://www.swrb.govt.nz/doc-man/policies-1/320-competence-4

Thomas, D. (2006). A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation, 27*(2), 237–246.

Walsh-Tapiata, W. (2004). The past the present and the future: The New Zealand indigenous experience of social work. *Social Work Review, 16*(4), 30–37.

Younghusband, E. (1981). *The newest profession: A short history of social work.* London, UK: Community Care/IPC Business Press.

ORIGINAL ARTICLE
QUALITATIVE RESEARCH

Older people moving to residential care in Aotearoa New Zealand: Considerations for social work at practice and policy levels

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ABSTRACT

INTRODUCTION: This exploratory study, undertaken in 2013, sought to examine how older people, living in Auckland New Zealand who did not have family living locally, experienced the move from living at home, through a hospital admission to living in residential care.

METHOD: Nine qualitative, semi-structured interviews were conducted with participants while in hospital and following discharge to a residential care facility. Data were analysed thematically.

RESULTS: For most, this move was a major, traumatic event in their lives. Participants identified both hindering and supportive factors through this process.

CONCLUSIONS: The process of transition from hospital is helped by older people being involved in decision making, and having adequate time and prior information. An assisted living facility that enables autonomy, has flexibility, and services in place to meet on-going physical and psycho-social needs supports the settling-in process. Continuity of social work interventions, advocacy and reviews of policy may also be useful.

KEYWORDS: assisted living facilities, hospitalisation, social work, transitioning

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As the world's population is ageing, people over 60 are becoming a proportionately larger group within the total population. According to the United Nations Population Fund (UNFPA) and Help Age International (2012), global life expectancy has increased, and now new-borns can expect to live to 78 years in developed countries and 68 years in developing countries; by 2045 to 2050 this will be 83 years in developed countries and 74 in developing countries.

In response to this demographic shift, the Aotearoa New Zealand government has developed the Positive Ageing Strategy (Ministry of Social Development (MSD), 2001) and the New Zealand Health of Older People Strategy (Ministry of Health (MoH), 2001). These documents see ageing as a lifelong process and keep policy direction and annual reporting focused on providing funding and service initiatives to assist older people to age in place—remaining in their own homes and communities.

To assist older people to live as independently as possible in their own homes, their physical and psychosocial needs are met by a range of services, predominantly funded by District Health Boards (DHBs) in accordance with the New Zealand Health Strategy (MoH, 2001). People entering residential care facilities have their medical needs met through DHB services, but DHBs do not consistently provide services such as social work to meet the rehabilitation or emotional needs of older people in the transition (Thornton, 2012). This is a major gap in service provision—no other agency consistently provides these services without cost. This raises concerns about the impact of this gap on the emotional well-being of older people moving to residential care and any on-going impact on their quality of life.

This article reports on a study which examined the experiences of nine older people, as they moved from their homes into hospital, and then on to residential care. It aims to raise awareness of the impact of this transition and provide some insights into how social workers can facilitate this process. Implications for social policy and advocacy are also discussed in the context of social justice and human rights for older people.

Literature review

In the literature there is agreement that the societal and individual context in which the move to residential care occurs is an important consideration. The social construct of ageism (Age Concern New Zealand, 2008; Currer, 2007) impacts on older people's self-perceptions transitioning to residential care. Internationally, ageism is seen to impact service provision through the move to residential care and in the care facility itself (Attig, 2004; Currer, 2007; Doka, 2002; Kane, Priester, & Neumann, 2007). Ageist attitudes evidenced in one Australian study indicated that the provision of nursing care in older care settings was perceived as having less value by other health professionals and nurses (Henderson, Xiao, Siegloff, Kelton, & Paterson, 2008).

International evidence demonstrates that policy, funding streams and service provision to older people are less comprehensive than for younger people presenting with the same issues (Kane et al., 2007). It has been suggested that residential care facilities themselves could be viewed as a construct of an ageist society; that they are places where older people are separated from the rest of society, and are treated identically (Minichiello, Somerville, McConaghy, McParlane, & Scott, 2005). Currer (2007) notes that older people also hold ageist attitudes so, at a personal level they are also negatively impacted by ageism. This self-stigmatisation (Peterson, 2007) is associated with depression, lessening self-confidence, poorer function, decreasing social interaction and lower self-esteem (Link & Phelan, 2001).

A study by Atkinson, Tilse, and Schlect (2000) demonstrated that older people moving to residential care are experiencing a major life-changing event. Continual losses, which happen with increasing rapidity in old age, often underpin the move into care. There is also a high incidence of depression among residents in care where people are confronted with the loss of their health, and their previously known life: community activities and connections, their home, and their independence (Atkinson et al., 2000). These losses have sometimes come alongside the loss of a spouse or partner (Currer, 2007).

Doka (2002) introduced the concept of *disenfranchised grief*, to describe the situation where people are not afforded the right to grieve. Attig (2004) has further asserted that when people discount, dismiss, devalue or discourage another's experience of grief, they exhibit a failure to empathise. For Attig this is a political failure involving both an abuse of power and serious neglect. It is an ethical failure to not respect the bereaved, both in their suffering and in their efforts to overcome it and live meaningfully in the aftermath of loss (Attig, 2004). Research highlights some things that may aid older people experiencing the grief of transition: Cooney (2011), Marshall and MacKenzie (2008) and Thein, D'Souza, & Sheehan (2011), for example, noted that, when research participants could rationalise the need for a move to residential care, or understand the necessity, that their ability to accept the idea was enhanced.

The prospect of going in to residential care has usually been viewed as an undesirable and unwelcome occurrence in older people's lives (Atkinson et al., 2000; Jorgenson, 2006). Jorgensen explored the factors influencing admission to care facilities of 31 older people and found that most did not feel they had actively participated in the decision to move and were not happy with their relocation. Furthermore, many older people moved to residential care because they did not have local family support (Jorgenson, 2006). Koenig, Hee Lee, Fields, and Spano (2011) have noted that, for many older adults, decision-making about entering a care facility usually occurs over several months rather than days. This is at odds with current medical systems that require older people to make the decision, and choose their facility, within a few days.

Some studies have indicated that participants' active inclusion in decision-making increased their level of engagement and satisfaction with the move (Cooney, 2011; Jorgensen, 2006; Marshall & MacKenzie 2008; Thein et al., 2011). They found that security, safety, hopes of being cared for and being purposeful, all supported older people in preparing for moving. Regehr and Sussman (2004) identified that the personal attributes of "mastery, control, flexibility, and optimism" (p. 293) as a cluster of personality traits had positive effects on people's ability to work through traumatic occurrences.

Meaningful connections with others have been shown to assist people to feel a sense of belonging, and of being cared for. Finally, international and Aotearoa New Zealand research has also shown that family support is vital for older people moving to residential care (Atkinson et al., 2000; Marshall & MacKenzie, 2008; Thein et al., 2011).

Methodology

This study's aims were to gain an in-depth understanding of what older people experienced during the move to residential care, the impact this had on each individual and how they coped. Social workers on an older persons' health ward were asked to identify people who were likely to be discharged into a residential care facility. Potential participants were given information about the study, and if agreeable, were then introduced to the researcher for further discussion.

Ethical approval was obtained from the University of Auckland Human Participants Ethics Committee and through the relevant DHB ethics process. Several ethical considerations were considered: the participants were vulnerable in that they were unwell physically—they had experienced some form of trauma due to accident or illness and they were also experiencing emotional trauma, facing a major life-changing event in undertaking an uninvited and unwelcome move to residential care. It was important to ensure that participants were able to make an informed choice to participate and that they had access to the emotional support needed before, during and after the interview process. Since funding was not available for interpreting services, participation was confined to English-speaking participants. Kaumatua and Kai Awhina were available to support Māori participants. Ward social workers provided emotional support and social work services to assist participants before and after each interview. All participants were actively engaged with the social work service in hospital and most accessed the social work support available to them following their interview in the residential care facility. Here the social worker worked with the participant and, with their consent, referred any issues arising from the move to the appropriate services.

Of the nine participants, five were male and four female; they ranged in age from 78 years to 98 years, with most in their late 80s. Eight participants had no supportive family living locally, one was married to a partner having cognitive issues and thus unable to support the participant in their move. Another was unmarried and had no living family. All other participants had been living alone. All were considered be competent to make decisions for themselves.

All participants were assessed as requiring 24-hour residential care due to declining physical health. Not having supportive family living locally may have contributed to participants' need for residential care because a return home with extra support from family members was not an option. Five participants moved to rest home care, three to private hospitals and one to an apartment where rest-home level of care was provided. All participants identified as New Zealand European/ Pākehā; one identified their family as Māori and Pākehā.

Participants were interviewed using a semi-structured interview format first in hospital and then again approximately one month after they had shifted to residential care (two participants were interviewed only after they had moved).

Data gathered from these interviews were analysed thematically using Braun and Clarke's six-stage model for qualitative analysis (2003). From the data, three general categories were developed focusing on perceptions in hospital, in the residential care facility and of the overall transition process. Specific secondary themes were developed from reading the text iteratively and these were developed into supportive/facilitative and distressing/hindering factors. Through continuous revision and refining of the categories and themes, and through looking for contradictory viewpoints and new understandings, information was gathered and formatted.

Findings

The findings were categorised into factors that were distressing or hindered the transition, and then those that helped facilitate or support the transition. These are presented for pre-discharge hospital interviews (A), and then for post-discharge residential interviews (B). Results are presented in Table 1 and then described in detail. Quotations from participants are presented in italics.

A. Hospital interviews

Hindering factors

Reluctance. Participants' initial experience was usually a strong feeling of reluctance: "*I don't want to go*," (Participant A, male, 88 years). The reluctance was both an initial reaction to a situation that felt unacceptable, and for some, an on-going distress. Participants' views of residential care were generally negative. Some participants used terms such as "*zombies*" and "*the walking dead*" (Participant E, male, 92 years) to describe the older people they had seen in care homes and struggled with the idea that they may be perceived, and perceive themselves, in the same light.

Trauma and Loss. As inpatients, participants were all recovering from some form of physical trauma. There was personal trauma too, associated with the shock of an undesirable major life change where participants considered what they were losing, as one participant stated: "*It's the biggest thing I've had to deal with in my life*," (Participant C, female, 90 years).

Participants also expressed regret that residential care was their only option, and shock at the unexpectedness of unfolding events. One participant indicated: "*I'm annoyed with myself … that I'm broken … I can't do things for me anymore*," (Participant A, male, 88 years). For many participants, multiple losses were represented by their loss of home. These included partner, work and memories of work, independence, driving licence, pets, and familiar places. "*It feels like I'm saying goodbye to my life*" (Participant A, male, 88 years).

Anxiety. The trauma people experienced was also mixed with anxiety associated with facing uncertainty in residential care. One participant stated: "*My tummy's in a knot*" (Participant D, male, 89 years). Participants' views of residential care were generally negative, partly influenced by thoughts of loss of independence, partly by remembered incidents of abuse in "care" and partly by

Table 1: Factors Impacting on Move to Residential Care

	Hindering	Facilitative
A Hospital	Reluctance Trauma and loss Anxiety	Move made sense Autonomy Personal strengths Family and friends Professional social work service
B Rest Home	Trauma and grief Strangeness of the place Inflexible facility Abuse and neglect	Memory Autonomy Feeling cared for Belonging Flexible environments Attitude Professional support in transition

their own culturally attuned attitudes about what being old and in care meant.

Participants felt distressed by the short timeframe from when they were given the information that they were not considered safe to live alone, to when they were discharged to residential care. Where participants had neither visited the residential care facility, nor had agency in the decision-making process, anxiety was increased. The majority of participants wanted more knowledge of residential care and the options available to them before leaving hospital.

Facilitative Factors

Move Made Sense. Where the participant felt that the move made logical sense, they were more able to engage in the process of decision-making. Most participants reported being told "*in a kind way*" (Participant C, female, 90 years) that they could no longer live safely alone. When participants chose to go home against medical advice and tried living on their own, and then saw for themselves they needed more support, they actively chose to move to residential care and consequently their acceptance and willingness to settle increased.

Autonomy. Where participants were given autonomy to make decisions for themselves, they felt respected and that consideration had been given to the enormity of their situation. One participant, who had had the opportunity to view residential care facilities and make their own choice, said "*You've got to check carefully, to go without looking would be silly*" (Participant F, male, 92 years). Another participant, who did not have the opportunity to view facilities before making a decision, stated, "*I didn't get to see the place—no one could take me—it's like a nightmare*" (Participant B, male, 79 years). The participant who chose to move to their own apartment retained a full sense of autonomy, "*I took one look [at a facility] and thought 'no, not for me'* " (Participant F, male, 92 years).

Personal Strengths. Participants considered that their personal attributes of resilience from many years of living, of positivity and of flexibility, would assist them in making the move. One observed, "*I'm ninety and I look forward to how I'm going to carry on for the next ten years*" (Participant E, male, 92 years). Some participants identified that their faith gave them a strong sense of support: "*God has his hand on me always*" (Participant C, female, 90 years). Faith was part of these participants' identity, and gave them a strong sense of belonging and of being valued. Their faith also gave them a sense of hope and purpose.

Family and Friends. Family connection was important to participants, as it gave them a strong sense of belonging; that they were of value to someone and vice versa. Seven participants had family who, while not living locally and who were therefore not able to offer consistent ongoing support were able to assist with initial decision-making. Participants spoke of the importance of their family knowing what was happening and of agreeing with outcomes, "*I'm lucky I've got family, it makes a big difference to know that we can talk and that they agree with what I should do*" (Participant C, female, 90 years). When family were respectful of participants' circumstances and their right to autonomy, then the family was seen to provide vital practical and emotional support. Where participants did not have family to talk with, and sometimes even when they did, they also valued the opinions of other important people in their lives, notably their general practitioner.

Professional Social Work Service. Participants found the provision of a social work service useful for discussing their situation with someone independent of family and friends. They also noted it was helpful to have advocacy when it seemed they were not being listened to, and to have help in complex problem solving around the practical aspects of moving when they had no family support available. One participant noticed, "*I'm not sure who is sorting everything out … [social worker] is helping me*" (Participant D, male, 89 years). Family members also engaged with the ward social worker to talk about their concerns regarding the moving-to-care process.

B. Post-Discharge Residential Care Interviews

Hindering factors

Trauma and Grief. At the second interview participants spoke of their losses, particularly of their homes and this being sold. They spoke of their sadness and of trying to "*get used to the place*"; trying to "*settle in,*" noticing "*it's not home … but.*" Perceived trauma and anxiety were heightened when participants did not remember the reason for the move, when they did not agree with it, and when they felt unsure of themselves and their residential care facility. As one participant put it: "*I have nightmares … sometimes I think they are real… it's very hard to define what's real*" (Participant D, male, 89 years). Eight of the nine participants reported having difficulty confronting what they perceived to be the realities of having grown old. All participants commented on the busyness of the care-giving staff and so did not feel able to stop the staff to talk with them. The majority of participants noted that the researcher and social worker were the first people they had talked to about how they were feeling in relation to the move to residential care.

Strangeness of the Place. Most participants stated that they were still adapting to the "strangeness of the place," trying to fit in with the routine. "*We have to go down to the dining room for dinner and wait and wait…*" (Participant B, male, 79 years); trying to understand what was expected of them. Participants also spoke of the difficulty of having to live with other people and accept different behaviours: "That *guy over there, he's so loud. He says the same thing day after day… He calls me mate … I don't know him … I don't like that*" (Participant B, male, 79 years).

Inflexible Facility. Participants spoke of difficulty with the facility's inflexibility, which could also contribute to experiencing a lack of autonomy. Participants who found their care homes inflexible found their living circumstances difficult. Some participants spoke of not being able to go out and do the things they used to do and cited their own disabilities and the busyness of staff as impediments. As one participant put it: "*if I can't get there—I just have to accept it*" (Participant C, female, 90 years). Some residential care homes had more obvious routines over mealtimes in the dining room, showering at certain times, and group-activity times. Smaller care facilities appeared to be more flexible in attending to the individual needs of participants, for example of being able to accommodate participants' pets.

Abuse and Neglect[1]. All participants spoke of at least one incident where they had felt ignored, undermined or neglected. One participant described how, "*After my shower I just sat there shivering on the toilet waiting to be dried*" (Participant B, male, 79 years). Another, speaking of mealtimes, stated that: "*sometimes I can't reach it and hold on to it and eat it. Sometimes they help me and sometimes they don't*" (Participant D, male, 89 years). Participants described being told to "just wait", or of staff "*playing childish games.*" One was not given assistance to change their hearing-aid battery and was not able to hear staff. Participants described situations of passive neglect, as there was no opportunity for the participants to talk with their care-givers because they were perceived as "*too busy*" and no assistance with problem solving.

Three participants spoke of feeling abused. The first spoke of not being able to remember why they had come to "this place" and so felt they were being held against their will. The second spoke of having been forced by family to move into residential care without their partner of 65 years this loss was greater than the participant could bear "*I've got no money and no clothes. I've lost time between night and day … I'm a bit confused this morning and I've been having nightmares … I can't sort out which is right and I worry … I hope [we] can be together again*" (Participant D, male, 89 years). Another participant reported regular physical and emotional abuse by a carer: "*She's so rough drying me … she talks to me like I'm a dog … 'sit there and stay still'… she showers me under pressure, … and when I get upset she laughs at me …*" (Participant G, female, 88 years). This participant talked to their facility manager but no remedial action appeared to be taken. She then engaged the assistance of a friend to help move to a different facility.

Facilitative factors

Memory. Participants considered that remembering the process that had led to them coming to residential care, and holding their memories of their previous lives, supported them in their life within residential care. "*I remember the doctor telling me in a kind way I couldn't live by myself anymore*" (Participant C, female, 90 years) and "*I get a lot of pleasure looking back and remembering*" (Participant I, female, 97 years). The memory of their love for their family and how important it might be for their family to know that they had settled in to their care home added motivation to settle, "*It's important to my family that I settle*" (Participant C, female, 90 years; Participant D, male, 89 years).

Autonomy. The ability to act independently was empowering for participants. Smaller care homes appeared to offer greater flexibility to allow autonomy, "*I can more or less do what I want … I have my animals, my pictures on the wall … I take my dog for a walk everyday … it's just like home*" (Participant E, male, 92 years). The ability to bring loved pets who could stay with them in their room, was noticed to markedly assist one participant to feel settled. Being able to go for a walk and to go to the shops also assisted some participants' with autonomy and purpose, which appeared to increase their feelings of being settled. The ability to exercise some independent thinking was seen as crucial to maintaining a sense of self, "*I can walk to the telephone and toilet without my walker now. I think I'm not allowed to do that but you need your little bit of freedom*" (Participant H, female, 90 years).

Feeling Cared For. Feeling cared for by family, the care home, and by the wider community contributed to a sense of belonging. Within their residential care homes, good food was

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[1] A social worker was available to each participant and, with their consent, actively listened and assisted the participant through an agreed-upon social work intervention.

also perceived as a key indicator of feeling well cared for and most of the participants felt satisfied with the food. Feeling cared for also involved mutually caring for those who cared for them. Participants demonstrated this by being grateful and not giving their care-givers anything more to do. For participants who were critically ill, being cared for was most important outweighing all other considerations: "*I just need to be looked after now … they [care-givers] are so kind*" (Participant I, female, 97 years).

Belonging. The sense of belonging to self (retaining self-identity including cultural identity) and to family, "*Knowing I have family [who love me]… that they'll come if I need them*" (Participant E, male, 92 years) was a vital support to participants and assisted their feelings of security. Where participants felt a sense of belonging to their care home, "*Everybody knows my name*" (Participant E, male, 92 years) and to the community, the gap between life at home and life in the care home seemed to be bridged, and provided a sense of continuity for the participants. One, who had moved to a residential care home in their own community stated, "*It's my old stomping ground … I know every inch of it*" (Participant A, male, 88 years).

Flexible Environments. In residential care, flexible environments were those that had a more relaxed routine, for example, flexibility around shower times or where they ate. Flexible environments were also those where their loved pets could be with them, that allowed participants to have sleep-overs at home, and where they were able to "*have a drink*" or "*a smoke.*" These environments were where participants could exercise agency in their lives as far as possible.

Attitude. The participants' positive self-identified attitudes to life assisted them to engage with the settling-in process. Participants used terms that portrayed a positive attitude to life: "*a smile on your face*"; "*I'm grateful*"; "*I adapt quickly*" and "*I like people.*"

Professional Support in Transition. The participants found the ability to talk about their situation and express their grief to be useful. The strength-based interview questions also encouraged them to acknowledge their strengths in the face of the move. Participants expressed gratitude for the chance to engage with the researcher and the social worker who supported the research process.

"*Talking about it has helped me put two and two together*" (Participant E, male, 92 years).

"*Talking about it has been the best thing*" (Participant C, female, 90 years).

"*This is what I really do miss … being able to really talk … let my hair down and talk about everything*" (Participant G, female, 88 years).

Participants provided rich data about their experiences of moving to care. The following section explores some of the implications of their experiences for social workers at practice and policy levels.

Discussion

The findings of this study confirm the general consensus in the international literature that a move to residential care can be traumatic and life-changing for older people. The significance of the move to residential care is often not acknowledged, or assisted, by formal services. Where people make this move with no family or formal support, they do so without support for their emotional and social needs. As suggested previously, lack of service provision for older people undertaking this move represents a political failure to show empathy for the suffering of older people. The lack of assistance for them in their efforts to overcome the trauma and to live meaningfully in the aftermath of their loss constitutes abuse of power and serious neglect (Attig, 2004); this may reflect prevalent ageist attitudes. The social construct of ageism also makes older people less likely to ask for services since they often hold the same ageist views as the rest of society and are limited by them (Attig, 2004, Currer, 2007). Certainly the participants in this study themselves reflected ageist beliefs with one participant referring to older people living in residential care as "*zombies*" and "*the walking dead*" and perhaps fearing that they may be perceived in the same light. These statements are examples of internalized oppression—the participant(s) having internalised the dominant discourse of ageism.

Based on these findings and the literature, some insights are offered as to how the process of moving into residential care from hospital might be improved at various points in the transition.

In Hospital

Social workers could contribute to a review of policy and practice in older adult services to ensure that older people's rights to informed decision-making are assured. These findings, and the literature, both point to the need to ensure older people have adequate time to make informed decisions about their future care needs. The process of decision making ought to include: information provision regarding diagnosis and reversibility (Atkinson et al., 2000; Thein et al., 2011); the opportunity for independent emotional support and processing (appropriate to the person's needs); the opportunity to view possible facilities; the opportunity to consider all available care options without undue influence; the opportunity to go home with increased support while deciding; the opportunity to trial a residential care facility and the opportunity to go home to say "goodbye" to one's home. Ensuring and upholding the older person's right to autonomy and agency in decision-making shows respect for them, respect for their circumstances (Attig, 2004; Brownie & Horstmanshof, 2012), and correlates positively with increased feelings of settledness with their decision (Thein et al., 2011).

International literature (Atkinson et al., 2000; Brownie & Horstmanshof, 2012; Koenig, Hee Lee, Fields, & MacMillan, 2011; Koenig et al., 2013; Thein et al., 2012) and these findings show that social work services can assist older adults and their families to attend to the social, emotional and practical issues implicit in moving to residential care. This study showed that, for the participants, the provision of a social work service through the transition assisted the participants' sense of security, gave them increased confidence in the move, and the opportunity to talk about issues that were impacting on their sense of well-being in the facility. It also allowed the opportunity for social work intervention in complex situations.

Social work intervention in this study included such things as assisting a participant's partner who was not managing at home without the participant (as the participant had been the main care-giver); advocating for a participant to ensure their voice was heard regarding safety issues; and grief counselling, which included listening to their story and their grief; acknowledging this grief and assisting the participant to remember and use those strengths, thoughts and activities that assisted them to manage their grief. Koenig et al. (2011) acknowledge the importance of social workers in assisting older people and their families through the decision-making process of moving to residential care and in addressing the needs of older people transitioning, including assisting with problem solving, and coping strategies.

In Residential Care

Age Concern New Zealand (2013) has made recommendations to the Aotearoa New Zealand government to improve service provision in residential care. These include: creating the conditions for dignified and respectful care; ensuring that there is a residential care audit process that accurately assesses the well-being of residents and ensures concerns are addressed promptly; undertaking a review of the staffing ratios in residential care; developing a nationally recognised qualification for care workers; and combating ageism in the health sector.

The findings of this study support Age Concern's recommendations and also inform other possible suggestions for facilitating transitions to supported care.

The findings support the idea of creating flexible environments where older people experience their individual choices being accommodated, rather than feeling moved into a routine that better suits the needs of the providers (Brownie & Horstmanshof, 2012; Thein et al., 2011). Within this study, smaller rest homes appeared more able to create a homely, flexible environment: participants more quickly developed a sense of belonging. When the care home was in the participant's usual community, feelings of being settled increased. Being able to bring pets also increased people's ability to settle in their care home. There also appeared to be an unmet need for residential care homes and funders to cater for life partners to live together or have a shared care arrangement. These are all important variables where social workers can advocate for their clients.

Social workers could be involved in the continuing education of residential care staff about the cultural and psycho-social needs of people living there. It is important for staff and volunteers at all levels of care provision to have opportunities to recognise cultural differences in residents, including their different sexual orientations, beliefs and needs and to consider how best to meet their requirements. Increased educational opportunities could assist caregivers and facilities to become increasingly flexible in acknowledging and attending to these needs (Barrett, 2008; Brownie & Horstmanshof, 2012).

Participants in this study spoke of their sadness at having to leave their own GPs, hairdressers and their usual faith groups. Were it possible to retain these connections, this would likely enhance a sense of continuity and ongoing community belonging. When the participants had community outings, or entertainment and groups coming in, they expressed feeling part of the community. Recent initiatives, such as Eden Alternative Communities (Barba, Tesh & Courts, 2002), have demonstrated a greater sensitivity to these connections and to creating a sense of continuity.

The international literature (Brownie & Horstmanshof 2012; Cooney, 2011; Thein et al., 2011) and the findings here show the importance to older people of retaining autonomy in their lives and of feeling valued and purposeful. With increased mobility and ability comes increased confidence, assisting autonomy. The provision of ongoing physical rehabilitation within residential care facilities would likely help in maintaining this autonomy.

Social Work Service

The findings demonstrated a need for a social work service that would work with people through the transition to residential care. This service could attend to the psychosocial needs of residents and their families and also be there for conflict resolution. Internationally, Atkinson et al. (2000) have expressed concern regarding the lack of support older people have with "emotion-based" (p. 10) coping. Marshall and MacKenzie (2008) also state that, "relocation [to residential care] can pose a threat to physical and psychological health if an older person perceives [a lack of] adequate support, resources, or personal control' (p. 124). Koenig et al. (2011) see provision of social work services in residential care facilities as essential to uphold residents' rights to independence and privacy, to mediate and assist with conflict resolution, and to collaborate with staff in resident-care planning.

All participants in this study engaged with the social work service offered to them through their transition. Nine engaged prior to leaving the hospital and eight with the social worker again at the care facility. Participants found participating in the process of the research, and being able to talk to a professional person to be of benefit. They described being able to talk about how they were experiencing the move, what was important to them through the move, and being able to identify their own strengths in facing this challenging experience to be both supportive and reassuring.

Abuse and Neglect

Within this study of nine older people, all reported having experienced some form of behaviour they found unacceptable and three participants described situations where they felt abused in the process of transitioning to residential care or *in* the facility. This rate within such a small sample is alarming, and likely to be the tip of a much larger iceberg.

Sections 195 and 195A of The Crimes Amendment Act No 3 2011 identify a vulnerable adult as a person who, due to age, health, cognition, illness or any other reason is unable to remove themselves from an unsafe situation. The Act also makes it a criminal offence to harm a vulnerable adult or to leave a vulnerable adult in a situation where they are in danger of serious harm (Crimes Amendment Act No 3, 2011). Since the law came into effect, some DHBs have enacted policies outlining the responsibilities and duty of care health professionals have to vulnerable adults who use their services. Older adults living in residential care have often not been considered in this cohort of vulnerable adults because it is considered that their needs are being appropriately met by the facilities themselves.

People living in residential care are among Aotearoa New Zealand's most vulnerable: they are often invisible to the rest of society, and they may lack the ability or the confidence to speak up or draw attention to their situation if they need to. Where they have no family living locally, they are entirely reliant on the staff of the facilities in which they live. This research has highlighted that in Aotearoa New Zealand many people move to residential care because they do not have family support available to them in the community (Jorgenson, 2006). The Ministry of Health has a process for investigating allegations of abuse or neglect in residential care facilities and an auditing process. The Health and Disability Commission also has a process for working with complaints about health care delivery including the care delivered in residential care facilities. Age Concern New Zealand has contracts to investigate allegations of abuse in residential care facilities. While these services are available to assist people living in residential care, it is often difficult for people living in residential care to connect directly with them.

DHBs are responsible for the care they provide to older people living in the community, as inpatients, and in residential care facilities. Funding for people living in residential care facilities comes, in part, through the DHBs. Recommendations regarding a social work service being provided in residential care facilities *as standard*, a rehabilitation service being offered in residential care *as standard*, or a decrease in the patient to staff ratio in residential care *as standard*, have all been made to the Ministry of Health. There are significant financial implications involved in providing these initiatives however, and there appears to have been little movement around these recommendations.

Raising awareness regarding vulnerable adults and the responsibility of the health service and individual workers to notice vulnerability and ensure safety is a first step to bringing about change in policy and process as to how older people are treated in the move to residential care. Challenging ageist attitudes that lump older people together and ignore their psychosocial needs is a challenge all health social workers are intrinsically called to meet in their roles on a daily basis. Social workers and social work leaders are ideally positioned to be at the forefront of advocating for appropriate service provision for older adults moving to residential care and living in those facilities.

Conclusion

This article has presented results from a small-scale study that explored nine older people’s experience of moving from home to supported residential care following a hospital admission. None of these people had supportive family living locally. Several themes emerged from interviews and provide some understanding of the physical, emotional, social, spiritual and political context in which the “move to care” happens.

Accounts of participants’ lived experience and their wisdom provide the information and impetus for us (policy makers, health care professionals, managers and care-givers) to develop patient-informed policies and practices that better acknowledge, respect, and mitigate the trauma of this move. While the findings of this study cannot be generalised to all people making this move, the results validate much of the international literature and offer some important considerations for social workers in Aotearoa New Zealand. A larger-scale study would be of use to further explore the impact of moves to residential care and would add to this developing body of knowledge.

The research brings to light the real journey of nine older people who made this transition and their thoughts about what helped, and what hurt, them through this process. It seems that a social work service through the transition to residential care had the immediate impact of empowering the person moving. A social work service through the transition and in residential care facilities may well positively assist both the resident and the facility with the provision of grief counselling on site, assisting family/whānau manage the changing behaviour and needs of their partner or parent and provide strength-based interventions in complex situations. A social work profession that is able to challenge stigma and discrimination, impact social policy and funding of programme initiatives is also important to ensure social justice at wider levels.

> *He aha te mea nui o te ao? He tangata …*
> *he tangata … he tangata!*
>
> *What is the most important thing*
> *in the world?*
> *It is people … it is people … it is people!*
> *(Whakataukī)*

References

Age Concern New Zealand. (2008). *Elder Abuse—A qualitative study of neglect cases referred to Age Concern Elder Abuse and Neglect Services during the period 1 July to 30 June 2006.* Wellington. NZ: Author. Retrieved from http://www.ageconcern.org.nz/sites/ageconcern/files/This%20Month%20-%20November%20%202013_0.pdf

Age Concern New Zealand. (2013). *Age Concern’s recommendations to Government*. Wellington, NZ: Author. Retrieved from http://www.ageconcern.org.nz/sites/ageconcern/files/This%20Month%20-%20November%20%202013_0.pdf.

Atkinson, A., Tilse, C., & Schlecht, N. (2000). Moving to a hostel: The perceptions of older people who move from hospital to hostel (“low level”) care. *Australian Social Work. March, 53*(1), 9–13. doi:10.1080/03124070008415551

Attig, T. (2004). Disenfranchised grief revisited: Discounting hope and love. *Omega, 49*(3), 197–215. doi:10.2190/P4TT-J3BF-KFDR-5JB1

Barba, B. E.,Tesh, A. S., & Courts, N. F. (2002). Promoting thriving in nursing homes: The Eden Alternative. *Journal of Gerontological Nursing*, 28(3), 7–13.

Barrett, C. B. (2008). *My people. A project exploring the experiences of gay, lesbian, bisexual, transgender and intersex seniors in aged-care services.* Victoria: Matrix Guild. Retrieved from http://www.matrixguildvic.org.au

Braun, V., & Clarke, V. (2003). Using thematic analysis in psychology. *Qualitative Research in Psychology, 2*, 77–101.

Brownie, S., & Horstmanshof, L. (2012). Creating the conditions for self-fulfilment for aged care residents. *Nursing Ethics, 19*, 777–786. doi:10.1177/0969733011423292

Cooney, A. (2011). “Finding home”: A grounded theory on how older people “find home” in long-term care settings. *International Journal of Older People Nursing, 7*, 188–199. doi:10.1111/j.1748-3743.2011.00278.x

Crimes Amendment Act No. 3. (2011). Retrieved from http://www.legislation.govt.nz/act/public/2011/0079/latest/whole.html

Currer, C. (2007). *Loss and social work.* Exeter, England: Learning Matters.

Doka, K. (2002). *Disenfranchised grief: New directions, challenges, and strategies for practice.* Champaign, IL: Research Press.

Help Age International. (2012). Ageing in the twenty-first century. A celebration and a challenge. London, England: Author. Retrieved from https://www.unfpa.org/sites/default/files/pub-pdf/Ageing%20report.pdf

Henderson, J., Xiao, L., Siegloff, L., Kelton, M., & Paterson, J. (2008). Older people have lived their lives: First year nursing students’ attitude towards older people.

Contemporary Nurse: a Journal for the Australian Nursing Profession, 30(1), 32–45.

Jorgensen, D. M. (2006). *Factors influencing entry to residential care among older people* (Unpublished doctoral thesis). University of Auckland. Auckland, NZ. Retrieved from http://www.library.auckland.ac.nz/

Kane, R., Priester, R., & Neumann, D. (2007). Does disparity in the way disabled older adults are treated imply ageism? *The Gerontologist, 47*(3), 271–279. doi:10.1093/geront/47.3.271

Koenig, T., Hee Lee, J., Feilds, N., & MacMillan, K. (2011). The role of the gerontological social worker in assisted living. *Journal of Gerontological Social Work, 54(5)*, 494–510. doi:10.1080/01634372.2011.576424

Koenig, T., Hee Hee, J., MacMillan, K. R., Fields, N. L., & Spano, R. (2013). Older adult and family member perspectives of the decision-making process involved in moving to assisted living. *Qualitative Social Work*, *13*(3), 335–350. doi:10.1177/1473325013475468

Link, B., & Phelan, J. C. (2001). Conceptualising stigma. *Annual Review of Sociology, 27*, 363–385. doi:10.1146/annurev.soc.27.1.363

Marshall, E., & MacKenzie, L. (2008). Adjustment to residential care: The experience of newly admitted residents to hostel accommodation in Australia. *Australian Occupational Therapy Journal, 55*(2), 123–132. doi:10.1111/j.1440-1630.2007.00687.x

Minchiello, M. V., Somerville, M., McConaghy, C., McParlane, J., & Scott, A. (2005). The challenges of ageism. In V. Minichiello & L. Coulson (Eds.), *Contemporary issues in gerontology: Promoting positive ageing* (pp. 1–33). Crow's Nest, NSW: Allen & Unwin.

Ministry of Health. (2001). *The New Zealand health of older people strategy.* Wellington, NZ: Author.

Ministry of Social Development. (2001). *The New Zealand positive aging strategy: Towards a society for all ages.* Wellington, NZ: Author.

Peterson, D. (2007). Reviewing self-stigma literature: What Debbie Peterson discovered, *Like Minds Whakaitia Te Whakawhiu I Te Tangata,* April/May, *29*, 6. Retrieved from http://d20wqiibvy9b23.cloudfront.net/resources/resources/000/000/634/original/Like_Minds__Like_Mine_-_Internalised_Stigma.pdf?1468379908

Regehr, C., & Sussman, T. (2004). Intersections between grief and trauma: Toward an empirically based model for treating traumatic grief. *Brief Treatment and Crisis Intervention*, *4,* 289–309. doi:10.1093/brief-treatment/mhh025

Thein, N., D'Souza, G., & Sheehan, B. (2011). Expectations and experience of moving to a care home: Perceptions of older people with dementia. *Dementia, 10*(1), 7–18. doi:10.1177/1471301210392971

Thornton, G. (2012). *Aged residential care service review.* Wellington, NZ: Thornton New Zealand. Retrieved from http://www.grantthornton.co.nz/assets/documents/home/aged-residential-care-service-review.pdf

United Nations Population Fund (UNFPA) and Help Age International. (2012).

Ageing in the twenty-first century: A celebration and a challenge. New York, NY: Author. Retrieved from http//www.unfpa.org/public/home/publications/pid/11584

Whakatauki (unknown) Maori Proverb. Retrieved from http://tpa.org.nz/blog/what-most-important-thing-world-it-people-it-people-it-people

Children's voices in system reform:

A case study on children and young people's participation within the modernisation of Child, Youth and Family

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ABSTRACT

INTRODUCTION: In 2015, an independent panel was appointed to overhaul Aotearoa New Zealand's care, protection and youth justice systems. This article discusses the mechanisms used to involve children and young people in that review and evaluates the extent to which these mechanisms lived up to best practice.

METHODS: The article takes a case study approach: exploring the ways in which the Expert Panel enabled children and young people to have a meaningful role in the process. The author was a member of the Expert Panel Secretariat, which supported the Panel during the review. The impact that young people's voices had on the process motivated this research in order to explore what made their input effective, and what could have been improved.

FINDINGS: The Expert Panel made young people's participation in the review meaningful by valuing their lived experience and providing the necessary support to enable them to have their voices heard. Although more could have been done to reduce the risk of filtering and assumed representation, the Panel's approach to involving children and young people in the design process was strongly in line with a childhood studies approach to children and young people's participation.

CONCLUSIONS: The outcomes of this process challenge the assumption that giving young people decision-making power is what makes this type of process effective. It may be that decision-making influence, not decision-making power, is what makes young people's participation meaningful. The lessons learned from this process should guide the next phase of system reform.

KEYWORDS: participation, children's participation, youth participation, children's rights, state care

In April 2015, the Minister of Social Development announced an overhaul of Aotearoa New Zealand's care, protection and youth justice systems to be led by an independent panel. The Expert Panel's terms of reference required them to consider "the extent to which Child, Youth and Family's current operating model is child-centric and focused on improving results for children and young people" (Ministry of Social Development, 2015, p. 2). The terms of reference were broad, with the Panel being given the mandate to recommend fundamental, system-level changes. In order to do this, the Expert Panel sought input from a range of stakeholders, the most important of which were children and young people themselves.

This case study examines children and young people's participation in the review of Child, Youth and Family. It evaluates

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the three mechanisms used by the Panel to engage with children and young people: a series of one-on-one interviews; a number of co-design workshops; and a Youth Advisory Panel. It summarises the literature on children and young people's participation in decision-making and examines the extent to which the processes used to engage children and young people lived up to best practice.

A full overhaul of Child, Youth and Family is now under way, with a replacement service (the Ministry for Vulnerable Children, Oranga Tamariki) due to begin operating on 1 April, 2017. The reforms are far-reaching, with a four-year programme of work now in progress to design and implement the new services. This article concludes with recommendations for how the voices of children and young people might guide that process, just as they guided the review, so that the future care and protection system may be truly child-centred.

Barriers and enablers to children and young people's participation

Before discussing children and young people's participation in the review, it is useful to summarise the literature on participation in decision-making for children in care.

Article 12 of the UN Convention on the Rights of the Child gives children the right to participate in decisions about their lives, but exactly how that participation should happen remains the subject of discussion. The emergence of children's participation frameworks from the 1990s onwards was designed to address this issue. The work of Roger Hart (1992) was one of the first models to categorise different types of children's participation. Hart's *Ladder of Participation* describes eight levels of participation, from manipulation, decoration and tokenism at the bottom of the Ladder to child-initiated, shared decisions with adults at the top. Hart's Ladder has since been developed further by others. Treseder's (1997) *Degrees of Involvement* is one alternative, developed in response to the criticism that the Ladder model is too linear and overly simplistic. The "Pathways to Participation" framework (Shier, 2001) is perhaps the best known adaptation of the Ladder approach, building on Hart's work by describing the steps needed to embed each level of participation in practice.

More recently, there has been a shift away from the frameworks approach towards more nuanced ways of enabling children and young people's participation (Malone & Hartung, 2010). The models developed by Hart and Shier have been criticised for remaining rooted in adult-centric processes (Thomas & Percy-Smith, 2012), or for perpetuating the dominant sociocultural image of children rather than treating them as social actors (Mason & Hood, 2011). It is now recognised that meaningful engagement with children and young people is a fluid process with a range of factors influencing the appropriate form of participation (Horwath, Kalyva, & Spyru, 2012).

Factors affecting participation for children and young people in care

There are a number of barriers affecting participation for children and young people in care. Firstly, they are often prevented from meaningfully participation in decisions due to their perceived vulnerability (Powell & Smith, 2009). This can be a valid concern, but the tension between the need for protection and the right to participate is often a false dichotomy (Atwool, 2006) and the responsibility to protect children and young people can develop into overprotection (Powell & Smith, 2009). Secondly, decisions relating to children and young people in care often involve highly charged interactions between adults, which can diminish a child or young person's opportunity to have their voice heard (Atwool, 2006). Social workers are often tasked with determining what is in the child or young person's best interests, and as the best interests test is discretionary, this can lead to adults silencing or side-lining children's and young people's views (Tisdall, 2015a). Thirdly, the care system itself can also be a barrier to participation. Organisational systems and structures do not always prioritise listening to children's and young people's views (Bessell, 2011) and opportunities to participate may be further limited by risk-averse social work agencies (van Bijleveld, Dedding, & Bunders-Aelen, 2015).

Factors affecting participation generally

Participation in decision-making requires adults to view children and young people as social actors with the capacity to meaningfully contribute. Smith (2002) notes that "age and stage"-based views on the capacities of children have been largely discredited, but persist in practice. Meaningful participation also requires viewing children and young people as unique individuals, because the experiences of one child or young person cannot be assumed to be representative of all children and young people (James, 2004). There is a risk of assumed representation whereby, once a children's participation structure is set up, those participants become the voice of children (Thomas & Percy-Smith, 2012). Secondly, meaningful participation can depend on the extent to which adult intermediaries filter, interpret or translate children's and young people's views (James, 2007). Adults can filter a child's or young person's opinions without intending to, and in some contexts children's voices may be supplemented by those of professionals, which can determine how much weight the child's or young person's view should be given (Tisdall, 2015a). There may also be a selection bias whereby only those children and young people considered mature or articulate enough are invited to participate in decision-making, further marginalising disadvantaged groups (Horwath et al., 2012). There is a risk that children's and young people's views can be excluded when they do not follow the rules of certain spaces, such as government policy-making (Tisdall & Davis, 2004). Children's and young people's views may not sit neatly with adult agendas.

Factors exacerbated by being in care

Trusting relationships are crucial to enabling children and young people to have a voice in decision-making (Cossar, Brandon, & Jordan, 2014) but, for children in care, those relationships may not exist, severely limiting the opportunities to have their voice heard (Ashton, 2014). Complaints mechanisms are often ineffective without having a trusted adult advocate, even when those mechanisms are well known (Cashmore, 2002). Independent facilitators can be crucial in this respect, and youth-led independent advocacy organisations can make a significant difference (Bessell, 2011). Professional facilitators can also help adult decision makers who want to enable children and young people to have input into decisions, but may not know how to do this effectively (Thomas & Percy-Smith, 2012). The marginalised position of children and young people in society also means they are dependent on adults to facilitate participation (Lansdown, 2010). This can become an issue in research with children and young people, where the need for informed consent can lead to increased gatekeeping by parents and other adults (Powell & Smith, 2009).

The need for a participation ecosystem

There are several, broader barriers preventing meaningful engagement with children and young people. These include the lack of a *participation culture* (Thomas & Percy-Smith, 2012), a lack of *participation infrastructure* (Lansdown, 2010), a lack of understanding of what meaningful participation entails (Tisdall, 2015a), and a lack of research on the impacts that participation can achieve (Crowley, 2015). Together these could be labelled a *participation ecosystem*.

A culture of participation requires all professionals to adopt participatory practices rather than leaving this up to specific individuals (Thomas & Percy-Smith, 2012). Legislation enabling children and young people to participate does not guarantee that participation will occur (Atwool, 2006), and a change in practice requires a change in attitudes, along with the development of the necessary skills (Cashmore, 2002). This includes cultural competency, as what constitutes effective participation may differ across different cultures (Shier, 2010).

This latter point is crucial in Aotearoa New Zealand. For Māori, involvement in decision-making has significance as an expression of partnership, protection and participation in terms of Te Tiriti o Waitangi (Gray, 2002). Te Ao Māori principles may have particular importance in this context. For example, the principle of whakamanawa refers to creating a space in which Māori are empowered and supported to participate, and the principle of rangatiratanga focuses on self-determination and the rights of Māori to be involved in decisions which affect them (Child, Youth and Family, 2016). Such principles have unique implications in this context, where supporting children and young people to be heard and valuing their contributions are important elements of making participation meaningful (James, 2007). For Pasifika children and young people, individualised conceptualisations of participation may be culturally inappropriate (Suaalii & Mavoa, 2001). Vaioleti's (2006) Talanoa framework was developed as a culturally appropriate methodology for research with Pasifika people, and there have been a number of resources developed for the purpose of engaging with young people in a culturally appropriate way (see, for example: The Werry Centre, 2009; Le Va, 2016). While a full discussion of culturally appropriate participation methods is beyond the scope of this paper, it is crucial that efforts to develop a participation culture take this into account.

Participation infrastructure involves elements of time, space and approach. Children and young people's participation often occurs as a one-off process rather than a thorough, on-going engagement (Lansdown, 2010; Marchant & Kirby, 2004; Sinclair, 2004). Children need to be able to have on-going input, rather than being only asked to contribute their views at one particular time (Vis & Thomas, 2009). Participation is most effective when children's inclusion in decision-making is an on-going and integral part of their lives (Smith, 2011), and there is a need to recognise children's participation in their everyday spaces (Percy-Smith, 2010). While the use of safe spaces can be helpful, this can also isolate children and young people from decisions instead of making them more involved (Tisdall, 2015b).

Often there is a lack of shared understanding about the purpose of participation, with children and young people believing they are there to influence decisions and adults viewing participation as more of a learning exercise (Tisdall, 2015a). Even when children and young people are asked for their views, decision-makers may not expect those views to actually influence decisions (Crowley, 2015). Children and young people may also have differing views from adults on when their participation in decision-making is appropriate (van Bijleveld et al., 2015). This may be, in part, due to a lack of research on the impacts of participation. While there is a wealth of literature on how and why to involve children and young people in decision-making, there is less research about what policy impacts can be achieved (Crowley, 2015). Others have cited a lack of impact measurement as one of the barriers to a more comprehensive approach to participation (Lansdown, 2010; Sinclair, 2004).

A theme throughout the literature is that enabling children and young people to have a meaningful role in decision-making requires taking a broad approach to participation, where adults value the unique contributions that children and young people can make. The following sections examine the extent to which this happened during the Expert Panel's review.

Background and approach of the Expert Panel

The appointment of the Expert Panel followed a number of similar reviews in the preceding years, each of which found that the care and protection system was not sufficiently child-centred. These included a ministerial inquiry on the welfare, safety and protection of children in Aotearoa New Zealand (Smith, 2011), a review of the Child, Youth and Family complaints system (Broad, 2013) and a comprehensive review of the workload and caseload of social workers (Office of the Chief Social Worker, 2014). In addition, the White Paper for Vulnerable Children had introduced a series of government-wide changes aimed at better protecting vulnerable children and preventing harm, abuse and neglect (Ministry of Social Development, 2012). Multiple reviews had failed to reverse an increase in findings of abuse and neglect.

The Expert Panel adopted a number of design principles to guide their work, the first of which was "placing the child at the centre of the design." The Expert Panel's interim report described this as "the anchor" of their work (Expert Panel, 2015a, p. 117). This approach prioritised understanding children and their context (see Figure 1).

This was expanded on in the Expert Panel's final report, which described "a collaborative approach which places children and young people at the centre of the operating model design" (Expert Panel, 2015b, p. 35). The "voice of experience" was one of three key drivers of the Expert Panel's design work (see Figure 2).

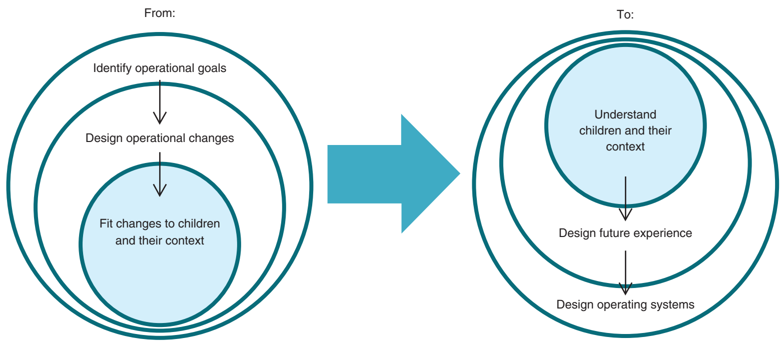

Figure 1: Expert Panel's Design Approach (Expert Panel, 2015b, p. 36)

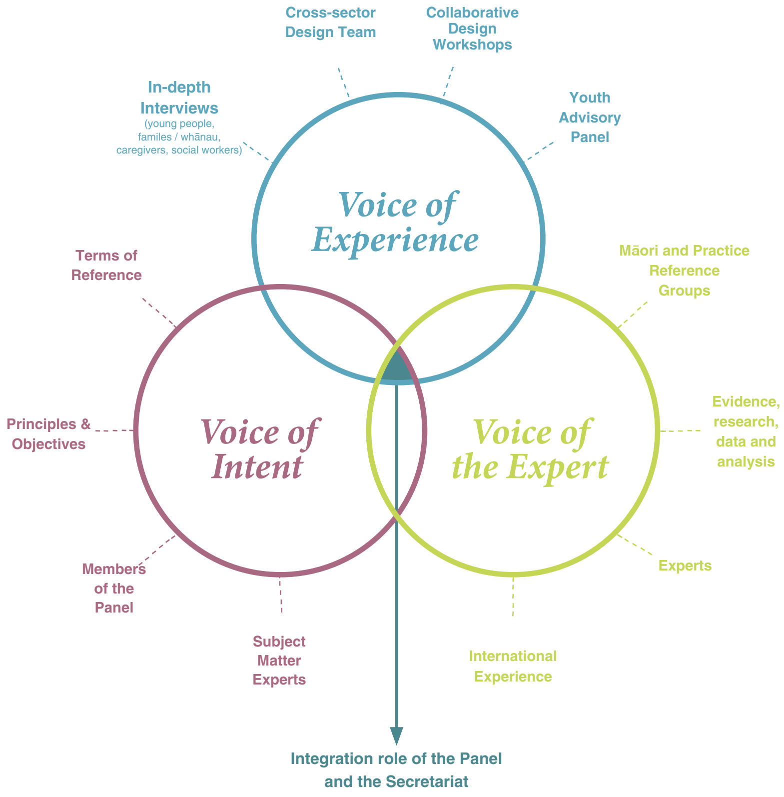

Figure 2: Design Shifts for a Child-centred System (Expert Panel, 2015b, p. 36)

Involving children and young people in the design

In total, 78 children and young people participated in the review through three engagement mechanisms. The first was a series of one-on-one interviews with children and young people who had experienced the care system. The interviews were conducted in partnership with a human-centred design agency based in Wellington. Interviewees were nominated by non-government organisations (NGOs), the Office of the Children's Commissioner and Child, Youth and Family (Expert Panel, 2015a, p. 40). Twenty-five children and young people were interviewed, with an attempt made to have a broad demographic profile, including a mix of Māori and non-Māori, male and female, and geographical representation from across Aotearoa New Zealand (Expert Panel, 2015b, p. 255).

The interviews focused on children and young people's experience in the system, with an emphasis on what worked, what did not work, and what they would like to be different for children and young people in the future. The interviews were designed to be in-depth, with some lasting several hours. Before the interview, participants were given a camera to record things which made them either happy or sad, and these photos formed the basis of the initial interview questions (Expert Panel, 2015a, p. 40). This method was also used for interviews with whānau, caregivers and social workers, but there was a specific protocol in place for the interviews with children and young people. The protocol included a requirement that interviews be conducted in pairs, with one specialist in human-centred design and another in working with vulnerable children and young people (Expert Panel, 2015b, p. 253).

There were also a number of co-design workshops held with children and young people, run in partnership with Youthline, a youth development NGO. As with the one-one-one interviews, this method was also used with whānau, caregivers and social workers, but there was a specific protocol in place when children and young people were involved (Expert Panel, 2015b, p. 257). The aim of the workshops was to develop ideas for the future operating model. Participants were nominated by Youthline, the Office of the Children's Commissioner and Child, Youth and Family, with Youthline having a central role, both in facilitating the workshops and in providing participants with pastoral support before and afterwards (Expert Panel, 2015b, p. 257). In total, 47 children and young people participated in the workshops (Expert Panel, 2015b, p. 256).

A Youth Advisory Panel was also set up to provide advice on a number of aspects of the review. The Youth Advisory Panel comprised care-experienced young people and was one of three reference groups established to support the Expert Panel (Expert Panel, 2015a, p. 18). However, unlike the other reference groups, the Youth Advisory Panel provided advice directly to the Minister of Social Development as well as providing advice to the Expert Panel (Expert Panel, 2015b, p. 249).

The Youth Advisory Panel was established by the Office of the Children's Commissioner, following a request from the Minister of Social Development. Awhina Buchanan was the representative from the Office of the Children's Commissioner who facilitated the Youth Advisory Panel process. Buchanan cited the timeframes for the review process, the degree of pastoral support required for the young people involved and the financial cost as some of the main factors which influenced the form of the Youth Advisory Panel (personal communication, May 20, 2016). Eight young people between the age of 15 and 23 were chosen, all of whom were currently, or had previously been, in care. The Youth Advisory Panel convened multiple times throughout the review process, with the same young people involved each time to ensure that an appropriate level of support could be provided (A. Buchanan, personal communication, May 20, 2016). They were recruited through nominations from the Office of the Children's Commissioner, the Expert Panel Secretariat or Child, Youth and Family social workers. Most members of the Youth Advisory Panel had previously been involved in at least one youth participation process through the Office of the Children's Commissioner or Child, Youth and Family.

Outputs from the interviews, workshops and Youth Advisory Panel process

The outputs from these processes were visible throughout the Expert Panel's interim and final reports. The interviews with children and young people were collated and summarised into a series of "insights". Eight insights from the interviews were presented in the interim report (Expert Panel, 2015a, pp. 40–45). Some of the children and young people's comments were included directly in the report, as were some of the photos they took prior to the interviews. Insights on specific topics were also shared with the Expert Panel and the Expert Panel Secretariat (which supported the Panel's work within the review) throughout the design process (Expert Panel, 2015b, p. 254).

The outputs from the workshops were not directly visible, as they were intended to inform the Expert Panel's wider design process rather than sit as stand-alone outcomes. Referring to the workshops in general (not just the six which involved children and young people), the Expert Panel's final report states the workshops were used to come up with unconstrained "what if" ideas, and that workshop participants were chosen who could contribute to and support "outside the square" thinking (Expert Panel, 2015b, p. 256). Those ideas were then further developed, tested and refined by the Expert Panel and the Expert Panel Secretariat.

The Youth Advisory Panel developed a set of success factors that they used to test some of the concepts developed by the Expert Panel and the Expert Panel Secretariat throughout the design process. The success factors were descriptions of what a child or young person would experience in an improved care and protection system, from that child or young person's individual perspective (A. Buchanan, personal communication, May 20, 2016). Although they were not included in the final report, the success factors were designed to hold adult decision-makers accountable and ground their work in the voices of young people. The Youth Advisory Panel developed their success factors independently and used them as a checklist when adults were presenting ideas for the future operating model (A. Buchanan, personal communication, May 20, 2016). Each Youth Advisory Panel member also wrote a postcard addressed directly to the Minister of Social Development, stating one thing which that young person would like the Minister to consider while reading the final report. Many of the postcards were also included in the report itself.

Quantifying the impact of participation

A full examination of the impact that children and young people's participation had on the review is beyond the scope of this case study, but it is useful to briefly touch on the impact of the Youth Advisory Panel in particular.

When the Minister of Social Development released the Expert Panel's report, she was particularly thankful to the Youth Advisory Panel for their role in the process. Describing the Youth Advisory Panel as "brave, intelligent and inspiring," she spoke about them bringing her to tears on several occasions. "This is happening to us," she recalled them saying, "but no one ever asks us what we want" (Tolley, 2016, para. 9). Expert Panel member Duncan Dunlop stated that this was more than just rhetoric; the Youth Advisory Panel had a significant impact on key decision makers, including the Minister. In his words, the direct involvement of young people at such a high level "gave integrity to the Expert Panel's work" (personal communication, June 3, 2016). Awhina Buchanan described the Youth Advisory Panel's ability to speak with the Minister directly as a unique and defining feature of the process (personal communication, May 20, 2016).

Based on these comments, it would appear that the Youth Advisory Panel had a significant effect on some of the decisions that were made. Quantifying the impact of the Youth Advisory Panel's work would be a valuable area for further research because, if this impact could be proven, it would be an example of how the quality of children and young people's participation does not necessarily depend on the degree of decision-making power they are given. Close proximity to a powerful decision-maker with a broad mandate was what made the Youth Advisory Panel process meaningful, not the degree of autonomy they were given to make decisions themselves. It could be that decision-making influence, rather than decision-making power, is what makes children and young people's participation more meaningful.

This would be a hypothesis worth testing. As already noted, there is a lack of research on the policy impacts that can be achieved by involving children in decision-making. A more thorough examination of the impact that the Youth Advisory Panel had would therefore be valuable.

Evaluating the three participation mechanisms

The following section discusses selected themes from the literature on children's participation, examining the extent to which the methods used by the Expert Panel reflected best practice.

Viewing children and young people as social actors

In any participation process, it is essential that children and young people are viewed as social actors, which is not only about letting them speak, but also about exploring the unique contribution that their perspectives can provide (James, 2007). One barrier to participation is that decision-makers do not always expect children and young people to influence decisions, even when they are given an opportunity to speak (Crowley, 2015).

The Expert Panel's design approach helped address this by placing significant emphasis on children and young people's personal stories. Children and young people's participation was grounded in their own personal experience; they were supported to speak as "experts in their own lives" (D. Dunlop, personal communication, June 3, 2016). Decisions were then made based on those personal stories. By emphasising the importance of understanding children and their context (see Figure 1), the Expert Panel adopted a process that was strongly in line with a childhood studies approach to children's participation.

Recognising children and young people's vulnerability

Balanced against the need to recognise children and young people as social actors is the importance of recognising their potential vulnerability. There is a risk that children and young people who have experienced trauma may be further harmed if participation does not occur in an ethical way (Cater & Overlien, 2014; Lansdown, 2010). Although this risk can be overstated, researchers have a responsibility to ensure that children and young people who participate in decision-making have their vulnerability taken into account.

The support provided to the children and young people who participated in the interviews, workshops and Youth Advisory Panel addressed this risk. There were comprehensive protocols in place for each process, which included cultural considerations (Expert Panel, 2015b, p. 253). Facilitators ensured that pastoral support remained available long after the children and young people's involvement in the review had concluded (A. Buchanan, personal communication, May 20, 2016). The one-on-one interviews were conducted in a place where the interviewees felt comfortable (Expert Panel, 2015b, p. 253).

Accountability, independence and the need to avoid filtering

The risk of children and young people's voices being filtered by adult opinions was addressed, but not entirely mitigated. The success factors that the Youth Advisory Panel developed helped address filtering issues, as they could be used to hold decision-makers accountable and ensure that adults genuinely took their views in to account. The inclusion of photos, direct quotes and the Youth Advisory Panel's postcards in the final report was also useful in ensuring that children and young people's perspectives were presented in their own words.

However, more could have been done to demonstrate that children and young people's views were presented without filtering from adults. The Expert Panel's final report refers to a process of "synthesising" the interview outcomes (Expert Panel, 2015b, p. 254), but does not describe exactly what that process involved. Additionally, the report does not state how the outcomes from the workshops were used. Children and young people's opinions may well have been taken in to account, but their meaningful participation required a high degree of transparency from adults. The report does not make it clear whether this happened as thoroughly as it should have.

Assumed representation and selection bias

There was an attempt to have a broad demographic spread across the interviews, workshops and Youth Advisory Panel process. Generally, this was done well, but there were some areas that could have been improved. For example, the Youth Advisory Panel was mainly comprised of older young people, in part due to the pressures of reporting directly to the Minister of Social Development (A. Buchanan, personal communication, May 20, 2016). This meant that younger children were not involved, which may have skewed the outcomes of that process. However, this risk of assumed representation was mitigated by the fact that three different participation mechanisms were used. This ensured a broader range of children and young people's voices were heard.

Selection bias was also an issue. The lack of an established process for selecting children and young people to participate meant that most of those who were involved were already known to Child, Youth and Family or the Office of the Children's Commissioner through previous participation processes. As the Expert Panel's recommendations are implemented it will be important to ensure that a wider range of children and young people's voices are listened to, not just those that have already been heard.

Ensuring that children are able to participate on their own terms

One of the overarching barriers to meaningful children's participation is that participation often occurs in adult spaces and timeframes (Tisdall, 2015b). This was a challenge for the Expert Panel which had a very tight deadline given the scope of the review. The photography component of the one-on-one interviews addressed this to some extent by allowing the interviewees to contribute their own perspectives. The broad scope of the workshops mitigated against this as well. However, aside from that, children and young people's participation in the review occurred mostly within adult spaces and timeframes. This is one area of the Expert Panel's work that could have been improved.

The value of skilled facilitators

The presence of skilled, independent adults who could facilitate children and young people's participation was perhaps the greatest strength of the Expert Panel's engagement processes. A human-centred design agency facilitated the interviews, a youth development NGO facilitated the workshops and a representative from the Office of the Children's Commissioner facilitated the Youth Advisory Panel. This ensured that the children and young people involved received the independent support they needed to have their voices heard. Awhina Buchanan's work with the Youth Advisory Panel warrants particular mention. Expert Panel member Duncan Dunlop cited her role in facilitating and supporting the Youth Advisory Panel as the primary factor behind the Youth Advisory Panel's success (personal communication, June 3, 2016).

The specialist skills that the independent facilitators brought to the process ensured that children and young people were able to make significant contributions to the Expert Panel's work. They achieved this despite the tight timeframes involved and the demands that were sometimes placed on them. The prominence of children and young people's voices in the Expert Panel's final report is testament to their work.

Embedding children and young people's voices in policy and service design

The release of the Expert Panel's final report signals the beginning of a major overhaul of Aotearoa New Zealand's care and protection system, with detailed design and implementation scheduled to continue over the next four years. The Minister of Social Development has already signalled an intention to include children and young people in this process (Tolley, 2016). This provides a unique opportunity to further involve children and young people in system reform.

It is crucial that the next phase of the review learns from the Expert Panel's work with children and young people: learning from what was done well and what could have been improved. Adults must view children and young people as social actors with unique perspectives to contribute, while also recognising their vulnerability. Decision-makers must take steps to ensure that children and young people's voices are not filtered, and that children and young people who contribute their views are given the opportunity to find out how those views influenced decisions. A broad range of children and young people's voices should be incorporated, with systems in place to ensure that all children and young people are able to participate, not just those who are already known to decision-makers. Children and young people should be able to contribute on their own terms. Most of all, independent facilitators should be available to provide children and young people with the support they may need to have their voices heard.

Some of these considerations could be achieved relatively quickly, such as increasing the transparency of engagement processes by ensuring that the children and young people are told how their opinions influenced decisions. Others will take longer to achieve, such as shifting the dominant sociocultural image of children and young people. Key to realising these changes will be building the systems, processes and culture required to make children and young people's participation meaningful. Each of these things is equally important if we are to build the participation ecosystem described in the literature.

The reason why this matters was summed up by Duncan Dunlop, writing the week after the release of the Expert Panel's report. Dunlop wrote:

> The route to this change isn't a poster campaign or a glossy leaflet designed by a marketing firm. The route to change is care experienced people themselves. It will be their testimonies that demonstrate how citizens and communities either discriminated against them or improved their lives by making them feel like they belong. They will motivate people to act. Care experienced people's resonating ability to speak the truth, however hard it is to hear, will be central in keeping this process on course. (Dunlop, 2016, para. 9)

Aotearoa New Zealand now has a unique opportunity to effect this change by building a platform for children and young people to have their voices heard. The release of the Expert Panel's report is a chance to ensure that children and young people's participation in decision-making becomes embedded as a right, not just an added extra. It is imperative that this opportunity is used wisely.

References

Ashton, S. (2014). The rights of children and young people in state care. *Educational Philosophy and Theory*, *46*(9), 1082–1088.

Atwool, N. (2006). Participation in decision-making: The experience of New Zealand children in care. *Child Care in Practice*, *12*(3), 259–267.

Bessell, S. (2011). Participation in decision-making in out-of-home care in Australia: What do young people say? *Children and Youth Services Review*, *33*, 496–501.

Broad, H. (2013). *Review of Child, Youth and Family complaints system*. Wellington, NZ: Ministry of Social Development.

Cashmore, J. (2002). Promoting the participation of children and young people in care. *Child Abuse and Neglect*, *26*, 837–847.

Cater, A., & Overlien, C. (2014). Children exposed to domestic violence: A discussion about research ethics and researchers' responsibilities. *Nordic Social Work Research*, *4*(1), 67–79.

Child, Youth and Family. (2016). *The Family Group Conference – Te Toka Tumoana*. Retrieved from http://www.practicecentre.cyf.govt.nz/policy/working-with-maori/resources/the-family-group-conference-te-toka-tumoana.html

Cossar, J., Brandon, M., & Jordan, J. (2014). "You've got to trust her and she's got to trust you": Children's views on participating in the child protection system. *Child & Family Social Work*, *21*(1)103–112.

Crowley, A. (2015). Is anyone listening? The impact of children's participation on public policy. *International Journal of Children's Rights*, *23*, 602–621.

Dunlop, D. (2016, April 12). *The current reality does not need to be tomorrow's*. Retrieved from https://www.whocaresscotland.org/who-we-are/blog/our-chief-executive-asks-what-big-changes-in-new-zealand-mean-for-scotland

Expert Panel. (2015a). *Modernising Child, Youth and Family interim report*. Wellington, NZ: Author.

Expert Panel. (2015b). *Expert Panel final report: Investing in New Zealand's children and their families*. Wellington, NZ: Author.

Gray, A. (2002). *Increasing the participation of children, young people and young adults in decision making*. Wellington, NZ: Ministry of Social Development.

Hart, R. (1992). *Children's participation: From tokenism to citizenship*. Florence, Italy: UNICEF.

Horwath, J., Kalyva, E., & Spyru, S. (2012). "I want my experiences to make a difference": Promoting participation in policy-making and service development by young people who have experienced violence. *Children and Youth Services Review*, *34*, 155–162.

James, A. (2004). Understanding childhood from an interdisciplinary perspective: Problems and potentials. In P. B. Pufall & R. P. Unsworth (Eds.), *Rethinking childhood* (pp. 25–37). New Brunswick, NJ: Rutgers University Press.

James, A. (2007). Giving voice to children's voices: Practices and problems, pitfalls and potentials. *American Anthropologist*, *109*(2), 261–272.

Lansdown, G. (2010). The realisation of children's participation rights. In B. Percy-Smith & N. Thomas (Eds.), *A handbook of children and young people's participation: Perspectives from theory and practice* (pp. 11–23). London, UK: Routledge.

Le Va. (2016). *Pasifika youth participation guide*. Retrieved from http://www.leva.co.nz/library/leva/pasifika-youth-participation-guide

Malone, K., & Hartung, C. (2010). Challenges of participatory practice with children. In N. Thomas & B. Percy-Smith (Eds.), *A handbook of children and young people's participation: Perspectives from theory and practice* (pp. 24–38). London, UK: Routledge.

Marchant, R., & Kirby, P. (2004). The participation of young children: Communication, consultation and involvement. In B. Neale (Ed.), *Young children's citizenship: Ideas into practice* (pp. 92–163). York, UK: Joseph Rowntree Foundation.

Mason, J., & Hood, S. (2011). Exploring issues of children as actors in social research. *Children and Youth Services Review*, *33*, 490–495.

Ministry of Social Development. (2012). *The white paper for vulnerable children.* Wellington, NZ: Author.

Ministry of Social Development. (2015, April). *Terms of reference for the Modernising Child, Youth and Family Expert Panel.* Wellington, NZ: Author.

Office of the Chief Social Worker. (2014). *Qualitative review of social worker caseload, workload, caseload and workload management*. Wellington, NZ: Author.

Percy-Smith, B. (2010). Councils, consultations and community: Rethinking the spaces for children and young people's participation. *Children's Geographies, 8*(2), 107–122.

Powell, M. A., & Smith, A. B. (2009). Children's participation rights in research. *Childhood, 16*(1), 124–142.

Shier, H. (2001). Pathways to participation: Openings, opportunities and obligations. *Children & Society, 18*, 107–117.

Shier, H. (2010). Children as public actors: Navigating the tensions. *Children & Society, 24*, 24–37.

Sinclair, R. (2004). Participation in practice: Making it meaningful, effective and sustainable. *Children and Society, 18*, 106–118.

Smith, A. B. (2002). Interpreting and supporting participation rights: Contributions from sociocultural theory. *The International Journal of Children's Rights, 10*, 73–88.

Smith, M. (2011). *Report to the Minister of Social Development and Employment following an Inquiry in to the serious abuse of a nine year old girl and other matters relating to the welfare, safety and protection of children in New Zealand*. Wellington, NZ: Ministry of Social Development.

Suaalii, T., & Mavoa, H. (2001). Who says yes? Collective and individual framing of Pacific children's consent to, and participation in, research in New Zealand. *Childrenz Issues, 5*(1), 39–42.

The Werry Centre. (2009). *Not just another participation model ... guidelines for enabling effective youth consumer participation in CAMH and AOD services in New Zealand.* Auckland, NZ: The Werry Centre for Child and Adolescent Mental Health Workforce Development.

Thomas, N., & Percy-Smith, B. (2012). "It's about changing services and building relationships": Evaluating the development of Children in Care Councils. *Child and Family Social Work, 17,* 487–496.

Tisdall, E. K. (2015a). Children and young people's participation. In W. Vandenhole, E. Desmet, D. Reynaert, & S. Lembrechts (Eds.), *Routledge international handbook of children's rights studies* (pp. 185–200). London, UK: Routledge.

Tisdall, E. K. (2015b). Addressing the challenges of children and young people's participation: Considering time and space. In T. Gal & B. F. Duramy (Eds.), *International perspectives and empirical findings on child participation* (pp. 381–404). Oxford, UK: Oxford University Press.

Tisdall, E. K., & Davis, J. (2004). Making a difference? Bringing children's and young people's views into policy-making. *Children & Society, 18*, 131–142.

Tolley, A. (2016, April 7). *The future of child protection and care*. Retrieved from https://www.beehive.govt.nz/speech/future-child-protection-and-care

Treseder, P. (1997). *Empowering children and young people training manual: Promoting involvement in decision making*. London, UK: Save the Children, UK.

Vaioleti, T. M. (2006). Talanoa research methodology: A developing position on Pacific research. *Waikato Journal Education*, *12*, 21–34.

van Bijleveld, G. G., Dedding, C. W., & Bunders-Aelen, J. F. (2015). Chidlren's and young people's participation within child welfare and child protection services: A state-of-the-art review. *Child & Family Social Work, 20*, 129–138.

Vis, S. A., & Thomas, N. (2009). Beyond talking: Children's participation in Norwegian care and protection cases. *European Journal of Social Work, 12*(2), 155–168.

ORIGINAL ARTICLE
THEORETICAL RESEARCH

The social work regulation project in Aotearoa New Zealand

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ABSTRACT

INTRODUCTION: In this second of two articles on the history of professionalisation of social work in Aotearoa New Zealand, consideration is given to the more recent coalescing of forces from the 1990s to the initial implementation of the Social Workers Registration Act (2003), which led to our country's example of a social work regulation project.

APPROACH: This critical consideration of social work regulation in Aotearoa New Zealand situates it within the international social work professionalisation context alongside the national context. Consideration is given to the place of leadership and buy-in from the profession, political sponsorship, cultural considerations, and another ministerial review. Overlaying this, an examination of concepts of public trust, respect, and confidence in professions such as social work, are linked to crises of trust in professions in general, and placed within the current neoliberal, market-driven environment in which this project is anchored.

CONCLUSION: The literature serves to document the history of social work regulation in Aotearoa New Zealand and as background for an ongoing 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 regulation, regulation project, social worker registration, professionalisation project, social justice

The passing of the Social Workers Registration Act (SWRA) (2003) represented the culmination of many decades of collective effort to build and strengthen an ethical social work profession in Aotearoa New Zealand (Hancock, 2004), after much debate, ambivalence (Nash & Miller, 2013), bitterness (Beddoe & Randal, 1994), tension (van Heugten, 2011) and eventual pragmatic compromise amongst stakeholders (Corrigan, 2005). Registration became legislated despite the debate at the time over the two distinct and potentially conflicting projects of social work professionalisation and the social justice project (O'Brien, 2005, 2013; Olson, 2007; Orme & Rennie, 2006). While neoliberal drivers reduce available resources and fragment social work roles contributing to a crisis of trust in the professions, social workers in Aotearoa New Zealand, and internationally remain engaged in the ongoing debate concerning the impact of regulation of the profession (including statutory regulation), particularly in relation to congruence with social work's values of human rights and social justice (Craig, 2002; O'Brien, 2005, 2013; Olson, 2007; Solas, 2008). The potential for professionalisation to enhance practitioner civic literacy and serve the social justice project remains at the core of the social work profession's push for the professionalisation project (Harington, 2006; Harington & Beddoe, 2013; Olson, 2007).

A coalescing of forces, both international and national, led to the progression of the social

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work statutory regulation project, a component of the professionalisation project, and the development and initial implementation of the Social Workers Registration Act (2003) in Aotearoa New Zealand.

International social work professionalisation

The professionalisation project of social work is well under way internationally. The International Association of Schools of Social Work (IASSW) reports that social work is taught at a post-secondary degree level in 125 countries (IASSW, 2012). The International Federation of Social Work (IFSW) and the IASSW focus attention on both the ongoing development of international definitions of social work since the first formal definition was developed in 1957, as well as global standards for social work education (Hare, 2004; IASSW, 2004, 2014; Sewpaul & Jones, 2005). The definitions and standards reflect the facts that social work is practised in many countries and people are moving between countries, resulting in greater interdependence and the growing impact of international affairs in local situations (Dominelli, 1997, 2010; Dominelli & Hackett, 2012; Fraser & Simpson, 2014; Healy & Meagher, 2004; Ife, 2001; Lyons, 2006). In response to challenges, both internal to the profession (modernist to post-colonial and post-modernist perspectives), and external to the profession (globalisation and neoliberalism), the international social work community has responded with a further, new global definition of social work and a global agenda for social work and social development (Fraser & Simpson, 2014). Regional and national amplifications of the definition are encouraged, underscoring respect for distinctive regional features and diversity (Staniforth, Fouché, & O'Brien, 2011). It is argued, therefore, that social workers must connect themselves with their international social work colleagues and recognise the economic, ecological and social forces of globalisation taking into account cultural, political and demographic factors while, at the same time, understand their regional and national environments (Hare, 2004).

A study undertaken by Weiss-Gal and Welbourne (2008) comparing professional features of social work in 10 countries drawn from the five IFSW regions found that, while nearly all these countries had developed professional organisations, a professional code of ethics, the development and dissemination of a specific body of knowledge, and the placement of social work education in tertiary institutions, there was uneven development in other aspects of professionalisation. These aspects included the use of the title *social worker*, state sanctions for ethical breaches, control over education, training and entry into the profession. This was explained using the power approach (Barretta-Herman, 1993; Freidson, 2001), and differentiated between inner power (social workers as a professional group) and outer or external power (ability of the profession to exert influence outside the profession itself). The authors of the study argued that most of the professional features achieved by social work in the countries studied appear to have been achieved primarily through the profession's inner power and, where external power was required to achieve a professional feature, the results were more uneven (Weiss-Gal & Welbourne, 2008).

The statutory regulation project in Aotearoa New Zealand

Leadership from the social work profession, political sponsorship, attention to Treaty obligations and cultural considerations, gradual buy-in from the full membership of the professional association Aotearoa New Zealand Association of Social Workers (ANZASW), led to the involvement of the state in the social work regulation project in Aotearoa New Zealand and the development and implementation of the Social Workers Registration Act (2003). Alongside these developments, ministerial social work practice reviews following deaths of children provided influential political sponsorship and organisational drivers.

Leadership from the professional body

By the 1990s, ANZASW had established competency-based membership, and its constitutional arrangements reflected a commitment to biculturalism; as did the addition of Aotearoa to the name of the Association (Hunt, 2016). ANZASW was more representative of social workers in relation to age, employing agency, positions, and qualifications than it had been previously and there was greater internal cohesion within the Association (Randal, 1997). Access to a wide range of training and education courses at all levels of study was also more readily available (Nash, 1998). The Association decided to focus on the issue of registration and, this time, considered models of regulation (Blagdon, Taylor, & Keall, 1994). The Association preferred social work registration to be based on competency not qualification, something that had not been implemented by any other profession. The groundswell grew for regulation of some description and Keall (1993), National Manager New Zealand Children and Young Persons Service (NZCYPS), stated "the professional challenge for 1993 is for social work and social services organisations and agencies to bite the bullet on social work professionalism and qualifications, includ[ing] the issue of registration…." (p. 5). By 1996, NZCYPS had documented a strategic goal to have an independent registering body for social workers in New Zealand (NZCYPS, 1996).

In the mid-1990s, the president of NZASW stated that the current policy of NZASW was to proceed towards competency-based registration for all social workers in New Zealand and the Association should "actively seek a political sponsor and lobby members of parliament at the earliest practicable opportunity" (Curson, n.d.). This was supported a few years later by the new president of the Association (McNabb, 1997). Social workers in multidisciplinary settings, particularly in the health sector, were also actively seeking professional recognition (Hunt & King, 2000; Schofield, 2001) and in July 1997 two ANZASW members drafted a submission to the Committee on the Reform of Health Sector Occupational Regulation Statutes seeking social worker registration (Briggs & Cromie 1997, cited in McNabb, 1997).

Political sponsorship

In the mid-1990s, the shadow Minister for Social Welfare agreed to support social worker registration, arguing that trends in social policy had undermined professionalism and it was time to advance the registration of social workers to gain the confidence of the public and fellow professionals, and to obtain greater control over the area of knowledge that defined social work along with clearly defined ethics, competence and accountability (Maharey, 1998). With the 1999 election of a Labour government, social worker registration became part of the government's manifesto, ensuring political support for the project.

ANZASW membership buy-in

In 1999, members of the Association also voted in support of progressing statutory social worker regulation (Nash & Miller, 2013). ANZASW formed a registration project team to develop a position on how to achieve registration and the potential policy associated with it (Corrigan, 2000, 2005; Corrigan et al., 2000). Although reservations about registration were expressed, it was argued that, regardless of registration outcome, a strong professional association underpinned by strengthening the partnership and relationships with tangata whenua (Māori indigenous people of the land) was still required for professional accountability and development (Corrigan et al., 2000; Randal, 1999). Overall support for statutory regulation in the form of registration was established to provide a formal mechanism for accountability that ensured consistent minimum ethical standards of practice were met, along with minimum levels of competence, on-going professional education, the meeting of obligations under Te Tiriti, and transparent public accountability against a code of conduct regardless of where social workers were employed. Identified reservations included issues of cost, loss of input from the profession to the form statutory regulation would take, the possibility that the legislation could emphasise qualification to the detriment of competence, and the splitting of social worker practitioners into registered and non-registered groups (Corrigan, 2000). These issues remain concerns today (Social Workers Registration Board (SWRB), 2013).

Following the Project Team report (Corrigan et al., 2000), ANZASW produced a policy paper on the statutory registration of social workers, noting that the Māori caucus of the Association, Tangata Whenua Takawaenga o Aotearoa, supported the policy (ANZASW, 2000). Others wrote on the impact of statutory regulation, in its various proposed guises, on social work education (Beddoe, 2000) and health social work (Briggs & Cromie, 2001), warning of pitfalls and recommending specific foci including becoming a degree-based profession and moving towards mandatory registration.

Ministerial review

Around the same time, a Ministerial Review of the Department of Child Youth and Family Services (CYFS) resulted in the report "Care and Protection is about Adult Behaviour" (Brown, 2000). This report identified that two major problems with CYFS were inadequacy of resourcing and the lack of adequately trained and professionally supported social workers. Brown recommended that registration of the workforce be given urgency.

The process of developing the regulation

In July 2000, the Ministry of Social Policy (MSP) released a discussion paper on the registration of social workers. Minister Maharey stated that he was committed to establishing a social worker registration system as vulnerable and stressed children, young people, families and communities facing difficult issues needed to be able to access high quality and effective services. He further argued that, both the government and public, needed to be able to feel confident in the competence of social workers in whatever sector they were employed. The respondents to the discussion paper were overwhelmingly supportive of some sort of registration for social workers as it was anticipated that this would result in increased safety and protection for all stakeholders (including clients and social workers). Further, it was anticipated that registration would provide avenues to set and maintain high standards of professionalism and minimum standards of required practice as well as provide a formal mechanism for accountability for social work practice (MSP, 2001). The Social Workers Registration Bill was introduced (Social Workers Registration Bill, 2002) and was debated in parliament. During the second reading, the Hon Steve Maharey addressed the issue of mandatory registration, stating that it was not viable to introduce mandatory registration immediately, and also that other forms of occupational regulation were most commonly voluntary. The Bill was read for the third time and a vote resulted in 100 ayes and 6 noes recorded (New Zealand Parliament, 2003).

Treaty obligations

Simmons-Hansen's (2010) research into the exclusion of submitters' concerns around naming Te Tiriti o Waitangi in the Social Workers Registration Act (SWRA) (2003) argued that the submitters' voices were silenced with the subsequent risk of loss of the bicultural commitment, "just" power relationships and social justice traditions that had been hard won within the profession. However, the resulting SWRA (2003) included some new sections not in the Social Workers Registration Bill which required registered social workers to be competent to practise social work with Māori and with different ethnic and cultural groups in New Zealand (SWRA, 2003, s6(c)(i)&(ii)). Further legislated obligation under s100(i) of the SWRA (2003) required the SWRB to ensure that the aims and aspirations of Māori as tangata whenua were integral and prioritised. Recognition of social work programmes taught at universities, wānanga (Māori universities), polytechnics and private training establishments aims to ensure that graduate outcomes from these degrees include ability to work in a bicultural context and acknowledge the centrality of Te Tiriti o Waitangi to social work practice in New Zealand (Duke, 2012). As this competency is usually missing for overseas qualified social workers moving to New Zealand to work (Bartley et al., 2011; Beddoe, Fouché, Bartley, & Harington, 2011), the SWRA (2003) s7(f) enables provisional registration while overseas qualified social workers familiarise themselves with the New Zealand bicultural context, usually through short courses of study, and are then able to meet the requirements for full registration.

However, tensions around Treaty obligations remained and following the first review of the SWRA (2003) O'Donoghue (2007) encouraged social workers to re-imagine a system of statutory regulation which "recognise[s] and honour[s] Te Tiriti O Waitangi to the extent that Te Tiriti informs the governance structure and regulatory processes [and forms a] civic partnership between state, profession and iwi [and] also supports the self-determination of iwi in relation to Māori interests and Māori social work practice" (p. 1).

The implementation of the SWRA (2003)

The purpose of the SWRA (2003) as outlined in s3 is four-fold and includes protecting the members of the public by prescribing or providing mechanisms to ensure that social workers are competent to practice and accountable for the way in which they practise. It created a framework for the registration of social workers in New Zealand by establishing both a board to register social workers and a tribunal to hear complaints about registered social workers; providing for the SWRB to promote the benefits of registration of social workers; and finally, enhancing the professionalism of social workers.

The MSP called for nominations and expressions of interest for appointment to the inaugural SWRB. In October 2003, nine people were appointed by the Minister of Social Welfare to form the inaugural SWRB: Robyn Corrigan, Buster Curson, John Dunlop, Shannon Pakura, Liz Beddoe, Yvonne Crichton-Hill, Jan Duke, Ian Calder and Sonya Hunt. These people represented past and present office holders of ANZASW, senior academics and managers of non-governmental organisations (NGOs), practising and non-practising social workers, men, women, Māori, Pasifika and other groupings. However, the SWRB members were all appointed as individuals, not representatives of any particular body or group. Regardless, the Minister clearly indicated that this Board was a professional instrument as all nine initial members were eligible for registration (Beddoe & Duke, 2009). The Act provides for 10 members on the SWRB, and the final member, Paul Curry, was appointed the following year.

At the launch of the SWRB and the SWRA (2003) on November 5, 2003, the President of IFSW stated that "the demonstration of contemporary knowledge, skills, experience and competence to practice can only be effectively supported through a framework that includes registration of social workers" (Dodds, 2004, p. 2), noting that, while the Act provided for voluntary social worker registration, this was not the preferred position of ANZASW or of the IFSW. Merv Hancock, the inaugural president of NZASW and a life member of the Association, also spoke at the launch and reflected that building an ethical social work profession takes time, organisation, advocacy, debate, staying together amid division, meeting the challenge of the Treaty, holding on when membership falls, new approaches, and new advocacy for statutory registration. He focused on three themes to conclude his speech: "the ethical core of the social work profession, the independence of the social work profession, and the advocacy role of the Association" (Hancock, 2004, p. 1).

A month later, the SWRB held its first meeting to consider the functions of the Board listed under s99 of the SWRA (2003). The legislation stipulated that, to be entitled to be a New Zealand registered social worker, a person was required to have a recognised Aotearoa New Zealand qualification and satisfy the Board that they were both competent and fit and proper to practise social work. In addition they were required to be competent to practise with Māori and with different ethnic and cultural groups within Aotearoa New Zealand. Finally they also had to have enough practical experience in practising social work (SWRA 2003, s6). Overseas qualified social workers also had a pathway for registration outlined in s7. Applicants who had neither a recognised Aotearoa New Zealand qualification nor an equivalent overseas qualification, were also eligible for registration under s13 if the SWRB was satisfied the applicant's practical experience in practising social work in Aotearoa New Zealand was enough to compensate for the lack of such a qualification.

Establishment funding from the Ministry of Social Development was provided in the first three years (SWRB, 2004a, 2005, 2006), but after this period the Board was required to be financially independent and therefore required sufficient applications, registration fees and discipline levies to be financially sustainable. The inaugural SWRB consulted with key stakeholders and by May 2004 had met with ANZASW, CYFS, Te Kaiāwhina Ahumahi (The New Zealand Council of Education and Training), the Council of Christian Social Services, the New Zealand Federation of Voluntary Welfare Organisations, and Aotearoa New Zealand Association of Social Work Educators (Corrigan, 2005). Position papers were being developed then by the SWRB for determining competence, fit and proper status, Aotearoa New Zealand recognised qualifications in social work, and what constituted *enough practical experience*. These papers were then circulated for comment and feedback (SWRB, 2004a, 2004b, 2004c, 2004d).

Much was achieved in that first year but the costs of the process were high for the individuals involved. Relationships with key stakeholders including practitioners, educators, employers, professional bodies and users changed (Corrigan, 2005). Many social work practitioners had to complete social work qualifications and undergo a competency assessment to obtain social worker registration (Beddoe, 2007; Beddoe & Duke, 2009). ANZASW, in particular, was challenged with the changing focus of experienced people who had previously contributed fully to the Association's operations to SWRB business, and also by the disconnect between the role of ANZASW (which was to promote the interests of its members) and SWRB which was required to promote public accountability in the profession (Corrigan, 2005; Henderson & O'Donoghue, 2013). All parties involved had to develop an understanding of the nature and parameters of statutory regulation (Beddoe & Duke, 2009).

Stakeholder buy-in from CYFS seemed assured. They released the "Child Youth and Family Social Work workforce and capability Plan" (2004) which identified the three goals of retention, professionalism, and recruitment with the aim of developing a fully qualified and registered workforce (Tyler, 2004). In the SWRB (2015) 2014–2015 Annual Report, it was noted that CYFS was the single largest employer of registered social workers (1377 registered social workers indicating this), demonstrating a huge commitment by the department, the largest single employer of social workers. The health sector social worker workforce also featured highly in the registered social worker statistics with over 1273 District Health Board social workers registered (SWRB, 2015) and the majority of District Health Boards had social worker registration policies in place (Gilray, 2013). However, social workers in this sector did not have initial unanimous support to be registered by their employing District Health Board and this had to be addressed by the SWRB and the sector and included ministry engagement. The second review of the SWRA (2003) completed in 2012 found that government agencies had a greater uptake of social worker registration than NGOs (SWRB, 2012b). Some NGOs expressed a desire to employ registered social workers, and included upskilling staff utilising the NGO Study Award offered by the Ministry of Social Development as a requirement in new recruits' employment contracts (Smith, 2013).

The political landscape for professions

As noted in Hunt (2016), the journey to professionalisation of any occupational group is one beset by barriers and challenges within the social milieu, and given the political sensitivity attached to much social work activity, it is unsurprising that the social work professional project received government attention. This final section of the paper considers the impact of the neoliberal, market-driven political environment in which the Aotearoa New Zealand social work regulation project is anchored. The added complexity of the crisis of trust in professions noted by Evetts (2006) and others is also explored.

The crisis of trust with professions

The linking of trust and professionalism remains a popular discourse despite challenges to the image of social work professionals through the publication of the outcomes of the SWRB Complaints and Disciplinary Tribunal (SWRB, 2016) as well as media coverage of high-profile scandalous proven (or unproven) cases of negligence or malpractice (Radio New Zealand, 2015). There is evidence that media influences the public perception of social workers with a focus on bad practice being seen as more newsworthy (Brown, 2000; Staniforth, Fouche, & Beddoe, 2014). Political negativity and scapegoating of the profession has also influenced the public perception of the profession with recent statements made by politicians and others in high-profile roles attacking the capability of social workers and tertiary programmes of social work education (Bennett transcribed speech, November 11, 2013, in Beddoe, 2014; Ryan, 2015, April 2). Other professions, such as the medical and legal professions, provide high-profile scandals such as the medical Dr Harold Shipman case which resulted in a criminal conviction of mass murder for killing more than 200 of his patients (Biography.com Editors, n.d.). This has resulted in intense public scrutiny of the concept of trust of professions (Evetts, 2006). Staniforth et al. (2014) found that, while there was a level of public confidence in social workers, there is much to do in terms of role clarification for the profession and there is "no room for complacence" (p. 59).

Maharey (2003), in his keynote speech to the 21 years SW@ACE Conference, a few months after the passing of the SWRA (2003), utilised a traits approach (Flexner, 2001/ 1915 Hunt, 2016) to explain professionalisation when listing seven characteristics commonly associated with defining a profession and arguing that social work in New Zealand met these characteristics. However, he also stated that, "ultimately one of the keys of professionalisation is recognition by the community [and] this is about gaining respect and trust." He argued that the community needed to be convinced that social work practice was high quality, effective and in clients' best interests. He identified current issues facing social work: less than 20 percent of social workers hold a bachelor-level qualification or above; a declining supply of highly skilled and knowledgeable practitioners; increased complexity in the work social workers must address; and low remuneration for social work caused, in part, by the female domination of the role. He argued that the government believed that the key to enhancing the professionalism of social work was registration of social workers.

Neoliberal, market-driven political environment

Consideration of the regulation project within a neoliberal, market-driven environment is also necessary. It is recognised that social work in the context of an economic marketplace which accepts reduced resources particularly for preventative work, fragmentation of roles, evidence-based practice requirements and a competencies approach also reduces the opportunity and capability of the profession to respond to issues of social justice including Treaty obligations (Dominelli, 1996; Ferguson & Lavalette, 2006; Garrett, 2009; Healy & Meagher, 2004; Hugman, 1996; van Heugten, 2011; Wallace & Pease, 2011). It is argued that social welfare professions have been undermined by the "corrosive effects of New Public Management" (Healy, 2009, p. 401) and that many of the key elements confronting professionalism such as audit, performance management, and managerialism involve conflict as opposed to consensus and trust, and actually require professionalism to connect with "more democratic forms of accountability and governance" (Gleeson & Knights, 2006, p. 290). New patterns of building trust are required in order for users and providers to have "rational criteria" and "visible markers" of quality service (Kuhlmann, 2006), while professional work, action and trustworthiness require new analytical, social and moral foundations (Olgiati, 2006). Noordegraaf (2007) suggests reinterpreting professionalism so that it is not solely about occupational control (pure professionalism), or organisational control (situated professionalism), to include both sociocultural make-up (knowledge workers, organisational professionals) and also work-related respects (inferential, experiential). Professionalism would thus be viewed as reflexive control or a professional use of professionalism. Noordegraaf (2007) argues this is "highly relevant in ambiguous domains in which expertise can no longer be isolated from other experts, decision makers or clients" (p. 780). Further:

> [P]rofessionalism is used not so much to improve organizational contexts but to improve the idea of professionalism in changing organizational contexts. Hybridized professionalism offers new opportunities for maintaining the notion of professionalism in times that weaken the notion of professionalism. (Noordegraaf, 2007 p. 775)

Conclusion

The SWRA (2003) aligned social work in New Zealand with other professions (those covered by the Health Professionals Competency Assurance Act 2003, law, teaching and many others) and also with social work in other countries including Canada, England, France, Northern Ireland, Scotland, South Africa, the United States, Hong Kong, Romania and others. While the main aim of social worker statutory regulation was to protect the public and ensure minimum standards of practice (Gilray, 2013), it also enhanced social work's claim to the professional domain. The SWRA (2003) reflected a pragmatic compromise by many of the key actors at the time including the national professional body, the ANZASW tangata whenua caucus, the state, educators and trainers, employers and social workers themselves. The enabling legislation required consultation and debate with the stakeholders and, ultimately the decision-making was bound to disappoint *all* the stakeholders to some degree. The full purpose of the SWRA (2003) could arguably be only partially achieved with the voluntary system of regulation. While the state responded to the riskiness of social work and a number of child abuse tragedies by initiating limited social worker registration, the lack of *protection of title* in the SWRA (2003) means anyone is entitled to claim the title of social worker and it is up to employers to determine if they require registered social workers. The political commitment to mandate occupational closure for social work is not yet evidenced, despite almost unanimous critique of the current voluntary system (SWRB, 2007, 2011, 2012a). An inquiry into the operation of the SWRA (2003) is currently being conducted by a Parliamentary Select Committee (New Zealand Parliament, 2016).

Concerns remain however, that the instigation of mandatory registration might not improve ethical practice, education and standards. Regulation of social work remains a contestable construct. Rather, it is feared that universal regulation of social workers might bring greater government and political control, weaken academic independence and divert the profession's focus on social justice and addressing poverty (Harington, 2006; Kean, 2007; O'Brien, 2005; Orme & Rennie, 2006; Rennie, 2013; van Heugten, 2011). The neoliberal political environment serves to further compound the weakening of the social justice, community development and strength building roles of the social work profession. The profession's challenge is to ensure that the social work regulation project in Aotearoa New Zealand supports the opportunity for the ongoing development of practitioner scholarship, civic literacy and responsibility to utilise theory, provide ethical care, respond to political forces that exacerbate injustice and retain the dream of social justice within both the social work professionalisation and regulation projects.

References

Aotearoa New Zealand Association of Social Workers. (2000). *Policy paper on the statutory registration of social workers*. Dunedin, NZ: Author.

Barretta-Herman, A. (1993). Development of social work in New Zealand: 1969–1988. Part II: Social work professionalism. *Social Work Review, 5*(5), 30–35.

Bartley, A., Beddoe, L., Duke, J., Fouche, C., Harington, P., & Shah, R. (2011). Crossing borders: Key features of migrant social workers in New Zealand. *Aotearoa New Zealand Social Work, 23*(3), 16–30.

Beddoe, L. (2000). Registration ... coming ready or not: The impact on social work education. *Social Work Review, 12*(3), 2–5.

Beddoe, L. (2007). Change, complexity and challenge in social work education in Aotearoa New Zealand. *Australian Social Work, 60*(1), 46–55. doi:10.1080/03124070601166703

Beddoe, L. (2014). A matter of degrees: The role of education in the professionalisation journey of social work in New Zealand. *Aotearoa New Zealand Social Work, 26*(2&3), 17–28.

Beddoe, L., & Duke, J. (2009). Registration in New Zealand social work: The challenge of change. *International Social Work, 52*(6), 785–797. doi:10.1177/0020872809342649

Beddoe, L., Fouché, C., Bartley, A., & Harington, P. (2011). Migrant social workers' experience in New Zealand: Education and supervision issues. *Social Work Education, 31*(8), 1012–1031. doi:10.1080/02615479.2011.633600

Beddoe, L., & Randal, H. (1994). The New Zealand Association of Social Workers: The professional response to a decade of change. In R. Munford & M. Nash (Eds.), *Social work in action* (pp. 21–36). Palmerston North, NZ: The Dunmore Press.

Biography.com Editors (n.d.). Harold Shipman biography. Retrieved from http://www.biography.com/people/harold-shipman-17169712

Blagdon, J., Taylor, M., & Keall, B. (1994). Social worker registration. *Social Work Review*(June), 24–25.

Briggs, L., & Cromie, B. (2001). Editorial, registration issues for health social work: Will social workers become second tier health professionals? *Social Work Review, 13*(2), 1.

Brown, M. (2000). *Care and protection is about adult behaviour: The ministerial review of the Department of Child, Youth and Family Services*. Wellington, NZ: Department of Child Youth and Family Services.

Corrigan, R. (2000). Position paper on the statutory registration of social workers, August 2000. *Social Work Review, 12*(2), 3–7.

Corrigan, R. (2005). A futuristic challenge. *Te Komako: Social Work Review, 17*(Winter), 20–25.

Corrigan, R., Semmons, W., Clark, K., Taylor, M., McPherson, C., Cromie, B., . . . Randal, H. (2000). Statutory registration for social workers. *Social Work Review, 12*(1), 18–23.

Craig, G. (2002). Poverty, social work and social justice. *British Journal of Social Work, 32*(6), 669–682. doi:10.1093/bjsw/32.6.669

Curson, B. (n.d.). NZASW: Registration of social workers. Position paper.:Wellington, NZ: NZASW.

Dodds, I. (2004). A contemporary framework for the accountability of social workers' practice. *Aotearoa New Zealand Social Work, 16*(1), 2–5.

Dominelli, L. (1996). Deprofessionalizing social work: Anti-oppressive practice, competencies and postmodernism. *British Journal of Social Work, 26*(2), 153–175.

Dominelli, L. (1997). Keynote address: Educating social workers in a changing cultural context: Social work under globalisation. *Social Work Review, 9*(4), 3–8.

Dominelli, L. (2010). Globalization, contemporary challenges and social work practice. *International Social Work, 53*(5), 599–612. doi:10.1177/0020872810371201

Dominelli, L., & Hackett, S. (2012). Social work responses to the challenges for practice in the 21st century. *International Social Work, 55*(4), 449–453. doi:10.1177/0020872812440784

Duke, J. (2012). Registration and professional practice. *Social Work Now, 51*, 9–16.

Evetts, J. (2006). Introduction: Trust and professionalism: Challenges and occupational changes. *Current Sociology, 54*(4), 515–531. doi:10.1177/0011392106065083

Ferguson, I., & Lavalette, M. (2006). Globalization and global justice: Towards a social work of resistance. *International Social Work, 49*(3), 309–318. doi:10.1177/0020872806063401

Flexner, A. (2001/1915). Is social work a profession? *Research on Social Work Practice, 11*(2), 152–165. doi:10.1177/104973150101100202

Fraser, S., & Simpson, S. (2014). Always take the weather with you: Aotearoa New Zealand social work in a dynamic global society. *Aotearoa New Zealand Social Work, 26*(2&3), 29–38.

Freidson, E. (2001). *Professionalism: The third logic*. Chicago, IL: University of Chicago Press.

Garrett, P. M. (2009). Examining the "conservative revolution": Neoliberalism and social work education. *Social Work Education, 29*(4), 340–355. doi:10.1080/02615470903009015

Gilray, B. (2013). Social worker registration: A decade of development, debate, delivery. *Aotearoa New Zealand Social Work, 25*(3), 25–34.

Gleeson, D., & Knights, D. (2006). Challenging dualism: Public professionalism in "troubled" times. *Sociology, 40*(2), 277–295. doi:10.1177/0038038506062033

Hancock, M. (2004). Building an ethical social work profession. *Social Work Review, 16*(Autumn), 1.

Hare, I. (2004). Defining social work for the 21st century: The International Federation of Social Workers' revised definition of social work. *International Social Work, 47*(3), 407–424. doi:10.1177/0020872804043973

Harington, P. (2006). Practitioner scholarship and civic literacy: Will registration lift the game? *Social Work Review, 18*(Summer), 90–99.

Harington, P., & Beddoe, L. (2013). Civic practice: A new professional paradigm for social work. *Journal of Social Work, 4*(2), 47–64. doi:10.1177/1468017313477316

Healy, K. (2009). A case of mistaken identity: The social welfare professions and new public management. *Journal of Sociology, 45*(4), 401–418. doi:10.1177/1440783309346476

Healy, K., & Meagher, G. (2004). The reprofessionalization of social work: Collaborative approaches for achieving professional recognition. *British Journal of Social Work, 34*(2), 243–260. doi:10.1093/bjsw/bch024

Henderson, R., & O'Donoghue, K. (2013). A former president reflects on the effects of social worker registration upon the association: An interview with Rose Henderson. *Aotearoa New Zealand Social Work, 25*(3), 60–67.

Hugman, R. (1996). Professionalization in social work: The challenge of diversity. *International Social Work, 39*(2), 131–147. doi:10.1177/002087289603900203

Hunt, S. (2016). The social work professionalisation project before the 1990s in Aotearoa New Zealand: The dream. *Aotearoa New Zealand Social Work, 28*(3), 15–25. doi:10.11157/anzswj-vol28iss3id245

Hunt, S., & King, T. (2000). Allied health: Aligned for empowerment. *Social Work Review. 12*(3), 13–19.

IASSW. (2004). The global qualifying standards for social work education and training. Retrieved from http://www.iassw-aiets.org/

IASSW. (2012). Directory of social work schools/programmes 2011. Retrieved from http://www.iassw-aiets.org/uploads/file/20121025_IASSW-Directory-October-2012.pdf

IASSW. (2014). Global definition of social work. Retrieved from http://www.iassw-aiets.org/

Ife, J. (2001). Local and global practice: Relocating social work as a human rights profession in the new global order. *European Journal of Social Work, 4*(1), 5–15. doi:10.1080/714052835

Keall, B. (1993). Biting the bullet: Professionalism. *Social Work Review, 5*(3), 4–6.

Kean, J. (2007). Professional ethics versus institutional expectations. *Aotearoa New Zealand Social Work Review, 19*(2), 37–41.

Kuhlmann, E. (2006). Traces of doubt and sources of trust: Health professions in an uncertain society. *Current Sociology, 54*(4), 607–620. doi:10.1177/0011392106065092

Lyons, K. (2006). Globalization and social work: International and local implications. *British Journal of Social Work, 36*(3), 365–380. doi:10.1093/bjsw/bcl007

Maharey, S. (1998). Social policy, social work and professionalism. *Social Work Review, 10*(4), 25–26.

Maharey, S. (2003, July 17). *A social work profession: Challenges to educators. Keynote address to the 21 Years SW@ACE Conference*. Auckland College of Education, Centre for Social Work, Auckland, New Zealand.

McNabb, D. (1997). Registration for New Zealand social workers? *Social Work Review, 9*(4), 43–45.

Ministry of Social Policy. (2001). *Registration of social workers: Consultation summary report*. Retrieved from https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/archive/2001-reg_socwork_consultationsummary.pdf

Nash, M. (1998). *People, policies and practice: Social Work education in Aotearoa/New Zealand from 1949–1995.* (Doctoral dissertation). Massey University, Palmerston North, New Zealand. Retrieved from http://hdl.handle.net/10179/2014

Nash, M., & Miller, J. (2013). Social work: Where have we been and where are we going. In M. Connolly & L. Harms (Eds.), *Social work: Contexts and practice* (pp. 329–345). Melbourne, VIC: Oxford University Press.

New Zealand Children and Young Persons Service. (1996). *Professionalisation strategy*. Wellington, NZ: Author.

New Zealand Parliament. (2003). *Social Workers Registration Bill – Second reading, in committee, third reading*. Wellington, NZ: Hansard and Journals. Retrieved from http://www.parliament.nz/en-nz/pb/debates/debates/47HansD_20030403_00001124/social-workers-registration-bill-%E2%80%94-second-reading-in-committee.

New Zealand Parliament. (2016). *Inquiry into the operation of the Social Workers Registration Act, 2003.* Wellington, NZ. Retrieved from https://www.parliament.nz/en/pb/sc/make-a-submission/document/51SCSS_SCF_00DBSCH_INQ_69225_1/inquiry-into-the-operation-of-the-social-workers-registration

Noordegraaf, M. (2007). From "pure" to "hybrid" professionalism: Present-day professionalism in ambiguous public domains. *Administration & Society, 39*(6), 761–785. doi:10.1177/0095399707304434

O'Brien, M. (2005). A just profession or just a profession? Social work and social justice. *Social Work Review, 17*(1), 13–22.

O'Brien, M. (2013). Social work registration and professionalism: Social justice and poverty – fellow travellers or discarded passengers? *Aotearoa New Zealand Social Work, 25*(3), 50–59.

O'Donoghue, K. (2007). Guest editorial: Re-imagining registration. Dream the dream! *Social Work Review, 19*(3), 1–2.

Olgiati, V. (2006). Shifting heuristics in the sociological approach to professional trustworthiness: The sociology of science. *Current Sociology, 54*(4), 533–547. doi:10.1177/0011392106065085

Olson, J. J. (2007). Social work's professional and social justice projects: Discourses in conflict. *Journal of Progressive Human Services, 18*(1), 45–69. doi:10.1300/J059v18n01_04

Orme, J., & Rennie, G. (2006). The role of registration in ensuring ethical practice. *International Social Work, 49*(3), 333–344. doi:10.1177/0020872806063405

Radio New Zealand (Writer). (2015). Social worker cleared of having sex with her underage client [Radio broadcast]. Retrieved from http://www.radionz.co.nz/national/programmes/checkpoint/audio/201775977/social-worker-cleared-of-having-sex-with-her-underage-client

Randal, H. (1997). Competent practice and its regulation: Debating the issues around the registration and professionalisation of social work in New Zealand. *Social Work Review,* (March–June), 16–19.

Randal, H. (1999). Guest editorial: Accountability for social work. *Social Work Review, 12*(1), 1–2.

Rennie, G. (2013). Registration ten years on: A perspective from a social work educator. *Aotearoa New Zealand Social Work, 25*(3), 3–10.

Ryan, K. (Writer). (2015, April 2). What needs to change at Child Youth and Family? [Radio broadcast], *Nine to Noon*. Retrieved from http://www.radionz.co.nz/national/programmes/ninetonoon/audio/20173411/what-needs-to-change-at-child-youth-and-family

Schofield, V. (2001). Health social work. In M. Connolly (Ed.), *New Zealand social work: Contexts and practice* (pp. 146–156). Auckland, NZ: Oxford University Press.

Sewpaul, V., & Jones, D. (2005). Global standards for the education and training of the social work profession. *International Journal of Social Welfare, 14*, 218–230. doi:10.1111/j.1468-2397.2005.00362.x

Simmons-Hansen, M. (2010). *Lost voices:Why is Te Tiriti not named in the Social Work Registration Act (SWRA) 2003?* (Master of Social Work (Applied) dissertation). Massey University, Palmerston North, NZ. Retrieved from http://www.scribd.com/doc/178796215/Lost-voice-5-AUGUST-pdf-Submissions-and-the-disconnect-around-the-Registration-of-Social-Workers-Act-2003

Smith, P. (2013). Registration: Ten years on within a non-government organisation. *Aotearoa New Zealand Social Work, 25*(3), 19–24.

Social Workers Registration Act 2003, 2003 S.N.Z. No. 17.

Social Workers Registration Bill. (2002). *Explanation note general policy statement.* Wellington, New Zealand: Parliamentary Library Services, Parliament.

Social Workers Registration Board. (2004a). *Annual Report: 2003–2004*. Wellington, New Zealand: Author. Retrieved from http://www.swrb.govt.nz/news-and-publications/publications

Social Workers Registration Board. (2004b). *Entitlement to registration: Competence policy statement.* Retrieved from http://swrb.org.nz/Documents/Competence.pdf

Social Workers Registration Board. (2004c). *Entitlement to registration: Criteria: Fit and proper person: A position paper*. Wellington, NZ: Author.

Social Workers Registration Board. (2004d). *New Zealand recognised qualifications in social work: A discussion paper*. Wellington, NZ: Author.

Social Workers Registration Board. (2005). *Annual report: 2004–2005*. Wellington, NZ: Author. Retrieved from http://www.swrb.govt.nz/news-and-publications/publications

Social Workers Registration Board. (2006). *Annual report: 2005–2006*. Wellington, NZ: Author. Retrieved from http://www.swrb.govt.nz/news-and-publications/publications

Social Workers Registration Board. (2007). *Social Workers Registration Act 2003: Review Report (July).* Wellington, NZ: Author. Retrieved from http://www.swrb.govt.nz/news-and-publications/publications

Social Workers Registration Board. (2011). *Mandatory social worker registration: A discussion paper.* Wellington, NZ: Author. Retrieved from http://www.swrb.govt.nz/news-and-publications/publications.

Social Workers Registration Board. (2012a). *Mandatory social worker registration: Report on the discussion paper of 2011*. Wellington, NZ: Author. Retrieved from http://www.swrb.govt.nz/news-and-publications/publications

Social Workers Registration Board. (2012b). *Social Workers Registration Act 2003: Review Report. (October)*. Wellington, NZ: Author. Retrieved from http://www.swrb.govt.nz/news-and-publications/publications

Social Workers Registration Board. (2013). *Annual report: 2012–2013*. Wellington, NZ: Author. Retrieved from http://www.swrb.govt.nz/news-and-publications/publications.

Social Workers Registration Board. (2015). *Annual Report: 2014–2015*. Wellington, NZ: Author. Retrieved from http://www.swrb.govt.nz/news-and-publications/publications

Social Workers Registration Board. (2016). Complaints and Disciplinary Tribunal: Decisions. Retrieved from http://www.swrb.govt.nz/complaints/tribunals-decisions

Solas, J. (2008). What kind of social justice does social work seek? *International Social Work, 51*(6), 813–822. doi:10.1177/0020872808095252

Staniforth, B., Fouche, C., & Beddoe, L. (2014). Public perceptions of social work and social workers in Aotearoa New Zealand. *Aotearoa New Zealand Social Work, 26*(2&3), 48–60.

Staniforth, B., Fouché, C., & O'Brien, M. (2011). Still doing what we do: Defining social work in the 21st century. *Journal of Social Work, 11*(2), 191–208. doi:10.1177/1468017310386697

Tyler, P. (2004). Editorial. *Social Work Now, 29*, 2.

van Heugten, K. (2011). Registration and social work education: A golden opportunity or a Trojan horse? *Journal of Social Work, 11*(2), 174–190. doi:10.1177/1468017310386695

Wallace, J., & Pease, B. (2011). Neoliberalism and Australian social work: Accommodation or resistance? *Journal of Social Work, 11*(2), 132–142. doi:10.1177/1468017310387318

Weiss-Gal, I., & Welbourne, P. (2008). The professionalisation of social work: A cross-national exploration. *International Journal of Social Welfare, 17*(4), 281–290. doi:10.1111/j.1468-2397.2008.00574.x

ORIGINAL ARTICLE
THEORETICAL RESEARCH

Questioning the uncritical acceptance of neuroscience in child and family policy and practice: A review of challenges to the current doxa

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ABSTRACT

INTRODUCTION: Recent directions in child and family policy in many Anglophone countries, including Aotearoa New Zealand, are underpinned by the adoption of prevention science which is used to justify state interventions into the lives of families deemed "vulnerable" or "troubled".

METHODS: We conducted an examination of trends, firstly examining recent child welfare and protection policy. We discuss the science that underpins significant changes in policy and explore how this use of the available science dovetails with the dogma of the Western neoliberal agenda.

FINDINGS: The invocation of science in the struggle to reduce child maltreatment may be reassuring to politicians, policy developers and practitioners alike but a critical analysis is largely missing in the discourse in Aotearoa New Zealand.

CONCLUSIONS: Neuroscience is adopted largely uncritically in social policy in relation to child welfare and child protection. It can contribute to policy but other knowledge from social science findings about contextual factors in child maltreatment such as poverty, racism and class-based assumptions about parenting norms must not be ignored in social work practice.

KEYWORDS: early intervention, neuroscience, social policy, social work, child welfare, child protection

Child maltreatment is an enduring and intensely political social issue. Its presence in our society evokes many intense emotions and, as such, it becomes a political issue where emotion can drive our response (Warner, 2015). The death of Christopher and Cru Kahui in June, 2006 led to nationwide concern and reignited moral panic about how children and babies are treated in Aotearoa New Zealand (Beddoe, 2015). Their deaths were instrumental in the development of a discussion paper on vulnerable children (Bennett, 2011), the subsequent "Children's Action Plan" (New Zealand Government, 2012a), and the "White Paper for Vulnerable Children" (New Zealand Government, 2012b, 2012c); then followed the Vulnerable Children Act 2014. Subsequent policy changes, including a vast, and ongoing re-structuring of the Aotearoa New Zealand child protection and welfare system (Modernising Child Youth and Family Expert Panel, 2016), are evidence of both "neuroscientism" and a deepening Western trend in intensive parenting that elevates middle-class parenting to that of an "ideal parenting state". This obscures structural issues, demonises other parenting styles and hides embedded classist, sexist and racist discourses by invoking science (Edwards, Gillies, & Horsley, 2016; Gillies, 2013; Hyslop, 2013; Jensen, 2010; Keddell, 2016;

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Lowe, Lee, & Mcvarish, 2015a, 2015b; Nadesan, 2002; Wall, 2010; Wilson, 2002) and, in particular, neuroscience (Broer & Pickersgill, 2015; Bruer, 1999; Featherstone, Morris, & White, 2013; France, 2012; Macvarish, 2014a, 2014b; Macvarish, Lee, & Lowe, 2015; Thompson & Nelson, 2001; Wastell & White, 2012; White & Wastell, 2013, 2015).

Whilst the deaths of the Kahui twins were, without question, tragic, their deaths (and the deaths of other children before and after) have been used to advocate for specific policy changes. It is not our position that policy changes were not required; rather, we argue that these specific policies and actions must be contextualised against a backdrop of other Anglophone nations where similar trajectories of tragic cases have led to reform. Ten years later, it is possible to view the aforementioned policy documents and compare those with international trends in order to see with which other discourses these policies are aligned. Drawing on international literature, we explore what might be learnt about the discourses around parenting and societal issues that are operating in Aotearoa New Zealand, especially the reification of neuroscience, and ask: how solid is the scientific base upon which these policies and societal trends rely, and how might social workers within both child protection and welfare, in Aotearoa New Zealand respond?

Aotearoa New Zealand is not isolated in its drive for science-based policy that recommends early intervention in the lives of families and children, nor is it something that started in 2006 with the death of the Kahui twins; rather, that event can be seen as a tipping point. In 2002, Wilson (2002), somewhat prophetically, noted that, in speaking of the growing state intervention in at-risk families, media had a propensity for depending on the "lurid" (p. 197) details of individual cases and how that leads to limited understandings of the multifactorial nature of these incidents. Hyslop (2013), more recently, observed how both the United Kingdom (UK) and Aotearoa New Zealand have a tendency to develop reports "against a background of perceived failings in their respective child protection systems, particularly the deaths of vulnerable children" (p. 4). In referencing the English context, Parton (2016a) notes that, with this climate, came a push towards utilising knowledge about both the effects and causes of harm, with specific attention paid to the early months of life. Further, in a report linking articles critical of this drive towards, specifically, neuroscientific policy, Lloyd-Jones (2013), and Featherstone et al. (2013) note that the death of Peter Connelly in England in 2007 was a similar tipping point with one of the results being the "Munro Review" of 2011. Smeyers (2010) notes, like Wilson (2002) that the "Baby P" case led to media and public outrage (Warner, 2015). Smeyers further cautions that state intervention will never be able to prevent all deaths and any knee-jerk reaction may result in increased surveillance with the added reminder that such hasty solutions often beget other, unforeseen, problems.

Observation of hasty policy reactions led White and Wastell (2013) and Wastell and White (2013) to critique a government funded review of current research on child development and maltreatment for family justice professionals which was intended to provide an evidence base for judicial decision-makers (Brown & Ward, 2012). The basis of their critique was that it: lacked balance (it made no mention of any controversies in neuroscience findings); conflated statistical significance and predictive validity; relied on contested concepts such as the "myth of the first three years" (a concept debunked by Bruer, 1999); was not sufficiently rigorous; and the case studies were "dangerously inflammatory and full of fictitious neurospeculation" (Wastell & White, 2013, p. 10). In response, Ward and Brown (2013) contended that Wastell and White had been "emotive" and that they had failed to find any "serious flaws" (p. 1181). Regardless of the language employed by either camp, the report from

Brown and Ward (2012) is part of a growing trend in English policy to use neuroscience to back up policy[1].

Macvarish (2014a) notes that a trend in policy relying on neuroscience began in the United States (US) in the 1990s and the UK in the 2000s. Bruer (1999) details how the Clinton administration (informed by organisations such as the Rob Reiner Foundation) spearheaded a drive to consider parenting based on science. Bruer, who attended a White House conference showcasing such science, noted that early parenting experiences were being linked to later undesirable outcomes such as substance abuse, violence and anti-social behaviour. The underlying tenet of the conference was that, while speakers were careful not to write children off, early intervention was the way to solve such societal ills, and early patterns were enduring and very hard to alter as the child grew up. He further observed that there was only one neuroscientist present yet almost all the speakers had invoked neuroscience as justification for a raft of policy interventions. While this policy direction had been simmering throughout the 1990s and before, it was evidence of a country-wide move to validate a specific interpretation of neuroscience findings (Bruer, 1999).

Neuroscience, neuromania and neuroscientism

Bruer (1999), Wastell and White (2012, 2013) and White and Wastell (2013, 2015), noting the heavy underpinning of neuroscience, argue that, if policy is so informed by this science, then the science itself bears scrutiny. Indeed, many reviews of neuroscientific findings and how they relate to childhood, parenting, abuse and maltreatment are cautious in recommending policy directions. Belsky and de Haan (2011), in reviewing the relationship between parenting and brain development, note that one would have to believe in "magic" (p. 409) to conclude that parenting did not have any effect on either behaviour or brain structure. However, they urge caution on several grounds, namely: current knowledge is limited; extreme caution must be used when implying causation; and that current research (due to compounding factors) might be overstating the impact of abuse. Furthermore, the ubiquitous reference to the institutional neglect suffered by Romanian orphans, as it was extreme and isolated, is not comparable to cases experienced by child protection workers:

> [B]ecause such deprivation involves much more than just limitations in caregiving, it is no doubt mistaken to equate it completely with – and thus expect exactly the same effects of – the kind of parental neglect typically encountered by child protection workers dealing with troubled families. (Belsky & de Haan, 2011, p. 414)

Belsky and de Haan also caution that there have been no studies done using neuroimaging over time and thus existing neuroimages cannot show development, a point also made by Munro and Musholt (2014). As Schmitz and Höppner (2014) state, neuroimages are merely a moment in time, they cannot tell us anything about nature or nurture—or even the combination thereof—all they can indicate is what is happening right at that time. Twardosz and Lutzker (2010) similarly advise that, "the precise effects on the human brain and the extent to which they might be reversed or modified by intervention are still far from clear" (p. 66).

How then, do these tentative findings contrast with what is written in Aotearoa New Zealand government policy documents? Both the Children's Action Plan (New Zealand Government, 2012a) and Volume 1 of the White Paper (New Zealand Government, 2012b) rely on the research gathered in Volume 2 of the White Paper

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[1] For a more thorough and comprehensive review of the way neuroscience is shaping child protection and welfare policy please see: White & Wastell (2015).

(New Zealand Government, 2012c) and so it is from this volume that the following example is drawn. When contrasting this text on stress and the developing child with the cautionary findings of Tarullo and Gunnar (2006) and McCrory, De Brito, and Viding (2010), it becomes clear that the report paints a far more conclusive view of the evidence:

> Chronic high levels of cortisol – one of the most important stress hormones – result in reduced brain volume and may cause neurons to die. This may also reduce connectivity in the brain. It can cause children to develop a low threshold for stress, which may render them overly reactive to adverse experiences. It also impairs learning by reducing growth in the hippocampus, which is a key structure for memory. Collectively these processes tend to reduce the moderating role of the cortex, leading to under-regulation of behaviour. (New Zealand Government, 2012c, p. 14)

This report goes on to emphasise that these effects can be mitigated through "positive nurturant experiences" (New Zealand Government, 2012c, p. 14) but it stresses that "traumatic and stressful events can have profound negative effects on development at a basic biological level, by encoding negative experience within the brain and over-wiring the stress response system" (2012c, p. 14). We suggest that, despite the qualifiers, "may" and "can," the reader would be left with the belief that such a relationship is more certain than hypothetical.

Other reports which have fed into government policy include statements such as the following:

> Frequent or sustained activation of brain systems that respond to stress can heighten vulnerability to a range of behavioural and physiological disorders over a lifetime. (New Zealand House of Representatives Health Committee, 2013, p. 9)

> The evidence is very strong; the first few years of life from pre-conception are fundamentally important for a broad range of child health outcomes, and for the achievements of children as adolescents and adults. (Ministry of Health, 2011, p. 6)

The following two extracts are both from "Puberty and adolescence: Transitions in the life course" a report into "reducing social and psychological morbidity during adolescence" and are from the Office of the New Zealand Prime Minister's Chief Science Advisor (2011). Whilst this paper has focused on looking at policy concerning early childhood, it is important to note, as France (2012) does with regard to Aotearoa New Zealand adolescent-focused policy, that this overemphasis on, and exaggeration of, neuroscience can appear in government policy in relation to any age group.

> While most of this science is based on compelling data from animal studies, there are supportive data in humans showing that stresses and challenges early in life will change the settings of switches involved in pathways associated with social experiences and stress responses, with permanent effects. (Gluckman, Lowe, & Franco, 2011, p. 26)

> Children who are most at risk for social and emotional problems are those children who are continually exposed to one or more environmental stressors. A certain amount of stress in early childhood can be adaptive and growth promoting. However, chronic or "toxic" stress can have an adverse effect on the developing architecture of the brain. This is particularly apparent in the fetal and early childhood periods. (Wouldes, Merry, & Guy, 2011, p. 38)

Such policy discourse is an example of what Tallis (2011) calls "neuromania": "the appeal to the brain, as revealed through the latest science, to explain our behavior" (p. 5). Both Tallis, and Nadesan (2002), identify this explanation of human behaviour as a new version of social Darwinism: a way of explaining and legitimising social hierarchies by falling back on biology. Tallis (2011) argues that it is not neuroscience itself which is at issue here, rather it is "neuroscientism", explained by Macvarish et al. (2015) as "the fetishisation of a neuroscientific vocabulary as a source of authority to underpin policy claims-making" (2015, p. 254).

Bruer (1999) identifies key concerns over these policy trends which revolve around three key areas:

- A promotion of the early years (largely 0-3) as a time of heightened and explosive brain growth not replicated in subsequent years. Bruer points out that many people have contested these claims and evidence of brain *size* is no evidence of brain capacity, or learning potential.

- That there are a large number of critical (often described as sensitive in documents) periods in those early years whereby formative experiences function as a biological make or break and cannot be remedied in later years. With recourse to the literature, Bruer (1999) shows that the only areas in which this has been definitively proven is in the areas of language acquisition and aspects of visual development. He contends that critical periods are atypical for human development, and must be rare. This must be so given the diversity of environments that children are born into as it would be evolutionarily unwise for critical periods, which rely on certain and expected environmental stimuli, to be so prevalent in our development.

- That providing a child with a stimulating environment in the early years can boost brain power with lifetime effect. Again, through recourse to literature, Bruer demonstrates that the evidence for such claims is limited.

Whilst not all the above strands are evident in policy documents, it is important to note that all are present in discourse around neuroscience and parenting in the wider Aotearoa New Zealand context. There are several examples of note. The Ministry of Health's (2015) latest edition of the *Well Child* booklet given to all parents of newborns, advises parents that: "over the next three years the brain grows more complex and capable" (p. 196). Brainwave Trust, an Aotearoa New Zealand based advocacy organisation dedicated to looking at neuroscience (tagline "the early years last forever") claims that: "[t]here are critical and sensitive periods in brain development during which rapid changes take place, and after which it becomes difficult if not impossible to re-capture those developments" (Brainwave Trust, 2011, n.p.).

Given the strong challenges to the place of neuroscience in policy (Bruer, 1999; Wastell & White, 2012, 2013) a deeper examination of the context of this obsession with parenting is justified.

Neuro-neoliberalism

Authors commenting on neuroscientism (Macvarish, 2014b; Nadesan, 2002; Pitts-Taylor, 2010; Schmitz & Höppner, 2014; Wall, 2010) have noted that its rise coincides with neo-liberal approaches to welfare. Rose and Abi-Rached (2013) are more reserved in their analysis, preferring to conclude that this trend is simply evidence of a "'hopeful' ethos of the life sciences in contemporary societies" (p. 248). Both White and Wastell (2015) and Gillies and Edwards (2017) observe that the policy of "early intervention" has been heavily informed by Heckman, an economist who draws links between child development and later societal economic costs (see, Heckman, 2006). White and Wastell (2015) note that Heckman's research relies primarily on a small data set of three US-based studies (see Heckman & Masterov, 2007) which further relied on Bruer's (1999) three strands of assumptions cited above.

Heckman is cited as evidence of economic benefit in the "White Paper" (New Zealand Government, 2012b), the "Transitions Report into Adolescence" (Office of the Prime Minister's Science Advisory Committee, 2011), the recent final "Expert Report" (Modernising Child Youth and Family Expert Report, 2016), and the "Inquiry into improving child health outcomes and preventing child abuse, with a focus on pre-conception until three years of age" report from the Health Committee (New Zealand House of Representatives Health Committee, 2013). Economic discourse pervades the White Paper documents and the Expert Panel report, revealing that the main reason government is interested in how much parents "nurture/love" their children is not a good, in and of itself. This is a belief clearly articulated by Heckman and Masterov (2007) when they explicitly identify that other people justify interventions, specifically early childhood ones, as a "question of fairness or social justice" but they argue for it on "productivity grounds." (p. 2). For example:

- "A working breadwinner is the best form of security a family can get" (New Zealand Government, 2012b, p. 26).
- "To ensure future economic and social success, it is important that children are healthy, well nurtured and educated so they are well equipped to assume these future roles" (New Zealand Government, 2012c, p. 39).
- In citing Heckman: "forward liability (the cumulative costs across a lifetime) points to the significant fiscal and social benefits of intervening as soon as possible, when problems are less entrenched and damaging" (Modernising Child Youth and Family Expert Report, p. 10).

The examples above show how such positioning of children as resources for future capitalist acquisition creates *doxa* (Bourdieu, 1977, p. 169) where "important issues remain unspoken and taken for granted." Parents in this case are held up as normal or abnormal, based on doxic, hidden, class-based assumptions with abnormal parenting to be managed in targeted services, for least cost. Crossley (2015, p. 264) writes "discourses from the state… carry more weight than others because they are official and are often accepted as being authorised and legitimate accounts" and these very deliberate links between childhood and future liability—downstream fiscal demands—riddle Aotearoa New Zealand social policy.

Pitts-Taylor (2010) notes that neoliberalism is creating a "neuronal self," one that "firmly situates the subject in a normative, neoliberal ethic of personal self-care and responsibility linked to modifying the body" (p. 639). She contends that body/self-maintenance have become the new duties of the neoliberal citizen where, by looking after oneself one avoids being a financial liability to the state. Parton (2016b) sees this creation of the ideal neoliberal citizen when he observes that child welfare and protection have become one of many places where people need to be educated into "good behaviour and the importance of a moral obligation to work, and to manage one's family's affairs competently." (p. 8). Crucially, providing historical context, Gillies and Edwards (2017), note that these recent developments are "merely the latest incarnation of a longstanding conviction held by the rich and powerful. Specifically that there must be something inherently wrong with the minds, bodies and souls of those failing to thrive in an unfettered free market economy." (p. 19)

Policy and societal intersection

Policy is not created in a vacuum, rather it is informed by, and informs, social discourse. It is to this intersection that we now turn. In reviewing criticism of the use of neuroscience in policy and society, there are several broader societal themes and issues to be addressed:

1. That such policy ignores structural issues such as inequality and poverty and seeks to individualise social problems (Edwards, Gillies, & Horsley, 2013; Gillies, 2013; Hyslop, 2013; Nadesan, 2002) and that this then legitimises classism by stealth.

2. That the public at large, of which social workers are a part, through media misrepresentations of research, are influenced by studies about the brain and have a limited understanding of neuroimaging which results in biases favouring research that mentions neuroscience directly and/or uses neuroimages to illustrate points (O'Connor & Joffe, 2013; Petersen, 2001; Racine, Waldman, Rosenberg, & Iles, 2010; Ramani, 2009; Thompson & Nelson, 2001; Weisberg, Keil, Goodstein, Rawson, & Gray, 2008).

3. That the ensuing policies and practices contribute to a new legitimisation of racist and ethnic bias (Edwards, Gillies & Horsley, 2015; Hyslop, 2013; Wilson, 2002). Hyslop (2013), for example, points out that any reference to Māori in the White Paper documents is "selective, superficial and clichéd" (p. 5).

4. That "intensive parenting", is reviving a back to basics philosophy which essentialises women and creates a profoundly sexist view of parenting which responsibilises and biologises women and, to a lesser degree, parents (Gillies, 2013; Jensen, 2010; Lowe et al., 2015a; Macvarish, 2014a, 2014b; Nadesan, 2002; Schmitz & Höppner, 2014; Wall, 2010).

Space does not permit fuller discussion of the many concerns identified in this review. However, the legitimisation of malignant racist and sexist discourses are worthy of much more detailed attention and will be discussed in a later article.

Structural issues: minimising poverty

In comparing the content of the White Paper (New Zealand Government, 2012b, 2012c) with the England-based "Munro Report", Hyslop (2013) notes that social inequality is not discussed unless it is within the context of denigrating welfare dependency. He posits that poverty could have been utilised as a uniting concept in discussing childhood vulnerability (see, for example, Bywaters et al., 2016), however, it has been relegated to being one of the contributing factors. It is also of note that, whilst discussion about the effects of poverty on parenting appears in most of the literature, the relationship tends to be reversed, with parenting being the "cause" of poverty and not the inverse. Nadesan (2002) points out that the parenting practices associated with *good* nurturing and optimal brain development are the very types of parenting typified by the middle class and only truly accessible to those with time and money. Therefore, the logic goes, those with good parenting practices have themselves been parented in such a way as to avoid poverty. Indeed, Heckman and Masterov (2007) assert the link between money and parenting by constantly referring to "better" outcomes for children of wealthier families without once considering broader structural issues; for them, it is all about an increase in "non-traditional families" (p. 2).

Edwards et al. (2013) note that individualising societal problems through the parenting of the child and future adult, allows politicians to ignore societal questions about class and poverty. Further to this, it plays into middle-class anxieties about social mobility; for when middle-class parenting styles are reified in policy documents, it serves as a warning that your children's social standing is up to you as a parent. They point out that:

> The current policy preoccupation with the nurturing practices of poor families relies on a meritocratic construction of the

> wealthy and privileged as having better developed brains. Success is naturalised and unproblematically correlated with brain structure and intelligence. From this perspective the solution to poverty is to make people smarter – children of the poor can then think themselves out of their predicament. Recognition of systematic, structurally engrained inequality merely hold back the power of the individual brain, creating a psychological block that circumscribes achievement and justifies inertia. This is certainly an optimistic standpoint, but it's a cruel optimism devoid of any basis in real experience of hardship. (p. 12)

It is then not too much of a stretch for researchers (Edwards et al., 2013, Gillies & Edwards, 2017) to note the similarities between this approach and eugenics. It is simply more effectively hidden than in the past.

Misrepresentation of neuroscience in the news media

Social workers do not exist in a vacuum; rather they are influenced by, and influence, society and, much like other citizens they are affected by how the media presents information. In Aotearoa New Zealand having access to source material to check research, or conduct one's own research, is often limited to academic institutions, thus social workers here are frequently forced to rely on second-hand interpretations of source material, often through media, popular literature and training opportunities. This limited exposure to peer-reviewed journals then, provides a very specific context in which the media has a greater influence over local social workers than in some other Anglophone countries where access to literature is easier. Scholars have demonstrated that the societal dissemination of neuroscience findings through media or otherwise is not without problems. Thompson and Nelson (2001) and Ramani (2009) note that public interest in human behaviour is strong, leading to media reporting such findings more frequently than findings within what are traditionally called the "hard sciences." Thompson and Nelson (2001) also observe that such research is prone to "campaign journalism" (p. 5), a process whereby lobbyists and politicians aim to increase public commentary on particular policies—many of which involve aspects of human behaviour. They warn that there needs to be a closer relationship between journalists and neuroscientists to avoid such errors but also suggest that there is temptation for scientists to remain silent to maintain publicity and generate funding, even if the publicity is not accurate.

Petersen (2001) in Australia, Racine et al. (2010) and O'Connor, Rees, and Joffe (2012) in the UK have reviewed how brain science and/or parenting have been portrayed in selected Western newspapers. All three studies indicated that neuroscience findings were distorted and that there was little commentary critical of the findings. Racine et al. (2010) found that no mention was made of sample sizes, funding sources or the need for replication in any of the analyses. Such unquestioning support of the neuroscience reported could well undermine public support for non-biological approaches to these issues. Petersen (2001) found that there was little support ever given to non-biological or multi-factorial explanations for any of the issues presented in the neuroscience-based articles. O'Connor et al. (2012) also observed that "media coverage of neurobiological differences reinforced divisions between social groups and was presented in stereotype-consistent ways" (p. 223).

Of equal concern is evidence that the general public attributes greater authenticity and reliability to explanations of behaviour that include neuroscience and/or contain neuroimages. Weisberg et al. (2008) found such a relationship between the placement of neuroimages in stories about a psychological phenomenon and favourability ratings. This is of particular concern when neuroimages such as the brain scan of a "normal" child and a "neglected" child (Perry, 2002; Perry &

Pollard, 1997) have been widely used in policy and parenting literature and media (Healy, 2015; Wastell & White, 2013; White & Wastell, 2013). Brainwave Trust provides a link on their website (http://www.brainwave.org.nz/wp-content/uploads/2012/05/MindBrain.pdf) to the Perry (2002) article which contains the neuroimage in question. The image, as pointed out by Healy (2015) is devoid of a detailed case history and fails to provide a comparison scale, both of which would be evidence of academic rigour.

Implications for social work practice in Aotearoa New Zealand

How then should social workers in Aotearoa New Zealand tackle the calls from their employers (and the public) to use neuroscience findings in their practice? How should social workers engage with literature about "brain science" in their day-to-day lives without being unwittingly seduced by the hype and biases that pervade it, and the accompanying media coverage? There are several different suggestions about how best to integrate such knowledge—some are more enthusiastic about the potential for neuroscience and social work than others.

Plafky (2015) provides an analysis of why neuroscience is over-emphasised in social work and how we might guard against it. He observes that there is a bias towards thinking that "evidence-based practice" and research on brains go hand-in-hand. Such bias is, perhaps, an inevitable result of a lack of access to source material, especially critical in the Aotearoa New Zealand context (with a reliance on secondary material or trainers who are brought in for professional development) combined with a lack of education on how to engage with neuroscience findings in a critical manner.

Green and McDermott (2010) and Sayre and Walker (2014) assert that social work must embrace the findings of neuroscience and evolutionary theory (evolutionary psychology in the latter case) in an effort to stay current. Green and McDermott observe that person-in-environment (PIE) theory has been well utilised, but criticise it for having little explanatory power; in summary, they contend that PIE sites the person in a particular environment but does not explain that person's journey into that particular environment. Sayre and Walker conclude that the marriage of neuroscience and evolutionary psychology would be beneficial and that, "once the neurophysiological impacts of injustice and interpersonal harm are understood, the profession of social work has a clear theoretical foundation for social justice advocacy" (2014, p. 970). However, a key proviso in examining these contributions is that neither Green and McDermott, nor Sayre and Walker, address the inherent problems raised by other authors about the discourses inherent in many presentations of neuroscience.

Whilst not explicitly advocating for social work, Stirling (2011) nonetheless provides a rigorous framework that social workers could consider in assessing neuroscience findings. He demonstrates that there are lessons to be learned from the application of other "new" sciences and notes that "levels of knowledge that are sufficient for a technology to meet initial narrow practice goals, are rarely sufficient to predict the full range of eventual indirect impacts" (p. 87). He cautions against falling for enthusiastic displays of new science and provides a list of syndromes to look for in examining neuroscience findings. Stirling suggests examining findings using a "social appraisal" (p. 93) method which comprises three strands, which bear examination in some detail:

- Responsibility: the governance of neuroscience should be independent and there should be drives to avoid a hierarchy of sciences dominated by it; that other avenues of research amongst other disciplines should also be considered.

- Precaution: there should be no automatic assumption of benefits claimed; he points out that a lack of evidence of harm is not evidence of no harm.

- Engagement: there should be open and accountable public engagement with non-expert voices included (pp. 94–96).

Social workers in Aotearoa New Zealand would be well advised to consider these strands when asked to implement or assess new policy directives and guidelines. An example of the significance of Stirling's recommendations is to be found in France (2012). He notes that Gluckman, the New Zealand Prime Minister's Chief Science Advisor, demonstrates a documented bias against social sciences. He states that Gluckman (Office of the Prime Minister's Science Advisory Committee, 2011) characterises the social sciences as "'dogma' driven, 'ideologically' shaped and 'anecdotal'" (p. 92). Our view is that, in the case of current child welfare policy, the dogma which drives the neoliberal agenda is wedded to neuroscientism.

Finally, it is worth considering the approach advocated by Munro and Musholt (2014), a balanced approach that advises that neuroscience is not to be ignored and, whilst acknowledging many of the critiques cited earlier, they conclude that, with an interdisciplinary approach, such problems have the potential to be mitigated. They note that neuroscience cannot possibly integrate all of the prior, current and future social science findings about child maltreatment and so it is critical that there is multidisciplinary integration. They also observe that, sadly, very few people currently "feel competent to challenge neuroscientific assertions and so intelligent debate can be stifled" (p. 8), and that, even if we agree that maltreatment of children causes irreversible brain damage, there is no automatic solution as to what the best intervention might be (whether that be family wraparound support or child removal). That "integration space" is the space therefore that social work can, and must occupy. As intermediaries between people and the state, we have a unique position from which to argue for a more contextualised understanding of the "findings" of neuroscience. Social workers have an intimate knowledge of the multi-factorial nature of social problems, something that is sadly lacking in the current (mis)application of neuroscience to policy. Thus, whilst child deaths evoke strong emotions and invoke calls for action, we must ensure they do not lead to the uncritical use of neuroscience as a basis for more state surveillance and intervention in parenting when such interventions seem to rely on a contested and nuanced research base.

References

Beddoe, L. (2015). Making a moral panic: "Feral families", family violence and welfare reforms in New Zealand. Doing the work of the state? In V. E. Cree, G. Clapton, & M. Smith (Eds.), *Moral panics in theory and practice: Gender and family moral panics in theory and practice* (pp. 55–65). Bristol, UK: Policy Press.

Belsky, J., & de Haan, M. (2011). Annual research review: Parenting and children's brain development: The end of the beginning. *Journal of Child Psychology and Psychiatry*, *52*(4), 409–428.

Bennett, P. (2011). Green paper for vulnerable children [Press release]. Retrieved from http://www.beehive.govt.nz/release/green-paper-vulnerable-children

Bourdieu, P. (1977). *Outline of a theory of practice*. Cambridge, UK: Cambridge University Press.

Brainwave Trust. (2011). Wiring the brain. Retrieved from http://www.brainwave.org.nz/wp-content/uploads/2014/06/Wiring-the-Brain_flyer-28.5.14_web.pdf

Broer, T., & Pickersgill, M. (2015). Targeting brains, producing responsibilities: The use of neuroscience within British social policy. *Social Science and Medicine, 132*, 54–61. doi:http://dx.doi.org/10.1016/j.socscimed.2015.03.022

Brown, R., & Ward, H. (2012). *Decision-making within a child's timeframe: An overview of current research evidence for family justice professionals concerning child development and the impact of maltreatment*. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200471/Decision-making_within_a_child_s_timeframe.pdf

Bruer, J. T. (1999). *The myth of the first three years*. New York, NY: The Free Press.

Bywaters, P., Bunting, L, Davidson, G., Hanratty, J., Mason, W., McCartan, C., & Steils, N. (2016). *The relationship between poverty, child abuse and neglect: An evidence review.* Joseph Rowntree Foundation (2016). Retrieved from https://www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review

Crossley, S. (2015). "Realising the (troubled) family", "crafting the neoliberal state". *Families, Relationships and Societies, 5*, 263–279. doi:10.1332/204674315X14326465757666

Edwards, R., Gillies, V., & Horsley, N. (2013, June). Rescuing Billy Elliot's brain: Neuroscience and early intervention. In *Brain Science and Early Intervention: Joint meeting of the BSA childhood study group and the BSA families and relationships study group.* Goldsmiths, University of London, UK.

Edwards, R., Gillies, V., & Horsley, N. (2015). Brain science and early years policy: Hopeful ethos or "cruel optimism"? *Critical Social Policy, 35*(2), 167–187. doi:10.1177/0261018315574020

Edwards, R., Gillies, V., & Horsley, N. (2016). Early intervention and evidence-based policy and practice: Framing and taming. *Social Policy and Society*, 1–10.

Featherstone, B., Morris, K., & White, S. (2013). A marriage made in hell: Early intervention meets child protection. In D. Wastell, S. White, & A. Lorek (Eds.), *The child's timeframe—A neuro scientific perspective* (pp. 8–11). Retrieved from http://www.14gis.co.uk/

France, A. (2012). "It's all in the brain": Science and the "new" construction of the youth problem in New Zealand. *New Zealand Sociology*, *27*(2), 76–95.

Gillies, V. (2013,May). From baby brain to conduct disorder: The new determinism in the classroom. *Gender and Education Association Conference* (Vol. 25). London.

Gillies, V., & Edwards, R. (2017). "What about the children?" Re-engineering citizens of the future In J. Pykett, R. Jones, & M. Whitehead (Eds.), *Psychological governance and public policy* Oxon, UK: Routledge.

Gluckman, P., Low, F., & Franco, K. (2011). Puberty and adolescence: Transitions in the life course. Office of the Prime Minister's Science Advisory Committee Report, *Improving the transition: Reducing social and psychological morbidity during adolescence: A report from the Prime Minister's Chief Science Advisor* (pp. 19–34). Auckland, NZ: Office of the Prime Minister's Science Advisory Committee.

Green, D., & McDermott, F. (2010). Social work from inside and between complex systems: Perspectives on person-in-environment for today's social work. *British Journal of Social Work*, *40*(8), 2414–2430. doi:10.1093/bjsw/bcq056

Healy, K. (2015). After the biomedical technology revolution: Where to now for a bio-psycho-social approach to social work? *British Journal of Social Work,* 1–17. doi:10.1093/bjsw/bcv051

Heckman, J. J. (2006). Skill formation and the economics of investing in disadvantaged children. *Science*, *312*(5782), 1900–1902.

Heckman, J. J., & Masterov, D. V. (2007). The productivity argument for investing in young children. Retrieved from: http://jenni.uchicago.edu/human-inequality/papers/Heckman_final_all_wp_2007-03-22c_jsb.pdf

Hyslop, I. (2013). The "White paper for vulnerable children" and the "Munro review of child protection in England": A comparative critique. *Aotearoa New Zealand Social Work, 25*(4), 4–14.

Jensen, T. (2010). Warmth and wealth: Re-imagining social class in taxonomies of good parenting. *Studies in the Maternal*, *2*(1), 1–13.

Keddell, E. (2016). Child protection reform and welfare reform in Aotearoa New Zealand: Two sides of the same coin? In J. Maidment & L. Beddoe (Eds.), *Social policy for social work and human services in Aotearoa New Zealand* (pp. 237–251). Christchurch, NZ: Canterbury University Press.

Lloyd-Jones, E. (2013). Foreword: The child's time frame: What the neuroscience really says. In D. Wastell, S. White, & A. Lorek (Eds.), *The child's timeframe—A neuro scientific perspective* (pp. 8–11). Retrieved from http://www.14gis.co.uk/

Lowe, P., Lee, E., & Macvarish, J. (2015a). Biologising parenting: Neuroscience discourse, English social and public health policy and understandings of the child. *Sociology of Health & Illness*, *37*(2), 198–211. doi.org/10.1111/1467-9566.12223

Lowe, P., Lee, E., & Macvarish, J. (2015b). Growing better brains? Pregnancy and neuroscience discourses in English social and welfare policies. *Health, Risk & Society, 17*(1), 15–29. doi:10.1080/13698575.2014.994479

Macvarish, J. (2014a). The politics of parenting. In E. Lee, J. Bristow, C. Faircloth, & J. Macvarish (Eds.), *Parenting culture studies* [Kindle DX version] (pp. 76–101). Basingstoke, UK: Palgrave.

Macvarish, J. (2014b). Babies' brains and parenting policy: The insensitive mother. In E. Lee, J. Bristow, C. Faircloth, & J. Macvarish (Eds.), *Parenting culture studies* [Kindle DX version] (pp. 165–183). Basingstoke, UK: Palgrave.

Macvarish, J., Lee, E., & Lowe, P. (2015). Neuroscience and family policy: What becomes of the parent? *Critical Social Policy, 35*(2), 248–269. doi:10.1177/0261018315574019

McCrory, E., De Brito, S. A., & Viding, E. (2010). Research review: The neurobiology and genetics of maltreatment and adversity. *Journal of Child Psychology and Psychiatry*, *51*(10), 1079–1095.

Ministry of Health. (2011). *Healthy beginnings: Developing perinatal and infant mental health services in New Zealand.* Wellington, NZ: Author.

Ministry of Health. (2015). *Well child tamariki ora: My health book.* Wellington, NZ: Author.

Modernising Child Youth and Family Expert Panel. (2016). *Expert panel final report: Investing in New Zealand's children and their families.* Wellington, New Zealand. Retrieved from https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/investing-in-children/

Munro, E., & Musholt, K. (2014). Neuroscience and the risks of maltreatment. *Children and Youth Services Review*, *47*, 18–26.

Nadesan, M. H. (2002). Engineering the entrepreneurial infant: Brain science, infant development toys, and governmentality. *Cultural Studies*, *16*(3), 401–432.

New Zealand Government. (2012a). *Children's action plan: Identifying, supporting and protecting vulnerable children.* Retrieved from http://childrensactionplan.govt.nz/resources/childrens-action-plan-progress-report-december-2015/

New Zealand Government. (2012b). *The white paper for vulnerable children: Volume 1.* Retrieved from http://www.childrensactionplan.govt.nz/resources/white-paper/

New Zealand Government. (2012c). *The white paper for vulnerable children: Volume 2.* Retrieved from http://www.childrensactionplan.govt.nz/resources/white-paper/

New Zealand House of Representatives, Health Committee. (2013). *Inquiry into improving child health outcomes and preventing child abuse, with a focus on pre-conception* *until three years of age* [Report of the Health Committee]. Retrieved from http://www.parliament.nz/en-nz/pb/sc/business-summary/00DBSCH_INQ_11221_1/inquiry-into-improving-child-health-outcomes-and-preventing

O'Connor, C., & Joffe, H. (2013). Media representations of early human development: Protecting, feeding and loving the developing brain. *Social Science & Medicine*, *97*, 297–306.

O'Connor, C., Rees, G., & Joffe, H. (2012). Neuroscience in the public sphere. *Neuron*, *74*(2), 220–226.

Office of the Prime Minister's Science Advisory Committee. (2011). *Improving the transition: Reducing social and psychological morbidity during adolescence: A report from the Prime Minister's Chief Science Advisor* [Committee Report]. Auckland, NZ: Author.

Parton, N. (2016a). The contemporary politics of child protection: Part two (the BASPCAN Founder's Lecture 2015). *Child Abuse Review, 25*, 9–16.

Parton, N. (2016b). An "authoritarian neoliberal" approach to child welfare and protection? *Aotearoa New Zealand Social Work*, *28*(2), 7–8.

Perry, B. D. (2002). Childhood experience and the expression of genetic potential: What childhood neglect tells us about nature and nurture. *Brain and Mind*, *3*(1), 79–100.

Perry, B. D., & Pollard, R. (1997). Altered brain development following global neglect in early childhood. *Proceedings from the Society for Neuroscience Annual Meeting,* New Orleans, Louisiana.

Petersen, A. (2001). Biofantasies: Genetics and medicine in the print news media. *Social Science and Medicine*, *52*(8), 1255–1268.

Pitts-Taylor, V. (2010). The plastic brain: Neoliberalism and the neuronal self. *Health*, *14*(6), 635–652.

Plafky, C. S. (2015). From neuroscientific research findings to social work practice: A critical description of the knowledge utilisation process. *British Journal of Social Work,* 1–18. doi: 10.1093/bjsw/bcv082

Racine, E., Waldman, S., Rosenberg, J., & Illes, J. (2010). Contemporary neuroscience in the media. *Social Science & Medicine*, *71*(4), 725–733.

Ramani, D. (2009). The brain seduction: The public perception of neuroscience. *Journal of Science Communication*, *8*(4). Retrieved from http://jcom.sissa.it/archive/08/04/Jcom0804(2009)L01

Rose, N., & Abi-Rached, J. M. (2013). *Neuro: The new brain sciences and the management of the mind* [Kindle DX version]. Princeton, NJ: Princeton University Press. Retrieved from https://www.amazon.com/Neuro-Brain-Sciences-Management-Mind/dp/0691149615

Sayre, M. M., & Walker, R. (2014). Evolutionary theory and neuroscience: An explanatory theory for social work. *Journal of Human Behavior in the Social Environment*, *24*(8), 966–972.

Schmitz, S., & Höppner, G. (2014). Neurofeminism and feminist neurosciences: A critical review of contemporary brain research. *Frontiers in Human Neuroscience*, *8*,1–10.

Smeyers, P. (2010). State intervention and the technologization and regulation of parenting. *Educational Theory*, *60*(3), 265–270.

Stirling, A. (2011). Governance of neuroscience: Challenges and responses. *Brain Waves Module 1: Neuroscience, Society and Policy,* 87–97.

Tallis, R. (2011). *Aping mankind: Neuromania, Darwinitis and the misrepresentation of humanity*. Durham, UK: Acumen.

Tarullo, A. R., & Gunnar, M. R. (2006). Child maltreatment and the developing HPA axis. *Hormones and Behavior*, *50*(4), 632–639.

Thompson, R. A., & Nelson, C. A. (2001). Developmental science and the media: Early brain development. *American Psychologist*, *56*(1), 5–15.

Twardosz, S., & Lutzker, J. R. (2010). Child maltreatment and the developing brain: A review of neuroscience perspectives. *Aggression and Violent Behavior*, *15*(1), 59–68.

Wall, G. (2010). Mothers' experiences with intensive parenting and brain development discourse. *Women's Studies International Forum, 33*(3), 253–263.

Ward, H., & Brown, R. (2013). Decision-making within a child's timeframe: A response. *Family Law Journal, 43*, 1181–1186.

Warner, J. (2015). *The emotional politics of social work and child protection.* Bristol, UK: Policy Press.

Wastell, D., & White, S. (2012). Blinded by neuroscience: Social policy, the family and the infant brain. *Families, Relationships and Societies, 1*(3), 397–414. doi:10.1332/204674312x656301

Wastell, D., & White, S. (2013). The child's time frame: What the neuroscience really says. In D. Wastell, S. White, & A. Lorek (Eds.), *The child's timeframe–A neuro scientific perspective* (pp. 8–11). Retrieved from http://www.14gis.co.uk/

Weisberg, D. S., Keil, F. C., Goodstein, J., Rawson, E., & Gray, J. R. (2008). The seductive allure of neuroscience explanations. *Journal of Cognitive Neuroscience*, *20*(3), 470–477.

White, S., & Wastell, D. (2013). A response to Brown and Ward: Decision-making within the child's timeframe. Retrieved from http://dx.doi.org/10.2139/ssrn.2325357

White, S., & Wastell, D. (2015). The rise and rise of prevention science in UK family welfare: surveillance gets under the skin. *Families, Relationships and Societies*. doi:http://dx.doi.org/10.1332/204674315X14479283041843

Wilson, H. (2002). Brain science, early Intervention and 'at risk' families: Implications for parents, professionals and social policy. *Social Policy and Society*, *1*(3), 191–202.

Wouldes, T., Merry, S., & Guy, D. (2011). Social and emotional competence: Intervening in infancy. Office of the Prime Minister's Science Advisory Committee Report, *Improving the transition: Reducing social and psychological morbidity during adolescence: A report from the Prime Minister's Chief Science Advisor* (pp. 35–48). Auckland, NZ: Office of the Prime Minister's Science Advisory Committee.

Reciprocity in international student exchange: Challenges posed by neo-colonialism and the dominance of the Western voice

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ABSTRACT

INTRODUCTION: Internationalisation of social work education is part of a rapidly growing international tertiary education sector; one that is actively being promoted by governments and universities to support student learning and engagement and to develop global citizens. International partnership programmes form a core part of the internationalisation of social work education, and these programmes may involve inequity in the benefits to the different partners. This article critically reflects on, and explores, concepts of reciprocity and collaboration in international social work student exchanges with a specific focus on exchanges between Australia and the Asia-Pacific.

METHODS: A critical lens was applied to the literature that conceptualises international student exchanges with a particular focus on reciprocity and collaboration. The concept of *neo-colonialism* is used to explore international student exchanges and consider ways forward; the term is used to refer to newer and more subtle forms of colonialism that are often based on linguistic or cultural domination. The discussion is further drawn out with anecdotal evidence from the authors' own long-term engagement with international student exchange as well as an Australian government funded project "Going Places" that explores internationalisation in social work education.

FINDINGS: A critical review of the literature highlights the continued dominance of the Western voice and issues of neo-colonialism as challenges to ensuring equitable processes in the internationalisation of social work education. Reciprocity is a contested concept that needs deep engagement to support transformative partnerships.

CONCLUSIONS: It is argued that concepts of reciprocity, voice and collaboration have to be carefully considered in order to create transformative partnerships in international social work education.

KEYWORDS: international student exchange, international social work, social work education, reciprocity, partnership, neo-colonialism

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The internationalisation of the tertiary education sector has grown considerably in the past decade. In Australia, internationalisation has been actively promoted by both government and universities to support student learning and engagement in order to develop global citizens. This is reflected in the growing body of literature addressing this area (Caruana & Spurling, 2007; Jones & Brown, 2007; Schattle, 2008; Stearns, 2009). The drive towards the internationalisation of education is recognised by Bourne (2011), "the challenges for higher education today are the need to recognise the global reality within which learning takes place. This means seeing globalisation not only as economic, but also as social, cultural and environmental" (p. 559).

This article emerges from an Australian Government Office of Learning and Teaching (OLT) funded research project, "Going Places," that is exploring internationalisation in social work education. This project is undertaken jointly by two Australian universities, one university in Thailand and one in India. The project aims to document and analyse current practice, and to facilitate the development of guidelines, strategies and resources that improve practice in the area of international student exchange for the discipline of social work. International exchange in this project includes short-term international student exchanges, often small groups of students accompanied by university staff and locally supported by a host organisation, as well as international field placements meeting the placement requirement of the accrediting professional social work organisation. Short-term exchange programmes range generally from a week up to a month, while field education placements are designed to meet the professional requirements of 500 hours (Australian Association of Social Workers (AASW), 2012), i.e., three–four months of placement. While the terminology of student *exchange* is used, this does not necessary mean an exchange in the real sense of the word, and the movements of people are often unidirectional, especially from the Global North to the Global South.

This article draws on the literature review from this project and anecdotal data from the authors' experiences in this area to critically reflect on, and explore, concepts of reciprocity and collaboration in international social work student exchanges, with specific focus on exchanges between Australia and the Indo-Pacific region. An overview of internationalisation of social work education is provided and the context of these exchanges is critically reviewed in relation to colonisation and the dominance of the Western voice. This informs a discussion of the concept of reciprocity and of suggestions for future developments in order to create transformative partnerships in international social work education.

Background

In social work education and in the social work profession, *internationalisation* has been equated with international social work, a concept that is broadly debated in the social work literature (Healy, 2001; Hugman, Moosa-Mitha, & Moyo, 2010; Hokenstad, Khinduka, & Midgley, 1992; Lyons, Manion, & Carlsen, 2006; Payne & Askeland, 2008). The term remains contested, with different positions taken on what it signifies (Dominelli & Hackett, 2012). International social work can be viewed as international professional practice and the capacity for international action to be taken by the profession (Healy, 2001). International action in this context has four dimensions: (1) internationally related domestic practice and advocacy; (2) professional exchange; (3) international practice; and (4) international policy development and advocacy (Healy, 2001). Grace et al. (2013, p. 121) argue that "[i]nternationalisation of social work education is driven by student diversity as well as by employer demand, the profession internationally, and by universities." However, internationalisation is a reality and educational institutions have to respond to this in a way that supports student engagement and learning. In this context, internationalisation incorporates a series of international activities including academic mobility for students and teachers; in linkages, partnerships, and projects; and international academic programmes and research initiatives (Knight, 2004).

Among the processes of internationalisation, social work education values international student placements and exchanges as a way for students to develop skills and attitudes to function effectively in a global world. These placements can enhance students' ability to work across cultures and with those who have different cultural assumptions. As such they have important implications for social work education (Engstrom & Jones, 2007). Moreover, they provide an opportunity for students to comprehend the complexity of the globalised world, at all levels. Issues that have been explored in a theoretical context in the classroom can be brought to light in international exchanges where students come to understand the context and interrelatedness of issues such poverty and wealth, political and cultural differences and the impact of climate change.

Australian universities are encouraging students to experience international placements and study abroad as part of the Australian government's wider commitment to internationalising education (Universities Australia (UA), 2013). Funding initiatives, as for example the "New Colombo Plan," deliver mobility grants that enable students to gain international experiences in the Indo-Pacific region (Department of Foreign Affairs and Trade (DFAT), 2014). The aim is to create a two-way flow of students, and the deepening of relationships that can lead to a transformation of the Indo-Pacific region (DFAT, 2014). Social work students need to be prepared to consider the impact of the global on their local work in an increasingly globalised world (Cleak & Fox, 2011). International exchanges can play a part in preparing social work students for the complexities of intercultural local and global practice contexts (Nuttman-Schwartz & Berger, 2012). Anecdotally, there has been a marked increase in students from Australian universities travelling to countries in South Asia and South-East Asia for international field placements. However, the differing contexts of the partner institutions within these placement programmes raise a number of issues around reciprocity, power and benefit. Student exchanges between schools of social work in countries with differing levels of economic development and colonial histories raise the potential for professional imperialism (Ashcroft, Griffiths, & Tiffin, 1995). There is a risk that the benefits of these activities are "… one-directional and flow to the more powerful" (Cemlyn, 1995 cited in Engstrom & Jones, 2007, p. 149). These student programmes have been referred to as "one-way traffic," and "social work tourism" and, as Mukherjee (2011, p. 8) suggests, may lead to the intake of students who only want to "participate as a tourist without seeking any academic credit." The literature does not provide any answers to these issues. However, it suggests that there is an increased demand for student exchange programmes and increased interest among universities to engage in these activities.

Over the last couple of years, the authors of this article have been involved in facilitating international student exchanges between Australian universities and universities in the Global South, including India, Thailand, and Vietnam as well as with international non-government organisations in Cambodia. While these activities provided excellent opportunities for students on exchange to understand cross-cultural differences and the social realities around them, they raised some fundamental questions around the ongoing impacts of neo-colonialism, the nature of equity, reciprocity and relevance for the host institutions. In this article, the authors apply a critical lens in order to explore the cultural and socio-political dimensions of these terms based on the literature, critical reflection, and professional experience. The concepts of colonialism and neo-colonialism in the delivery of education are discussed and used to explore current delivery of international student exchanges and draw implications for social work education.

Neo-colonialism and international student exchanges

Razack (2005, p. 87) argues that we "appear to be plunging headlong into more international commitments and not stopping to fully analyse the effects." International student exchanges are one kind of international commitment that lends itself to this critique. A number of international student exchange programmes occur between institutions and countries of the

Global North and *Global South* (terms that are geographically inaccurate in many cases but slightly less pejorative than the alternatives). The nature of the power dimensions that exist between these countries is central to relationships that can be built across them and yet not much is done in terms of examining the nature of these differentials and their impact on collaboration. Tasse (2006) suggests it is common knowledge that, traditionally, relationships between the Global North and Global South have been based on domination rather than cooperation, and that many of these relationships persist on this basis. To discuss the nature of these relationships, Haug (2005) uses the metaphor of "couple therapy" to posit that, in a relationship where one partner has dominated the other for long periods of time, it would be inappropriate to move on without addressing, and compensating for, this power differential. This metaphor works well in considering the nature of a number of the relationships that are emerging in the context of international student exchange.

The terms *colonisation* or *colonialism* have been used to examine the ways in which countries, largely of the Global North, extended their power over many countries of the Global South through exploitation of people and resources (Razack, 2002). Colonisation, which was largely extended through military or political means, was mostly terminated by the end of the 20th century, and has been followed by an era dominated by newer forms of colonisation, referred to as neo-colonialism, that are far more subtle and based on the imposition of language and culture rather than through brute force. Askeland and Payne (2006) expore these aspects of neo-colonialism, pointing to the ways in which cultural and social relations can impose and maintain power and hegemony. Western knowledge systems, media control and English as the dominant global language, all contribute to creating an environment that sustains hegemony (Askeland & Payne, 2006; Razack, 2009).

Neo-colonialism is of concern in education in general and in social work education in particular. "Education is perhaps the most insidious and in some ways the most cryptic of colonial survivals, older systems now passing, sometimes imperceptibly, into neo-colonialist configurations" (Ashcroft et al., 1995, p. 425). Lecture rooms and their extensions in the form of student placements, are sites that can easily form part of the hegemonic neo-colonial discourse unless deep analysis and contestation enable alternate voices to be heard. Students and academics from the Global North and Global South can reinforce the dominant positioning of Western ideas and knowledge systems, even though these may often be quite inappropriate and/or inadequate in different contexts (Haug, 2005). This can especially be an issue where the discussion remains within an "apolitical" agenda, and does not include the historical context of colonisation, imperialism and hegemony (Joseph, 2008; Razack, 2009).

The production and flow of knowledge in social work continues to be dominated by Western thought and knowledge systems. Kreitzer and Wilson (2010) argue that the universal standards adopted by the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work are heavily influenced by Western social work discourses. The authors maintain that this is evidence that Western social work education continues to be the dominant paradigm in international social work education and practice. Social work education is positioned within the global neo-colonial space in that those who have the resources to produce and disseminate their knowledge systems effectively are able to occupy the centre while all the others remain on the margins (Askeland & Payne, 2006).

Haug's (2005) research draws out elements of the dominant discourse in international social work, all of which are equally applicable to international student exchange. She states that all international social work material she has read seemed "blind not only to their perpetuation of a paternalistic framing of non-Western cultures, knowledge systems and social care traditions, but also to the elitism and exclusion within this ostensibly global conversation" (Haug, 2005, p. 127). Haug highlights that the emerging discourse of social work as a superior local tradition devalues other social care systems and argues that, in countries of the Global South, there are long traditions of social care based on strengths of family, clan, or community, traditions that continue to provide many of the social supports that social work seeks to provide in the Global North (Haug, 2005). If the dominant discourse belittles and sidelines these systems towards the development of a professional social work paradigm, it can exacerbate social issues already present in society or create new ones without any attendant benefits. In the context of international social work placements this can lead to "professional imperialism" based on a lack of reciprocity and inadequate analysis of the nature of these relationships (Razack, 2005).

On the other hand, Noble argues that internationalisation of social work can be a vehicle towards fracturing of Anglo-Western pedagogical hegemony and contributing to multicultural awareness in social work curricula (Noble, 2004). She considers internationalisation of social work education in the context of developing international guidelines, and cautions that, while this can be an opportunity to hear and include multiple voices, there needs to be focus towards minimisation of the Western voice and the challenging of academic authority over knowledge (Noble, 2004). There is a growing awareness of the needs for countries in the Global South to develop indigenous literature in social work education—Raju (2014), for example, calls for a social work curriculum that addresses the issues and problems in the Indian context. However, at this point in time, there is still an emphasis of the Western voice in the Global South through the implementation of Western pedagogies, utilisation of Western literature and texts in educational institutions and the predominance of Western models of social work practice (Raju, 2014).

Collaboration and partnerships in international student exchanges

The nature of collaboration and partnership in international student exchanges emerges as a vexed issue in the literature. At the simplest level, collaboration and or partnership should involve the movements of people and knowledge both ways, from the Global South to the Global North and vice versa. However, several authors point to the fact that the flows remain largely unidirectional with both knowledge and people flowing from the Global North to the Global South (Hugman, Moose-Mitha, & Moyo, 2010; Joseph, 2008). Particularly in the context of the movements of people in the social work field, Hugman et al. describe the current situation as one where it is "the social workers of the materially rich nation-states who are able to travel the world without restriction, while most people from the global South are under heavy surveillance, their travel restricted and information technology limited" (2010, p. 636).

Further, collaboration at times can be difficult to put into practice, as for example when administrative aspects of international exchange become an extra task for academic staff in universities both in the North and the South. Bell (2008) discusses the difficulty of ensuring collaborative processes, discussion and reflection for academic staff involved in facilitating an international study experience for Singaporean students in Australia, especially in the light of time and resource constraints, as well as the top-down nature of programme development. Many universities also report that their outward mobility programmes are under-resourced (Aim Overseas, 2013).

Another constraint in implementing collaborative initiatives is found in the economic discrepancies that make it difficult for international partners from the Global South to utilise international exchange opportunities (Miles et al., 2016). Additionally, economic inequities between the Global North and South present a key barrier to the progress of reciprocity (Miles et al., 2016).

Very few voices from the host organisations in the Global South are represented in the literature. Even where they are, the main focus remains student experience, for example, the benefit of hosting a placement being seen as engaging deeper with their own policies and procedures in order to present them appropriately to the incoming student (Nickson, Kuruleca, & Clarke, 2009). International student placements can offer new ideas and assist in development of projects, as in the example of a drama project to respond to child trafficking (Nickson, Briscoe, Maconachie, & Browskowski, 2011). The organisation, however, identified that supporting the student as a social work student rather than a volunteer was challenging, and raised the need for professional support and supervision that was provided by an external supervisor remunerated by the Australian university (Nickson et al., 2011).

Heron (2006) argues that social work must critically analyse the impacts on host organisations and communities. Of concern are the cumulative impacts of student field placements and their contribution to the increasing number of Western, middle-class people seeking short-term (less than one year) international experiences in the Global South. The constant turnover, particularly in high-demand NGOs, may be destabilising, drain their meagre human resources, and have impacts on their long-term sustainability (Heron, 2006). There are also power imbalances when institutions from the Global North attempt to enter into partnerships with NGOs in the Global South as, due to their dependence on foreign funding, there can be an unspoken perception that their cooperation is required to comply with, or attract, funding aid (Heron, 2006).

Overall, even if these concerns are addressed, there is still no consensus as to how to avoid the trap of preventing the Western voice from dominating, even if a postmodern critique and decolonised curricula are encouraged to form a basis of core curricula. As Noble describes it:

> Even the commitment to "letting others speak" and engaging in "inclusive dialogue" can be viewed as another form of colonialism, as the underlying control in the dissemination and construction of knowledge or the process of "letting go" of privilege and power can still be seen as a process dominated by Western ideology. It is difficult to hear and respect other knowledges when they are still marginalised and coming from a subordinated subject position. (2004, p. 535)

The concept of reciprocity can be viewed as a way forward in developing more equitable relationships (Kreitzer & Wilson, 2010). It is possible that reciprocal arrangements between institutions in the North and South would enable many of the problems discussed in this section to be managed more effectively. However, the nature of reciprocity and the reciprocal arrangements that exist today need to be examined more closely to in order to bring out the vexed nature of the issues involved.

Reciprocity

Reciprocity is an important concept in community engagement and in international exchange programmes, yet it is often used in practice without adequate, in-depth conceptualisation and critical examination to arrive at a shared understanding of the concept. As has been observed from the field experiences of the authors, understandings and applications reciprocity vary widely and, when operationalised without clear articulation and proper purpose, the differing conceptualisations of reciprocity can lead to confusion in practice and can hinder the effectiveness of programmes (Graeber, 2001). While at the simplest level, reciprocity can be viewed as exchange between people for mutual benefit, the context within which this happens is critical to the currency of this exchange (Jenkins, 2015). The reciprocity arrangements that exist within families and friends can be quite distinct from those that exist in more professional interactions, including those implicit in international social work.

Sahlins' (1972, cited in Thomas & Worrall, 2002) typology of reciprocity provides some direction in examining the forms of reciprocity that exist in international social work education. Sahlins discusses "generalized reciprocity" as transactions that focus on the social aspect and where the precise balance in the exchange is not emphasised as in gift giving. "Balanced reciprocity," on the other hand, involves more precise and time-bound exchanges, very much in sync with modern market systems, and "negative reciprocity" involves parties trying to maximise their gains without loss to themselves, as in forms of theft.

Given the paucity of literature from the Global South, the notion of reciprocity draws heavily on literature from the Global North. This raises the issue of its validity relative to exploring relationships between the North and the South and the possibility that it is just one more element in the neo-colonial project. There is clearly a need for research that explores this concept at a deeper level from the point of view of the Global South—the "Going Places" project that the authors are currently engaged with will enable some of these hidden voices to emerge. For example, one of the partnerships that the authors have been involved in is between organisations in Australia and India. Culturally, reciprocity can be conceptualised as a form of gratitude in the Indian context, as an attitude of acknowledgment, appreciation and a sense of cooperation that culminates in a spirit of respect for all involved. This has been a similar experience for the authors' partnerships in Cambodia. This is in keeping with Sahlins' notion of *generalized reciprocity*. A commonly used Sanskrit term in India, *Athithi devo bhava* [A guest is akin to God], implies that a guest must be treated with the level of hospitality one would offer to God. The *Bhagwat Gita*, a central sacred text in the Hindu religion, emphasises work without the expectation of reward as:

> *Karmanye Vaadhika-raste,*
> *Maa Phaleshu Kadachana;*
> *Maa karma-phala-hetur-bhoorma,*
> *MaTe sangostwakarmini.*
>
> (*Bhagavad Gita*, Chapter 2; Verse 47)
>
> [You have the right to work only but never to its fruits. Let not the fruits of action be your motive. Nor let your attachment be to inaction.]
>
> (http://gitaglobal.com/bhagavad-gita-chapter-2-sloka-47-part-1/)

This verse, popular in many parts of India, raises important issues during discussions with Indian partners on aspects of reciprocity. From Northern perspectives, there is often an emphasis on quid pro quo, where the benefits our students have enjoyed on placement with the Indian partners should be reciprocated equally with benefits provided to Indian students. From an Indian perspective, that may not necessarily be the case, as the visiting students and academics are being treated as honoured visitors without attendant expectation of an equal return. This raises the possibilities of differences between the models of reciprocity across the partner organisations from the Global North and Global South, where one may be based on the notion of balanced reciprocity and the other on a more generalised form of reciprocity.

Jamesson, Clayton, and Jaeger (2011) make a distinction between *thin* and *thick* reciprocity.

> Transactional partnerships are grounded in a minimalist or *'thin'* understanding of the commitment to reciprocity that has become the standard for authentic engagement; they enact the mutually-

> beneficial exchange of resources but do not go beyond that to mutual transformation" (Jameson et al., 2011, p. 263);
>
> '*Thick*' understanding of reciprocity, one that emphasizes shared voice and power and insists upon collaborative knowledge construction and joint ownership of work processes and products—aligns well with more democratic approaches to civic engagement and encourages all partners to grow and to challenge and support one another's growth" (2011, p. 264).

From a social work perspective, the notion of thick reciprocity fits well into the values and ethics embedded in the profession. Thin reciprocity is more aligned to market exchange and mutual benefit, while the ideas of collaborative knowledge construction, and joint ownership move beyond to goals of transformation and empowerment. Enos and Morton (2003) differentiate between *transactional* partnerships and *transformational* partnerships as follows: transactional partnerships, are those that aim for a mutually beneficial exchange of goods and/or services, are task-oriented, work within established systems, and do not produce deep change; transformational partnerships are those that involve deeper commitments and expectations of shifts in identities and values, challenge norms and systems, and have outcomes that extend beyond mutual benefit (reciprocity) to mutual growth and change. Here, the concept of reciprocity has been classified as transactional rather than transformative. In some cases, the partnerships become less than mutually beneficial and, in some instances, may be harmful to, or even exploitative of, one or more of the participants for a number of reasons. Hence, it is relevant to review the distinction between exploitative, transactional, and transformational relationships. The question is, what is the relationship that is unfolding during this process of partnerships? Cranton (2006) describes these as "authentic relationships" that "choose to act so as to foster the growth and development of each other's being" (p. 7).

Towards alternative ways forward

From a social work perspective, as well as from an intercultural perspective, drawing on the different cultures involved in North–South partnerships, there is a clear need to go beyond the transactional and towards the developing of transformative partnerships based on thick understandings of reciprocity. Experiences in a range of international collaboration activities suggest that dialogue and relationships are essential to avoiding further oppression of the host countries (Brydon et al., 2014). There is clearly a need to avoid processes that strengthen professional imperialism and paternalistic framing of the Other. We need to understand more about what processes work well in international collaboration and what can provide genuinely transformational relationships with partner organisations, relationships that may assist both sides in sustaining practical needs such as field placements and student exchanges and contribute towards the sustainability of the organisations and communities. This is particularly important to the social work profession, whose responsibility internationally is delineated in the IFSW's definition of the core role of social work as well as within the IFSW human rights policy (IFSW, 2004). The standards state that social work programmes are required to ensure that students apply "social work values, ethical principles, knowledge and skills to confront inequality, and social, political and economic injustices" (IFSW, 2004, Standard 4.2.3). Thus, congruency between how the institution and school conduct themselves and these learning outcomes is essential. Further, the AASW Code of Ethics states that the core values of social work are respect for persons, social justice and professional integrity (AASW, 2010). Sections 5.1.3 j, 5.1.4 e, and 5.4.1 c (respectively) specifically require social workers to act in a socially just manner, with integrity, and challenge practices that are in any way oppressive or culturally inappropriate (AASW, 2010). All of this emphasises the need for international social work to take place in congruence with these ethical standards.

For the social work profession, it would be essential to ensure that the internationalisation of social work education is congruent with the ethical standards and mission of the profession. Two key strategies towards safeguarding this are to ensure an ethical framework for international work exists and to work towards developing thick reciprocity. Internationalisation of social work education needs to be based on a sound framework for ethical practice, congruent with the international mission statement for social work and anti-colonising practices. This would involve an exploration of how to minimise Western voices and positioning in the international student exchange programme and a critical exploration of the lenses with which we view, plan, implement and evaluate student exchanges. Development of thick reciprocity can result from such an exploration, when the starting point is a practice framework steeped in the values and mission of the profession, and supported by critical reflection that considers voice, collaboration, and the goals and intention of the exchange. Examples to move towards thick reciprocity can be found in the literature.

To aid in achieving reciprocity, Lough (2009), in the context of field placement, suggests that host organisations must have a role in determining the field placement outcomes ensuring the student fulfils a role that is of genuine assistance to the host. A similar principle has to be part of any form of international social work exchange, in that organisations from the Global South need to be part of the decision-making process. For genuine knowledge exchange to occur, both parties must be adequately prepared: students and staff from the Global North and Global South must possess a genuine openness and awareness of their cultural biases and value their own knowledge and assets (Mirsky & Barasch, 2004). Cultural mediators, professionals or non-professionals with expertise in both cultures are suggested by Mirsky and Barasch (2004) as helpful in this process. Experiences in a range of international collaboration activities suggest that dialogue, relationships and power sharing are essential to avoiding further oppression of the host countries and in engaging in genuine collaboration (Brydon et al., 2014; Tesoriero & Vicary, 2007). An example of explicitly addressing reciprocity is provided by Tesoriero and Vicary's account of a partnership between an Australian University and an Indian organisation. In this situation there was clarity from the beginning of the project as to what *meaningful reciprocity* would entail. Whilst exchange was part of this understanding, other measures to ensure reciprocity included students completing tasks that would not normally be able to be achieved by the partner and would be of benefit to their communities, and publication of the organisation's work (Tesoriero & Vicary, 2007). Following due process will, to some extent, address the key structural issues delineated earlier, such as the impact in the Global South of a lack of mobility and time, lack of power over resources, and lack of power in terms of the generation and dissemination of knowledge. However, more critical thinking and research is also clearly needed to go beyond current understandings of what processes work well in international collaboration and what can provide genuinely reciprocal relationships among partner organisations. The goal of genuine transformational partnerships is one that needs to be central to the work of international social work.

Conclusions

A critical review of the literature and anecdotal experiences about international student exchanges has shown that current practice is in danger of being neo-colonist practice. Concepts of reciprocity, voice and collaboration have to be carefully considered in order to create transformative partnerships in international social work education. Reciprocity itself has to be understood as more than quid pro quo, but as a process of engagement that finds a shared voice and power, facilitates meaningful collaboration and joint construction and ownership of processes and outcomes (Jamesson et al., 2011). International social work education is only congruent with the professions' ethical standards and mission when there are genuine transformational partnerships and reciprocity.

References

Australian Association of Social Workers (AASW). (2010). *Code of ethics*. Canberra, ACT: Author.

AASW. (2012). *Australian social work education and accreditation standards* ASWEAS 2012 v1.2(1) (pp. 1-27). Canberra, ACT: Author

Aim Overseas. (2011). Outbound Mobility Best Practice Guide for Australian Universities. Accessed 12.12.2016 from http://www.studyoverseas.gov.au/sites/studyoverseas/resources/Documents/ombpgau/OMBPG.pdf

Ashcroft, B., Griffiths, G., & Tiffin, H. (1995). Introduction. In B. Ashcroft, G. Griffiths, & H. Tiffin (Eds.), *The post-colonial studies reader* (pp. 425–427). London, UK: Routledge.

Askeland, G. A., & Payne, M. (2006). Social work education's cultural hegemony. *International Social Work, 49*(6), 731–743.

Bell, M. (2008). Beyond the supermarket: Lost opportunities in summer study abroad for Singapore sojourners in Australia. *International Journal of Asia Pacific Studies*, 4(1), 61–78.

Bourne, D. (2011). From internationalization to global perspectives. *Higher Education Research and Development, 30*(5), 559–571. doi:10.1080/07294360.2011.598447

Brydon, K., Kamasua, J., Flynn, C., Mason, R., Au, R., Ayius, D., & Hampson, R. (2014). Developing an international social work education collaboration: A partnership approach between Monash University, Australia and University of Papua New Guinea. *International Social Work, 57*(6), 590–604. doi:10.1177/0020872812444939

Caruana, V., & Spurling, N. (2007). The internationalisation of UK higher education: A review of selected material. Retrieved from http://www.heacademy.ac.uk/resources/detail/the_internationalisation_of_uk_he

Cleak, H., & Fox, M. (2011). Current Australian programs for international field placements. In C. Noble & M. Henrickson (Eds.), *Social work field education and supervision across Asia Pacific* (pp. 23–44). Sydney, NSW: Sydney University Press.

Cranton, P. (2006). Fostering authentic relationships in the transformative classroom. *New Directions for Adult and Continuing Education, 109*, 5–13.

Department of Foreign Affairs and Trade (DFAT). (2014). *The new Colombo Plan*. Canberra, ACT: Author. Retrieved from http://www.dfat.gov.au/new-colombo-plan/about.html

Dominelli, L., & Hackett, S. (2012). Internationalising social work theory and practice. *International Social Work*, *55*, 151–153. doi:10.1177/0020872811435075

Engstrom, D., & Jones, L. P. (2007). A broadened horizon: The value of international social work internships. *Social Work Education: The International Journal, 26*(2), 136–150.

Enos, S., & Morton, K. (2003). Developing a theory and practice of campus community partnerships. In B. Jacoby & Associates (Eds.), *Building partnerships for service-learning* (pp. 20–24). San Francisco, CA: Jossey-Bass.

Grace, M., Townsend, R., Testa, D., Fox, J., O'Maley, P., Custance, J., & Daddow, A. (2013). Student diversity as grass roots internationalisation in social work education. *Advances in Social Work & Welfare Education, 15*(1), 121–135.

Graeber, D. (2001). *Toward an anthropological theory of value: The false coin of our own dreams*. New York, NY: Palgrave.

Hanlen, P. (2011). Community engagement: Managers' viewpoints. In C. Noble & M. Hendrickson (Eds.), *Social work field education and supervision across Asia Pacific* (pp. 221-242). Sydney, NSW: Sydney University Press.

Haug, E. (2005). Critical reflections on the emerging discourse of international social work. *International Social Work, 48*(2), 126–135.

Healy, L. M. (2001). *International social work: Professional action in an interdependent world*. New York, NY: Oxford University Press.

Heron, B. (2006). Critically considering international social work practica. *Critical Social Work,* 7(2). http://www1.uwindsor.ca/criticalsocialwork/critically-considering-international-social-work-practica

Hokenstad, M. C., Khinduka, S. K., & Midgley, J. (1992). The world of international social work. In M. C. Hokenstad, S. K. Khinduka, & J. Midgley (Eds.), *Profiles in international social work* (pp. 1–11). Washington, DC: NASW Press.

Hugman, R., Moosa-Mitha, M., & Moyo, O. (2010). Towards a borderless social work: Reconsidering notions of international social work. *International Social Work, 53*(5), 629–643.

International Federation of Social Workers (IFSW). (2004). *Global standards*. Retrieved from http://ifsw.org/policies/global-standards/

Jamesson, J. K., Clayton, P. H., & Jaeger, A. J. (2011). Community-engaged scholarship through mutually transformative partnerships. In L. Harter, J. Hamel-Lambert, & J. Millesen (Eds.), *Participatory partnerships for social action and research* (pp. 259–277). Dubuque, IA: Kendall Hunt.

Jenkins, D. (2015). Denying reciprocity. *European Journal of Political Theory, 15*(3), 1–21. doi:10.1177/1474885115569513

Jones, E., & Brown, S. (Eds.). (2007). *Internationalising higher education*. London, UK: Routledge.

Joseph, C. (2008). Difference, subjectivities and power: (De)colonizing practices in internationalizing the curriculum. *Intercultural Education, 19*(1), 29–39. doi:10.1080/14675980701852350

Knight, J. (2004). Internationalization remodeled: Definition, approaches, and rationales. *Journal of Studies in International Education, 8*(1), 5–31.

Kreitzer, L., & Wilson, M. (2010). Shifting perspectives on international alliances in social work: Lessons from Ghana and Nicaragua. *International Social Work, 53*(5), 701–719.

Lough, B. J. (2009). Principles of effective practice in international social work field placements. *Journal of Social Work Education, 45*(3), 467–480. doi:10.5175/JSWE.2009.200800083

Lyons, K., Manion, K., & Carlsen, M. (2006). *International perspectives on social work: global conditions and local practice*. Houndmills, Basingstoke: Palgrave Macmillan.

Miles, D., Jones, P., Gopalkrishnan, N., Francis, A., Harris, N., Howard, E., … Puthantharayil, G. (2016, July). Contested concepts of "partnership" in international student exchange programs. *Proceedings of the 37th HERDSA Annual International Conference*; *HERSDA 2016: 39th Higher Education Research and Development Society of Australasia Annual International Conference: The shape of higher education*, Freemantle, WA, Australia.

Mirsky, J., & Barasch, M. (2004). Facilitating a reciprocal international exchange in social work. *Professional Development: The International Journal of Continuing Social Work Education, 7*(3), 20–29.

Mukherjee, D (2011) Principles of effective transnational networking for global social work education: A case study, *Journal of Global Social Work Practice, 4*(1), pp.1–11.

Nickson, A., Briscoe, C., Maconachie, S., & Browskowski, M. (2011). A Vietnamese and Australian cross-cultural field placement using community arts to heal and prevent child trafficking. In C. Noble & M. Henrickson (Eds.), *Social work field education and supervision across Asia Pacific* (pp. 145–167). Sydney, NSW: Sydney University Press.

Nickson, A., Kuruleca, S., & Clarke, M. (2009). Fijian and Australian social work learning through field education. In C. Noble, M. Henrickson, & I. Y. Han (Eds.), *Social work education: Voices from the Asia Pacific* (pp. 50–71). Carton North, VIC: The Vulgar Press.

Noble, C. (2004). Social work education, training and standards in the Asia-Pacific region. *Social Work Education, 23*(5), 527–536. doi:10.1080/0261547042000252262

Nuttman-Schwartz, O., & Berger, R. (2012). Field education in international social work: Where are we and where should we go. *International Social Work, 55*, 225–243. doi:10.1177/0020872811414597

Payne, M. & Askeland, G. A. (2008). *Globalization and international social work: Postmodern change and challenge*. Burlington, VT: Ashgate Publishing.

Raju, K. (2014). *Resilient social work –The gracious way.* New Delhi, India: Ane Books.

Razack, N. (2002). A critical examination of international student exchanges. *International Social Work, 45*(2), 251–265.

Razack, N. (2005). "Bodies on the move": Spatialized locations, identities, and nationality in international work. *Social Justice, 32*(4), 87–104.

Razack, N. (2009). Decolonizing the pedagogy and practice of international social work. *International Social Work, 52*(1), 9–21. doi:10.1177/0020872808097748

Sahlins, M. (1972). *Stone age economics*. Chicago, IL: Aldine-Atherton.

Schattle, H. (2008). *The practices of global citizenship.* Lanham, MD: Rowman & Littlefield.

Stearns, P. (2009). *Educating global citizens in colleges and universities.* New York, NY: Routledge.

Tasse, A. (2006). News and views . . . from IASSW. *International Social Work, 49*(1), 137–139.

Tesoriero, F., & Vicary, A. (2007, October) *Achieving an ethical Australian-Indian relationship through a reciprocal student mobility program in social work., 1-9*. Paper presented at the Australian International Education Conference. Retrieved from http://aiec.idp.com/uploads/pdf/paper_Tesoriero&Vicary.pdf

Thomas, J. P., & Worrall, T. (2002). Gift-giving, quasi-credit and reciprocity. *Rationality and Society, 14*(3), 308–352. doi:10.1177/1043463102014003003

Universities Australia. (2013). *An agenda for Australian Higher Education 2013–2016*. Retrieved from https://www.universitiesaustralia.edu.au/

ORIGINAL ARTICLE

THEORETICAL RESEARCH

A review of adults with disabilities transitioning from their family home to community settings

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ABSTRACT

INTRODUCTION: This study examined the experiences of adults with disabilities (AWDs) transitioning to community based residential settings. This field of study has not been sufficiently researched despite being a key aspect of adulthood.

METHOD: A literature review of articles relating to residential transitions for AWDs was undertaken.

FINDINGS: The literature review findings could be grouped around three main categories: AWDs' perception and self-determination, caregivers' perceptions of the process and, lastly, the insights from service providers and social policies. The review and feedback identified issues experienced during the residential transition, such as feelings of readiness to transit which relate closely to the person's self-determination. As the study delved deeper into the residential transition process in Aotearoa New Zealand, AWDs are noted to be vulnerable persons always requiring support in order to develop and maintain their independence.

IMPLICATIONS: Substantive state recognition, such as a social compact, is the key groundwork for this marginalised group to develop self-efficacy, have successful transition experiences and sustain good lives. Eventually, this must be in the form of Crown-binding legislation, where vulnerable adults are served through restorative and protective policies.

KEYWORDS: disability, adult disability, independent living

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Adults with disabilities living independently in the community is not a new phenomenon in most first-world Western countries (Grey, Griffith, Totsika, & Hastings, 2015; Henninger & Taylor, 2014; Stewart, Gates, Milner, Mirfin-Veitch, & Schumayer, 2008). In Western economies such as the USA, Australia and the UK, between 6% and 16% of adult, working-age people identify as having a disability (Winn & Hay, 2009). The identified statistics give the independent living movement a voice and, more crucially, a level of political consciousness. However, as with most social services and movements, the systems and programmes supporting independent living have largely happened in lieu of a distant disability voice.

The purpose of this study was to identify crucial elements cited within contemporary studies regarding transition to community settings and highlight systemic changes in the group. Limiting the study to residential transitions serves to guide readers to appreciate the unique facets that surface and their impact on outcomes for both AWDs and their caregivers.

The objectives of the study were to:

1. explore how AWDs and caregivers conceive the transition experience to community based living;

2. identify key factors found in a literature search which influence the transition from home for AWDs.

3. investigate the services that support transitioning to independent living. These are primarily taken from research sources but also from comments made through written feedback sought various New Zealand disability agencies;

4. provide recommendations from the results of the earlier objectives relevant to the future direction of disability transition research.

This report features a key facet of transitions for AWDs transitioning from home to independent living. This aspect of transition was chosen due to its significance to perceived successful adulthood for two main reasons:

1. Living in one's own home is a key determinant of reaching adulthood (Grey et al., 2015; Jokinen, Janicki, Hogan, & Force, 2012). Henninger and Taylor (2014) determined, through their study, that the two most successful outcome categories for reaching adulthood were moving from one's home and having a functional role in society.

2. As AWDs age, naturally their caregivers will age in tandem. The growing physical and emotional limitations are strains on the family systems. Moving out of their families' home not only allows families to pursue their own life goals, it gives caregivers a much-desired freedom to spend more time outside of their care roles (Grey et al., 2015). Thus, it can be seen that there are benefits for both parties within this transition.

An added dimension to this study will include feedback from New Zealand disability service sector organisations to identity local good practices that can enhance more inclusive and independent living for AWDs.

Definitions

Disability

The terms *adults with disability*, *young adults with disability* and *disabled adults* were generally used synonymously in the articles analysed. While these terms imply similar meanings, the various labels point to a significant element of this review. In contrast to labelling disability as a medical or health problem, there is an absence of a clear description that views disability as a complex, interactive experience with an emphasis on socially created barriers. Due to this, the World Health Organisation definition of disability is used, as below:

> Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. (World Health Organisation, 2015)

In order to capture a wide range of disabilities' content, this study searched for words describing adults with all types of disabilities.

Transition

Schlossberg (1995) determined that a transition is a transition only if it is so defined by the person experiencing it. On the other hand, many might argue that life is basically a series of transitions; the key point is that change occurs in someone's life, not that it was a choice (Clegg, Murphy, & Almack, 2010). The ability and wish to make choices independently is recognised as a milestone on the pathway of transitioning into adulthood. This can be inferred by readers from a normative social standpoint and, more importantly, from a legislative stance. Within Aotearoa New Zealand, there is no legislation that allows for the state to withhold or rescind the rights of AWDs. There are statutory frameworks in place to provide a community voice but the state is not given powers to act otherwise (New Zealand Parliamentary Counsel Office, 2000). This argument is made in contrast to the Children, Young Persons, and Their Families Act (1989) and the Vulnerable Children Act (2004) which provide authority to act for children, not adults. This encapsulates the idea, and essence, of self-determining choice and independence as an outcome of reaching adulthood. Due consideration is given to adults with severely diminished communicative capabilities in that they require co-proxies to convey their points of view.

Key disability theories

The following theoretical perspectives related to disability and transitions are presented as they inform the orientation of this study. A brief explanation of relevant theories is provided.

Medical model of disability

From the perspective of the medical model disability is primarily the result of a physical condition specific to the individual (Brisenden, 1986). Doctors play a key role in their lives by stabilising a person's condition and treatment of any illnesses that may, or may not, arise from the disability. The mass institutionalisation of people with disabilities in medical facilities was widely accepted during an era when this model of thought was at its strongest (Berry, 1995; Weinbach, 2009).

This has led to some opponents of a medical view of disability to "correct the wrong" in this argument. Michael Oliver suggested that the ideology of attaining normality via correction may not always be a simple medical procedure (Oliver, 1990). He determined that society has to change in order to include people of all functioning abilities, thus achieving a good, *normal* life through normalisation.

Likewise, Shakespeare determined that an illness view of disability is unquestionably flawed; a prioritisation of social change and barrier removal is mooted. However, viewing disability as only a social condition does not acknowledge that people may be disabled by social barriers *and* anatomy (Shakespeare, 1999; Vehmas & Shakespeare, 2014). Appropriate action on disability and impairment prevention should co-exist with actions to remove social barriers and practices (Shakespeare, 2013).

Normalisation

As an alternative to mass institutionalisation, the normalisation perspective (Nirje, 1969; Wolfensberger, 1977) sought to ensure that "the mentally retarded obtain an existence as close to the normal as possible" (Bank-Mikkelsen, 1969). This school of thought argued that the conditions of daily living for people with disability must be similar to those of wider society (Nirje,1985). Nirje's original ideas were taken up by Wolfensberger (1977) who introduced this principle to the United States, refashioned as social role valorisation (SRV). Wolfensberger (1983) outlines that the main objective of normalisation is to support, create, and defend the valued social roles for persons who are at risk of being socially devalued. This model is applied extensively to people with a primary diagnosis of intellectual disability. Through the physical and social integration of people with intellectual disabilities, it was hoped that they experience the same life value and conditions as other people. The road to self-determination and decision making is often more challenging and all the more important for a person with intellectual disability (Nirje, 1985). In general, people with intellectual disabilities experience greater stigma in comparison to people with other disabilities (Werner, 2015). They often face more negative stereotypes and social distance within the disability types.

This perspective may overtly devalue the identity of the person based on the need to seek a higher social standing (Davis, 2014). Later studies have found that, while these ideas have improved living conditions, they have had little impact on other desired outcomes such as the development of sustained social relationships over time (Forrester-Jones et al., 2006). In one study, Emerson (2005) identified that almost 20% of participants reported no social contact with family or friends in the previous year. Startlingly, one in three people surveyed shared that someone had been rude to them due to their learning disability. Likewise, modifying or enhancing people to look more normal may not always be in line with the persons' individuality. Consequently, people not only experience a lack of caring arrangements but they also lacked places where they can feel emotionally connected (Marston & McDonald, 2006). Unfortunately, the integrative approach, valued by normalisation theorists, can lead to unsustainable assumptions about what normality means for people with disability.

Social model of disability

This model views disability as a social construct that is based on the assumption that society disables people by the way it responds to those disabilities (Oliver, 2013). The barriers constructed by society include social discrimination, inaccessible environments and the general way society has organised itself to suit *abled* persons. The social model advocates for an inclusive, barrier-free society. Problems created within the social context have to be addressed to find ways to remove restrictions on life choices for people with disability. This principle of thought is especially popular among self-advocates and activists.

Shakespeare (1999) has challenged the denial of impairment implied by this model, concerned about the impact of the physical and intellectual inherent limitations on possibilities for working within a social model understanding of disabling conditions. Owens (2015) similarly stated that the social model of disability lacks engagement with the embodied experience of disability and with the identities of disabled people. From contemporary texts, there is no clear answer to this embodied versus social conundrum. Of late, the social model of disability has been heavily critiqued with calls to move beyond it (Owens, 2015; Shakespeare & Watson, 2001) and towards a set of principles that sufficiently encapsulate the inclusiveness of a social model, and at the same time, address the real physical needs of disabled people.

Dismodernism

Dismodernism is the term Davis (2014) used to describe another paradigmatic shift. There are arguments that propose an embodied ontology when there is no qualitative divide between persons with, or without, disability (Davis, 2014). Davis evaluates that disability is often sharply defined as a life not worth living and hence, a personal tragedy. On the other hand, the term diversity provides a concept of subjectivity where people are placed on a continuum that is socially constructed. Diversity seeks to remove the notion of "normality" where there is an unhealthy preoccupation with deviant finding, labelling and stigmatisation. These principles challenge the entrenched idea of creating a disability sector where the sector should acknowledge that dependency is the reality for everyone; the only guarantee about a body is that it is inherently limited in some way or another. The social categorisation that currently exists may allow resources to be channelled towards a "disabled" group, however, it also stigmatises people who are part of this group as being on the fringe of normal society. Dismodernism incorporates the value that impairment is the rule, normality is a fantasy.

Transition theory

A study on transitioning to community living is a multi-directional relationship process that requires application of transition models and theories to provide a readable structure. This study uses the bioecological model and proximal processes (Bronfenbrenner & Morris, 2007) to structure the review and illustrate the identity development of the individuals involved. It is an extension of the ecological systems theory (Bronfenbrenner, 1992) which establishes five environmental systems with which a person interacts. Bronfenbrenner and Morris' (2007) bioecological model is one that prioritises person-to-environment interactions in human development.

Usage of this model will support the reader's understanding of two-way relationships and influences acting on the development of AWDs and the changes happening in their surrounding systems. As a framework to structure the study, it will enable the study to identify the relationship dynamics impacting on the person and his or her community.

The theoretical positions summarised above will be linked to the concept of AWDs' transition into adulthood—specifically community-based living.

Literature Review

Methodology

The overarching research question underpinning my literature review is: What common factors affect adults with disabilities' successful transition to more independent living settings? Ethical approval was given by the University of Waikato's Faculty of Education Research Ethics Committee to send a series of questions to five disability-related agencies about how they view disability residential transitions. A full summary of the methods and further information gained is available upon written request.

Results

Three key elements affecting the outcomes of residential transitions were identified in the critical exploration of the literature: self-determination; next of kin expectations and involvement; and lastly, social policies.

AWDs' perceptions and self-determination

The articles found during the review process explored this concept through the theme of focussing on the individual's own voice and perceptions during independent living transitions. Three studies used a qualitative methodology and employed semi-structured interviews as the main medium to explore the experiential views, thoughts, and feelings of AWDs as they made the transition from home to independent living. The methodological essence of these studies was comparatively narrow and the disability diagnosis types investigated were well defined. Critically, three studies related only to AWDs, and were typically based on samples from Western countries. The results of these studies point towards the idea that the transition process is a challenging and emotionally stressful time. A detailed analysis of the key findings of studies is included below.

Summary. The reviewed articles demonstrated that participants, AWDs, are able to display self-determining life aspirations for independent living. The AWD in the centre of different systemic relationships and interactions is an important aspect of understanding human development. However, the caregiver relationship is either a pervasive or ubiquitous influence on the AWD in providing support to those who wish to live independently (Bronfenbrenner & Morris, 2007). Furthermore, a lack of social interactions with normal, contemporary society is probably the unintentional barrier that limits AWDs' opportunity to exercise rights to make life determinations. In addition, most of the respondents were proxies such as parents and staff—the voice of the AWD is essentially absent.

Self-determination is a conceptual extension of the principle of normalisation (Nirje, 1985). It grew from the idea of encouraging people with learning disabilities to speak up for themselves, make their own lifestyle choices and to enact them (Drew & Hardman, 2000).

Therefore, an adult's voice in deciding the kind of independent living choices is an indispensable detail during the transition pathway. There is a narrow line families and staff have to tread between protecting the adults and affirming their rights. It may take a great deal of inner strength for a caregiver to come to a realisation that, while not all choices made by a person with disability are the most optimally safe (physically or emotionally), they are still theirs to make.

The literature provides evidence of the variety of AWDs' experiences in making informed choices, and the function of others in supporting their wishes. Social workers and other professionals can perform an invaluable role in supporting AWDs and their families to connect with wider social systems. This will increase the AWDs' social capital, accessible information and enable formation of trusted relationships. The experiential cognitive standpoint of AWDs in deciding their living choices is an essential part of a transition journey. Palmer (2010) established that self-determination, as a construct, requires a discerning understanding of independence with a focus on making choices about life. This review found articles which promoted the belief that the voice of an AWD in deciding their type of living choices is an integral part of the transition journey. It also assures a holistic and positive outcome to successful residential transitions.

Family perceptions of the transition process

This theme focused on the family and caregivers' perception and experiences during the transition to independent living. Seven articles were mapped under this theme in respect of their high relevance and impact. Six of seven studies used qualitative methodology and employed semi-structured interviews as the main medium to explore the familial experiences during the transition from home to independent living. The methodological essence of all the studies was comparatively narrow and the disability type investigated was restricted. Critically, six studies focused solely on individuals with intellectual disability, and were typically based on samples of AWDs from Western countries. The results of these studies point towards the family as a key resource during the transition process. Appendix 1 provides a table synopsis of the seven articles.

Summary. It is interesting to note that families and caregivers play a strong role in all the studies in the review. All 15 studies highlighted direct caregiver involvement as a crucial part of residential transition. In the seven articles reviewed above, attention is drawn to the notion that the management of daily life living beyond the family home requires an individually tailored support package.

The family perspective is crucial for an implementable, individualised transition plan, as not all parents of AWDs share the same aspirations and concerns. Professional workers have to be equipped with attitudes, skills and knowledge pertaining to the specific disability, particularly if a lifelong caring and/or support role is required. This theme is closely related to the mesosystem (in the bioecological systems theory) which suggests that the AWD's family systems contain unique norms and rules which helps to shape the persons' psychological development. The family system is a key component of the AWD's environment. Namely, it is the first relationship the person would establish him or herself in and is the most basic unit of society. The early beginnings of developing secure attachments through these relationships is central to what the person will come to know as an extension to their perception of the wider community (Bronfenbrenner & Morris, 2007). The conclusions above demonstrated that practitioners need to build a caregiver partnership through mutual trust, accessibility and clear communication. Through such practices, the success of transitioning towards community based independent living will likely increase.

Key insights from disability services and social policies

Five studies described the insights from professional services and policy influences. Most of these articles were qualitative in nature and from Western countries. The power to effect change and provide support to the AWD within the environment often lies within various cultural, political and economic patterns, societal customs and nationality. Referencing Bronfenbrenner's bioecological systems model, government policies, cultural values, customs, and laws affecting AWDs are within the outer-most layer of the model, the macrosystem. The result of larger principles characterised by the macrosystem are often the causal agents that cascade influence throughout the interactions of all other systems within the concentric layers (Bronfenbrenner & Morris, 2007).

Summary. This study reveals that stable residential transitions require the implementation of policies that acknowledge the rights of an AWD and the support of family and caregiver advocacy. At the same time, the studies revealed an inexplicable conundrum where rights are given but the policies and programmes do not seem sufficient. Are *rights* enough, then?

From the Ministry of Social Development's "New Zealand Disability Strategy" (MSD, 2015), Aotearoa New Zealand citizens with disabilities' rights are covered under numerous legislations. For instance, the Bill of Rights Act, the Privacy Act, and the Human Rights Act. The 1975 Disabled Persons Community Welfare Act (New Zealand Parliamentary Counsel Office, 1975) focused extensively on practical provisions for people with disabilities. It is important to note that this act has since seen many of its sections repealed, such as that providing assistance specific to families and persons with disabilities and assistance to disability-based voluntary organisations. Only some of the repealed sections were subsumed in the Health and Disability Services Act (New Zealand Parliamentary Counsel Office, 2001). The legislation referred to above aims to acknowledge disability rights but generally lacks features enabling the participatory capacity of AWDs. AWDs usually rely on family resources as their only option when independent living support services have long waiting lists. From a person-centred practice, it would seem that a rights-based course needs a caveat that the person must have a determined aptitude to voice his or her rights and for such rights to be viewed as inalienable to the disability sector. This theme highlighted the significance of enhancing policy implementation to grant voice to the voiceless.

Final Summary

Overall, this review found that local services may reach a more ideal residential transition outcome if the needs and challenges were identified early and support plans were in place. Service staff need to be skilled at identifying any obstructions involved as they emerge and ameliorate them before they pose harm; likewise there is need for a professional set of values and attitudes. Working together and developing crucial partnerships to support AWDs would require all stakeholders to listen to and action their aspirations and needs and have a living document to consistently engage the people to contribute their voice.

Within Aotearoa New Zealand's context, a person under 18 has certain choices and rights withheld in accordance with state legislation. Legislatively, choice is not always an option for young people. The state assumes responsibility for improving the well-being of young persons in relation to the setting of government priorities under the Children, Young Persons, and Their Families Act and the Vulnerable Children Act (New Zealand Parliamentary Counsel Office, 1989, 2014). The principle of adequate care and well-being is questioned if non-age-related concerns that define vulnerable children continue to permeate and exist after the age of 18—especially so for AWDs.

Additionally, rights-based policies might not always involve the voice of the vulnerable disabled adult. Evidently, any discussion on social justice and rights-based systems is a disputable space that hovers between the two. Regardless, these identified support needs for both social justice and rights are focused on enabling an AWD to aspire to, pursue and live a good life. Both have shown limited efficacy without the other and action to shift pre-existing mind-sets and interventions is often challenging.

Social justice requires potent, political, legislative action to provide insight and headway into the betterment of the lives of AWDs; a prescription of government priorities is conditional to such outcome. At the same time, the presence of unique vulnerable disabled adult legislation should be in place to guide the executive functions of the state in crafting suitable social policies. Such a Crown-binding act will need to support the government's setting of policies that improve the well-being of vulnerable disabled adults through disability related agencies working together. In Aotearoa New Zealand, AWDs could benefit from being accorded a set of adult disability statute orders that recognise their unique vulnerability, prevent discrimination and protect their well-being. For instance, it could contain provisions on reporting and identification of abuse and neglect specific to AWDs or even mandatory safety checks around work that involves regular or overnight contacts.

Finally, Davis' (2014) position on dismodernism may well provide a new future that helps agencies and caregivers to think differently about support requirements. Davis notes the paradigmatic influences that dictate everyday notions of normal assumptions and how these perpetuate a society that limits inclusiveness and asks readers if we are contemporary members of society complicit in perpetuating a mentality that limits AWDs. Davis points towards a distant future, that only when given time, activism and education, we will come to see people on a single continuum scale of functionality. Disability exists in all and diversity is the new human identity; a way of life, not simply a violation of a medical norm.

Discussion and Conclusion

Transitioning into adulthood can be a perilous experience for AWDs who require support throughout their lifespans. It can also be an exciting time with new social stimulus and opportunities for both the adult and the caregivers involved. In identifying key factors acting on the transition process between family home and independent living, Figure 1 summarises the main themes and the interacting tri-directional forces: the person, family and professional services.

The three overlapping circles represent transition factors and illustrate how the combination of all three would create an ideal scenario; optimised to increase the success rate for effective community transitions. The literature review suggests that these factors interact to influence general transition experiences and outcomes. This review submits that disability transitions are complicated, interactive phenomena marked by the presence of very real, socially created barriers.

One study (Janus, 2009) stood out in identifying four main adult transitions: establishing an independent residence; marrying; having children; and finding full-time employment. These four adulthood goals follow closely the milestones seen in adults without disabilities. Needless to say, AWDs failed to measure in most of these constructs. The capability to "measure up" to normal adulthood goals is also present in several other studies reviewed (Hendricks & Wehman, 2009; Jokinen et al., 2012; Leiter & Waugh, 2009; Pallisera, Vilà, & Fullana, 2014). This sparked a question as to whether AWDs truly owned said *adulthood transition outcomes* if they mirror the "normal" status quo.

Perhaps Davis (2014) gives an insight into finding a different way to represent AWDs' adulthood. First, we seek to

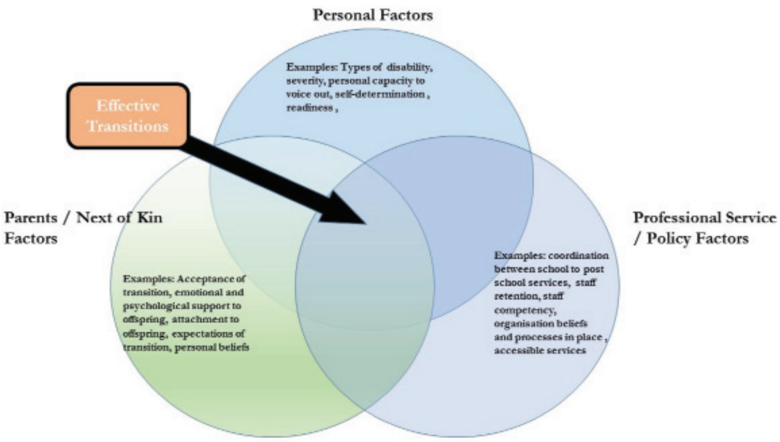

Figure 1: Effective transitions

remove the notion of "normality versus abnormality" as the operational yardstick for service providers. Instead, agencies can craft policies, contract specifications and outcomes that suit the subjective needs of the users to live on self-decided terms. From a New Zealand disability service provision standpoint, a multi-tiered service delivery of contract specification could evolve to suit the adulthood needs and aspirations of AWDs. The first outcome tier focuses on minimum standards of service and the second allocates resources on quality goals based on enabling AWDs to live good lives. For instance, beyond outcomes-driven programmes, a dismodernistic service development could take form by fulfilling a set of minimum basic standards. These minimum standards could focus particularly on developing contexts that fortify the AWD's worldview, develop the ability to generate knowledge of general rules of how the world works and problem-solve with reference to their self-interest. Subsequently, whatever goes beyond standards would be driven by quality goals based on person-centred thinking and plans that are focused on user-defined outcomes. In devising the way forward, how well the adults manoeuvre through these definitions of adult transitions will affect the rest of their lives.

Based on the findings of this review, and in fulfilling the last objective of the study, future research is recommended in the following areas:

1. How does an AWD experience and live the transition experience in respect to self-determination?
   Studies could explore the adults' experience in their social reality, based on their beliefs, values and aspirations. The next step in residential transition success is likely through self-determination and the type of skills essential to enhancing critical interests. Further research into this area will add to the service users' perspectives and promote the development of initiatives that are tailored to the individual.

2. What would affect the level of self-determination during transitions to community living?
   Such research would explore the relationships between the variables and also support professional services to identify adults at risk of unfavourable residential transition situations.

In conclusion, the review identified issues experienced during a person's residential transition. These include feelings of readiness to transit which relate closely to the person's self-determination. The passing of vulnerable disabled adult statute legislation and subsequent social policies in place to enhance the person's perception of self-efficacy can be seen as the key groundwork for a successful transition experience.

References

Bank-Mikkelsen, N. (1969). A metropolitan area in Denmark: Copenhagen. In R. Kugel & W. Wolfensberger (Eds.), *Changing residential patterns for the mentally retarded* (pp. 363–376). Washington DC: President's Committee on Mental Retardation.

Berry, J. O. (1995). Families and deinstitutionalization: An application of Bronfenbrenner's social ecology model. *Journal of Counseling and Development*, *73*(4), 379–383. Retrieved from http://search.proquest.com.ezproxy.waikato.ac.nz/docview/229806036?pq-origsite=summon

Brisenden, S. (1986). Independent living and the medical model of disability. *Disability, Handicap & Society*, *1*(2), 173–178. doi.org/10.1080/02674648666780171

Bronfenbrenner, U. (1992). Ecological systems theory. In Vasta, R. (Ed.) *Six theories of child development: Revised formulations and current issues* (pp. 187–249). London, England: Jessica Kingsley Publishers.

Bronfenbrenner, U., & Morris, P. A. (2007). The bioecological model of human development. In Damon, R & Lerner, W.M. (Eds.) *Handbook of child psychology*. John Wiley & Sons, Inc. Retrieved from http://onlinelibrary.wiley.com/doi/10.1002/9780470147658.chpsy0114/abstract

Clegg, J., Murphy, E., & Almack, K. (2010). Transition: A moment of change. In Grant, G., Ramcharan, P. Flynn, M., & M.Richardson, M. (Eds.) *Learning disability: A life cycle approach* (pp. 203–216). UK: McGraw-Hill Education (UK).

Davis, L. (2014). The end of normal: Identity in a *Biocultural Era*. Ann Arbor: University of Michigan Press.

Department of Justice. (2010). 2010 ADA regulations. Retrieved from http://www.ada.gov/2010_regs.htm

Drew, C. J., & Hardman, M. L. (2000). Chapter 10: The adult with mental retardation. In Hardman, M.L. Ed., *Mental retardation: A life cycle approach* (7th ed., pp. 292–320). Upper Saddle River, NJ: Prentice Hall.

Emerson, E. (2005, September 28). Adults with learning difficulties in England 2003/04 [Publication]. Retrieved from http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_4120033

Forrester-Jones, R., Carpenter, J., Coolen-Schrijner, P., Cambridge, P., Tate, A., Beecham, J., … Wooff, D. (2006). The social networks of people with intellectual disability living in the community 12 years after resettlement from long-stay hospitals. *Journal of Applied Research in Intellectual Disabilities*, *19*(4), 285–295. http://doi.org/10.1111/j.1468-3148.2006.00263.x

Grey, J. M., Griffith, G. M., Totsika, V., & Hastings, R. P. (2015). Families' experiences of seeking out-of-home accommodation for their adult child with an intellectual disability. *Journal of Policy and Practice in Intellectual Disabilities*, *12*(1), 47–57. http://doi.org/10.1111/jppi.12106

Hendricks, D. R., & Wehman, P. (2009). Transition from school to adulthood for youth with autism spectrum disorders: Review and recommendations. *Focus on Autism and Other Developmental Disabilities*, *24*(2), 77–88.

Henninger, N. A., & Taylor, J. L. (2014). Family perspectives on a successful transition to adulthood for individuals with disabilities. *Intellectual and Developmental Disabilities, 52*(2), 98–111.

Janus, A. L. (2009). Disability and the transition to adulthood. *Social Forces*, *88*(1), 99–120. doi://doi.org/10.1353/sof.0.0248

Jokinen, N. S., Janicki, M. P., Hogan, M., & Force, L. T. (2012). The middle years and beyond: Transitions and families of adults with Down syndrome. *Journal on Developmental Disabilities, 18*(2), 59–69. Retrieved from http://oadd.org/journal/volume-18-number-2-special-joint-issue-ijds-volume-1-number-1/

Kielland, C. B. (2010). Deinstitutionalisation in Norway: The process, challenges and solutions. *Tizard Learning Disability Review*, *15*(4), 15–21.

Leiter, V., & Waugh, A. (2009). Moving out: Residential independence among young adults with disabilities and the role of families. *Marriage & Family Review*, *45*(5), 519–537. doi://doi.org/10.1080/01494920903050847

Marston, G., & McDonald, C. (2006). *Analysing social policy: A governmental approach*. Cheltenham, UK: Edward Elgar Publishing.

Ministry of Social Development. (2015). *NZ disability strategy.* Office for Disability Issues. Wellington, NZ. Retrieved from http://www.odi.govt.nz/nzds/

New Zealand Parliamentary Counsel Office. (1975). *Disabled Persons Community Welfare Act 1975 No 122* (as at 3 March 2010), Public Act Contents – New Zealand Legislation. Retrieved from http://www.legislation.govt.nz/act/public/1975/0122/latest/DLM436790.html

New Zealand Parliamentary Counsel Office. (1989). *Children, Young Persons, and Their Families Act 1989 No 24* (as at 6 December 2014), Public Act Contents – New Zealand Legislation. Retrieved from http://www.legislation.govt.nz/act/public/1989/0024/latest/DLM147088.html#DLM150001

New Zealand Parliamentary Counsel Office. (2000). *New Zealand Public Health and Disability Act 2000 No 91* (as at 30 June 2015), Public Act Contents – New Zealand Legislation. Retrieved from http://www.legislation.govt.nz/act/public/2000/0091/latest/DLM80051.html

New Zealand Parliamentary Counsel Office. (2001). *Health and Disability Services (Safety) Act 2001 No 93* (as at 5 August 2013), Public Act Contents – New Zealand Legislation. Retrieved from http://www.legislation.govt.nz/act/public/2001/0093/latest/DLM119975.html

New Zealand Parliamentary Counsel Office. (2014). *Vulnerable Children Act 2014 No 40* (as at 01 July 2015), Public Act 5 Interpretation – New Zealand Legislation. Retrieved from http://www.legislation.govt.nz/act/public/2014/0040/latest/DLM5501627.html

Nirje, B. (1969). The normalization principle and its human management implications. In R. Kugel & W. Wolfensberger (Eds.), *Changing residential patterns for the mentally retarded* (pp. 363–376). Washington, DC: President's Committee on Mental Retardation.

Nirje, B. (1985). The basis and logic of the normalization principle. *Australia and New Zealand Journal of Developmental Disabilities*, 11(2), 65–68. doi://doi.org/10.3109/13668258509008747

Oliver, M. (1990). The politics of disablement: A sociological approach. In Oliver, M. (Ed) *The politics of disablement: A sociological approach* (pp. 7–8). London, UK: Palgrave Macmillan.

Oliver, M. (2013). The social model of disability: Thirty years on. *Disability & Society*, *28*(7), 1024–1026. doi://doi.org/10.1080/09687599.2013.818773

Owens, J. (2015). Exploring the critiques of the social model of disability: The transformative possibility of Arendt's notion of power. *Sociology of Health & Illness, 37*(3), 385–403. http://doi.org/10.1111/1467-9566.12199

Pallisera, M., Vilà, M., & Fullana, J. (2014). Transition to adulthood for young people with intellectual disability: Exploring transition partnerships from the point of view of professionals in school and postschool services. *Journal of Intellectual and Developmental Disability*, *39*(4), 333–341. http://doi.org/10.3109/13668250.2014.938032

Palmer, S. B. (2010). Self-determination: A life-span perspective. *Focus on Exceptional Children*, *42*(6), 1–16.

Schlossberg, N. K. (1995). The transition framework. In M. Anderson, J. Goodman, & N. K. Schlossberg (Eds.), *Counseling adults in transition: Linking practice with theory* (p. 28). Springer Publishing. Retrieved from https://books.google.co.nz/books?id=BCobGX6ofOMC

Shakespeare, T. (1999). "Losing the plot"? Medical and activist discourses of contemporary genetics and disability. *Sociology of Health & Illness*, *21*(5), 669–688. doi://doi.org/10.1111/1467-9566.00178

Shakespeare, T. (2013). Facing up to disability. *Community Eye Health Journal*, *26*(81), 1–3.

Shakespeare, T., & Watson, N. (2001). The social model of disability: An outdated ideology? In S. Barnett & B. Altman (Eds.), *Exploring theories and expanding methodologies: Where we are and where we need to go* (Vol. 2, pp. 9–28). Emerald Group. Retrieved from http://www.emeraldinsight.com/doi/abs/10.1016/S1479-3547(01)80018-X

Stewart, C., Gates, S., Milner, P., Mirfin-Veitch, B., & Schumayer, D. (2008). An examination of the outcome of the resettlement of residents from the Kimberley Centre. The Donald Beasley Institute. Retrieved from http://www.health.govt.nz/publication/examination-outcome-resettlement-residents-kimberley-centre

Vehmas, S., & Shakespeare, T. (2014). Disability, harm, and the origins of limited opportunities. *Cambridge Quarterly of Healthcare Ethics*, *23*(1), 41–7.

Weinbach, H. (2009). Commentary on "deinstitutionalisation and community living for people with intellectual disabilities in Austria". *Tizard Learning Disability Review*, 14(1),14–17)

Werner, S. (2015). Public stigma and the perception of rights: Differences between intellectual and physical disabilities. *Research in Developmental Disabilities*, *38*, 262–271. doi://doi.org/10.1016/j.ridd.2014.12.030

World Health Organisation. (2015). *WHO | Disabilities*. Retrieved from http://www.who.int/topics/disabilities/en |

Winn, S., & Hay, I. (2009). Transition from school for youths with a disability: Issues and challenges. *Disability & Society*, *24*(1), 103–115. doi://doi.org/10.1080/09687590802535725

Wolfensberger, W. (1977). The normalization principle and some major implications to architectural-environmental design. In M.J Bednar (Ed). *Barrier free environments*. (2nd, pp.135-166) Stroudsburg: Dowden, Hutchinson & Ross.

Wolfensberger, W. (1983). Social role valorization: A proposed new term for the principle of normalization. *Mental Retardation*, *21*(6), 234–239.

Designing and embedding authentic learning opportunities in a social work curriculum: Reflections and lessons learned

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ABSTRACT

INTRODUCTION: A challenge for many busy educators in social work is how to design realistic case studies to evoke learning experiences that engage the imagination and clinical reasoning of the student. This article focuses on the authors' experiences of designing and developing authentic case scenarios to embed in learning in a four-year Bachelor of Social Work programme in Australia.

METHOD: Assisted by a grant from the Australian Government Office of Learning and Teaching, a project plan was developed, inspired by Lipsky's (2010) framework, "street level bureaucracy" and methodology derived from Maynard-Moody and Musheno (2012). The aim was to produce a series of online, filmed podcasts to be embedded into blended learning to enable students to build confidence in ethical decision making.

FINDINGS: Early results from the project suggest that the students found deliberating on ethical dilemmas evoked by the resource a useful addition to more conventional teaching approaches as it tangibly demonstrated the connection of theory to practice in action.

IMPLICATIONS: The approach to both conceptualising and developing such resources could further be utilised in social work education settings and more broadly, in human services occupations including the health sector to focus on confidence building in ethical decision making and navigating the complex interplay between theory and practice. There is potential for the approach to be adapted and used as a reflective tool for established social workers.

KEYWORDS: child protection, social work education, ethical decision making, supervision, online education

Two important pedagogical principles predominate in the learning method of supervised practice for social work students explored in this article—active learning and authentic learning (Bloomfield, Chambers, Egan, & Goulding, 2013). These principles are embedded in an apprenticeship model by which the student learns from academic teachers and practitioners acting as fieldwork supervisors who, through their interaction with the learner, stimulate a critical reflective process. It is through this critical reflective process that the beginning practitioner, upon graduation and entry to practice, learns how to effectively interact interpersonally within the workplace and to navigate complex systems (MacDonald, 2002). Authentic learning relates to the ways in which educators and social work practitioners enact intellectual understandings and translate these into action through their practice (Bloomfield et al., 2013). Most often, a case

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study approach is used to evoke complex practice themes and ethical dilemmas through which beginning practitioners can creatively take the role of the social worker in the situation and context under study and consider an appropriate course of action amongst a range of alternatives.

The use of case studies has gained growing recognition in teacher education as a tool that is based in principles of authentic assessment. Darling-Hammond and Synder (2000, p. 529) identify four tools that reflect principles of authentic assessment: case studies, portfolios, exhibitions of performance and problem-based inquiry. Case studies are identified as an effective tool in social work teaching and learning because they add context to theory; making theory more "real" for students. Furthermore, case studies encourage student thinking in response to practice dilemmas. Critical reflection and application of knowledge engages students to see and imagine possibilities (Schulman, cited in Darling-Hammond & Synder, 2000, p. 530).

Case studies, to be aligned with realities of practice, need to draw on multiple sources of evidence collected over time and in diverse, complex and culturally sensitive contexts (Darling-Hammond & Snyder, 2000). Assessment of what to include in case studies is, ideally, guided by the practitioners themselves. Such case studies facilitate multiple opportunities for learning and rehearsing frequently encountered practice scenarios. Lastly, authentic assessment should ideally include learners' feedback and reflection as part of the wider learning process.

Lipsky's (2010) now classic theorising about the use of discretion by human service workers is relevant and, we argue, central to the development of authentic case studies. Lipsky (2010), through his research with human service workers, lays bare the ambiguous role social workers and other human service professionals face on a day-to-day basis. As street-level bureaucrats, they are typically:

> … the focus of citizen reactions because their discretion opens up the possibility that they will respond favourably on behalf of that the individual. Their general and diffuse obligation to the "public interest" permits hope to flourish that the individual worker will adopt a benign or favourable orientation towards the client. Thus, in a world of large and impersonal agencies that apparently hold the keys to important benefits, sanctions, and opportunities, the ambiguity of work definitions sustains hope for a friend in court. (pp. 9–10)

Maynard-Moody and Musheno (2003) draw from Lipsky's work to assemble narratives illustrating how social workers, teachers, and other helping professionals balance the departmental policy imperatives with the perception that they can broker goods and services on behalf of clients. In doing this, they highlight, through themes derived from interviews with a range of helping professionals, how workers make complex decisions within these competing expectations and job requirements to produce an ethical course of action. It was our hope to gather similar narratives of practice to teach students about complex decision making in child protection social work and, in particular, to demonstrate the use of discretion in this field of practice.

Project aims

The primary aim of the project was to develop, implement and evaluate a new digital resource to enable undergraduate social work students to understand, explore and practise the difficult work of discretion in everyday professional life in human services. As educators, we placed emphasis on child protection social work due to local workforce development priorities in the region in which we were working: the Northern Territory of Australia. Within this aim the principles that guided the project team were drawn from the concept of authentic assessment (Darling-Hammond & Snyder, 2000). Authentic assessment includes four main principles guiding the development of higher degree programmes. These principles are summarised by Darling-Hammond and Synder (2000), citing the foundational work of Reinman, which refers to the integration of multiple forms of knowledge and skill as they are used in practice. These principles are that case studies are designed to contextualise theory and the field of practice, thus encouraging students to imagine themselves in that situation and to engage with practice dilemmas through a process of critical reflection. Through this process, experiential and theoretical knowledge is applied to the case, thus bridging the gap between personal/life knowledge and professional knowledge involving more abstract concepts and sources (Darling-Hammond & Synder, 2000, p. 530).

Literature review

As a preliminary step to undertaking the evaluation and composing the grant application, a review of previous research on case study development in social work was undertaken. This research process highlighted the significance of critical reflection and how this is taught both in higher education and in practice settings. A critical reflective approach work has been of importance historically in social work teaching (Mezirow, 1990; Schön, 1987). Critical reflection can support professional development through examining decisions and actions. Articulation of this reflection can feed back into policy and practice and lead to improvements in service delivery for clients and their families. (Gambrill, 2006). Critical reflection in social work practice and education has a role in raising awareness of the effective "use of self", supporting the emergence of a coherent professional identity; ultimately promoting the ability to analyse power which leads to new knowledge building. Critical reflective capabilities cannot be fully explored without experiencing the process of practice dilemmas and the impact on the work of the practitioner (Napier & Fook, 2000). Critical reflection may not be an intuitive skill and teaching and learning environments can assist in developing comprehensive approaches to building reflective capabilities (Ryan, 2013). This is particularly important in social work education as we want to equip graduates with the skills and knowledge to apply critical reflective capabilities in a complex work environment. In embedding the use of web-based resources there is an opportunity to use and create educational resources that prepare students for the practical realities of social work and expose students in a safe, facilitated way to some of the dilemmas that lie ahead of them, in particular, the use of discretion.

As social workers, we also wished to model the cultural and organisational environments within which social workers operate, mirroring Lipsky (2010) and Maynard-Moody and Musheno's (2003) work. As the second author was originally from Aotearoa New Zealand and had dual membership of both Australian Association of Social Workers (AASW) and Aotearoa New Zealand Association of Social Workers (ANZASW), she wished the case studies to highlight examples of "decolonising methodologies" (Smith, 1999). Smith writes of research as a Eurocentric construct, to be viewed as a colonising practice. Thus, the case studies were intended to raise examples which students were asked to deconstruct in the way that researchers are asked by Smith (1999) to deconstruct their own practices as researchers. Within this decolonising approach researchers are asked to be mindful of the way in which their power positioning imposes an order on those researched (Smith, 1999). Similarly, students are asked about the power differences between the Department of Children and Families social workers depicted in the case studies and their use of intervention with their clients. This analysis of power and powerlessness formed an integral part of each case study. For example, although government department policies might aim at working to address institutional racism and inequality, the actions taken by social workers to operationalise policy and to translate manual directives into practice might inadvertently reflect institutional racism through the ways in which the broad systems operate to unintentionally exclude (or negatively discriminate against) individuals or groups in society. The unconscious nature of what we do as social workers when we are asked to follow policy directives uncritically while under pressure, facilitates the operation of institutional racism in the organisational context. Decolonising practices (Smith, 1999) became an important learning focus for students when observing what the social workers in the scenarios did in practice. For example, depicting a white, Australian, male social worker working in a remote Aboriginal community has many challenges. How to reveal the internal struggle he faces in working outside his cultural comfort zone, illustrated by his moral and ethical reasoning in the case, was a unique feature of each case scenario. Our aim was to be transparent about his attitudes, worldview and beliefs as he grappled with the ambiguity of how to do his job, in light of the fact that he did not share the same cultural background and understandings of many of his clients.

Methodology

A project team was appointed when the $50,000 Federal Government Office of Learning and Teaching Innovation grant was awarded to the university following the successful grant application by the project team. The team included social work advisors from the Department of Children and Families in Darwin, a project officer who represented local Aboriginal interests, academic social work staff, and technical and e-learning experts. With guidance from the project team and drawing from the methodology used by Maynard-Moody and Musheno, (2003), two experienced social workers who were working as child protection social work advisors for the Department of Children and Families, were asked to construct a narrative of their most difficult case scenario “with a beginning, and middle and an end”, telling the story about “a difficult decision they had to make in the course of their professional work”. These narratives were then scripted with key characters and enacted with actors, and filmed. To provide the framework to approaching the design and filming of the case studies, an earlier experience of producing e-learning resources was referred to. The second author had produced a series of podcasts on the use of clinical supervision in 2008 whilst co-ordinating a postgraduate allied health programme. The resource produced in 2008 was a series of four case studies depicting a student social worker taking key ethical dilemmas to clinical and cultural safety supervision to deliberate upon alternative lines of action and recording her feelings about the case in question. The feedback from teaching with the resource from the postgraduate students in 2008 was that it made the process of clinical supervision more transparent and inspired students to use their own clinical supervision more confidently and proactively (Pack, 2009a, 2009b, 2009c, 2011a, 2011b). These earlier-produced e-learning resources provided important background as to how to approach the current project and provided another, more experiential, knowledge source to drawn upon.

The stories were recorded by video and their transcripts then formed the basis of a scenario-based learning programme developed through the software Articulate Storyline (Articulate Global, 2017). These scenarios were embedded in trial format, in appropriate units within the Bachelor of Social Work such as the unit dealing with ethical decision making. Flow charts from local child protection services showing what to do when child abuse was discovered by the social worker’s assessment or in a direct report, was embedded in various scenarios. These flow charts used by the departmental child protection social workers were embedded alongside the podcasts of an actor who played the social worker in each filmed scenario (Pack, 2016). Once the case was deliberated on by the social worker during extended monologues, the departmental manual with the decision-making flow charts were referred to. In child protection contexts in the Northern Territory, social workers use these decision-making trees as assessment tools to guide some of the critical practice decisions in their work such as what behaviours constitute abuse and when to make a formal child abuse notification.

The case studies were embedded in an Open Education Resource (OER) so that once completed they could be made accessible for social work educators worldwide to access and use the resource on a creative commons website. The case studies were recorded in their entirety with some narratives and alternative stories edited and parts added later after consultation and with the project team. The grandmother's story in one of the scenarios is an example of a late inclusion to share perspectives of extended family responses to the events of a children's disclosure of abuse. These later additions were made to offer an alternate narrative for students to consider.

Ethical issues

Participation in the teaching and learning project was advertised among social work staff within the Department of Children and Families as a voluntary undertaking. This project was framed by a memorandum of understanding between the university and the Department of Children and Families that had been agreed to in 2012. Two experienced child protection social workers had indicated by return email that they wished to participate. A fact sheet about the project and a consent process advised that interview transcripts would be developed in a way that would take care to avoid identifying the workers or the clients in the case scenarios. The participants were advised that their transcripts were to be kept securely and that their contributions could be withdrawn at any time if wished. Debriefing and counselling services were offered if the interviews evoked any difficult feelings or unresolved issues. Both social workers did not mind being personally identified as they had taught within professional social work courses previously and understood the purpose of the case study project as a workforce development initiative. With the memorandum of understanding forming an overarching relationship between the two institutions, our aim as a team was to work collaboratively in the interests of workforce development. Therefore, an agreement was made that the development of the case studies would be developed collaboratively with the project team and that every effort would be made not to identify any clients, past or present.

The memorandum of understanding between the university and the Department of Children and Families was referred to when ethical issues arose so that the parties could resolve any issues collaboratively. There was one problem with ensuring anonymity of the material. One of the two social workers voiced concern about disclosing details which were felt to be potentially identifying of a high-profile media case. The project team decided to assemble composite case studies involving some changes of detail such as geographic location, ages and gender thus avoiding association with actual child protection cases with high local media interest. This step, and team involvement in what was left in and out of the case studies also avoided potential bias by ensuring that the researcher was not the only person analysing and evaluating the interviews for assembling into case studies.

A trained actor working for the local theatre company was employed to play the part of the social worker. Together with technical staff from within the university who were providing technical expertise in the production phase, the four embarked on producing the resource. The second author scripted and directed the video production based on her experience of having previously produced a resource in the Aotearoa New Zealand context (Pack, 2009b, 2009c, 2011a, 2011b). There were occasions when the actor wanted to interpret the script his way and the first author collaborated with him on each occasion to come to an agreement on ways forward.

The need to ensure the material used in the filmed scenarios was accurate from a child protection social worker's perspective was the paramount consideration. This was because students were asked to apply the actual departmental decision-making hierarchies and guides to contextualise the experienced practitioners' narratives. The intention was to evoke the use of intuition, judgement, embodied ethics and the exercise of discretion in the context of child protection services. The dimensions of culture, age and gender were also addressed in each scenario to provide authenticity in relation to the complexity of the social workers' decision making with clients (Pack, 2016).

Results

The filmed scenarios were produced and then edited for technical quality by the camera and filming assistant in the studio. The project team then viewed the web-based material once this rough editing was completed. The project team asked for a multi-disciplinary team scene to involve the doctor and nurse who were caring for the children during an in-patient admission. The simulated hospital ward was used as the Nursing Faculty used this for teaching purposes. Once edited, the resource was then embedded into a web-based application using the e-learning platform, Blackboard version 9. The use of material was agreed for release by each participant. The completed resource is now being evaluated from the student and educator perspectives more formally and is available for other educators to view.

The next section documents how the case studies were integrated to renovate the existing bachelor of social work curriculum. The overall design of the case studies depicting authentic scenarios in social work in child protection moved from a less complex scenario to a case highlighting the most complexity. The case studies evoked moral reasoning and conflicting feelings as each illustrated different scenarios in child protection practice. The first scenario involved assessment of malnutrition of twins living in a remote Aboriginal community; the second dealt with the neglect and abandonment of a 16-year-old by foster carers; and the third described the medical discovery of a sexually transmitted infection in a child living with extended family in a rural location. Each scenario was based on a composite of cases the child protection social work advisors in the project team had worked on. In each case, the social worker's relationship with colleagues and the team as well as the organisation setting were highlighted.

The short film segments were reviewed and consideration was given to what potential areas of learning the case studies would explore. The guidelines for authenticity of case studies were drawn on. These criteria for authenticity were that the case studies:

- add context to theory
- make theory more "real" for students
- encourage student thinking and response to practice dilemmas
- evoke critical reflection on practice and the application of knowledge
- encourage students to see and imagine possibilities
- order experience that helps to bridge the gap between personal situated knowledge and generalizable, sharable knowledge

(Schulman, cited in Darling-Hammond and Synder, 2000, p. 530).

Most of the filmed case material was to be embedded in a third-year ethical decision making in social work unit and re-iterated in a legal issues in social work unit, which is in the final year of the degree. This focus on the third- and fourth-year units was based on the assumption that students had experienced the realities of practice in their first field work placement and engaged in their second, and so would be able to better understand the social worker's deliberations and critical reflective process.

While viewing the film segments, notes were jotted down as themes relating to social work practice in child protection began to emerge from the story. Alongside these themes a range of strategic questions were developed to prompt students to explore and discuss the dilemmas experienced by the child protection worker. In making decisions about *what* to embed and *how* to embed the film segments into the resource, we drew on our previous practice and teaching experiences. The resource embodied many of the unwritten and unspoken dilemmas experienced by child protection social workers captured in facilitated conversations in learning environments. There was a reliance upon local practitioners and colleagues as there was a level of awareness about the inexperience of child protection workers in a Northern Territory context.

Decolonising our practices as social workers

The recognition of indigenous knowledge is also an important consideration given that the stories embedded within one case study focus on an Aboriginal family from a remote community in the Northern Territory. Working as a social worker in the Territory requires a "can-do" attitude when resources are often lacking and harsh climatic conditions provide challenges such as flooding and life-threatening cyclones or, conversely, arid, desert conditions. Therefore a need to adopt a pragmatic and strengths-based approach to the challenges of the job as a social worker is a pre-requisite in the job description. For example, social workers are often given rudimentary training in mechanics in case their departmental cars break down in remote areas as they often are too far from an emergency breakdown service or garage. Water and supplies need to be carried in case of getting lost or braking down in remote areas. Under-resourced communities can be stereotyped as lacking amenities and as having more social problems than others which sometimes negates a strengths-based approach to the work. Similarly, there is a dilemma in being part of the development of a resource that presents a case study in a "problem-saturated" way. However, the narrator of the story framed the story of her practice in this way and we wished to remain true to her storytelling. The story embeds the dominant discourse about Aboriginal families depicting imagery of disadvantage, dysfunction and chronic neglect. The approach that was employed to examine this dilemma was one that embedded consultation to gain feedback from key Aboriginal staff working in child protection with whom we were able to openly discuss concerns and make amendments to the resource—including the removal of some content. This process involved deep listening (Bennett, Zubrzycki, & Bacon, 2011) and reflection about the issues that were being discussed and raised in relation to addressing cultural stereotyping while preserving the educative value of a resource. For example, alcoholism in remote Aboriginal communities is often depicted as being "the problem" to be addressed by social workers when there are local elders in Aboriginal communities who are actively tackling the issue themselves through cultural re-moralisation and strengthening family and community ties at the grassroots level (Bennett et al., 2011). Accordingly, the role of Aboriginal community workers and community elders as advisors working alongside social workers was an important feature of the filmed resource.

The case studies are intended to create a window into the realities of practice and aim to expose students to the reflections of a new graduate, white social worker and his feelings of uncertainty and ignorance about working with Aboriginal people. This reflects the realities of practice for many contexts social workers are employed in and it is important to have the spaces within social work education to build opportunities, case studies and resources that guide learners towards best practice approaches and discussion around cultural safety and competence. These resources provide a safe starting place for exploration of culture and social work practice including an analysis of power through decolonising social work and child protection policy and practices.

Embedding the resource in the curriculum

This stage of the project involved reflecting on the entire social work curriculum and where the resource, or elements of the resource, could be embedded. Whilst the resource was being developed, the social work programme was in the process of going through reaccreditation. This process allowed us to have a holistic perspective of the social work programme rather than being compartmentalised into academic specialities. The original intention was to share the resource with other educators, therefore, having the potential to be a stand-alone interactive web-based resource. However, alternative views existed based on the definition of what was meant by a *web based resource*, and that the resource needed to be packaged in such a way that it was directed at social work education staff at a tertiary level and that the resource could be made available to others under the licensing agreements. This is where the idea and development of a resource using a MOOC format on a freely available web platform seemed to make sense.

The content of the case studies themselves could be embedded across a number of the component units in the four-year social work degree. As previously mentioned and originally envisaged, the resource would be integrated with third- and fourth-year units of study such as "Legal issues and social work"; "Social work theory and practice"; and "Ethical dilemmas in social work". Later it was considered that some of the units offered to an interdisciplinary degree, for example with health science, midwifery, humanitarian studies and behavioural science students, may also be able to make use of the resource due to the interdisciplinary nature of child protection work. Social work educators are free to adapt the resource as it fits into their specific teaching approaches and course structures.

Partnership principles and collaboration

The development of this resource was a collaborative effort involving partnership between social work practitioners, local child protection services, the local community and the university. The layers of collaboration began as the relationship among the project team commenced and grew. Involvement came from different individuals at different phases of the project. These relationships began with formulating the grant application and continued with researching practitioner stories and experiences, collaboration amongst academic staff from the areas of teaching and learning and social work. The inclusion of Aboriginal colleagues' perspectives and close work with the technical experts deepened these relationships. Whilst there were many barriers to collaboration, in particular in relation to the sensitivity of the content, close working relationships between the social work academic and practice staff and the media production team were formed and continued to be integral in producing the actual resource.

The resource included stories of children and families who are vulnerable. In particular, the construction of Aboriginal people by the resource gained the most attention during the discussion. To avoid identifiability and for ethical reasons, all the practitioners' personal details were changed in the scenarios that were recorded. The monologue of the social worker in each scenario deliberating on what to do within each of the case studies involved such themes as transference between client and worker, and involved aspects of his own biography that were fictional. Students viewed this resource and were engaged through a series of reflective questions to ponder on their own responses to the case including what they thought the social worker would do. In one scenario, the social worker had a personal issue triggered by working with a client facing a similar issue. The decision to explore a sensitive issue of a social worker's personal life being evoked by working on a case involving abuse and neglect was a highly controversial one. The technical staff of the project team thought this scenario seemed implausible and unusual, and wanted to edit out this monologue. The practitioners who had provided their narratives thought it was an accurate depiction of what very often happens for social workers in dealing with clients who have traumatic and abusive histories. The vicarious traumatisation, secondary traumatic stress, traumatic transference and self-care literature is an important evidence-base for students to be aware of before they embark on their careers as social workers.

Teaching with the resource

To informally gauge how useful the resource was for students, the first author used it in her pre-placement intensive workshop which ran for five days. This face-to-face workshop is designed to prepare students for some of the situations and theories that can inform practice before they embark on their first practicum placement. The feedback from students was informative as to how far the project had met the original objective of being authentic in the sense of realistically depicting the context for practice. By engaging students' imagination, critical reflection and the application of theory to practice through moral and ethical reasoning, the criteria for authenticity of case studies, the resource seemed to be meeting the brief set for it.

We also wished to model the cultural and organisational contexts in which social workers daily navigate a moral and ethical minefield mirroring Lipsky (2010) and Maynard-Moody and Musheno's (2003) work on street-level bureaucracy and the use of discretion in the human services. The feedback from students was that the monologues from the actor as the social worker were the most valued parts as he reflected aloud in the moment on "on-the-job" dilemmas evoking personal responses and emotions. Specifically, the students enjoyed hearing the social worker discuss his feelings of being out of his depth, as a young, white Australian man working with Aboriginal families living remotely in the community. This is a critical theme to be explored in all social work education to align with the principles of partnership inherent in the Treaty of Waitangi in Aotearoa New Zealand and to align with the professional codes of ethics of the AASW and the ANZASW. The students said that they valued exploration of working across cultures reflectively as there can be many emotional issues to be acknowledged and worked through in coming to an awareness of one's own cultural identity. Discussions of history, power and privilege are central considerations evoked in such classroom discussions, linking to decolonising practices (Smith, 1999).

Secondly, the case study dealing with the social worker grappling with personal issues in his own past which were evoked by the process of working on a case, was highly valued by students. This prompted learning about what to do if similar issues arise upon working in one's placement and ideas for self-care plans on practicum were discussed in class. Emphasising the importance of seeking both clinical supervision and counselling to address the inevitable issues of the professional triggering the personal is an integral part of pre-placement preparation. It is noteworthy that students disagreed with the filmed scenario of triggered issues being raised in clinical supervision. Due to more managerial models of supervision being the norm in statutory practice, student counselling was considered more appropriate by the students as a first port of call in dealing with transferential responses and past trauma. The potential for vicarious traumatisation of workers is strongly recommended in the literature on preparing workers for on-the-job challenges when working with trauma (Furlonger & Taylor, 2013). This includes reference to the importance of relational modes of clinical supervision for beginning practitioners and those dealing with trauma (Baum, 2007; Bogo & McKnight, 2005; Pack, 2014). Our experience of these classroom discussions, facilitated by the use of our filmed resource, affirms the place of teaching about self-care and self-awareness.

Similar themes resonated with social work academics when early drafts of the edited videos were presented at an international social work conference by the second author. Educators from the United Kingdom and Canada remarked on the power of scenes were the social worker took time out to reflect on what to do next. The depiction of these monologues happening in the tea room, his office, in team meetings; with clients and their families, and on the telephone to colleagues was valued for being naturalistic and true to the day-to-day world of practice where social workers are required to think on their feet and act in the moment. This "thinking on our feet" theme appears easy to do but is a complex process involving the practitioner pausing to reflect, critically reflecting alone or with others, and then acting in cycles of action–reflection described by educational theorists such as Schön (1987). This kind of exploration of how to reach lines of action out of complexity and ambiguity, involving difficult decisions can be descriptively described, but less tangibly depicted, in text-based resources.

To date, there have been in excess of 460 online hits from educators viewing our resource on the blackboard course site established to showcase the teaching resource. The plan following formal evaluation of the resource and how it is used in teaching is to have the resource available on a creative commons website for all educators to draw from and adapt the material to their cultural and multi-disciplinary contexts of practice.

Conclusion

We have developed three questions now that the project is about to undergo more formal evaluation: firstly, what are our responsibilities as educators in the construction of case studies? Secondly, how do we ensure these case studies are authentic and therefore stimulate active learning? Thirdly, why is there often resistance to these stories being available as educational resources? These issues are on the agenda to be evaluated by a researcher who was not a part of the design and delivery of the resource.

What seems clear to our team in completing the project with the research, production and use of the resource is that social work and social workers need to be prepared to decolonise our own practice through a critical-reflective process focusing on an analysis of the use of power. Because of the imposition of cultural norms by the predominant culture, it is important to consult with client groups and communities about their priorities; these need to be included in the design of case studies. This theme became apparent when a scene involving a fridge/cupboard inspection as part of a child neglect investigation was embedded in the script aligning with one of the social worker's narratives of practice. Our child protection social workers advised the project team that is a common practice in investigating child welfare in remote communities were child malnourishment is assessed. There was criticism later from another departmental advisor that this practice was no longer commonplace and in fact, was not recommended, yet the narrator challenged that assumption. In her experience, this was a customary practice to determine if there was enough food available to the family so that the need for financial assistance/food vouchers could be accurately assessed.

In this debate between policy makers and practitioners, we hear Lipsky's (2010) street-level practitioner's use of discretion echo and come to life, through an example of the individual practitioner drawing from a personal sense of ethics that involves one's own attitudes and prejudices that exist in a dynamic tension alongside official policy and practices. Secondly, the institutional racism of viewing Aboriginal clients in remote communities as living in financial deprivation/need when this may more accurately reflect a white Australian perception based on cultural misunderstanding and misinterpretation of lifestyle preferences, is also highlighted by this case scenario. As one of our child protection social workers remarked, some Aboriginal communities shop to satisfy the white, middle-class, affluent, expectations of the social worker for there to be food in the cupboard when a departmental visit is planned to the community. Specifically, a trip to the local store for an acceptable store cupboard staple such as Weetabix, was a common response of residents of remote Aboriginal communities to news of a social worker's impending visit. Such sub-narratives are also important to include.

Despite controversy about the use of case studies in social work education, there remains a strong interest for human service professionals to be engaged in learning in the area of discretion in a range of contexts including higher education, vocational education and in the workplace. The resource we have produced examines child protection from the social work case management point of view. However, there is scope to examine such case studies from different angles. For example: a narrative reflecting a paediatric nurse, a doctor or a community worker. There is also potential scope to include narratives from the client perspective including a critique of social work and the institutional racism that exists despite best efforts to the contrary.

This article has identified significant potential benefits in incorporating online and digital resources in learning for developing social work students' capacity for decision making in complex scenarios. Ultimately, the curriculum design scaffolds through actual demonstration from theory to practice to prepare students for dealing with child protection social work.

Resource URL: https://www.coursesites.com/webapps/Bb-sites-course-creation-BBLEARN/courseHomepage.htmlx?course_id=_343081_1

References

Articulate Global. (2017). Retrieved from https://www.articulate.com/lp/create-elearning-courses-with-storyline/?utm_source=google&utm_medium=paid-search&utm_content=branded&utm_campaign=storyline&gclid=COOL1amrmMUCFYiCvQod7AEAbA

Baum, N. (2007). Field supervisors' feelings and concerns at the termination of the supervisory relationship. *British Journal of Social Work, 37*, 1095–1112. doi:10.1093/bjsw/bcl057

Bennett, B., Zubrzycki, J., & Bacon, V. (2011). What do we know? The experiences of social workers working alongside Aboriginal people. *Australian Social Work*, *64*(1), 20–37.

Bloomfield, D., Chambers, B., Egan, S., Goulding, J., Reimann, P., Waugh, F., & White, S. (2013). *Authentic assessment in practice settings: A participatory design approach*. Sydney, NSW: Office for Learning and Teaching.

Bogo, M., & McKnight, K. (2005). Clinical supervision in social work. *The Clinical Supervisor, 24*, 49–67. doi:10.1300/J001v24n01_04

Coursesites by Blackboard. (n.d.). Retrieved from https://www.coursesites.com/webapps/Bb-sites-course-creation-BBLEARN/pages/index.html

Darling-Hammond, L., & Snyder, J. (2000). Authentic assessment of teaching in context. *Teaching and Teacher Education, 16*, 523–545.

Furlonger, B., & Taylor, W. (2013). Supervision and the management of vicarious traumatisation among Australian telephone counsellors. *Australian Journal of Guidance and Counselling, 23*, 82–94. doi:10.1017/jgc2013.3

Gambrill, E. (2006). *Critical thinking in clinical practice: Improving the quality of judgments and decisions*. Hoboken, NJ: John Wiley & Sons.

Lipsky, M (2010). *Street level bureaucracy: Dilemmas of the individual in public services.* New York, NY: Russell Sage.

MacDonald, J. (2002). Clinical supervision: A review of underlying concepts and developments. *Australian and New Zealand Journal of Psychiatry, 36*, 92–98. doi:10.1046/j.1440-1614.2002.00974.x

Maynard-Moody, S., & Musheno, M. C. (2003). *Cops, teachers, counselors: Stories from the front lines of public service.* Ann Arbor, MI: University of Michigan Press.

Maynard-Moody, S., & Musheno, M. (2012) Social equities and inequities in practice: Street-level workers as agents and pragmatists. *Public Administration Review, 72*(1), 16–23. doi:10.1111/j.1540-6210.2012.02633.x

Mezirow, J. (1990). How critical reflection triggers transformative learning. In J. Mezirow (Ed.), *Fostering critical reflection in adulthood: A guide to transformative and emancipatory learning* (pp. 1–20). San Francisco, CA: Jossey-Bass Publishers.

Napier, L., & Fook, J. (2000). *Breakthroughs in practice: Theorising critical moments in social work*. London, UK: Whiting & Birch.

Pack, M. J. (2009a). Clinical supervision: An interdisciplinary review with implications for social work. *Reflective Practice: International and Multidisciplinary Perspectives, 10,* 657–668. **doi:**10.1080/14623940903290729

Pack, M. J. (2009b). Supervision as a liminal space: Towards a dialogic relationship, *Gestalt Australia and New Zealand, 5*(2), 60–78.

Pack, M. J. (2009c). Allies in learning: Critical-reflective practice on-line with allied mental health practitioners. *Social Work Education: The International Journal. 29*, 67–79. doi:10.1080/02615470902810876

Pack, M. J. (2011a). The design and development of teaching resources for the purpose of demonstrating aspects of clinical supervision: Developing the on-line community of learners. *Advances in Social Work Journal, 13*, 111–126.

Pack, M. J. (2011b). Making the unseen seen through the use of multimedia approaches in counselling and social work education. *Junctures: The Journal for Thematic Dialogue*, *13*, 69–75.

Pack, M. J. (2014). Unsticking the stuckness: A qualitative study of the clinical supervisory needs of early career health social workers. *The British Journal of Social Work, 45*(6), 1821–1836.

Pack, M. J. (2016). Learning to "think on our feet": Producing a new digital resource for teaching social work students about reflective decision-making in child protection practice in Australia. *Practice: Social Work in Action Journal, 28*(3), 213–226. doi:10.1080/09503153.2015.1087490

Ryan, M. (2013). The pedagogical balancing act: Teaching reflection in higher education. *Teaching in Higher Education*, *18*(2), 144–155. doi:10.1080/13562517.2012.694104

Schön, D. (1987). *Educating the reflective practitioner: Toward a new design for teaching and learning in the professions.* San Francisco, CA: Jossey-Bass.

Smith, L. T. (1999). Decolonizing methodologies: Research and indigenous peoples. London, UK: Zed Books.

Tackling child neglect: Research, policy and evidence-based practice

Ruth Gardner (Ed.), 2016
Jessica Kingsley Publishers, London, UK
ISBN 978-1-84905-662-5, pp. 367, paperback, NZ$ 53

Divided into three sections, *Tackling Child Neglect* firstly contains four contributions on the topic of "The effects of child neglect" which clarify the issues and their significance. The second section comprises four "Perspectives on child neglect" which shed light on working with neglect from different perspectives, including those of social workers, GPs, dentists and, most importantly, young people themselves. This section challenges readers to think beyond the traditional structures of social service provision and some of the constraints we (perhaps unnecessarily) accept in addressing child neglect. Part three is dedicated to "Preventing and reversing child neglect" and shares three different interventions which are currently being used and evaluated for efficacy with very promising results. The layout within the book is very clear, and it is comfortable to hold and read with good-sized fonts. There are some helpful summary pages, questions for reflection and sets of bullet points throughout which could be easily copied as discussion starters for professional development in supervision, peer review or training situations.

As a reader in Aotearoa New Zealand the UK-based context of the book is obviously somewhat different to ours in terms of services, statistics, legislation and policies; however, I did not find it difficult to relate to the issues or analyses or to imagine how the learnings from this book could be translated into our realities. Indeed, a piece of research from Aotearoa New Zealand did rate a mention (Keddell, 2011) and one of the strengths of this book is the range of studies cited and analysed in an attempt to develop a deeper understanding of the context, nature and impacts of child neglect, both short- and longer-term for individuals and families, but also for society as a whole. The lengthy reference lists at the end of each chapter made it easy to read further on points which piqued my interest.

As a social worker who is also a foster parent, the content of every chapter resonated with both my professional and personal experiences of working with children and families who are experiencing challenges with providing adequate care and "good enough" parenting. There are several chapters early on which I think would benefit every social work student, and I think that anybody working with children would gain fresh insight from reading Sarah Gorin's chapter, "Learning from children and young people about neglect."

With a solid background, in the early sections, of evidence about the significance and importance of understanding neglect, the book bridges the gap to coal-face concerns in the final section, "Preventing and reversing child neglect: An international picture," which takes time to look at three different interventions and the available evidence of their efficacy in some detail. These chapters would be of immediate interest to anyone working in child protection, family support, parenting, or mental health. The three interventions examined are the "Signs of Safety" model (which will no doubt be familiar to many already) in chapter 8, "Safecare" in chapter 9, and "Video Interactive Guidance" (VIG) in chapter 10. The results of all programmes are very encouraging and warrant further investigation by practitioners not yet familiar with them, and there is also some analysis of more widely used programmes in relation to how they affect patterns of neglectful parenting which are interesting (e.g., "Triple P" and "Incredible years").

A key theme reiterated throughout the book was the significance and severity of the impact of neglectful parenting on children. It is acknowledged early on that it can be very challenging to separate out the impacts of "abuse" and "neglect" but that, when this has been possible in various studies, the results show that neglect has deep and long-lasting impacts— one study concluded that "emotional unavailability on the part of a caregiver was one of the most serious forms of abuse because of its profound consequences in terms of the child's long-term development" (p. 25). Among many critical points, two stood out to me most starkly. Firstly, that children who are being neglected may find it the most difficult to recognise their own experiences as "neglect" and may find it almost impossible to articulate the things which would concern caring adults if they knew about them (pp. 140–141). A second key point was that increasing age does not mean decreasing risk from the impacts of neglect. In fact, for many young people, the effects may be cumulative. I think this is a key point for consideration in resourcing and prioritising access to services in Aotearoa New Zealand where my experience has been that situations involving younger children are often given considerably more attention and resourcing whilst older children and teenagers are sometimes thought to be resilient because they have "survived this far." The research presented in this book challenges that perspective and provides good grounds to continue to advocate for the very real, and often compounding, needs of our vulnerable teenagers.

For me, this has been a very worthwhile read with many challenges to the way we currently acknowledge and address the very significant (yet often under-estimated) impacts of neglect. It has also made me very grateful for my role in parent education through the Playcentre adult education programme and in my work with young people as a school guidance counsellor. Everything I read here reinforced the value of these endeavours and has given me more courage to assertively pursue and provide additional supports for children and their families where neglect is a feature of life at the time I meet with them.

Reference

Keddell, E. (2011). Reasoning processes in child protection decision making: Negotiating moral minefields and risky relationships. *British Journal of Social Work*, 41(7), 1251–1270. doi:10.1093/bjsw/bcr012

Reviewed by **Liz Langham** Freelance social worker

The immigrant other: Lived experiences in a transnational world

Rich Furman, Greg Lamphear, & Douglas Epps (Eds.), 2016
Columbia University Press, New York, NY
ISBN 978-0-23117-1816, pp. 292, paperback, NZ$ 57

The Immigrant Other is a powerful and heart-rending presentation of the lived experiences of immigrants who struggle to survive in their transnational space, sometimes pejoratively termed and treated as *aliens*, and yet are criminalised, detained, incarcerated and deported, often resulting in agonising separation from those most dear to them including their spouse and children. The editors, Rich Furman, Professor of Social Work at the University of Washington, Douglas Epps, a former detention officer and current practising social worker in the USA, and Greg Lamphear have determinedly given a strong presence of authors who are social workers and community activists, and "chapters that reflect experiences that occur within community-based contexts," with the aim of focussing on "lived experiences of undocumented people in transnational spaces" (p. 2).

Migration and asylum-seeking occur perennially for various reasons including conflict and violence that leave no room for people's continued existence in their country and no choice except to escape to another as refugees. Hope of economic progress and providing financial assistance to dependent family members are also compelling reasons for daring ventures to more affluent countries. And yet, political rhetoric of leaders and rulers reverberate globally with disdainful portrayal of migrants as the Other and as enemies whose entry has to be thwarted in the first instance and deported if found living as "undocumented," "fugitive," "criminal" aliens within a country's geographic boundaries. It does not matter whether they lived there peacefully and within the law for more than a decade or two, their inability to provide documental evidence of lawful stay when they are caught is reason enough for detention and deportation—to the dismay of their children, spouse and dependants who often become mute spectators of the wanton drama unfolding before them that engenders separation, distress, helplessness, powerlessness, and loss of dignity. The authors have, in an uncompromising style, captured these sentiments and given voice to the people who live a life of invisibility in a hostile land. The narratives reveal individual struggle and collective resistance, which challenge the powers that criminalise them.

The book's introductory chapter outlines a justification for the title, intentions of the authors, summary of chapters and the history of how this book came about—from a compelling realisation of a need to devote a book to capture the lived experiences of immigrants. The first editor, Professor Rich Furman, co-edited a book entitled *The Criminalization of Immigration: Contexts and Consequences* (Ackerman & Furman, 2014) that examined legalistic and policy frameworks that criminalised immigration and highlighted the void that existed in relation to the "lived experience of the impact of these laws, systems, and structures" (p. 2). Douglas Epps, a former detention officer himself, wrote an auto-ethnography that described his experience in that job providing a powerful narrative of "structural violence." The experience of these two editors paved the way for the book. The publication was conceived with the aim of privileging the voices of immigrants, and the authors have, to their credit, done this job convincingly. The extremely memorable narratives in the book paint moving pictures of undocumented immigrants in the USA, Mexico, Spain, Australia, Canada, Greece, and Qatar and provide comparisons across the globe of the treatment meted out to immigrants by the guardians of national and state immigration laws and regulations.

A criticism of the book could be its overemphasis on narratives from America as nearly the entire first half of the book gives narratives of immigrants in America such as the Muslims facing discrimination, struggles of Latino day labourers, agonising stories of Brazilian parents horrified at facing separation from their children, and Filipino immigrants living in fear of deportation. However, the country being the "land of opportunity" attracts the highest number of immigrants even today and the editors' efforts, therefore, can be justified.

Although a happenstance, it seems apt that the publishing of the book coincides with the presidential election campaigns in the US where a calculated propaganda of a leading party is the war on terror that sentimentalises insecurities related to the presence of immigrants in the country. Constructing boundary walls to prevent immigration and immediate deportation of undocumented immigrants was repeated propaganda aimed at vote bank politics. Power elites have shrewdly supported the propaganda machinery. For instance, the work of Ken Rogoff, a Harvard economist, entitled *The Curse of Cash* proposes total elimination of paper currency to defeat social ravages such as illegal immigration problems in the US. His argument is that the flow of illegal immigration will shrink drastically because the absence of paper currency will abate the lure of jobs as American employers will not be able to pay illegal workers in cash. Rogoff's work is certainly an elitist manifesto designed to privilege them while dehumanising and disenfranchising "the Other".

As the editors aptly claim, this book will be of interest to students, practitioners and scholars from varied disciplines and, most significantly, to those "who provide services to undocumented people and also those who teach those who will engage in this work" (p. 3). Grassroots level activists and practitioners engaging in this work will find the book particularly useful because of its focus on community narratives, but the insights can equally be illuminating for policy makers and leaders.

The Immigrant Other is a "must read" for all those interested in making constructive changes to the lives of immigrants who live with constant fear of deportation in transnational spaces that have dehumanising systems to criminalise them and thwart their survival.

References

Ackerman, A., & Furman, R. (2014). *The criminalization of immigration: Contexts and consequences*. Durham, NC: Carolina Academic.

Rogoff, K. S. (2016). *The curse of cash*. Princeton, NJ: Princeton University Press.

Reviewed by **Shajimon Peter** University of Auckland

The road to hell: State violence against children in postwar New Zealand

Elizabeth Stanley, 2016
Auckland University Press, Auckland, NZ
ISBN: 978 1 86940 854 1, pp.280, paperback, NZ$ 45

In this important book Elizabeth Stanley tells the stories of 105 survivors of state care. The participants in her research spent time as state wards when they were children and/or young people. The book's emphasis is on the state run, or state funded, institutions which were in existence after the second world war until the end of the twentieth century, when deinstitutionalisation took effect. Access to participants was gained through a law firm who represented the participants' claims against the state for abuse they suffered in state care. Stanley notes some limitations with the method of accessing participants. It has potentially skewed the representation of survivors: the majority of participants were men and more than half identified as European/Pākehā. While significant numbers of women and non-European/Pākehā were in care during this time period men and European/Pākehā were the majority of claimants. Alongside the demographic bias there was a bias of experience as all the participants in Stanley's book had taken legal action against the state, this was not balanced with other experiences which may have been positive.

In a coherent and logical way Stanley outlines the thinking of the post war time period in which so many children found themselves in institutions and this provides a context, but not excuse, for the actions of bureaucrats towards the children, young people and their whanau and families. As a society, an "out of sight, out of mind" approach was taken towards state wards during this time. Denial continues to permeate the state response to victims today, an issue which Stanley addresses in the last chapter of the book.

The order of *The Road to Hell* follows the journey of children and young people through the state welfare system and ends by considering their transition out of care and the impact their childhood experiences and abuse had on their adult lives. At the start of the book how and why children were placed in care of the state is outlined through the use of quotes from individual stories as well as explanations of the wider context. It is disturbing how easily children slipped into care, the lack of voice for them and the minimal involvement of their whanau or families, contact was discouraged. State involvement in children's lives and their removal from kin care was challenged by the Pūao-te-Āta-tū report (Department of Social Welfare, 1986) however the rhetoric and actions of our current government indicate we are returning to similar practices, underpinned by an ideology similar to that of the post war period.

The experiences of participants in care is described. Everyday life and routines are depicted, alongside stories of abuse at the hands of individual staff members and structural violence. Some abuse discussed is emotional, such as public humiliation, while other stories describe sexual and physical abuse perpetrated by individuals or groups. Systemic abuse, such as the use of secure units and forced psychiatric treatment is charted. State neglect is examined; most of the participants left state care with minimal education and limited skills for daily life. Lack of education and life skills affected participants' ability to find employment, or reasonable employment, sustain relationships and parent their own children. Substance abuse among participants is common, it is an accessible way to deal with the residue of pain and emptiness from childhood.

Stanley finishes the book by considering "where to from here" for Aotearoa New Zealand. She portrays the processes which have been used to deal with the wrongs of the past and all are found wanting, although Stanley does consider the Confidential Listening and Assistance Service was the most effective process despite lack its authority and inability to compel action. A recommendation is made to establish an independent commission to expose the victimization of ex state wards and to ensure effective redress for them. The need for action on this is urgent as some of Stanley's participants were born in the 1940s.

The author, who is a criminologist, provides a clear understanding of the way in which children in state care were subjected to abuse, violence, neglect and humiliation during the second half of last century. It was my interest in social history which drew me to review this book as well as my experience in the 1980s as a student on placement at Kohitere Boys Home, one of the institutions described in Stanley's book. What I did not consider about reviewing this book was the emotional impact the stories would have on me and the memories resurfacing of stories I heard while on placement, such as the boys joking about "stomping", a form of collective violence used to initiate newcomers. I found it a harrowing read; the childhood experiences of suffering of the participants are told in all their horror.

Before I had finished reading this book I was recommending it. I found it incredibly well researched and easy to read. The authors writing style is clear, coherent and interesting. Stanley incorporates quotes throughout the book which integrates the voice of participants. I think this book should be read widely, particularly by decision makers who are restructuring Child, Youth and Family to ensure we don't repeat the mistakes of the past.

Reference

Ministerial Advisory Committee on a Māori Perspective for the Development of Social Welfare. (1986). Pūao-te-Āta-tū. The report of the Ministerial Advisory Committee on a Māori perspective for the Department of Social Welfare. Wellington, NZ: Department of Social Welfare

Reviewed by **Lesley Pitt** Western Institute of Technology at Taranaki

When doctors and parents disagree: Ethics, paediatrics and the zone of parental discretion

Rosalind McDougall, Clare Delany and Lynn Gillam (Eds.) 2016
The Federation Press, Leichardt, NSW
ISBN 978-1-76002-059-0, pp. 261, paperback, NZ$ 83.66

Cometh the hour, cometh the book! Parents are becoming increasingly active in the medical care of their children. With the help of "Dr Google" they are diagnosing their children (Bouwman, Teunissen, Wijburg, & Linthorst, 2010) before they have even visited their local GP. With access to online medical information, advice from global social media communities and a high degree of educational attainment, parents are taking a stand to get the very best assessment and treatment for their children. Parents are becoming experts and why not?

But what happens when the wishes of parents go against the medical advice from their child's doctor? How can the autonomy of parents be preserved, the knowledge of clinicians honoured and the best interests of children maintained? This timely publication, funded by the Australian Research Council and authored by members of the Children's Bioethics Centre addresses just that problem: what is to be done when parents and doctors disagree?

Within hours of this book falling into my hands it had circulated around our Paediatric Intensive Care Unit and a number of the staff had ordered copies. This is a hot issue and the conceptual framework, *Zone of Parental Discretion* (ZPD, not to be confused with the work of Vygotsky) is an ethical tool that balances the child's wellbeing and the parent's right to make medical decisions for their child.

ZPD shifts the focus from what is in the "best interests" of the child, to "will the parent's decision cause probable harm to the child?" (p. 17). Parents are entitled to make treatment decisions for their child, but that ethical entitlement ends when they make decisions that might result in suffering, injury or death. The zone of parental discretion is the area of parental decision making that is "good enough" for the child, but may not be perceived by the medical team as being the "best" for the child. However, the treatment decisions (advocated by the parents) that fall outside of the zone of parental discretion and will harm the child are overruled by the medical team. It is at this point when doctors and parents disagree, that second opinions, clinical ethics consultations and, ultimately, the rule of law, are implemented to secure a decision. This is also a critical stage for social work to intervene.

What are the implications of this text for those of us who are health social workers? We often act as a bridge between the medical team and the family, and we recognise the dominant weight of the health system. Hence we advocate for parents and often communicate their perspectives and opinions to the medical team, or provide forums to build engagement and collaboration. We take a position in the parent and doctor relationship that requires us to understand the perspective and motivations of both parties. Taking a step back and surveying the whole picture can engender a conflicted response, especially if the harm to the child appears to be perpetuated by the medical system rather than from the parent's decision making. The role of the health social worker is key in this process, maintaining the relationship, keeping communication open and clearly articulating the way forward. The ZPD provides us with a helpful ethical tool and possibly, as we consider the zone of parental discretion, we might also reflect on the zone of doctor discretion.

This text is an excellent teaching resource on health ethics. Expertly covering the evolving doctor and parent relationship, so eloquently penned by Antolovich (chapter 3), and also provides an informative set of case studies to illustrate the ZPD framework that will be helpful for medical, nursing and allied health staff. Cases range from parental refusal of treatment, to parent-led requests for genital cosmetic surgery for an adolescent. Each of these cases provide material for ethical discussion that would provoke stimulating debate amongst students and health practitioners. As Delany comments in her concluding chapter, ethics education should equip students to "perceive *moral dimensions*", "*provide information* about ethical concepts", "*motivate* clinicians to prioritise the moral dimensions of a clinical situation" and "instil a *level of persistence*." This book hits the mark on all those fronts.

Essential reading if you are an allied health professional who regularly engages in complex decision-making with families. It is skilfully produced by experienced paediatric clinicians and bio-ethicists. I particularly appreciated the informative structure, each chapter is introduced with an editor's summary and helpful links to other chapters. It should be remembered that this is written from a dominant medical discourse position and would be enriched with the voices of parents who might provide an alternative view on this framework.

Technology is transforming the work of human experts (Susskind & Susskind, 2015) and changing the parent–doctor relationship, this publication is a timely and helpful resource for clinicians struggling with empowered and informed parents. Parents are raising the bar as they become more informed and this, in turn, challenges their doctors, and social workers, to step up and in turn lift our own expertise and professionalism.

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References

Bouwman, M. G., Teunissen, Q. G. A., Wijburg, F. A., & Linthorst, G. E. (2010). "Doctor Google" ending the diagnostic odyssey in lysosomal storage disorders: Parents using internet search engines as an efficient diagnostic strategy in rare diseases. *Archives of Disease in Childhood, 95*(8), 642–644. doi:10.1136/adc.2009.171827

Susskind, R. E., & Susskind, D. (2015). *The future of the professions*. Oxford, UK: Oxford University Press.