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Is there a renaissance of radical social work?

Radical and critical social work are the focus of this special issue of *Aotearoa New Zealand Social Work*. For this issue we commissioned shorter commentary pieces by Iain Ferguson and Linda Briskman and an extended review by Mike O'Brien. We called for articles which addressed the agenda for renewed interest in radical and critical approaches. Simply defined, radical social work usually includes those approaches identified as Marxist, socialist, structural, feminist, anti-racist, anti-disablist and anti-oppressive (see for instance, Baines, 2006; Collins, 1986; Dominelli & Campling, 2002; Ife, 2012; Lavalette, 2011; Mendes, 2017; Mullaly, 2007). Class-based domination and oppression are crucial to radical social workers (Lavalette, 2011; Mendes, 2017; Mullaly, 2007). Critical social work overlaps with but also differs from radical social work in its appreciation of post-modern and post-structural ideas in understanding how power, domination, control and resistance can operate (see Allan et al., 2003; Beddoe & Maidment, 2009; Briskman, 2007; Ife, 2012; Morley, MacFarlane, & Ablett 2014). Across the radical and critical social work spectrum, there is a shared interest in power relations and the power of language to reproduce social inequality; the differential impact of social inequality on particular groups; the goals of social transformation; and the possible forms of resistance, given contexts and resources.

Critical and radical social workers are well aware that neoliberal global capitalism has intensified the problems of inequality in aggressive ways. Universities and public welfare organisations alike have been corporatised and managerialised creating work cultures that increasingly expect conformity and compliance (Fraser & Taylor, 2016). Under neoliberal global capitalism, the gulf between the rich and poor has

widened (Mendes, 2017; Rashbrooke, 2013), and human rights abuses are plentiful, so much so that it is tempting for social workers, new and old, to adopt fatalistic positions about injustice and oppression. It is tempting to think that how life is now is how it has always been, and always will be, that nothing can be done, that, to quote the slogan of Margaret Thatcher, "There is no alternative".

Rather than surrendering to a *politics of despair* (Mullaly, 2001), we take the view that social workers need to re/politicize their purpose. In a recent article entitled "Taking a political stance in social work" David McKendrick and Stephen Webb (2014, p.359) wrote:

We are persuaded, often by ourselves, that radical politics is futile. So we tend towards compromise, resignation and indifference. Mainstream liberal social work discourse has a tendency to limit and even dislodge our experience of what is important and urgent. It tries to persuade us that social work is politically neutral. Thus, it can take over our voice and regulate our feelings into ones of apathy or disinterest.

In this special issue many contributors urge social workers not to shut down through political apathy and disinterest. They urge us not to fall into the trap of hyper-individualising social problems. For instance, in his commentary "The new social work radicalism" Iain Ferguson points out the growing obsession with psychological explanations for poverty. Neoliberalism has made it hard to even imagine what an egalitarian society might look like. The drive for pragmatism can also make the search for 'radical' (or transformative) alternatives feel so

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out-of-step with others. Yet, this is precisely what we must do. We must be part of a movement that re-imagines our contexts and presses for changes to more closely resemble the values of democracy, fairness and equality. Linda Briskman implores us to do exactly this in her commentary article “Revitalising radical social work”.

Critical, radical and structural social workers appreciate that unemployment, poverty and homelessness are debilitating social problems in many people’s lives (Lavalette, 2011; Mullaly, 2007; Morley et al., 2014). Yet, these issues are often reduced to individual deficits, either by ignoring them altogether or diminishing their impact. To quote Ferguson in this issue, “...psycho-compulsion usually means the use of positive psychology approaches to encourage an ‘improved’ attitude to finding work”. He notes the growing but still relatively small movement of ‘radical’ social workers. We say ‘radical’, in inverted commas, because many of the ideas and activities purported to be radical are designed to pursue social equality, which should not be radical to social workers. For those wondering if neoliberal social work has a place alongside other forms we say that it cannot. Managerialism, consumerism and the privatisation of social work—the three pillars of neoliberalism—cannot deliver social work’s commitment to social justice to ‘end users’ or workers. Neoliberalism is not designed to be fair, just, empathic or even compassionate. To quote Ferguson again:

...neoliberal social work challenges the very essence of social work as a value-based, relationship-based profession. In its place it offers a technical occupation whose primary concerns are with rationing scarce services [and] controlling ‘troublesome families’...

Furthermore, while we work often at the local and national levels, Briskman argues that global alliances of resistance are necessary to oppose the pathologisation of those who experience social problems. In his extended review of Philip Mendes’ (2017)

book “*Australia’s welfare wars: The players, the politics and the ideologies*” Mike O’Brien rightly speaks of the willful disregard of structural causes of rising poverty for so many across the world, in and beyond affluent Western countries; also of the convergence of so many major political parties to neoliberal welfare austerity. In this climate, social workers are challenged to do more than put band-aids on the injuries caused by cuts to incomes, social housing and other basic services.

From the Auckland Action Against Poverty (AAP), Alastair Russell challenges social work’s pursuit of professionalism, particularly during a time of ‘no politics’ funding embargoes on NGOs with government contracts. In his commentary, “Competent solidarity: the alternative for professional social work”, Russell argues that:

Professional social work is taught as if it exists within a political vacuum, largely devoid of class analysis and is incapable of addressing issues of poverty and oppression...Within social work there is a clear emphasis on working with individuals who have a problem, who are deemed to be dysfunctional. In this context, it is easy to ignore the need for social change.

As an experienced supervisor of social work students on field placements, Russell calls for a paradigm shift where social workers place political purpose at the centre of their thinking. It is through this politicised engagement that social workers can then stand alongside the impoverished and oppressed, rather than above or apart from them. Providing examples from the AAP, he shows how benefits advocacy—or advocacy undertaken to ensure communities receive their full welfare entitlements—is an important way to demonstrate competent solidarity. Campaigns to stop income support sanctions leveled against the poor are another good example of competent solidarity in action.

In the first of the major articles in the special issue, Christine Morley and Philip Ablett examine major trends in wealth and income inequality (both globally, and specifically in Australia and Aotearoa New Zealand) and the social work responses to them. They argue that understanding the impact of economic inequality must be at the core of social work education and practice, with a call to foster practitioners' capacity for critical reflection, policy practice and political activism.

In the next article, Hannah Blumhardt discusses the work by the organization, All Together in Dignity to Overcome Poverty (ATD), undertaken with families in poverty. She reports on findings from interviews focused on ATD Fourth World's practice approach in England. Three distinctive aspects emerged from the study: (1) acknowledging and addressing the impact of poverty; (2) maximising collaborative practice; and (3) adopting relational approaches to service provision. Blumhardt then contrasts these aspects with state child protection policies in Aotearoa New Zealand and England.

From Carleton University in Canada, Filipe Duarte advocates reshaping ideology in social work from a critical perspective; one informed by analyses of materialism, and with reference to an overtly politicized notion of social justice,

By questioning the relationship between ideology and the power of the dominant class, social work has the opportunity to achieve a new momentum for social and political action in accordance with its own values and commitments.

For Duarte, any social work described as radical must recognize class-based oppression and its pernicious effects. Questions about who has effective control over resources cannot be sidestepped. As he contends, economic systems are not, and should not be treated by social workers as neutral. There is plenty of evidence

demonstrating how neoliberal capitalism privileges ruling elites and hurts the oppressed and marginalized. As he argues, social work education needs to ensure students continue to be politicized about class-based domination, and the materialist structures that reproduce it.

Using the principles of radical analysis Angelika Papadopoulos explores the current discourses of radical social work. She concludes that the radical strategy "can no longer take the form of 'speaking truth to power', for power no longer feels obliged to listen". She analyses the positioning of radical social work in the post 9/11 era and challenges the reliance of metanarratives that imagine one end-point for radical action in which everything is made better. She argues for a much more rigorous analysis of the meaning of social work core concepts, such as social justice and empowerment.

In the next article, Chihota argues for the inclusion of Critical Language Awareness (CLA) in social work education, to enable students to appreciate the nexus between power/language/social structure and learn how language can be used to reproduce social inequality. Power radiates through our choice of terms and turns of phrase, and as Chihota implies, we should not hide or deny our use of power,

For instance, the text types (or genres) chosen by communicators shape how communicative events are construed and experienced (Fairclough, 2009). To illustrate, inviting a client for "a chat" raises very different expectations from asking them to attend "an interview" or "an assessment".

Chihota offers all readers the chance to reflect, more closely, on the use of language to construct social subjectivities and negotiate power relations in very unequal social contexts. Some useful suggestions are also provided for social work educators looking for ways to include CLA in their teaching.

Introduction to the general section

In this general section of this issue, we are pleased to present five articles which report social work research from Aotearoa New Zealand and Australia. In the first article Ang Jury, Natalie Thorburn and Ruth Weatherall report findings from a survey aimed to understand the experiences and effects of economic abuse for women in Aotearoa New Zealand, particularly in relation to methods of coercive control. The researchers found that gender stereotypes were used to justify the appropriation of women's resources and removal of women's financial autonomy. The authors have translated these findings into risk matrices to assist with the identification of economic abuse.

In the second article, the authors' focus is on the experiences of older men with haemophilia in Aotearoa New Zealand. Support services, particularly the roles that social workers could play in facilitating wellbeing, are explored by Sarah Elliott, Kelsey Deane and Barbara Staniforth, who note the complexities associated with this aging population.

In another article with a health focus, cultural sensitivity in hospital-based social work services is the topic of Doris Testa's report of a small qualitative study in Australia. Testa calls for the social workers to continually explore their own and their clients' multiple cultural identities, seeking unique narratives and establishing processes that recognize the client as the expert.

A current issue for critical educators is how different demographics within the lesbian, gay, bisexual, transgender, intersex, queer (LGBTIQ) community experience health policies and services. Margaret Pack and Peter Brown present a literature view and teaching reflections as evidence for an explicitly anti-oppressive approach to be applied to the education of professionals who work with elders identifying as gender and/or sexually diverse.

Finally, in this issue, Stefanie Döbl, Liz Beddoe and Peter Huggard report on a study of social work in primary healthcare settings in Aotearoa New Zealand. While social work has been well established in public hospitals and community health services for many decades, less is known about the experiences of social workers integrated in primary health care practices. This article reports on a small, qualitative research project that explored the perceptions of key stakeholders about social work integration into primary health care.

Together, the collection of works in this special edition is a timely reminder of the need for social workers, to engage with critical questions about power, rights and justice and contemplate 'radical' alternatives for the many communities we serve.

Whether working at the micro, mezzo or macro levels social workers has always promoted the prospect of positive change. Now, more than ever, our practice must be infused with radical hope and sustain the belief that there are alternatives, that other worlds are possible.

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Rising wealth and income inequality: A radical social work critique and response

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ABSTRACT

INTRODUCTION: Wealth and income inequality is increasing in most societies, including Australia and Aotearoa New Zealand, with detrimental social impacts. However, despite professional marginality, the renewal of radical social work critiques with their emphasis on structural issues highlight, the need for alternative practice responses.

METHOD: We employed a critical and synthetic review of the literature to examine major trends in wealth and income inequality (both globally, and in Australia and Aotearoa New Zealand) and the social work responses to increasing economic inequality.

CONCLUSIONS: Resurgent wealth and income inequality has reached new crisis points in both countries but individualising analyses and programmes render most social work responses complicit with neoliberal governance. These responses do little to reduce inequality. Alternatives promoting economic equality can be found in radical social work approaches.

IMPLICATIONS: At a minimum, effective radical responses to economic inequality must advocate critical social analyses in social work education and practice, including fostering practitioners' capacity for critical reflection, policy practice and political activism.

KEYWORDS: inequality; radical social work

Rising wealth and income inequality is an increasing global concern and, given its broad social impacts, a core priority for social work. Radical social work, with its commitment to redressing structural disadvantage, can lead social work in this endeavour through its capacity to analyse the social, economic and political contexts that produce wealth and income inequality, and formulate socially just responses.

The article begins by outlining the key tenets of radical social work, briefly noting some comparisons between Australian and Aotearoa New Zealand contexts that have created the conditions for a resurgence of radical social work. The international context of wealth and income inequality is then discussed and compared with the current situations in both countries. This article discusses why the

renaissance of radical social work is vital to informing broader social and community sector responses to wealth and income inequality, particularly through offering: 1) a critical analysis of society that links privately experienced problems with social structures; 2) a radical social work curriculum; 3) a form of critical self-reflection that is cognisant of the impact of social structures and also of practitioner agency to respond to social problems; 4) a capacity to influence social policy for socially just outcomes; and 5) collective and activist practices for social change.

Radical social work in contemporary contexts

Radical social work aims to combat oppression and proactively work with socially marginalised individuals, groups

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and communities to promote a more equitable, democratic and ecologically sustainable world. Writing in the early 1990s, Fook (1993, p. 7) asserts radical social work involves: explicitly making the links between people's personally lived experiences and oppressive structures that shape those experiences; a commitment to challenge the social control functions of social work practice; a critique of social, economic and political arrangements that cause inequality; the goals of emancipation for the people with whom we work; and social progressive change (as opposed to personal adaptation to an unjust status quo). More recent writings suggest a revitalised, contemporary form of radical social work includes a rejection of managerial and marketised practices; a reaffirmation of social justice values in social work; a renewed commitment to social action and collective practices for progressive social change; and an understanding of the imperative for radical practice to be directly informed by critical social theories (Ferguson, 2016).

While some proponents of radical social work suggest that it almost "disappeared" in the 1980s (Ferguson, 2016), a number of commentators are discussing the contemporary revival of radical and critical perspectives in social work, acknowledging the importance and relevance of them now, more than ever before (see for example, Ferguson, 2016; Gray & Webb, 2013; Morley, 2016a; Morley & Ablett, 2016; Morley et al., 2014). Mainstream social work which, in some quarters, has arguably been co-opted by neoliberal, managerial and medicalised therapeutic discourses (see for example, Ferguson & Lavalette, 2006; Gardner, 2014; Madhu, 2011; Rogowski, 2010; Wallace & Pease, 2011; Wehbi & Turcotte, 2007), has paid little attention to the escalating social problems of wealth and income inequality. O'Brien (2013) has warned that, by prioritising professionalisation, registration and managerial practice, social work risks compromising its central historical concerns with poverty and social justice. Neoliberalism and related managerialist

practices have shifted the ideological underpinnings of mainstream social work to become more conservative (Fenton, 2014; Garrett, 2010; Wallace & Pease, 2011). Thus, official statements that claim social work is committed to promoting "social change . . . and the empowerment and liberation of people" (AASW, 2010, p. 7) and "challenging systems and policies that maintain inequity and inequality" (ANZASW, 2014, p. 5), are often reduced to rhetoric, when much of social work practice reflects an individualised, and increasingly psychologised understanding of social problems that reproduce inequality (Mullaly, 2007). This disparity between espoused goals and practice has led a number of social work scholars to question whether social work is "in crisis," at a "crossroads" (Lavalette, 2011), in a "state of flux" (Dominelli, 1996, p. 153), or has abandoned its mission (see for example, McNicholl, 2013; Powell, 2001; Specht & Courtney, 1994).

Social work in both Australia and Aotearoa New Zealand is similar in this regard. Whilst there are parallels and variances between these countries in relation to cultural, economic and social experiences, both share a violent history of colonialisation of indigenous populations, and similar models of social security that developed in the late 19th century, including a "wage earner's welfare state" (Castles, 1985). Since the 1980s, both countries have similarly experienced aggressive neoliberal reforms that have largely dismantled their welfare states. Neoliberal restructuring has eschewed social (structural) analyses in favour of discourses valorising individual responsibility. Hence the problem of unemployment and poverty has been reconstructed as "a problem of the unemployed" (Marston et al., 2014, as cited in Mays, Marston, & Tomlinson, 2016a, p. 3). The impacts of economic privatisation and social deregulation on people, systems and the environment have caused widespread inequality and related social problems in Australia, New Zealand and other liberal-capitalist societies. These problems, in addition to the marketisation

of the human services sector and associated managerial practices are among the primary reasons identified for reinvigorating key social movements and collective resistance, including contemporary radicalism in social work (Ferguson, 2016; Ife, 2014).

Radical social work aims to be responsive to people's expressed needs, but also to challenge and change the social conditions that create social disadvantage and exclusion (Baines, 2011). Given its commitment to reversing structural disadvantage, radical social work has a leadership role to play, not only in analysing the social and economic conditions that create wealth and income inequality, but also in formulating strategies that address poverty and other forms of social disadvantage, using a range of practices that link structural analyses of citizens' personally lived experiences with the goals of social transformation.

An overview of wealth and income inequality

At this point in our history, global capitalism has generated more wealth and prosperity than ever before, with our world economy now being worth more than US\$250 trillion (Credit Suisse, 2015). However, the benefits associated with rising global wealth are not distributed equitably. In fact, the divisions between rich and poor worldwide are "reaching new extremes" (Oxfam, 2016, p. 2). Those officially defined as the poorest citizens in the world try to survive on US\$1.90 per day or less, and the total population living on this amount (roughly 800 million people) is about the same as 200 years ago (Roser, 2015). Meanwhile, the richest eight individuals in the world own and control more capital than the poorest 3.6 billion people (Oxfam, 2017), while the bottom 80% of the population access just 6% of the world's economy (Oxfam, 2016). These profound socioeconomic inequalities have skyrocketed in the last decade, with the wealthiest 10% of the global population acquiring more than half of all income growth, and the richest 1% of the population

obtaining 22% of these rises (Ostry, Berg, & Tsangarides, 2014). In addition, the richest 1% have increased their income by 60% over the past 20 years, with the global financial crisis (GFC) further enabling their monopolisation of wealth (Oxfam, 2013, p. 2). Whilst international comparisons suggest wealth inequalities in Australia and New Zealand are not quite as extreme as some other contemporary capitalist societies, the rates of socioeconomic inequality are rising more quickly in these countries than analogous Organisation for Economic Co-operation and Development (OECD) countries (Douglas, Friel, Denniss, Denniss, & Morzwetz, 2014).

Indisputable evidence of growing wealth and income inequality in both countries requires urgent action from social workers on both sides of the Tasman Sea. Recent data show that, in Australia, the richest 1% own the same wealth as the poorest 60% (Oxfam Australia, 2014, p. 2). National research demonstrates that "the income share of the top 1% has doubled, and the wealth share of the top 0.0001% (the richest one-millionth) has quintupled" in recent decades (Douglas et al., 2014, p. 8). The richest seven individuals in Australia now control more economic resources than the poorest 20% of the population (1.73 million households) (Richardson & Denniss, 2014). Many people in this bottom 20% rely on the "Newstart" allowance to live, which provides a level of income support that is 20% below the poverty line (Denniss & Baker, 2012). Consequently, approximately one in every six children in Australia now lives in poverty (Douglas et al., 2014).

In Aotearoa New Zealand, the wealthiest 10% of the population now own and control about 60% of household wealth, while the poorest 40% hold just 3% of the nation's total wealth (Statistics New Zealand, 2016). Similar to the situation in Australia, research also demonstrates that economic inequality in Aotearoa New Zealand has grown rapidly since the early 1980s (OECD, 2011), with the

evidence suggesting that new, additional wealth is accruing to the already wealthy (Johnson, 2015). Social researcher, Max Rashbrooke (2013) highlights that income inequality also increased in this period to a greater extent than in any other developed economy. Rashbrooke (2013, p. 37) further explains how “the top 10 per cent of New Zealand[ers] ... have seen their incomes increase by over 75 per cent between 1986 and 2013”. Race relations and ethnicity, demonstrably amplify this inequality:

In 2003/04, European/Pakeha made up 33% of the over 15s population yet held 93% of the reported wealth. By comparison Maori made up 10% of the same population yet owned 4% of the wealth. Even worse off are Pacific people, who made up nearly 5% of the over 15s population but owned just 1.3% of the reported wealth. (Johnson, 2015, p. 2)

Social research clearly demonstrates the correlations between wealth inequality and a broad range of social problems (see for example, Habibis & Walter, 2015). The impacts of growing wealth and income inequality include: intergenerational poverty; rising crime rates; increasing suicide rates; higher rates of morbidity and mortality; increased incidence and prevalence of violence; and increased mental health problems (Abramovitz, 2012; Wilkinson & Pickett, 2010). In addition, there are also direct links between human-induced climate change, and the disproportionate exploitation of non-renewable natural resources that global capitalism drives (Noble, 2016). Climate change also reinforces the gap between the rich and the impoverished, as the most socioeconomically disadvantaged people in the world are the most affected by the consequences of climate change (Noble, 2016). In highlighting the sense of social division caused by economic inequality, Rashbrooke (Inequality.org.nz, 2013, n.p.) tellingly suggests it causes people to “lose their sense of what life is like for people in the other half”.

Whilst mainstream social work has been slow to respond to these issues (Morley & Ablett, 2016; Noble, 2016), ironically, multi-lateral financial institutions (that have been bastions of neoliberal policy) such as the International Monetary Fund (IMF), World Bank, and World Economic Forum (WEF), are leading the appeals to address rising wealth and income inequality. The gap between rich and poor has become so lopsided that it can now slow economic growth and radically decrease political and economic stability (Douglas et al., 2014; Piketty, 2014; Stiglitz, 2014;). According to OECD statistics (2012), Aotearoa New Zealand has a similar Gini score for income inequality (after tax transfers) as Australia, sitting around 0.33 (OECD, 2012), above the OECD average. The IMF demonstrates that a 5% increase in inequality (measured by the Gini Coefficient) causes a corresponding 0.5% reduction in growth annually (Ostry et al., 2014). Recent OECD data similarly indicate that increased economic inequality over the past 25 years has reduced economic growth by 0.35% per annum, a cumulative loss of 8.5% in economic growth (Cingano, 2014). Hence, extreme wealth inequality also poses serious consequences for the wealthy.

The social context

In 20th century western societies, inequalities in wealth and income were managed by the economic and social policies of diverse welfare-state regimes (Habibis & Walter, 2015). These policies were designed to reduce poverty and institute some redistributive measures to avoid contributing to social conflict. The period from the 1920s to the late 1970s has been referred to as the “Great Compression” (Douglas et. al., 2014, p. 38) whereby wealth and income inequalities were reduced in most western nations. During this time both Australia and Aotearoa New Zealand were more egalitarian than most countries (Perry, 2013). Since the early 1980s, however, in the wake of various crises and globalisation, there has been a retreat from social provision on the part of nation-states in favour of neoliberal

market solutions. Today, economic policies in the OECD vary widely in their regulation or liberalisation of market forces and social policy approaches are likewise varied in their targeting of disadvantage (Carson & Kerr, 2014).

In Australia and Aotearoa New Zealand, the reduction of economic inequality was achieved, historically, through a combination of labour market regulation and direct social provision. The former was based on a unique system of compulsory industrial arbitration and wage determination (from 1894 in New Zealand; 1904 in Australia) with unions securing a living wage for most male workers by the 1920s (Vranken, 2005, p. 28). The latter involved government welfare measures (funded by progressive taxation transfers), in which Aotearoa New Zealand arguably had a more comprehensive system than Australia. Equity-promoting measures included state education, public health outlay, pensions, anti-racial and anti-gender discrimination legislation, national disability insurance, family services and allowances, and paid parental leave (Carson & Kerr, 2014). However, the past 30 years of economic restructuring has seen a considerable diminution in both industrial regulation and public provision in Australasia, whereas executive salaries and corporate profits continue to rise. This slide into inequality has been justified by liberal (now *neoliberal*) economic doctrine, particularly among political conservatives, imposing market-driven, private provision for social problems. Insofar as it considers inequality at all, this approach deploys “Kuznet’s curve” (Kuznet, 1955) arguing that long-term economic growth alone will decrease inequality without recourse to redistributive policies.

In liberal-capitalist societies, governments, along with public–private partnerships and non-government organisations (NGOs), are largely responsible for framing social policies. Many social workers practising within this (government and non-government) workforce, within a range of

human service organisations that aim to deliver equity-enhancing programmes and projects are, by extension, responsible for implementing social policies through case management and other practices. Many do not determine the policies but neither are they without agency in the policy process.

Social work responses

Despite a long-standing espoused commitment from social workers to social justice, poverty and economic inequality have received relatively little attention in recent times, compared with other fields of practice. This is evident in curriculum standards for social work education in which, for example, poverty and wealth inequality are not mentioned in the Australian Education and Accreditation Standards (AASW, 2012). The Aotearoa New Zealand Association of Social Workers fares slightly better with three explicit references to poverty within the practice standards (ANZASW, 2014). Similarly, there is a relatively small amount of contemporary social work research that directly addresses wealth inequality or its impacts (see for example, Beddoe & Keddell, 2016; Goldberg, 2012; Krumer-Nevo, 2015; Hosken, 2016; Marston & McDonald, 2008; Mays et al., 2016b; Morley & Ablett, 2016; O’Brien, 2011; Parrott, 2014; Rashbrooke, 2013). The dominance of neoliberal policies and discourses that prioritise economic over social imperatives and emphasise individual responsibility, has also resulted in practice interventions that reinforce rather than address existing social and economic exclusion. This largely operates through administrative and case management practices that focus on individualised understandings of poverty, instead of the structural factors implicated in producing inequality (Krumer-Nevo, 2015; Marston & McDonald, 2008; Mullaly, 2010). Therefore, mainstream social work practice responses significantly depart from a radical analysis. These responses range from providing budgeting advice, or developing people’s resilience to cope with, and adapt to,

injustices (such as being excluded from the paid workforce), to blaming people for their exclusion (Agllias, Howard, Schubert, & Gray, 2016; Parrott, 2014).

This individualisation is consistent with mainstream social work approaches historically, which have functioned to ignore structural determinants of wealth inequality and instead draw on depoliticised understandings of poverty (Becker, 1997, as cited in Parrott, 2014); in effect, operating to “discipline and punish” (Foucault, 1977) the impoverished. In practice, this has meant that social workers have often demonstrated “attitudes that could be considered ambivalent, confused, and at the extreme, hostile to service users living in poverty” (Wainwright, 2005, as cited in Parrott, 2014, p. 5; see also Agllias et al., 2016, p. 7). Others too, have argued that the helping professions have failed “to develop practice based on awareness of poverty” (Krumer-Nevo et al., 2015, p. 225). Whilst there is some evidence to suggest that social workers, such as those employed in Australian Centrelink services, may not be as judgmental and punitive towards the unemployed as case managers generally, there is evidence of widespread, forceful and stigmatising practices that are incongruent with promoting the autonomy and self-efficacy of job seekers (Marston & McDonald, 2008).

These factors, combined with the gap identified between research evidence, and policy and practice (Bacchi, 2009) mean that some social work practitioners may have internalised the neoliberal policy framework around unemployment, or may not be fully cognisant with growing evidence about wealth and income inequality; in particular, the social, political and economic factors that cause this inequality (Parrott, 2014). O’Brien (2011), for example, found that only a sixth of the Aotearoa New Zealand social workers he surveyed saw income inequality as a central issue for social justice. The way the welfare sector is organised exacerbates this conceptual gap. The provision of social services is not set up to reflect an

understanding that social workers practising in this sector are working with individuals and communities who are excluded and marginalised by global capitalism—their positioning being the result of systems that enable an elite few to exploit unearned privileges and monopolise resources. Instead, practitioners engaged in responding to wealth and income inequality largely practise in the fields of income support, unemployment, emergency housing and homelessness, job network and activation schemes, emergency food provision, mental health, substance abuse, and domestic and family violence. These services often focus on the consequences, rather than the causes of inequality, and the organisation of them in this way enables the separation of personally lived experiences from the political realm (Mullaly, 2010).

Within neoliberal contexts, social work services become more conservative, and are often privatised, resulting in many areas of practice emerging as industries to be mined for profit. Unemployment, for example, has seen a proliferation of private providers seeking profit for offering job-seeker activation schemes (Mitchell, 2015). Within these services, social work practice may lose its radical potential, to instead become a form of neoliberalised practice, in which the goals are to police welfare recipients, protect the scarce resources of organisations, and recast human suffering as a case to be assessed and managed (Krumer-Nevo, 2015; Marston & McDonald, 2008). This is part of a broader pattern that positions social work as a profession that aims to fit and adapt to neoliberal contexts (Wallace & Pease, 2011). This conservatism also promotes a form of professionalism that conforms to, rather than challenges, existing inequalities in the system (Morley et al., 2014) and is counterproductive to espoused policy aims of improving the motivation and self-efficacy of the unemployed (Marston & McDonald, 2008). Despite this, social work may still have an important role to play both in responding to the consequences of wealth and income inequality critically, and in leading initiatives

that focus on a more equitable redistribution of social resources. Radical approaches can provide leadership for mainstream social work and a much needed alternative.

The need for radical social work

Radical social work, which locates individuals within broader societal contexts, offers a much more politically and ethically informed understanding of poverty and wealth inequality that fundamentally re-frames dominant neoliberal understandings of this issue. If social work is to promote change for social justice and human rights in the current neoliberal context, then social workers need to embrace five core measures as a minimum baseline for practice: 1) a critical analysis of society that links private problems with unequal social structures; 2) a radical/critical social work curriculum; 3) a capacity for critical self reflection by practitioners upon their socially constructed and constructing positionality that highlights potential agency; 4) a capacity to engage and influence social policy; and 5) activist practices for social change (see for example, Ferguson, 2016).

A radical analysis

A critical analysis of society is at the heart of a radical approaches to practice. Inspired by the legacy of Karl Marx, a radical analysis elucidates the ways that global capitalism creates and perpetuates wealth and income inequality through enabling powerful individuals and groups (classes) to control social and economic systems for their advantage, to the detriment of others (the working class and unemployed) (Parrott, 2014, p. 33). Hence, the privileges of the wealthy elite are emphasised, along with their capacity to monopolise resources through measures such as austerity policies. As Clarke and Newman (cited in Baines & McBride, 2014, p.3) explain, "Neoliberal politicians have sold 'austerity' to the public as a virtuous necessity in the face of government deficits". These austerity measures burden the poorest citizens who

are least able to make the adjustments imposed on them whilst redistributing more wealth to the rich (Sayer, 2016). Consistent with the neoliberal agenda, industrial relations reforms concentrate power in the hands of employers, creating a workforce stripped of rights and fair conditions, including declining incomes and increased casualised labour, while undermining trade unions (Luewchik, Vrankulj, & Lafleche 2014, p. 107). Standing (2011, p. 1) refers to this emerging group of unemployed and insecure workers as a "global 'precariat', consisting of many millions around the world without an anchor of stability". Standing (2011, p. 11) suggests that, in addition to low income, and/or precarious work, the precariat experience a "lack of community support in times of need, lack of assured enterprise or state benefits, and lack of private benefits to supplement money earnings".

A radical analysis has direct implications for social work practice with the precariat (Hosken, 2016; Mullaly, 2010). Raising consciousness about the socio-economic and political determinants of wealth and inequality is a key element of this practice (Mullaly, 2010). As Parrott (2014, p. 33) suggests, "being able to explain a service user's position as not being a consequence of deficient cultural attitudes or as a result of individual failure requires an understanding of the structural reasons for poverty". Such awareness-raising conversations may operate to counteract the self-blame that people excluded from the labour market often feel, as neoliberal discourses and public narratives demonise them for failing to acquire jobs that do not exist.

Radical social work practitioners who work with the unemployed in individual casework, case management or counselling roles, for example, would reject victim-blaming discourses to instead find ways to highlight structural factors as part of their dialogue with the people they work with (see Krumer-Nevo, 2015). This may involve conversations that expose how

high population growth, combined with technology replacing human labour with machines (Ford, 2016), results in a shrinking labour market and unemployment, which is now 340% higher now than it was in the early 1970s (Mitchell, 2015). This stands in stark contrast to conversations that focus only on individualised factors, including for example, a person's motivation for job seeking, employability within the market, interview skills and resume presentation. A radical analysis demonstrates how unemployment is a politically and economically orchestrated social phenomenon (Baines & McBride, 2014), not an inherent deficiency in those impacted by it, thus necessitating compassion, individual and public advocacy, social policy reform, collective practices, social action, and critical reflection. All of this begins with the education of social workers.

A radical social work curriculum

As our rapidly changing, market-driven society becomes more inequitable and divided, radical and transformative approaches to social work education have increased relevance. However, such approaches are often marginalised in social work education in favour of competency-based and technique-driven approaches that are presented as neutral (i.e., free from politics and theory). All approaches to education, however, entail theoretical assumptions and have political implications. Whether students develop a critical analysis of oppression and seek to challenge this, or whether they see themselves as functionaries of social systems that manage others, has much to do with their education. As Holscher and Sewpaul (2006, p. 268) explain: "all too often the dominant ideologies . . . are so entrenched that it is difficult to think outside of certain prescriptive ideological frameworks". Education is therefore a key site for facilitating alternative paradigms that enable students to develop counter-hegemonic practices of resistance and agency, and strategies to practise for social change. A radical curriculum emphasises

the forgoing social work practices that are discussed in this article, on the basis of radical analysis. Whilst this article is specifically addressing the neglected areas of poverty and socio-economic disadvantage associated with wealth and income inequality, a radical analysis is needed in both social work education and practice across all contemporary social issues, including for example, gender inequality, environmental issues and the oppression of people who are marginalised on the basis of cultural or religious identity, mentally unwell people, and those who live with a disability.

Critical reflection

Tseris (2008, p. 45) warns "[s]ocial workers are not immune to the influences of society, so they need to be constantly assessing and questioning their own views and practices, to ensure that they are not in fact, replicating the very things they so vehemently oppose". Critical reflection is an important part of radical/structural social work to assist social workers to reject conservative thinking and practices; safeguard against critical practices that are well intentioned, yet potentially oppressive; and "enhance the possibilities for critical [and radical] practice in organisational contexts that are restrictive by empowering practitioners to connect with a sense of agency to create change" (Morley, 2016b, p. 25). Fook's (2016) model of critical reflection offers a useful framework for connecting social work practice with a radical analysis of inequality. It involves critical evaluation of one's own social positioning (the impact of geographic, historical, ethnic, gendered, and socio-economic status) and the ways in which personal biography shapes one's worldview, critical analysis of socio-political contexts and reflection on professional practice to ultimately reconstruct possibilities for action (Fook, 2016).

Morley et al. (2014) provide an empirical example from practice that demonstrates how critical reflection is an important part

of radical/structural social work to assist social workers to unmask conservative thinking and re-frame practices. This also safeguards against critical practices that are well intentioned, yet potentially oppressive; and “enhance the possibilities for critical [and radical] practice in organisational contexts that are restrictive by empowering practitioners to connect with a sense of agency to create change” (Morley, 2016b, p. 25). In this example, the practitioner was working in an agency that provides material assistance to people experiencing poverty, and expressed moralistic and blaming attitudes towards a man who had come to the service to request a food parcel. Part of the practitioner’s frustration was that she felt she could not help him because the agency in which she worked had strict policies about limiting people’s access to needed resources. Rather than recognising this situation as a human rights’ violation, activating an advocacy response, she took on a policing role, shaming him for attempting to gain “more than his fair share”. Critical reflection on her practice assisted this practitioner to deconstruct the neoliberal origins of her assumptions, and acknowledge a gap between her practice and her espoused commitments to social justice. Awareness of this incongruence between theory and practice, and of how hegemonic discourses had distorted her worldview created an additudinal shift in the worker that challenged her initial beliefs that the man was undeserving of support. She also recognised her capacity to bend agency policy about restricting access was within her own discretionary decision-making power as a professional. Elsewhere, this model of critical reflection has been shown to reliably produce demonstrable changes in the thinking and actions of practitioners in ways that elucidate the broader social and political implications of our work (see for example, Morley, 2014).

Social policy

A radical analysis highlights that access to affordable housing, food, education and healthcare are all basic human rights. Radical and critical social work theories demonstrate

that poverty is the result of social, political and economic systems that have failed, rather than the fault of the people who are impoverished (Hosken, 2016). Instead of reinforcing the current system of inequalities and power divisions, a radical perspective suggests governments should promote social change for human betterment and social justice. A socially just society is one in which all members share the same basic rights, protections, benefits and obligations, not one in which we blame the impoverished for their exclusion from the paid labour market (Morley et al., 2014).

Historically, social policy has proven to be a powerful vehicle for arresting social inequality (Leigh, 2013). Whilst powerful elites and dominant interest groups influence social policy, a radical approach promotes alternative social policy initiatives that can be effective in enacting and reviewing equity-promoting practice measures (Douglas et al., 2014, Krumer-Nevo, 2015). A more ethical and equitable division of resources will not happen without redistribution through significant social policy and taxation reform (Scott, 2014).

Radical social work has a vital role to play in contesting social policy with a comprehensive analysis of the complex political and economic causes, and social consequences, of wealth and income inequality. A radical view also highlights that Australia’s gross domestic product (GDP) in 2014, for example, was A\$1.56 trillion (World Bank, 2014), and that a mere A\$8 billion (or less than 0.5% of the GDP) was spent on the Newstart allowance. In fact, Australia and Aotearoa New Zealand are amongst the lowest in their expenditure on unemployment benefits in the OECD, some of whose members spend above 3% of GDP on unemployment relief (Australian Council of Social Service (ACOSS), 2014; Denniss & Baker, 2012).

Clearly, a radical social work serious about combatting inequality must pursue alternative policies beyond the neoliberal

malaise. One promising initiative is a basic income guarantee: that is, “an unconditional grant that is paid by the government to all permanent residents at regular intervals” (Mays et al., 2016a, p. 3). Social work and human service researchers promote this alternative through the Basic Income Guarantee Australia (BIGA) research site at the Queensland University of Technology (School of Public Health and Social Work, 2013). A parallel movement in Aotearoa New Zealand is the Universal Basic Income New Zealand (UBINZ) website and network established in 1992 whose ideas have influenced current debates about tax credits (School of Public Health and Social Work, 2013). Consistent with the goals of radical social work, this would mean replacing many existing complex, conditional, arbitrary, and often punitive transfer schemes that rely on government paternalism, with a system of universal payments that promote a material safety net and freedom for all citizens from precarious survival (Mays et al., 2016a; Standing, 2011). This is an affordable option in wealthy countries (Mays et al., 2016a).

Collective and activist practices

Whilst social workers generally concur that activism for social justice is a core part of social work (Greenslade, McAuliffe, & Chenoweth, 2015; O'Brien, 2011), confronting wealth and income inequality through social action has not been a prominent practice in recent times (Reisch & Andrews, 2001; O'Brien, 2010). However, contesting neoliberal policy through a range of practices including individual and public advocacy, collective organising, community development and social activism around anti-poverty campaigns, and the development of alternative economic structures such as LETS (Local Energy Transfer System) schemes (Ife, 2016) for example, should be core practice for all social workers. Greenslade et al. (2015) also discuss activist practices in welfare organisations that resist and contest dominant power relations, despite the conservatism of many such institutions. Whilst they refer

to many of these activist practices as covert, we argue that engaging in debating policy, union activism, advocacy for service users, lobbying and joining social movements after hours, should be among the regular social work practices that challenge social injustice (Greenslade et al., 2015). This can involve creatively interpreting the rules, non-compliance, broadening professional boundaries and possibly civil disobedience (when attempting to meet a higher ethical code). Consistent with a radical perspective that focuses foremost on social justice, Greenslade et al. (2015) suggest that the profession needs to accept such practices as inevitable if social work is to maintain integrity within neoliberal contexts. Gray and Webb (2013, p. 213) similarly suggest that “counter-acts of resistance and oppositional tactics against the totality of neoliberal domination” are indicative of a rising “New Left” in social work.

Concluding thoughts: Radical practice as essential for social work

Wealth and income inequality are profoundly out of balance in liberal-capitalist countries, with the disparities becoming more pronounced in recent decades. The social and political redress of this global issue is an urgent priority for any social work that claims to be emancipatory on both sides of the Tasman and beyond (AASW, 2010; ANZASW, 2014; IFSW, 2014). This is attested to by the recent declaration of the President of the International Federation of Social Workers, Gary Bailey, at a world conference in Melbourne in 2014, urging social workers to “become more political” in tackling inequality (Horton, 2014). Social work is strategically positioned to address the socio-economic disadvantages associated with wealth and income inequality, yet the hegemony of global neoliberalism often renders social work impotent in achieving its espoused commitments to social justice and human rights. While much social work practice with the precarious population affected by wealth and income

inequality is undertaken in the context of assessing eligibility for emergency housing, provision of food and other basic essential resources, and schemes that aim to motivate “the unemployed” to seek jobs, radical social work has long pointed to a range of alternative practices aimed at more equitable wealth redistribution and progressive socio-economic reform. This includes implementing a radical/critical analysis to form the basis of all social work curricula; employing this analysis of society to connect the personal consequences of wealth and income inequality with social structures that create it in direct practice; critical self-reflection that is cognisant of the impact of social structures and also of practitioner agency to respond to social problems and inequalities, advocating for progressive social policy initiatives such as a basic income; activism to eliminate poverty; and covert practices of resistance affirming citizens’ basic human rights.

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Radical practice in a risk-averse environment: Learning from ATD Fourth World UK

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ABSTRACT

INTRODUCTION: The escalation of coercive, risk-averse policy directives in Aotearoa New Zealand's child and family social work sphere is undermining the profession's potential to meet its social justice, human rights based aspirations. Social workers may need to look further afield for best practice models that facilitate emancipatory practice in neoliberal social policy environments. This article posits the radical practice of anti-poverty organisation ATD Fourth World in England (where child protection is characteristically risk-averse, individualised and coercive), as an alternative for work with families experiencing poverty and social exclusion.

METHODS: We drew on the voices of ATD Fourth World activists cited in previous publications, alongside Activists(a-d) interviewed specifically for this article, and Activist(e) who contributed at a roundtable discussion on a previous project. Interviews focused on ATD Fourth World's approach to working with families in poverty; three distinctive aspects emerged: the organisation's philosophy on poverty, and its collaborative and relational family support model. We contrasted these three aspects with state child protection policies in Aotearoa New Zealand and England.

FINDINGS: The often inflexible, top-down nature of state child protection policies, coupled with an atmosphere of policing, control and disregard for the impact of poverty, constrain social workers and families alike, eroding the crucial social worker/family relationship underpinning best practice. ATD Fourth World's approach suggests that genuine strengths-based practice relies on nuanced understandings of poverty, a commitment to advance families' wishes, and trusting relationships grounded in human dignity and commonality.

CONCLUSION: The Aotearoa New Zealand reforms may amplify coercive, risk-averse tendencies in the state's child protection system. Child and family social workers could consider adapting aspects of ATD Fourth World's approach to resist or mitigate these coercive aspects and steer the reforms' implementation in more emancipatory directions.

KEYWORDS: poverty; collaboration; relational practice; risk; reform; families

A cursory inspection of recent social work literature in Aotearoa New Zealand demonstrates rising alarm about the ideology underpinning child protection system reforms. Under the auspices of three successive National-led governments, Aotearoa New Zealand's long-term vision for child welfare has shifted from its

hallmark, whānau-led approach towards a risk-averse, individualised blueprint likely to subject disadvantaged families to coercive surveillance and regulation (Hyslop, 2009; Keddell, 2014; Martin, 2016; O'Brien, 2016). Examples include the recommendations of the 2011 Green Paper and the 2012 White Paper for Vulnerable

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Children; the insertion of the paramountcy principle in the Child, Young Persons and their Families Act 1989 (CYPFA); the introduction of the Vulnerable Children Act 2014 (VCA); and the overhaul and replacement of Child, Youth and Family (CYF) with Oranga Tamariki (the Ministry for Vulnerable Children), following the final report and recommendations of the Modernising Child Youth and Family Expert Panel (Expert Panel, 2015).ⁱ

The path that New Zealand's reforms are carving is all-too-familiar in England, where the drift towards risk-aversion has undermined the quality of social services provision (Featherstone, Morris, & White, 2014; Gupta, Blumhardt, & ATD, 2016; Warner, 2015). Forebodingly, the President of the Family Court Division of the High Court recently warned of a "looming crisis" as the English care system buckles under soaring numbers of children in care (Munby, 2016, n.p.). Illustrating the atmosphere of disillusionment, Featherstone, Morris, and White (2013) observe social workers' increasing "disquiet about contemporary policy and practice, and anxiety that the social justice aspect of social work is being lost in a child protection project ... characterized by a muscular authoritarianism towards multiply deprived families" (p. 19).

This anxiety demonstrates the fragility of the social work profession's aspiration to promote human flourishing and emancipatory social justice (Hyslop, 2009; Keddel, 2011), highlighting the internal tension within the profession's twin directive to provide both care and control. As Hyslop (2009) notes, the "essence of social work is described as a contradictory mix of surveillance and empowerment," which "constantly seeks to balance an uneasy dialectical essence in its positioning at the intersection of social care and social control" (pp. 62–63). In England, risk-averse, neoliberal agendas have tipped child welfare policies overly towards control. Preserving the balance in post-reform Aotearoa New

Zealand requires scrutiny of possible strategies for maintaining social work's humane ethic in increasingly oppressive climates. This article posits anti-poverty organisation, All Together in Dignity Fourth World's (hereafter, ATD) radical social-justice-based practice—which amplifies transformational goals even in neoliberal contexts—as inspiration, via three themes: acknowledging and addressing the impact of poverty; maximising collaborative practice; and adopting relational approaches to service provision.

ATD is a human rights based, anti-poverty, non-governmental organisation (NGO) operating in over 40 countries. Team members ("core workers") work and live alongside people in poverty ("activists"), providing practical support and a platform to amplify activists' voices on matters they value. In the UK, ATD's Family Support Programme, which covers community outreach, residential breaks and skill-sharing workshops, gives vulnerable, excluded families time, space and resources to access services and build support networks. The complementary Policy, Participation and Training projects support activists to advocate on policy and political issues. Through one such project, the Social Worker Training Programme, activists with experience of child-protection interventions deliver poverty-awareness modules to social work students and practitioners at partner universities, and debate and develop recommendations for child protection reform alongside social workers and academics.

This article includes the voices of activists cited in previous publications emerging from a workshop series linked to the Social Worker Training Programme. Ethical approval for those workshops was obtained through the Royal Holloway University of London process. In addition, Activist(a-d) were interviewed specifically for this article, and Activist(e) contributed at a roundtable discussion on *The Roles We Play: Recognising the Contribution of People in Poverty* (ATD & Sajovic, 2014). Ethical approval was not

separately sought for these interviews that were conducted voluntarily and collaboratively, by ATD, with long-term, active participants of their Social Worker Training Programme, explicitly for this article.

Although ATD is an NGO operating outside the strictures of social work systems, its philosophy and approach are adaptable, particularly for individual social workers' best practice. We apply learning from an English context, relevant given that Aotearoa New Zealand's reforms will construct a child protection model much closer to England's, and given parallels between the rate of children in poverty in care in England, and the prevalence of Māori children in Aotearoa New Zealand's care system. It exceeds this article's scope (and the authors' competencies) to suggest how better to weave tikanga and mātauranga Māori into social work's legislative and policy framework, or radical practice examples already operating within Te Ao Māori. We recognise this conversation's urgency, given 61% of children in care are Māori, and support the work many individuals and groups already do in this area (Walsh-Tapiata, 2004), including those, like the Māori Women's Welfare League, who are highlighting how the reforms might impact Māori. We hope the kaupapa guiding ATD can be seen as both compatible with and complementary to the critically reflective, anti-oppressive competencies necessary to support such radical resistances in Aotearoa New Zealand.

Acknowledging and addressing poverty's impact

Advocating for families in poverty "does not say that children should not be properly protected. What it *does* say is that many parents would cope if problems associated with their poverty were taken seriously." (ATD, 2005, p. 5)

The "elephant in the room" has become the cliché moniker for poverty in child and family social work. Despite evidence

linking material deprivation, social work interventions, and causative factors of abuse and neglect (Featherstone, 2016; Gupta, 2015; Pelton, 2015; Tobis, 2013), social work policy frequently downplays structural factors like poverty, inequality and social exclusion (ATD, 2005; Gupta, 2015). The Aotearoa New Zealand reforms are no exception (Oak, 2016; O'Brien, 2016). Since neoliberalisation in the 1980s, both income inequality and numbers of households in poverty have greatly increased, causing significant social disruption (Rashbrooke, 2013), and prompting research into the links between childhood poverty and lifelong vulnerabilities (Boston & Chapple 2014). Yet, the Expert Panel's final report mentions poverty once, while references to poverty and other structural factors disappeared from policy documents defining the reforms' focus on "vulnerable children" (O'Brien, 2016). In an exchange in the House of Representatives, the Minister for Social Development (2016) confirmed that Oranga Tamariki would prioritise reducing child abuse and neglect, not child poverty.

Ignoring how poverty and structural factors create or compound families' difficulties inevitably emphasises individual responsibility and parental blame (Gupta, 2015; Tobis, 2013, p. xxv); if surrounding circumstances are not influential in creating these difficulties, something intrinsic to the family must be. Recently, Aotearoa New Zealand's former Minister of Police, Judith Collins MP reflected this logic, commenting that:

...it's people who don't look after their children, that's the problem... I can tell you it is not just a lack of money, it is primarily a lack of responsibility... I see a poverty of ideas, a poverty of parental responsibility, a poverty of love, a poverty of caring. (Frykberg, 2016, n.p.)

The Children Commissioner's Expert Advisory Group on Solutions to Child Poverty (CCEAG, 2012) encountered similar views regarding parental responsibility

during nationwide consultation with New Zealanders about child poverty.

How issues are framed shapes the solutions presented and can distract from evidence-based policy (Featherstone, 2016). An ideology that blames individuals for social problems disincentivises context-dependent support programmes, encouraging control, surveillance, and targeted policing and “conceals the nature of poverty as a phenomenon that is, to a large extent, beyond individual control.” (Krumer-Nevo, 2009, p. 318). Yet, Mason and Bywaters (2016) have observed that poverty and allegations of neglect are so interlinked that prioritising context-blind, policing-type investigations over supportive measures will likely prove both ineffective and financially inefficient. Aotearoa New Zealand child protection history contains instances of counterproductive policy stemming from a context-blind approach. Blaiklock et al. (2002) observe that “a lack of resources” made “inoperable” many of “the preventative and empowering aspects” of the otherwise revolutionary CYPFA, in the sense that the state “transferred responsibility to families, but not the resources required to allow families to exercise these responsibilities” (p. 50).

Messages from ATD

... within a lot of organisations people are paid to do a job and then they go home. They simply do not live the realities and live with poverty the way we do. (ATD & Sajovic, 2014, p. 116)

Consistently maintaining that poverty poses enormous difficulties for families, ATD highlights as unjust systems that blame families for not coping while failing to provide enabling resources (ATD, 2005). While individual social workers do not create this injustice, competently identifying signs and influence of material deprivation is integral to understanding solutions, tailoring expectations and exhibiting empathy. Practitioners should be aware that families find demands that they change, amidst an absence of material support, unjust.

Activist(b) notes that the practitioner–family relationship requires both parties to recognise their mutual obligations, such that, “if social work hasn’t done its job” to identify and remedy a family’s contextual difficulties, “you can’t condemn the family.”

Appreciating the contours of material deprivation is key. When social workers can offer material support, successful application requires first identifying whether and where support is most needed. Otherwise, families may divert the resource elsewhere—for example, selling new school shoes to buy food—thus appearing either irrational or ungrateful (Krumer-Nevo, 2009). Furthermore, social workers who underappreciate the practicalities of material deprivation may expect families to achieve economically unrealistic feats, overlook parents’ genuine attempts to do their utmost within financial constraints, or unjustly infer signs of “bad” parenting, neglect or a lack of love (ATD, 2005; Gupta, 2015; Gupta & ATD, 2015). We should remember that:

...most parents genuinely want the best for their children... The best of themselves when you are struggling might not be that much; some parents can’t read or write so they can’t help children with homework, they can’t control where they live, like a horrible block of flats, but what they can give, they try to give. (Activist(b))

While recognising poverty’s material impacts is elementary, an activist explains how a truly radical service would recognise non-material aspects too:

...people don’t know enough about the mental, psychological and emotional toll of years of poverty and the impact that can have on you. It’s almost as if people are expected to move on from that within a couple of weeks; in reality, the emotional effect lingers on and on and they need space to recover emotionally as well. (ATD & Sajovic, 2014, p. 116)

Poverty's profound relational and psychological aspects are increasingly recognised, particularly in research linking poverty and shame (Gupta & ATD, 2015). ATD has long underlined poverty's unseen aspects, striving to provide holistic support that facilitates families' aspirations, interests and desires through self-esteem-building, promoting validation, and combating social exclusion (Skelton, 2015, p. 81). For example, the NGO supports activists to recognise and share their (generally unpaid and unsung) contributions to society (ATD & Sajovic, 2014), and to undertake public-speaking and campaigning opportunities: "ATD does offer me things I can't get anywhere else. I get the chance to meet new people, go to different places, do stuff for them and represent them. Nobody has ever asked me to do that before" (Activist(a)). This stance distinguishes "basic" and "higher" needs, observing that "people whose basic needs are not met still experience other needs, 'higher' needs, and they experience these needs in various ways and not in a uniform manner." (Krumer-Nevo, 2005, p. 102).

Overlooking poverty's impact on families not only sidesteps addressing underlying structural issues of inequality but also obfuscates any revelation about how the system might unfairly target people in material deprivation. From an Aotearoa New Zealand perspective, Hyslop (2009) notes:

...notwithstanding the undisputed assertion that child abuse and family violence occur within all sectors of society, the clients of the contemporary child protection system are most often drawn from the ranks of the poor and marginalised. Practice in child protection social work is as much a class-based, gendered and culturally biased phenomenon as it ever was. (p. 66)

Traditionally, social work training and research on discrimination has emphasised issues of race, gender and disability, over poverty (ATD, 2005). Given the relative invisibility of how social work, poverty and

oppression interact, Gupta (2015) suggests that "poverty has remained the great 'unsaid' of social work" (p. 10).

While "risk factors" coinciding with material disadvantage partially explain social services' disproportionate targeting of poor households, activists also pinpoint "povertyism": toxic societal discourses about people in poverty, including negative stereotyping and class-inflected presumptions about parenting standards in deprived circumstances (ATD, 2005, pp. 21-22). These discourses are not unique to England: Beddoe (2014) recently drew parallels between the UK and Aotearoa New Zealand in her analysis of negative media framing of people in poverty, including its permeation of welfare policy reform and approaches to child welfare. Social workers, as members of society, can be influenced by these discourses and may unconsciously deliver services in prejudiced or discriminatory ways (ATD, 2005): "with contemporary politics and attitudes being as damning as they are, we have to live with a lot of very bad attitudes that seriously affect how people are perceived and treated by those in positions of authority" (ATD & Sajovic, 2014, p. 114).

ATD contends that silencing and excluding people in poverty perpetuates these attitudes, erasing society's opportunity to hear new, subjective norms about poverty and parenting, based on alternative social experiences. The NGO works to reverse this exclusion, recognising activists' expertise on how institutions, policy and law could better support them, and reiterating that activists' insights benefit social policy and society (Skelton, 2015, pp. 59-77). Unfortunately, endless institutional barriers obstruct this endeavour, including presumptions about the capacities and intelligence of people in poverty, or perceptions that their life experience is somehow biased (Skelton, 2016, p. 69). Accordingly, one core worker notes, "[w]e discovered that the main thing was not to give the poor the chance to make their

voice heard, but to open our ears. It is not about empowering the poor, but about humanizing citizens and institutions” (as cited in Krumer-Nevo, 2005, p. 99).

Humanising social services institutions is an ongoing imperative. Too often in social work contexts, clients are considered merely recipients that expert professionals instruct (Krumer-Nevo, 2008). Families often recount feeling excluded from decisions about their own lives, while parents with experience of the system are rarely invited to share their insights on social work policy reform (Gupta & ATD, 2015; Tobis, 2013). In Aotearoa NZ, commentators have noted similar concerns about family inclusion in CYF processes—even family group conferences (FGC)—(Connolly, 2006; Moyle, 2015), yet the reforms further deprioritise parental participation vis-à-vis the state and professionals (Martin, 2016; Te Wharepora Hou, 2016).

In constructing the reform agenda, parental voices were largely disregarded. The Expert Panel featured no panellists with experience of CYF support, demonstrating the narrow view of expertise adopted. The final report made the welcome recommendation to boost young people’s voices through Youth Advisory Panels, but proposed no similar initiative for greater parental advocacy. Perhaps, this discrepancy reflects the view that mechanisms such as FGCs give parents too much voice vis-à-vis children. However, this logic presumes that current settings effectively ensure parental participation. Yet, the few parents the Panel interviewed expressed the same sense of exclusion including feeling “powerless and helpless in the face of CYF” (6), confused, angry, defeated, desperate (51) and unable to participate (6). Ultimately, parents “felt many of the decisions made were pre-determined, the process was slow and bureaucratic, and they lacked a voice” (51).

ATD’s approach emphasises participatory inclusion. The NGO supports activists to share their critical analysis and reform

proposals for more inclusive social work policy and practice, and aims to help child and family social workers operate more reflexively to avoid povertyist approaches (ATD, 2005; Gupta & ATD, 2015). Recognising that social work education often addresses poverty cursorily or superficially (ATD, 2005; Krumer-Nevo, 2009), activists deliver poverty-awareness modules in universities to train social workers and for continuing professional education. These modules help students to incorporate structural analysis and critically reflective practice, while balancing managerialist elements in social work education. The activist–practitioner interaction enables mutual learning outside the charged contexts of an intervention, while activists find the experience meaningful:

I take part in [social worker training] because what I went through, I don’t want other families going through the same. I want to make a difference where social workers will actually sit up and take notice of what families are saying to them and work with them instead of judging them. What I get out of that is knowing I have the confidence to actually speak to a social worker, whoever they are, and give them suggestions on the best way to go about a certain situation before they go in to see a family so there’s a better working relationship between the two... (Activist(a))

Similarly, activists advocate for peer support in social work systems, whereby parents with experience of social work interventions help others navigate the system. Compared to what professionals alone can offer, peer support is intrinsically empathetic. A recent parent-led project to overhaul the New York care system offers inspirational evidence of the value peer support networks and parental expertise bring to policy and practice (Tobis, 2013). As one parent in that project stated, “I’m here to level out the playing field. I’m here to give parents a voice. They have rights too” (Tobis, 2013, p. xi).

Maximising collaborative practice

...a tendency to talk about us, but not to us. It's part of a culture of having everything done to us; we're not part of anything. (ATD & Sajovic, 2014, p. 116)

Control-heavy systems frequently impose processes and interventions on families rather than handing families power to shape the support they receive. In England, povertyism, individualised blame, and the devaluation of family inclusion in social work practice have legitimised a model that thrusts pre-defined change plans upon families (Featherstone et al., 2014). However, imposing solutions frustrates social work's aspiration to promote transformation through collaboration and relationships (Hyslop, 2009). The experience of constantly being "done to" disengages families, producing profoundly negative psychological effects:

My relationship with social services made me feel angry, degraded and suicidal at one point because I was being told what to do, when to do it and being treated like a child instead of like an adult. Being told to do x, y and z by somebody that was younger than me, had no kids and the only experience they had got was by reading out of a textbook. (Activist(a))

Given their bureaucratising bent, the Aotearoa New Zealand reforms may well promote imposition, regulation and coercion (Hyslop, 2009; Keddell, 2014; Oak, 2016). The proliferation of Predictive Risk Modelling tools and Assessment Frameworks (Keddell, 2014; Oak, 2016), follows overseas patterns of "system-driven" managerialism, which co-opts standardised, computerised processes for itemising, predicting and managing risk in monitored families (Cottam, 2011, p.138; Oak, 2016). Contemporaneously, support narrows to uniform interventions addressing pre-defined risk-indicators, rather than families' real issues (Keddell, 2014). Such systems promote "a dispassionate and disengaged form of practice" (Hyslop, 2009,

p. 64), eroding possibilities for creativity, collaboration, and relationship-building between social workers and families (Oak, 2016). Mantras of efficiency, targets and outcomes, and predetermined governmental priorities and timescales, further restrict remaining opportunities to action families' priorities (Cottam, 2011; O'Brien, 2016).

ATD does not provide state social services. Consequently, core workers have considerable freedom to foreground empathy, human interaction and collaboration over processes and pre-set agendas. This flexibility permits radical practice, particularly creative, lateral and highly varied work, crafted alongside each family, responding to their lives' contingencies:

You gave us holidays at Frimhurst and you personally have been to court with us, you've come to meetings with us with social services, you visited us when we were in "prison" [the family assessment unit]. [Core worker] has supported [activist's wife] with her confidence, getting her out of the house when she was having her panic attacks, taken her over the Millennium Bridge while it was rocking, taken her to McDonalds. You've supported our son through the loss of his brothers, you still support him and take him out places so that when he feels he can't talk to us he talks to you and you help him try to find a way to come out with it to us. (Activist(c))

Collaborating with families requires the willingness and capability to take seriously their wishes and implement them. Activists attest to ATD's ability to listen and respond: "Everything we want, you are there for... If I ask you to come some place with me, you come. And that's what I appreciate." (Activist(c)). One mother recounted an early experience with the NGO; a core worker asked her how he could help:

I told them I just wanted a whole day on my own. I had not had a whole day

without my children or without people knocking on my door or giving me grief for so long. And they did. They took the kids out for a day. I was gobsmacked. (Activist(b))

Essentially, this approach gives families decision-making control, rather than prising it away, recognising that freedom to compose initiatives for one's own life is "the key to transformation" (Cottam, 2011, p. 139). To some degree, such flexibility can be integrated into social workers' best practice. However, committing to advancing a family's requests can elude practitioners because working beyond institutional biases—particularly reluctance to relinquish control in risk-averse situations—requires extra effort, or may be practically limited by solutions at social workers' disposal (Krumer-Nevo, 2008).

Furthermore, certain ideologies underlying reforms in Aotearoa New Zealand may vitiate willingness to hand families greater autonomy, particularly the "social investment" and "early intervention" approaches, which promote early investment in "high risk" families to foster optimal long-term social outcomes (Expert Panel, 2015, p. 10). Commentators have observed an unspoken imperative underlying such ideologies, namely the neutralisation of social problems posed by "troubled" families, so identified by "risk factors" that happen to correspond with characteristics of multiple deprivation (O'Brien, 2016; Featherstone et al., 2014). This rhetorical process implicitly marks vulnerable families as "dangerous," and permits potential justification of coercive practice by reference to the greater social good. Activist(b) notes how such logic can pervert the role of social services:

...society is expecting these structures to be police forces and not support networks. Society has expected social workers to protect children but now they're expecting them to protect society from us. It's like the poor, the

disadvantaged and the ones that struggle have somehow become a danger to society... I don't think social workers and teachers and doctors and nurses should have that in mind when they approach someone who is vulnerable.

Evidently, how social workers and policymakers treat and internally construct people receiving services affects the service delivered (Featherstone et al., 2014; Keddel, 2014). Regardless of the ideological environment, practitioners can control their perception of those with whom they work. ATD demonstrates, practically, how to avoid pathologising people in poverty. Guided by the conviction that all people are equal, core workers foreground acceptance, non-judgement and strengths-based principles, freeing activists to take ownership on their own terms (Skelton, 2016, p. 117). Core workers realise this through not seeking to change or fix who activists are (Krumer-Nevo, 2009):

I was being accepted rather than changed. I wasn't being changed to fit what someone else thought I should be; I was changing because I was being helped to realise that I needed to. It was my choice to change; not theirs. (Activist(b))

This acceptance entails a willingness to meet activists where they are:

...with ATD you can go back and you don't feel like a failure, you don't feel like you've let people down; you know that you'll be accepted... I've never had ATD say to me, "Oh, you were doing so well..." I've had social workers say it, I've had teachers say it, I've had a tutor at university say it, but I've never had ATD say it. They say, "I'm glad you told me; let's see where we're at." That's very different. It's acceptance; not acceptance that you're a failure but acceptance that people do take backward steps and may need support again to move forward again. (Activist(b))

Lack of judgement is integral to activists' relationship with core workers and their willingness to engage with ATD:

You know our situation, you know how much we mucked up when we first got involved with social services with our kids and everything else but you've been on that journey with us. There are people out there that, as soon as they find out you've got social services involved, they don't want to know and they will judge you. You guys don't judge. (Activist(c))

Similarly, in an Aotearoa New Zealand study, social service recipients recounting positive experiences with practitioners highlighted non-judgemental approaches (Keddell, 2011). Such research demonstrates that practitioners can and do integrate non-judgemental service provision into their best practice, and when they do, service-users notice and appreciate it, suggesting this should be encouraged and fostered.

Finally, ATD's practice is inherently strengths-based, recognising and emphasising the capacities and potential residing in families, espousing a faith in what people can be, but also in what they contribute already (ATD & Sajovic, 2014; Skelton, 2015, p. 71). Krumer-Nevo (2009) describes how ATD's core workers:

...behave in a respectful, humane way in circumstances that for other members of society, including professional social workers would require special efforts. In their encounters with marginalized members of society, considered in most cases and by most people to be "failures", members of the Fourth World recognize their powers and their capabilities that are worthy of respect and appreciation, and they focus precisely on those. This is not always simple... But Fourth World volunteers wait patiently until something remarkable emerges, and then they concentrate on relating to this trait [thus enhancing] its presence. (pp. 311–312)

ATD's conviction that everyone has something to offer underpins its programmes, including its Skill-Sharing Workshops and Access to Volunteering, where activists volunteer in the community garden, the maintenance and refurbishment of the buildings, or the office (ATD, 2016). Activists get the chance to develop and share skills they have already. By tapping into people's strengths, the projects build confidence:

...it wasn't just about skill sharing. It was [core worker] showing me how to do things or taking some of my skills on board and letting me do things and, through that, it helped me get the confidence to get off my big, fat backside and get a job ... when you've been out of work a long time, it does help you get job-ready because you're doing things ... you're doing physical things and bringing all those skills you've learned in the past back to life. (Activist(c))

Gupta (2015) and others have advocated a capability-style approach for social work (Cottam, 2011; Featherstone et al., 2014). Indeed, strengths-based practice resonates with social work's emancipatory aspirations. However, Cottam (2011) argues that recognising families' strengths remains a "radical departure" (p. 140) for most social service systems that operate with deficit-based approaches and "the dead weight of expectation that [families] can't change" (p. 138). These expectations are corrosive: "being judged as someone who's done something wrong and 'you can never change so we don't want to know you' is... a terrible situation" (Activist(e)). Accordingly, ATD's approach stands out:

The big difference is that within [ATD], people believe in you and trust you. With social work, there's already a feeling that you've already messed things up and the only potential you have is to mess things up even more. So the emphasis is not on you giving the best of yourself but on preventing you giving the worst. (Activist(b))

Relational approaches

“I made friends and friends that have lasted years. When you have been very isolated for a long while and you make genuine friends, that’s precious.” (Activist(b))

Constructing and bolstering relationships underpins ATD’s model (ATD, 2009), reflecting a “relational welfare” approach that eschews the isolating, “transactional” approach of neoliberal social services (Cottam, 2011, p. 136) to promote meaningful relationships within families and communities, and between social workers and families (Cottam, 2011; Featherstone et al., 2014).

ATD fosters trusting relationships between core workers and activists that many commentators would identify as integral to effective social work (Cottam, 2011; Featherstone et al, 2014; Keddell, 2014; Oak, 2016):

With ATD, I find that I can trust you lot. Other places where I have gone in the past, there hasn’t been that trust there. Trust means I wouldn’t be left there on my own to cope with difficult questions; if I was getting stuck with anything there would be somebody there that I know or could trust to help me or give me advice... (Activist(a))

Core workers can form trusting relationships because ATD’s radical approach to working in solidarity with activists eschews hierarchies and power imbalances (Krumer-Nevo, 2009). Social workers represent the state, thus overcoming such obstacles is challenging (Healy, 2001). However, genuine faith in families, willingness to implement their wishes, and strengths-based practice can level playing fields. Furthermore, the fact that social workers carry the force of the state can be a strong suit; on the side of families, they can achieve more than representatives from NGOs like ATD could hope to offer. However, how such power is marshalled

is important. Policing-style approaches reinforce power imbalances, impeding trust between families and social workers (Gupta et al., 2016). In England, the urgency underlying risk-averse, early-intervention rescue models has truncated the time needed for trusting relationships, featuring instead “an unforgiving approach to time and to parents—improve quickly or within the set time limits.” (Featherstone et al., 2014, p. 1739).

Recognising that such controlling approaches are ineffective, ATD follows non-linear, long-term paths to progress, operating on families’ timescales:

When you are accessing support from social services you are expected to fit certain criteria, make certain changes and then go away as if everything is fine and hunky dory. ATD understands that it has taken many years for people to get to where they’re at. You can make changes short-term but your long-term habits will creep back and back and back. ATD knows that it will take time... (Activist(b))

Admittedly, ATD’s freedom, as an NGO, to work this way is not applicable wholesale to social workers. Nevertheless, analysing some of its relationship-building work does highlight weak points in time-pressured, risk-averse models, awareness of which might enable social workers consciously to avoid or minimise them.

For example, core workers often find themselves filling gaps social workers leave behind, including unaddressed issues that families consider important, which arguably fall within social workers’ purview, such as budget management, rent arrears, eviction, child benefit claims and other benefit assessments (ATD, 2016). Core workers also frequently help families do things that social workers have requested but not supported them to achieve. Activist(c) recounts how social services required he take weeks off work to complete parenting assessments, without helping to arrange financial assistance: “You

helped me get my benefits sorted out; social services did nothing when it came to that. All [they] gave me was a letter but you helped me get it sorted out." These experiences beg the question of what happens to families without additional assistance beyond social services, reinforcing the need for practitioners to contextualise targeted interventions within the totality of a family's life, to avoid gaps or unintended consequences.

The long-term ramifications of time-poor models create self-reinforcing spirals that accelerate relationship breakdown. With insufficient time to build relationships and understanding, social workers and families often inhabit separate universes. Miscommunication is common due to unclear articulation of expectations, professional jargon rendering explanations of processes and procedures unintelligible, or misinterpretation of parents' emotions, such as defensiveness or anger (Gupta & ATD, 2015; Gupta et al., 2016). Through their relationships with families, core workers frequently work to "bridge the gap" between social workers and families (ATD, 2012), "translating" what professionals say and diffusing tensions:

Having someone with a brain come to a meeting with us and explaining what social services mean if we are uptight about it helps. It means I don't lose my temper and just walk out of meetings. It's just having a neutral person there who sees it from [both] point[s] of view ... someone who understands how social services work, someone that realises if you say it that way, you ain't getting nowhere but if you're more diplomatic you might get somewhere else.
(Activist(d))

Ideally, communication between social workers and families would not require translating. Practitioners could consider tools and techniques that organisations like ATD apply when acting as intermediaries. For example, where more time cannot be dedicated to families, changes to the delivery of information can still vitiate communication

(and therefore, relationship) breakdowns, including avoiding jargon, employing parent advocates, and encouraging families to express themselves and their desires to ensure mutual understanding and empathy (Gupta & ATD, 2015).

ATD also strives to bolster family relationships. Activists maintain that the disproportionate removal of children from low-income families due to neglect violates the right to family life, destroying identities, histories and connections between parent and child, siblings and wider kinship networks (Gupta et al., 2016; Featherstone et al., 2013; Skelton, 2015, p. 60). Like commentators such as Tobis (2013), Te Wharepou Hou (2016) and others, the NGO questions the socially constructed legitimacy of responding to allegations of neglect by removing children from their whānau. On this front, the Aotearoa New Zealand reforms are potentially regressive, including the VCA's "subsequent children" provisions, and vagueness surrounding whether early intervention translates into early provision of support, or a fast-tracking of draconian measures. Furthermore, the introduction of the paramountcy principle and the focus on "vulnerable children", suggest movement towards child-centred models (Martin, 2016), which can artificially sever children and their well-being from their relational context within families, pitting parents against children and disincentivising family support approaches vis-à-vis child-rescue initiatives (Featherstone et al., 2014; Gupta, 2015).

ATD refuses to view children in isolation from their familial relationships, instead striving to strengthen those relationships by giving families opportunities to enjoy each other's company outside the stresses of their home environment (ATD, 2016). For example, the "Getting Away From It" programme organises residential breaks for families at Frimhurst Family House, a country home in Surrey. One parent described how the week away "gives us a recharge ... As parents and as a couple, it gives me and my husband more time to talk

to each other and more time to spend with our son." (ATD, 2016, n.p.) A 12-year-old girl echoes these sentiments: "This stay had a good impact on my family because we never spend any time together. We had fun doing activities together" (ATD, 2016, n.p.).

Alongside core worker/activist relationships and familial bonds, ATD fosters community by "[c]reating the conditions for families to form new friendships, build[ing] new connections and see[ing] themselves within a broader network of support" (ATD, 2016, n.p.). Through its programmes and campaigns, activists enter a cross-generational network built upon shared experiences and group projects:

When you get ATD support, you're in a relationship with a whole bunch of other people. It can be aggravating and it can drive you mad. But it's always there and it lasts... We're like an extended family, we have our arguments and quarrels ... We're a community. I've lived on my estate for nearly twenty-two years, I don't have a solid community around me. I travel all the way across London ... to the headquarters of ATD Fourth World and am surrounded by a community... (Activist(b))

Relationships between activists are as important as those with core workers. Sharing in the giving and receiving of support means that no one is solely a "recipient" of services:

I got the opportunity to do something not just for myself: help with the mailout, answer the phones, meet-and-greet, make tea, go with core workers to visit families and encourage them to come to Frimhurst, to be part of things. (Activist(b))

Furthermore, the understanding born of shared experience is key:

You could talk to anyone because many of them were going through the same

things as you have ... When you've gone through things together you become very, very close, when you've lost your children and other people have lost their children too ... In ATD I found the people around me had actually uplifted me because they were able to say, "I've been through that too." (Activist(e))

Impacts for practitioners in Aotearoa New Zealand

Social workers cannot absorb uncritically all practice approaches adopted by radical social movements operating external to state-provided social work systems. Indeed, pretending one can deliver services like an NGO might create false promises or lead families to misconstrue their relationship with their social worker. Such relationships inevitably include elements of control largely absent between activists and core workers (Healy, 2001). Additionally, inflexible, top-down systems constrain social workers. As Activist(b) notes:

There is a lot that social services could take from the way ATD works with families ... But, as much as I have great faith in the Social Worker Training Programme and altering how social workers think about their practice is great, unless you can alter the culture within which they have to work then I'm not sure that social work will benefit. Social workers will benefit and families will benefit and families training social workers will make a difference but the best social workers in the world when they are working in an environment that is destructive and doesn't allow them to be a good social worker...

Nevertheless, when tensions arise between social workers' aspirations and systemic ideologies, individual practitioners often activate personal mechanisms to navigate and negotiate the system, and resolve tensions to uphold social work aspirations.

Indeed, activists are not universally negative about social workers and do relate positive experiences. These reflections often involve examples of social workers displaying respect and trust for the family, by listening and finding ways to implement their wishes (Gupta & ATD, 2015, pp. 136–137). This suggests that considerable difference is possible through practitioners supplementing their own best practice approaches with elements that reflect ATD's philosophical fundamentals, namely respect for people in poverty and a willingness to follow families' guidance.

Furthermore, though local reforms seem to shift child protection policies towards control, Healy (2001, n.p.) notes, that "crises for critical social work also present opportunities." The outcome of these reforms is no forgone conclusion. The policies contain significant elements that could have divergent effects depending on their frontline implementation, particularly directives such as "social investment" and "early intervention." While the contemporaneous logic of control, time restrictions, and "early intervention" can create a "perfect storm" of rapid and draconian interventions (Featherstone et al., 2014, p. 1736), early intervention investment approaches could equally suggest greater time with families (because interventions precede crises) and a focus on relationship-building and material support to prevent social ills stemming from social exclusion and deprivation. Furthermore, whether interventions and investments are strengths-based or deficit-based, or foreground material deprivation or character defects, may be key determiners for whether the reforms operate progressively or oppressively. Practitioners might consider using this moment of transition to nudge implementation of malleable aspects of the reforms in emancipatory rather than oppressive directions.

Finally, embedded in ATD's model is the validation of activists' lived experiences

of poverty and inequality through advocacy for social transformation. Accordingly, we urge social workers not to shy from speaking out against reforms that could make core social justice tenets of their profession nigh impossible. Furthermore, we note that ATD is indebted to the intelligence, sensitivity, and resilience of activists, who contribute so much time and energy to the shared project of eradicating poverty. As Skelton (2016) explains, "[f]ar from being 'beneficiaries,' people in poverty drive ATD Fourth World forward" (p. 111). The social work profession could be radically transformed by mainstreaming a similar recognition that the people with whom they work are social workers' greatest allies to achieving the profession's aspiration of a flourishing society.

Conclusion

Rapid, profound legislative and social policy change in Aotearoa New Zealand indicates a shift towards policies promoting social control and deprioritising collaborative practice. Nevertheless, ATD's work in England demonstrates that families can be supported to navigate neoliberal, risk-averse social work systems, and that mitigating negative aspects of such systems is possible. In this endeavour, ATD's practice and philosophy offers techniques for adapting to harsh environments, overcoming attitudes that unnecessarily hamper caring practice, and the inspiration to speak out with those who suffer. We contend that much of these techniques can be integrated (adapted, as necessary) into individual social workers' best practice and that a bottom-up institutional culture shift offers a tangible means of preserving and enhancing the profession's radical aspirations within the current (and future) social work system. Ultimately, much rests on a concerted effort to acknowledge the complex structural factors that shape people's lives, the ability to accept all people as equal in dignity and humanity, and the willingness to listen to what they have to say.

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End Notes

- ⁱ The government established the Panel to review Aotearoa NZ's care and protection system, following criticism of CYF's performance protecting vulnerable children (Tolley, 2015).

Reshaping political ideology in social work: A critical perspective

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ABSTRACT

INTRODUCTION: The article contends that social work is politically constructed, that its values, principles and commitments are deeply shaped by ideology through the political dimension at all levels of social work intervention, and that social work needs not only to embrace, but also to reshape its political ideology, discourse and political movements.

APPROACH: It is argued that the articulation of social work values and principles are an expression of ideology, and that political ontology of social workers' lives precedes their epistemological and methodological choices. From this premise, the article claims that socialism informs progressive social work values, and that a materialist analysis can influence our understanding of social problems and social relations within deregulated capitalist societies.

CONCLUSIONS: Firstly, this article synthesises the Marxist approach of ideology and its relations with ideology in social work. Secondly, it draws out the key insights about the so-called "radical" or "structural" perspective in social work, and the commitments and challenges of its advocates. Finally, it explores and proposes insights on the political ideology of social work for the 21st century.

KEYWORDS: social work; ideology; political ontology; radical social work; socialism

In order to appreciate that social work is politically constructed, one must understand two main propositions. First, social work values and principles are an historical and social cultural expression of ideology. Social work values emerge from inside a political ontology. As McKendrick and Webb (2014, p. 357) argue, "social work involves articulating an ontology of the political subject." By political ontology, I point to the social organisation, which contextualises and specifies an ontology of being. The recognition of a political ontology for practice was expressed earlier in the development of the profession in the work of Jessica Taft and Virginia Robinson, the founders of the "functional school" at the Pennsylvania School of Social Work in the 1930s (Lundy, 2011). Second, social work commitments have their origins in

struggles between human beings as to the means by which rights and wellbeing were progressively acknowledged or achieved. Throughout the history of the profession, social work has been committed to promote human rights, social justice and address the root causes of poverty, oppression and inequalities (Gray & Webb, 2013a).

The political ontology of social workers is logically antecedent to epistemological and methodological choices. Social work finds itself inside politically generated social systems or agencies, organisations, and the apparatus of the state. This claim is deeply rooted in the ontological assumptions about the nature of the political reality in all societies (Hay, 2006). The recognition of a political ontology in turn undergirds McKendrick and Webb's (2014) ideas

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about forms of life which make possible the lineaments of what may count as a just society. By examining the political ontology of social work, social workers can examine their political ideas and values. Hay (2006, p. 80) explains that, “ontology relates to being, to what is, to what exists, to the constituent units of reality; political ontology, by extension, relates to political being, to what is politically, to what exists politically, and to the units that comprise political reality.”

Political ontology thereby provides a conceptual ground to begin to examine the ways that ideology shapes social work. An understanding of the social work values, principles, commitments, theories and approaches is an exercise shaped by ideology. Such reflection shows the constitutive features of how social work is politically constructed at all levels of its intervention. In this sense, Hay (2006, pp. 80–81) explains that “the analyst’s ontological position is, then, her answer to the question: What is the nature of the social and political reality to be investigated? Alternatively, what exists that we might acquire knowledge of?”. Clearly, it can be argued that the political ontology of social work precedes the epistemological and methodological choices. Manifestations of ideology are found in the social forms of life, especially the work of social workers. Arguably, the profession was born with a political stance. As Lundy (2011, p. 52) explains, “social workers such as Jane Addams, Bertha Reynolds, Sophonisba Breckinridge, and Mary van Kleck were leaders in the early human rights movements,” and in political and social work activism. However, nowadays that political stance remains a notoriously difficult construct to capture.

The detailed elaboration of these arguments entails some complexity, but the central tenet is quite simple. Social workers need to engage in a reflexive examination of the ontological roots of their political ideology. How to manoeuvre inside the ontology of place, location, and work? What do people

do to make social work? How do they reflect on, talk about, and create abstractions and generalisations from their practice to constitute the social work profession as such? How is social work made and what is it made of? What are its constituent parts and how do social workers make them fit together? What kinds of values, principles, commitments, theories and approaches govern its functioning and its changes? What imaginary or ideology drives social workers and their projects? These questions immediately establish a simple analytical agenda for social work to assume a political stance (Duarte, 2016; Gray & Webb, 2013a; McKendrick & Webb, 2014). However, Hay (2006, p. 81) reminds us that “no political analysis can proceed in the absence of assumptions about political ontology”. Among others, Hay (2006, p. 81) suggests that one of the ontological issues by which political analysts formulate assumptions is related to “the relationship between structure and agency, context, and conduct”. Thus, social workers make ontological assumptions in either direct intervention or the field of education and research, and these assumptions shape their approach to political analysis and cannot simply be justified by an appeal to an evidential base (Hay, 2006). McKendrick and Webb (2014) acknowledge that the aspects of social structure and agency justify the need for reshaping political ideology in social work. Likewise, Gray and Webb (2013a) emphasise the need for “redefining the project of the Left in social work in terms of a ‘radicalisation’ of theory and practice” (McKendrick & Webb, 2014, p. 358).

The epistemology of social work refers to the “philosophy” of its knowledge. It refers to the assumptions that social work makes about the knowledge of reality, its social norms and problems. What legitimates its knowledge, theory and practice? The answer is epistemology. The point is that the claims of social workers are shaped by manifestations of a working and applied ideology, and they embody a preference for certain political explanations

(Gray & Webb, 2013a; Hay, 2006; McKendrick & Webb, 2014). As Hay (2006, p. 83) observed, “epistemological assumptions are invariably ontologically loaded.” This implies that social work must reflect about the nature of its ontology to establish or reshape the significance of its ideology.

To advance this reflection this article examines the political ideology of social work. Elements of this argument were explained and illustrated in greater detail in “The return of the political in social work” (Gray & Webb, 2009), “The new politics of social work” (Gray & Webb, 2013b), McKendrick and Webb’s (2014) article “Taking a political stance in social work,” and extended in Duarte’s (2016) article, “(Building) a political agenda for social work”.

Thus, the debate offered by this article lies not only in whether social work is a product of what can be termed as left-wing ideology but where on that spectrum the readership of the article perceives social work as being formed.

The role of ideology in social work

The point about ideology is that “mainstream” social work in western countries has failed to clarify its own ideology and to reflect critically on the origins of their own values, principles and commitments (Carey & Foster, 2011/2013; Gray & Webb, 2009; Gray & Webb, 2013a; McKendrick & Webb, 2014; Peters, 2008). Peters (2008, p. 179) argues that “social work has identified itself as both an academic discipline and a profession and in doing so has created a space where science, theory, ideology and ethics exist together.”

The expression of a political direction following from the political ontology of social work needs to be negotiated. Such negotiation and participation occur at the macro, mezzo and micro levels of the political realm, but are also

informed by competing or complementary conceptualisations of identity politics. As Ferguson (2009a) observed, Gray and Webb’s (2009) article (“The return of the political”) was a welcome contribution to this debate. As Ferguson does emphasise however, in order to assume a political stance, social work needs “to draw on whatever theoretical resources of wider critique are currently available; social work’s theory base is not, and cannot be, a closed system” (Ferguson, 2009a, p. 212).

The discussion proposed here focuses on the political stance of social work and its ideological identity. I regard ideology as inherent to social work values, principles and commitments but also to its theories and approaches. The idea of taking a political stance requires reshaping social work ideology, a formal, ideologically derived conceptual framework which constitutes and reflects social work values, principles and commitments, its theories and approaches (Lundy, 2011). The potential of reshaping and assuming a clear political ideology for social work constitutes the commitment to an active participation of social work in the political and public arenas. Such commitments are necessary in order to represent and speak on behalf of the most vulnerable, who fall outside the “neoliberal normativity,” i.e., the poor and the homeless, the unemployed, racialised people, women, children and youth, the LGBTQ community, ethnic minorities, older adults, people with disabilities, and the refugees and migrants moving across international borders, fleeing conflicts and persecution or other life-threatening situations (Gray & Webb, 2013b; McKendrick & Webb, 2014).

This leads us to think about ideology. As Taylor-Gooby (1985) explains, the idea of ideology involves the claim that people’s ideas, beliefs, attitudes and values cannot be taken for granted, but they may contend a coherent explanation. Thus, in order to interpret those explanations, one requires an understanding of ideology. The presumption that social work needs to be

able to participate in the political and public arenas “without shame” has become central to contemporary debates about the nature of the politics of social work (Ferguson, 2009a; Gray & Webb, 2009, 2013a; McKendrick & Webb, 2014; Peters, 2008).

The common view of ideologies is that they are systems of belief that guide our choices and behaviours, and indeed justify our thoughts, actions and theories (Bailey & Gayle, 2008; Goodwin, 2007; Lundy, 2011). As Bailey and Gayle (2008) explain, structures, systems of power and advantage play a central role in maintaining the development of points of view. Carey and Foster (2011, 2013) also emphasised that ideology can be used to manipulate, distort or generate illusionary thought or feelings or actions. Thus, as Eagleton (1991) elucidated, ideology has a whole range of useful meanings, and not all formulations are compatible with one another.

In contrast, Marx and Engels (1846, 1976) saw ideology as a problematic or faulty method for generating accounts of the world. For them, and for a generation of Marxists that followed, ideology was a pejorative, rather than an inevitable or necessary element of social thought. Thus ideology was most often associated with idealism: that is, with the circulation of ideas, of thought, of concepts, rather than with the lives and activities of actual people. Ideology came to be characterised as a manifestation of a ruling class, as hegemonic, and as oppressive.

Smith (1990), who worked from Marx and Engels, focused on ideological practices. The first step in ideological practices follows from entering into any social space or social interaction to lift out certain details or data from that space. Just why this or that is selected as noteworthy or significant may be explicit, hence driven by the theory, or might be implicit or elided. Yet, once the details from a social occasion are lifted up and out of the interactive context of their production they are reorganised, not

according to the logic, intentionality, and in vivo orientations of actors, but according to the analytic projects of the researcher. As reconfigured, the various types of data are joined through “mystical” connections. Finally, a generalised and abstract theoretical formulation is generated which, post facto, is applied to explain that which was observed.

Of course, if ideology is pervasive and unavoidable, and hence if ideology is used in the sense developed by Mannheim (1936), then it is impossible to not be ideological, or to have one’s work be ideological. Yet, if ideology is approached via Marx and Engels (1846, 1976) as problematic, or as arising from idealism, or a turning away from a reflexive, historical, dialectical materialism then it is postulated that there is a possibility of working non-ideologically.

It is in this second negative view of ideology that it is important to recognise the world through an ideological lens. Why? Because ideology relates to power and the distribution of power in society. As Eagleton (1991, p. 5) observes, “ideology has to do with legitimating the power of a dominant social group or class.” Further, he also explains that:

[A] dominant power may legitimate itself by promoting beliefs and values congenial to it; naturalizing and universalizing such beliefs so as to render them self-evident and apparently inevitable; denigrating ideas which might challenge it; excluding rival forms of thought, perhaps by some unspoken but systematic logic; and obscuring social reality in ways convenient to itself. (1991, pp. 5–6)

By questioning the relationship between ideology and the power of the dominant class, social work has the opportunity to achieve a new momentum for social and political action in accordance with its own values and commitments. Nevertheless, it is possible to identify common ideological ideals and beliefs within social work values,

principles and commitments stated in the *International Federation of Social Workers Statement of Ethical Principles* (IFSW, 2012a), in most of the *National Codes of Ethics of Social Work* adopted by IFSW Member organisations (IFSW, 2012b), and in the *Global Agenda for Social Work and Social Development* (IFSW, IASSW & ICSW, 2012).

The global definition of social work (IFSW, 2014) approved by the IFSW General Meeting and the International Association of Schools of Social Work (IASSW) General Assembly in July 2014 which took place in Melbourne, Australia, defines social work as a:

... practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing. (IFSW, 2014)

The analysis of this international definition requires us to accept social work, as a profession and academic discipline, as a site of dialogue and a site of struggle. Thus far, this international definition entails a process of negotiation of ideas, beliefs, attitudes and values that can be viewed as embedded in certain ideological beliefs that guide the social work profession's core mandates. Thus, to interpret those core mandates and principles requires an understanding of ideology. If this is right, we must rethink and reshape social work's approach to ideology. As argued above, social work is politically constructed. Therefore, the social conditions, and social contradictions and conflicts of life in globalised advanced capitalist societies informs social work values, principles and commitments, and can deeply influence the understanding of social problems and social relations within capitalist society.

It is this social ground which, in turn, gives rise, variously to fascism, conservatism, liberalism, socialism, anarchism, communism, and so forth. As people come to be positioned inside complex and refractory social relations, so too do they variously come to articulate their positions and their interests. No less is true for social workers. However, as a profession, a cognoscenti, or intellectual leadership has attempted to articulate and to develop an ideological framework of professional attribution. Thus social work is x, y, z, and if practitioners are to legitimately claim their place inside the profession, they must adhere to these elements.

Some social workers found expression by joining and allying with working-class movements struggling for equality and social justice and became, in time, mediators between the state and the people (Ferguson, 2009b, 2013; Lundy, 2011). It could be argued that socialism (or democratic socialism) informs social work values, principles and commitments. Both socialism and social work have a common understanding and shared interests about the collective needs in relationship to the individual. They also share a belief that social justice is a goal for all in society, and that those actions and policies to achieve social justice should emerge from a more equitable distribution of wealth and knowledge among classes.

Drawing on Gray and Webb's (2013b) and McKendrick and Webb's (2014) arguments, I shall begin to highlight Marx's conception of ideology (Marx & Engels, 1846, 1976). Smith (1990) explains that Marx's understanding of ideology relates to the procedures that mask and suppress the grounding of social science. According to Smith (1990, p. 35), Marx's method proposes "ideological definitive procedures or methods of thinking and reasoning about social relations and processes." Therefore, ideology defines a kind of practice in thinking about society. To think ideologically is to think in a distinctive and desirable way.

Another influential account of ideology, based on Marx's ideas, was offered by Mannheim (1936). He argued that at the heart of any ideology exist certain utopian ideas that inform how society should be organised. The significance of this is that these concepts/ideas speak powerfully to social work values, principles and commitments. It helps to illuminate the nature and social identity of social work. Therefore, those social work values, principles and commitments prescribe how society should be viewed and organised. Marx's analysis of ideology captured precisely the conception of ideology based on the nature of knowledge. For him, knowledge is relative to the time, place and thinker or to all three (Goodwin, 2007).

Thus, those social work values, principles and commitments stated in the *IFSW Statement of Ethical Principles* (IFSW, 2012a), in most of the *National Codes of Ethics of Social Work* adopted by IFSW Member organisations (IFSW, 2012b), and in the *Global Agenda for Social Work and Social Development* (IFSW, IASSW & ICSW, 2012) surely help the framing of ideology. My point about social work taking a political stance is that, in thinking about politics, it is impossible to think non-ideologically or in a "value-free" way (Goodwin, 2007). As argued above, if ideology is as Smith (1990) argues, a method, or way of working, and if there is an alternative method might it be possible to work non-ideologically? Therefore, it can be argued that social work values, principles and commitments are symptoms of ideology. Social workers who claim not to have an ideology, but strongly advocate for social and economic equality, social justice and human rights, are actually voicing a part of socialist ideology even unwittingly.

Arguably, social work values, principles and commitments easily influence the use of political concepts and language and even the form of logic used to prove political points (Goodwin, 2007). In other words, the functions of social work ideology can be

clearly identified. Social work should become clear about the ideological nature of its own values. The political ontology can be easily identified and expressed in the everyday life of the social worker as social workers identify and reflect on the organisation of their every-day work in situ, on the funding of their workplaces, on their participation in wage or salaried labour, in the organisation of unions, in critical reflection on policies and procedures, and in participating in political and social movements.

A recognition of the ideological foundations of social work informs the demand that social workers should take political positions, and that social work practice is inherently and incorrigibly political as Gray and Webb (2013a) claimed. The presumption that social workers need to be politically engaged has become central to much contemporary social work theory (Gray & Webb, 2013a; McKendrick & Webb, 2014). Despite the call for political engagement, the political gains achieved by social workers do not seem to be widely recognised.

The radical perspectives in social work: commitments and challenges

What is radical social work? This question has been posed many times over the past four decades (Bailey & Brake, 1980; Corrigan & Leonard, 1978; Ferguson, 2009a, 2011, 2013, 2016; Ferguson & Lavalette, 2007, 2013; Ferguson & Woodward, 2009; Gray & Webb, 2013b; Ioakimidis, 2016; Lavalette, 2011; Lavalette & Ioakimidis, 2011; Leonard, 1980; McKendrick & Webb, 2014; Mullaly, 2007; Pease, 2013; Pease & Nipperess, 2016).

Radical and structural perspectives on social work emphasise how the oppressive structural relations of capitalism are the root causes of social problems and inequalities. To some extent, radical social work follows a socialist-collectivist perspective of society that rejects capitalism and economic neoliberal approaches to economy, i.e., market justice, because that is inconsistent with a reasonable level of welfare provision

(Bailey & Brake, 1980; Carniol, 1992; Corrigan & Leonard, 1978; Ferguson, 2009a, 2011, 2013, 2016; Ferguson & Lavalette, 2007, 2013; Ferguson & Woodward, 2009; Gray & Webb, 2013a; Ioakimidis, 2016; Lavalette, 2011; Lavalette & Ioakimidis, 2011; Leonard, 1980; Mullaly, 2007; Pease, 2013; Pease & Nipperess, 2016).

Radical social work brings a critique of capitalist structures and the production of inequality and exploitation. It embodies a Marxist view of ideology and progressive social work values. As argued above, Marxist-based approaches, like radical and structural social work, rely primarily on a structural analysis and place their emphasis on social, economic and political relations that influence social and material conditions and create alienating social structures (Bailey & Brake, 1980; Carniol, 1992; Corrigan & Leonard, 1978; Ferguson, 2009a, 2011, 2013, 2016; Ferguson & Lavalette, 2007, 2013; Ferguson & Woodward, 2009; Gray & Webb, 2013a; Ioakimidis, 2016; Lavalette, 2011; Lavalette & Ioakimidis, 2011; Leonard, 1980; Mullaly, 2007; Pease, 2013; Pease & Nipperess, 2016).

The ideas about radical social work have been viewed as “a dangerous modern heresy” by some “mainstream” social workers (Pease & Nipperess, 2016). Drawing on Baines (2011), Pease and Nipperess (2016, p. 9) explain that mainstream social work applies a different framework of thinking about how to respond to social problems. It is a framework in which economic and social systems are treated as neutral. They argue that ecological and systems theories, solution-focused social work, strength-based perspectives and evidence-based practice deny the influence of social and political forces in people’s problems. The language and ideas of radical and structural social work should not be dismissed by mainstream social work as they provide an insightful frame for doing what mainstream social work does not do, and that is interrogate the underlying political dimension of social work (Baines, 2011; Gray & Webb, 2013a; McKendrick & Webb,

2014). But, I would argue that the underlying values, principles and commitments of both radical and mainstream social work are the same: they both share the same outlook (IFSW, 2012a, 2012b; IFSW, IASSW & ICSW, 2012). Nevertheless, I argue that those values, principles and commitments define and inform the rationale of social work ideology. The issue therefore is not about what social work practice should do but if, and to what extent, a political stance is adopted, a more encompassing analysis, ideologically driven according the values, principles and commitments of social work (IFSW, 2012a, 2012b; IFSW, IASSW & ICSW, 2012).

With a focus on class-based oppression, radical social work provides useful insight into forms of resistance against neoliberal capitalism. According to Erik Olin Wright (2009, p. 102), Marx “conceives classes as being structured by mechanisms of dominance and exploitation, in which economic positions accord some people power over the lives and activities of others”. This means that the power exercised by the dominant class shapes the formulation of laws, the definition of social institutions, and the allocation of funding, which leads to several structural inequalities among classes, i.e., wealth, power, status. For that reason, the mechanisms of class analysis—domination and exploitation—are a consequence of the power relations of those who have effective control of the economic resources. So, the power over these economic resources results in different forms of exploitation. On the one hand, the acquisition of economic benefits for the labour market (i.e., imposition of lower wages and weak job protection) and on the other hand, the restriction of access to certain kinds of resources or positions, such as social benefits, affordable housing, level of education, and health care (Wright, 2015). Therefore, as Ferguson (2011, p. 129) recognised, this approach to class provides a coherent explanation for social work on the development of high levels of class-based inequality. It provides also a framework for understanding the ways in which the

neoliberal agenda has reshaped social work and social welfare (Corrigan & Leonard, 1978), including the privatisation of public services and increased managerialism within health and social care (Baines, 2011).

By and large, there is nothing radical about social work positioning itself between the citizens and the competing neoliberal interests. I argue that radical social work provides the lens and tools to closely examine the influence of social and economic structures as well as the political and ideological context of relations of injustice, power, oppression, exploitation, domination and inequality promoted and reinforced by capitalism. It further contributes by providing a critique of the dominant classes and institutions, and detailing social problems and social relations through a materialist perspective (McKendrick & Webb, 2014). Recently, Ioakimidis (2016, p. 1) highlighted “the dichotomy between a social worker as a nine-to-five state agent and five-nine activist.” He explained that radical social work always incorporates elements of political action. Examples of social work political action in the 21st century are: the Social Work Action Network (SWAN) created in 2004 in the United Kingdom (UK) (SWAN, 2004; Ferguson & Lavalette, 2007); and the “Orange Tide,” a social-action movement organised by the Spanish General Council on Social Work (Consejo General del Trabajo Social). The Orange Tide was born on the 15th of September 2012, and brought together social workers and service users to protest against austerity measures (Ferguson, 2016; Ioakimidis, 2016; Truell, 2014a, 2014b). Arguably, both SWAN and the Orange Tide become the 21st century model for social workers as an expression of radical and progressive social work, deeply rooted in social work values, principles, and commitments. As Ferguson and Lavalette (2007, p. 55) emphasised, “radical movements in social work have often developed in response to wider social movements, and these new movements can influence social work in the spheres of ethics, ideology, and collective approaches”. In the

past, the radical social work movements of the late 1960s and early 1970s grew up from women’s or civil rights movements, and trade union rallies (Ferguson & Lavalette, 2007; Ioakimidis, 2016; Mullaly, 2007). These social work collective movements have fought for social change and social justice.

Notwithstanding all these are examples of social work mobilisation, nowadays the challenges for social work are everywhere, as observed by Baines (2016, p. xi). The continuing “growth of managerialism, decrease of government funding, and the decline of social care and justice” are only a few examples of social work struggles. The patriarchal neoliberal ideology and its capitalist wave, the politics of austerity, the violation of human rights, gender-based violence against women and towards the LGBTQ community, the recent rise of bigotry and racism fueled by political populism across different western nations, the backlash against refugees and migrants moving across international borders who are fleeing from conflict and persecution or other life-threatening situations, and the violations of Indigenous rights and natural sources pose a tremendous challenge for social work.

Therefore, social work continues to be profoundly affected by these global structural issues. In the 21st century, social workers are both asked, and challenged, to stand against all these attacks on core social work values, principles, and commitments. This requires that social work acknowledge the political dimensions of all practice and the need to engage in multifaceted struggles to regain influence within the political and public arena. As argued by Gray and Webb (2013a) and McKendrick and Webb (2014), to assume a political stance, social workers need to reshape and assume a leftist political ideology rooted in progressive socialist values to confront those proponents of a neoliberal capitalism who constantly try to redefine, limit and reject the core values, principles and commitments of social work.

The political ideology of social work for the 21st century

The idea of proposing a political agenda for social workers and their professional corpus can be dangerous. Perhaps it cannot be achieved universally on a global basis, but the negotiation of such a political agenda can be driven by a set of political assumptions formally articulated by social work values, principles and commitments. Ferguson (2009a) challenged Gray and Webb (2009) asking, "Where's the beef?" He suggested that, to assume a political stance, social workers' commitments needs content. Arguing for a political agenda entails the identification and recognition of progressive (enlightening, emancipatory and anti-oppressive) forms for social work ideology. If this is right, then social workers need to work for a social work ideology which is progressive, left-oriented and rooted in socialist principles.

According to Pease and Nipperess (2016, p. 5), social work must take into consideration five progressive principles as proposed by Allan (2009, pp. 40–41): "(1) A commitment to work towards greater social justice and equality for those who are oppressed and marginalised within society; (2) A commitment to work alongside the oppressed and marginalised populations; (3) A commitment to question taken-for-granted and dominant assumptions and beliefs; (4) An analysis of power relations which serve to marginalise and oppress particular populations in society; (5) An orientation towards emancipatory personal and social change". These are binding principles that back up the social work values, principles and commitments stated in the *IFSW Statement of Ethical Principles* (IFSW, 2012a), in the *National Codes of Ethics of Social Work* adopted by IFSW member organisations (IFSW, 2012b), and in the *Global Agenda for Social Work and Social Development* (IFSW, IASSW & ICSW, 2012).

A political agenda for social work, surely entails the framing of social work ideology. As I argued before, much of what passes for social work values, principles and

commitments, despite objectivist, evidence-based, therapeutically individualist, and positivist methods and approaches adopted by many in the profession, there remains a foundation or root in socialist ideals and beliefs. Mullaly (2007) argues that there is a need for a progressive social work vision, a conceptualisation of society, a setting of goals to be achieved. Without a vision, social work cannot change society. For example, using the *Canadian Association of Social Workers (CASW) Code of Ethics* as a point of departure, Mullaly (2007, p. 51) argued that a progressive social work view needs to be included in the social work code of ethics, through a clear philosophical statement rooted in humanitarian and egalitarian ideals. He claims that these two ideals provide a vision of society characterised by humanitarianism and egalitarianism. Thus, to reshape its political ideology, social work needs to define and adopt a consistent set of social, economic and political beliefs consistent with progressive (egalitarian, emancipatory and anti-oppressive) social work ideals to confront and transform the nature of capitalist exploitation that affects the most vulnerable human beings and working-class citizens.

Conclusion

The underpinning argument of this article is that social work values, principles and commitments represent an expression of ideology, rooted in socialist ideals based on a materialist analysis of society. These progressive social work ideals have found expression in radical and structural perspectives on social work. Although it could be argued that social work values, principles and commitments define and inform the rationale of a progressive social work ideology, left-oriented and rooted in socialist ideals, these principles need to be more explicitly articulated and adopted by the profession/discipline as a whole. This would include ensuring that all social work programmes educate students on political ideologies and indicate the relationship of social work to socialism.

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The renaissance will not be televised

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ABSTRACT

INTRODUCTION: Brave new social landscapes painted in the watercolours of liquid modernity challenge the possibility of a renaissance of radical social work. The consequences of modernity's liquefaction for the project of taking a political stance challenge radical social work conceived as a retrieval of solidarities and mobilised collectives of the past.

APPROACH: Principles of radical analysis are used to explore theoretical and institutional factors affecting the contemporary articulation of a radical project, and to consider the implications of liquid modernity for such an articulation.

CONCLUSION: Radical strategy can no longer take the form of "speaking truth to power", for power no longer feels obliged to listen. Future radical social work can succeed through the creation of new strategic responses to reconstituted fields of practice, state-global interfaces, and the injustices they create. This entails a critical reappraisal of the language of radical practice, a reorientation to the dynamics of new social landscapes and a reframing of the radical position.

KEYWORDS: radical social work; liquid modernity; social justice

How do you know that we are leaving modernity? How would one know this anyway, assuming that things like them – beginnings or ends of eras – are at all knowable to insiders, people who live through it? (Bauman & Bordoni, 2014, p. 73)

...the way up and the way down are one and the same. (Heraclitus, fragment 60)

If, by "renaissance", we mean the simple resumption of past strategies of critical and radical practice, then radical social work is unlikely to experience a renaissance in the current cultural context. In this article, I explore several challenges to the efficacy of radical social work practice, starting with institutional and cultural shifts of the late 20th and early 21st centuries, and culminating in the failure of those projects seeking socio-political reform as the basis for the achievement of social justice.

Consistent with the theoretical orientation of Bailey and Brake's (1975) radical praxis, the thesis advanced here is that, in the absence of an adequate understanding of the changing socio-political context, social workers and educators risk disappointment great enough to lead to the dead-end of disengaged apathy, or worse, to becoming sacrificial lambs on an outdated altar of "heroic agency" (Marston & McDonald, 2012). Ironically, such situations of professional alienation effectively align with managerial strategies for the containment of dissent.

The sociological analysis offered by Bauman (2000) through the interpretive lens of *liquid modernity* brings the contemporary socio-political context of social work practice into sharper focus. Modernity's phase change from solid to liquid is characterised by the phenomenon of a gradual dissolution of its institutional structures, and a subsequent reconfiguration of the bonds between

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power and politics. For the providers of the welfare state's social benefits, this has been experienced as the disappearance of a world that is immutable and durable and which operates according to a law-like regularity. For the recipients of those benefits, the same phenomena are experienced as the dismantling of the public sphere, with the concomitant transfer and individualisation of responsibility. In tandem with the melting of the formerly solid institutions and safety nets of social welfare is the corporatisation and commodification of human existence configured ever more narrowly in the single dimension of increasing consumption.

Bauman (2000) conceptualised liquid modernity to give metaphorical expression to the expansion of global capitalism and its impacts, and to capture "the novelty of the present-day social condition" (p. 17) what it is about this iteration of modernity that differs so much that we need to revise our view of the world. In this sense, liquid modernity is a rejection of, and an attempt to displace, the theoretical frame *postmodernity*. Bauman considered the concept of postmodernity to offer a temporary utility, signalling a crisis in modernity, but remaining within and therefore preventing "...taking a distance to certain theorizing habits, cognitive frames, tacit assumptions sedimented in the wake of a century-long deployment of the 'modernity grid'" (2004, p. 17).

The implications of understanding liquid modernity for radical praxis include the possibility that strategies identified as *radical* in earlier contexts have become as impotent as the state in the face of the new social formations produced by globalised social relationships. For many years, Bauman described this state impotence as a consequence of "...the divorce of power from politics, and the shifting of functions once undertaken by political authorities sideways to the markets and downward to individual life-politics" (Bauman, 2010, p. 398).

While it is not argued here that social work ought to abandon its commitment

to social change in the interests of a better world, an understanding of the politico-institutional features of our new social landscape can explain how it is that efforts to develop and enact a vision of this better world often culminate in apathy and disinterest (McKendrick & Webb, 2014). Bauman and Bordoni (2014) identify the current crisis as one of agency experienced both at the level of the state and at the level of the individual, to which there can be a range of responses. One response is the retreat into apathy that concerns McKendrick and Webb (2014); another is the desire of social workers to achieve change through proposals to re-organise, re-collectivise and take back the power that has been yielded to corporations by the state.

In contrast to McKendrick and Webb's analysis, it is suggested here that this apathy is not because of the tendency of mainstream liberal social work to present a politically neutral face (and, in so doing, destabilise the solidarity of the profession) but, rather, it is because radical and critical perspectives are confronted with a structurally reformed terrain whose impasses are generated by the contradictory impulses internal to their own theoretical stance. This re-contextualises what is intended and alters what is ultimately achieved by "taking a political stance". Accordingly, radical strategies need rethinking in the light of the profound changes in the institutional framework originally constituting the locus of intervention for radical projects. These changes are individualising in their intent and anti-collectivist in their effect, and it is in the context of this dynamic that the challenges for radical praxis are situated. These challenges are further compounded by the questioning of the emancipatory project from theoretical perspectives that are (sometimes unfairly) dismissed as mere postmodern relativism.

Socio-political context

Social work in Anglophone countries has been unsettled by changes in the socio-

political contexts of practice. In Australia, these changes have taken such forms as increasingly conditional social security provision through “workfare” (for those of working age), reductions in the “social wage” (for example through increasing the age of eligibility for pensions for older people), persistent and egregious efforts to “reduce the costs” of the disability support pension (Porter, 2016), market-based provision of social services, persistent structural unemployment, and work intensification and precariousness (Rawling, 2015) for the employed. Pusey’s (2003, p. 1) summation of the Australian experiment with economic reform “...deregulation, privatisation, labour market reform, micro-economic reform, user pays, tax reform, cutting government spending, more competition, privatisation, tax reform (the GST), welfare reform, and—the latest instalment—the creeping privatising of Medicare and of the universities” describes the first round of what he called “economic rationalism”, a label now subsumed under the rubric *neoliberalism* as one of its strategies.

Subsequent developments have continued the deregulatory trajectory and complemented it with measures which, in effect, restrict and manage dissent (Hamilton & Maddison, 2007; Marston & McDonald, 2013). No state welfare institution has escaped the reforming zeal of market fundamentalism (Stiglitz, 2002)—in education, health-care and social security-market solutions that imagine an informed sovereign consumer have normalised individualisation, and with it, provided fresh justification for the victim-blaming approaches so carefully and thoroughly denounced by Ryan (1971). One explanation of the syndrome of radical fatigue, disillusionment and apathy referred to above is that it is an essentially rational response by those who expended so much energy in the 1970s forging new possibilities, only to witness the apparent ease with which hard-won achievements have simply been overturned.

The emergent neoliberal approach has made apparent the previous dependence of

social work on a benevolent state prepared to listen to its claims. It has discouraged the perception of social workers as agents of change who are able to influence policy formations (Marston & McDonald, 2012; Mendes, 2003), bringing social work as a profession with a legitimate claim to autonomy into question. While these challenges are rarely put directly, continual “reforms” in the fields in which social workers practice have resulted in revisions of the scope and mandate of social work’s role and a gradual shrinking of the space in which social workers are recognised as autonomous professionals (McDonald, 2006). In Australia, the national disability insurance scheme (NDIS), and the market vernacular in which this restructuring is framed, illustrates the consequences of individualisation of service provision for social workers. This is apparent in the un-bundling (i.e., functional specialisation and re-distribution) of roles formerly associated with social work service provision, and in its deceptive appearance of increased autonomy and “choice” in how people living with different abilities can organise support (Fawcett & Plath, 2012; Yeatman, 2009).

Structural change attributable to the deployment of “new public management” has captured the analytical energies of social workers who, immersed in comprehending the constrained possibilities of the present, are themselves constrained in their imagination of possible futures (Hick & Pozzuto, 2005). In Bauman’s terms, social work is *itself* becoming liquid, and the uncertainty generated by change in the institutions of practice also infuses social work’s own understanding of its scope and appropriate practices. Into this context of uncertainty enters the contest of perspectives over what is to be done.

Radical social work

As illustrated in the examples below, characteristics associated with radical practice for those engaged in its theorisation include a critique of the social control functions of the state and of social welfare

practice, alliance with service users, socio-political (structural) analysis and advocacy, macro-practice in policy analysis, critique and development, community organisation and social activism under the banner of emancipation. Iokamidis (2016) describes the fundamental orienting impulse of radicalism in social work as follows:

...a radical concept historically refers to a political theory and practice that aims to understand the root causes of social problems. While appreciation of these causes and alleviation of their detrimental effects on people's lives are important dimensions of radical social work, what really differentiates it from mainstream approaches is its emphasis on action that aims at social change. (np)

Similarly, Baldwin (cited in Lavalette, 2011, p. 197) suggested five strategies for a contemporary radical practice: "making the political nature of social work explicit ... developing a critically reflective approach to organisation and practice...making alliances with service users ... developing a practice based on social justice ... [and] acting collectively".

Fook (2002) summarised the "basic elements of a critical approach" as:

...structural analysis of social, and personally-experienced problems, i.e. an understanding of how personal problems might be traced to socio-economic structures, ... a commitment to emancipatory forms of analysis and action, ... a stance of social critique (including an acknowledgement and critique of the social control functions of the social work profession and the welfare system) ... [and] a commitment to social change. (p. 5)

In reflecting on her own radicalisation, Fook further identified a gendered dimension operating in the separation of radical theory and social work practice, an antipathy towards casework as inherently

pathologising and victim blaming, and the related idea that only macro-level work was associated with social and structural change.

Ferguson and Lavalette (2014) associate the future possibilities for radical praxis with alignment to social movements, distilling the following characteristics of such social movements from different sources:

Social movements are organised collectives; they represent a constituency who are normally excluded from the political process, or whose demands are not considered adequately within the political arena. They challenge aspects of the present world (economic, social, environmental, political) and their impact on individuals, communities and groups. In the process they confront the entrenched power of the powerful in myriad ways. Their normal form of activity is *some form of contentious collective action, which they undertake to have their voice heard, to challenge authority and to win their demands* [emphasis added]. All manner of activities can be recorded as social movement activities: strikes and trade union actions, riots and occupations, demonstrations and public meetings. (Ferguson & Lavalette, 2014, p. 138)

From the explications of radical practice above it is apparent that, at the heart of radical praxis lie the ideas that influence and change can be achieved through collectivism and collective engagement, and that what needs to be changed (and how) can be determined by structural analysis. Marston and McDonald (2012, p. 1035) note "...an important point of political action is to make hegemonic truths appear as neither inevitable nor natural, so that other possibilities might emerge". The "hegemonic truths" of radical practice include strategies of social action that had force and efficacy in the social protest movements of the 1970s, during which (some of) the cohort referred to as "baby boomers" utilised their time and energy

by engaging in public protest. “Boomer activism”, echoing revolutionary praxis and the general strike, aimed to mobilise a critical mass of bodies that would stand between the unjust exercise of power and those vulnerable to its impact. But to continue to promote approaches founded on the premise of the efficacy of collectivism is to fail to appreciate that key changes effected through globalisation and the subsequent reshaping of nation-state priorities actually amounts to:

...the end of the era of mutual engagement: between the supervisors and the supervised, capital and labour, leaders and their followers, armies at war. The prime technique of power is now escape, slippage, elision and avoidance, the effective rejection of any territorial confinement with its cumbersome corollaries of order-building, order-maintenance and the responsibility for the consequences of it all as well as of the necessity to bear their costs. (Bauman, 2000, p. 11)

Both the reconfigured power relationships that characterise late modernity and the dynamic of strategic *disengagement* as a contemporary technique of domination create significant challenges for radical praxis. The first challenge is the disappearance of a clear adversary; in the radical social work of the 1970s it was clear that both the state and the market were root causes of social inequalities, with radical practice taking the form of the assertion of alternative forms of social and political organisation or else efforts to subvert state-sanctioned, policy-generated injustices. Through the processes of privatisation and partnership however, the state and the markets now overlap, blurring the field of possible social action. Even where a target for intervention is identified, the practices described by Bauman as “disengagement” nullify efforts to critically engage with the injustices that are created. Structural analyses of social ills impute an outdated determinate

stability to social structures that are now the subject of liquid modern transformation. The target of radical intervention has become elusive. This new social landscape therefore calls into question the character of adversarial action as a means to achieve social change.

Reorienting practice: critique as solvent

Unfettered by social obligations implicit in the formulation of the welfare state as carrying some responsibility for the wellbeing of its citizens, the neoliberal state operates in a field of restricted influence, with one eye on the maintenance of social control and the other looking for opportunities to promote economic growth in the hope it will trickle down, or at least create temporary opportunities for employment that can be represented as successful economic management. As part of the maintenance of social control there has been a concerted effort to pre-empt the forms of social action that constituted the critical canon of strategy bequeathed by the apparent successes of past activists. The main target of neoliberalism as a negative political project identified by Bourdieu (1998, np) is “a programme of the methodical destruction of collectives”. This orientation destabilises the very collective basis upon which the efficacy of the model of activism for social change bequeathed by the baby boomers rests and which is inherent in the conceptualisations of radical praxis considered above.

The collectivist strategies that preceded the rise of neoliberalism appeared to have success in relation to the goal of socio-political reform, but their foundation in a mistaken cultural absolutism has become increasingly apparent through their inability to prevent their subsequent erosion and retrenchment through deregulatory legislation. Collectivist strategies championed by advocates of neo-radical practice in the 21st century (Ferguson, 2009; Iokamidis, 2013; Webb & Gray, 2013) as signalling hope for a renewed social work politics (e.g., Occupy and related protest

movements against global trade treaties) seem to have been singularly unsuccessful beyond achieving conscientization. To continue to suggest that action for social change can take this form might be described as courageous in the mode of heroic agency; the cultural form of demonstration and protest short-circuits the need to historically re-situate our understanding of the new social landscape, in order to orient our own actions.

Bauman argued that the novelties that characterise liquid modernity in contrast to the “solid modernity” of the industrial revolution are the frailty of social bonds, the impermanence of the institutional and interpersonal fields that are a consequence of this frailty and the benefits of impermanence for people in a position to take advantage of the new flexibility of social forms. As with the melting of the polar ice—the material analogue of liquid modernity—the becoming liquid of institutions and other social relations is neither a uniform event nor is it apprehended universally.

Two consequences: firstly that what is considered *just* or *unjust*, *radical* or *reactionary* varies according to where one is situated in the social field, and secondly (and relatedly), that interpretation and intervention must therefore vary according to specific circumstances of each social field. Part of such a response requires the development of different cognitive frames with which to apprehend the opportunities and *dis*benefits of revised social arrangements. While conscientization is a precondition of politicisation, radical perspectives often assume and advocate a vision of social reality relying upon an epistemological certainty which is now undermined by the fluid conditions of liquid modernity, under which uncertainty has come to be a defining characteristic not only of our understanding of future strategic possibilities, but also of present dynamics.

Wacquant (2004) describes the role of critique as solvent of doxa (i.e., dogma); critical

analysis contributes to the “defamiliarising of the familiar” that Bauman identified as the core of critical social science (Jacobsen & Tester, 2013, np). Critical analysis in (and of) practice remains the main mechanism by which social workers understand the impact of policy and reflect on their actions. However, it is important to bear in mind that critique is not in the service of any one given set of values. The reshaping of the role and functions of the state illustrates the ways in which critique can also be mobilised to serve aims antithetical to the motivating aim of the critique. The critique of the welfare state by radical social workers and others as exclusionary, paternalistic, racist and sexist (McMahon, Thomson, & Williams, 2000) served an unintended function useful to the neoliberal agenda in providing rationalisations for the retrenchment of state-provided social services. The concerns and strategies of radical social work sometimes dovetailed neatly with the libertarian and deregulatory tendencies of economic fundamentalist liberalism. For example, while ostensibly at odds, both oppose state control, and both are proponents of co-production or partnership approaches to service users, albeit with very different intentions. The implication of this convergence is that critique must be complemented by the articulation of goals that go beyond merely tackling the social ills identified through critique.

The language of practice: locally absolute, globally relative

In relating the story of the five-year search for a definition of social work that would be acceptable to a global membership, Iokamidis (2013, p. 188) condemns “epistemologically vague, abstract or a-political notions of social work” for risking complicity with oppressive social work practice. It is argued that, as long as social work in the form of contracted service delivery remains entangled with state priorities, the risk of the re-assertion of oppression facilitated by theoretical prevarication will prevail.

This critique of epistemological vagueness also applies to radical praxis if conceived as an adversarial contest which can be won by the power of community organisation or social protest, for the “sides” in this contest remain ill-defined if our understanding of what counts as knowledge is vague enough to legitimate shifts of agenda according to convenience. Three decades of post-structural critique highlighting the vulnerability of utopian thought to totalitarian appropriation, and interrogating the power dynamics concealed behind assertions of universal truth, have culminated in a pervasive scepticism towards metanarratives (Lyotard, 1984), and this has been misconstrued and denounced as “postmodern relativism” by theorists seeking certainty (and hence power) construed according to the old absolutist paradigm (see Webb & Gray, 2013, p. 16). Webb and Gray see postmodernism as a diversion distracting attention from and thus as unwitting accessory to the expansion of global corporate capitalism. The perspectivism that permeates the thought of liquid modernity is, however, importantly distinct from the mere relativism of the postmodern.

Under the new paradigm of a generalised relativity, the challenge we now face is how, on the one hand, to comprehend the complexities of multiple perspectives without reducing them to a simplistic and naive relativism, while on the other, to understand the opposite but equal naivety of the absolutist who uncritically takes their own perspective as absolute. To be sceptical is not equivalent to treating all narratives as equally valid (naive relativism), but rather to critically evaluate the perspective from which each narrative emerges, i.e., to evaluate perspectives not on the flawed basis of unchanging universals, but rather by seeking a balanced awareness of the differential forces in play in a given situation, as generated through the interactions of the fields of social and cultural influence which hold sway over our fluid reality in each and every situation. Comprehending

perspectivist epistemology in contrast to absolutist epistemology thus entails the ongoing task of resisting the tacit re-assertion of absolutism which remains an unconscious tendency despite our understanding of its limitations.

The same dissolution explained by the thought of a liquid modernity can be seen to preoccupy efforts to reconcile a range of theoretical perspectives through their grouping together as critical and radical (Woodward, 2013). Just as neoliberalism can be seen as an absolutist metanarrative, the quest for an articulation of radical social work that comprehends all critical, emancipatory and socially dynamic perspectives can itself be understood as a quest for a metanarrative.

To construe the metanarrative of radical social work, not as a pure expression of absolute insight divorced from any will to power, but rather as a will to influence power relations, is to understand radical discourses as forces that resist the narrative strength of the dominant discourse of market liberalism and its absolutist assumptions. If such resistance is to be more than mere reaction, it must be oriented by a clear sense of the difference between the big picture and the local context. Our big picture is today one of global relativity, but our individual lives remain situated by our local absolutes, despite our knowledge that this absolute status does not apply on the global level. Ever since the slogan “think globally, act locally” became a cliché, there has been a growing realisation that our situation is in fact doubled, and that we must learn a new dexterity in thinking to balance the competing demands of ideas in tension. Local praxis is situated in face-to-face relationships between individuals and groups. Global forces by contrast are diffuse and impersonal energies flowing in streams following beds carved by ideologies, religions and cultures over centuries. To construe power relations as the situated expression of the balance of locally absolute but globally relative forces at any given point in time is to see the

complexity inherent in any attempt to adopt and maintain a political stance.

The theory of social change underpinning revolutionary praxis is inherently teleological - it envisions an end point to the action, precipitating the desired change. Apathy and exhaustion are the inevitable consequence of this theory being repeatedly falsified in practice. Perhaps the most difficult challenge for radical praxis is in the idea that there is no objective end to conflict, no post-revolutionary promised land of perpetual peace. A defining characteristic of totalising metanarratives (including radical perspectives calling for structural reform) is an implicit "happily ever after" beyond which there is no further need for struggle, for the war is over and has been won by the "good", "just" or "true" (the dominant psychological *Zeitgeist* of the post-WWII west). Scepticism towards metanarratives can thus also be understood as a growing disenchantment with the very idea of a happily ever after as suspicion of totalising assumptions centred upon addressing a single axis of inequality—for example, that the redistribution of wealth in a more equitable form will result in the achievement of goals beyond which there will be no further need for struggle. The temptation of revolutionary thought is that there will be just one crisis, one event, and after this there will be something completely different.

For a discipline and practice that employs language as its primary tool, social work has been notably ambivalent regarding its theorisation of the ways in which language not only reflects the reality it seeks to transform, but is also implicated in its creation. This is shown in its ahistorical assertions of social justice as an inherently meaningful universal concept. Even at its fullest articulation, as the upholding of rights, participation, equity and access, discourses advocating social justice have asserted the meanings of key concepts as absolute, rather than understanding their semantic vulnerability to contextual shifts.

Poststructural critique targets naive advocacy that is premised on the assumption that simply pointing out an injustice will lead to its redress, showing instead how such criticism is subsumed within the language game of whose voice is dominant (McLaughlin, 2014). The premature rejection of poststructural critique has deprived radical social work of the linguistic turn it requires in order to become conscious of the ways in which its discursive decisions direct and orchestrate its own possibilities. The discourse of practice left uncritically examined will continue to produce examples of the appropriation of concepts—empowerment, social justice, even liberation—in policy that results in consequences that contradict the values thought to inhere in the concept (McLaughlin, 2014; Mearns, 2014).

Navigating liquid modernity

From Bauman's sociological perspective, liquid modernity is presented as the prevailing dynamic of contemporary post-industrial societies. The rapidly melting terrain in which social workers practice requires a new approach to the cartography of fluid social relations, as does the critical research which attempts to map the new flow of institutional dynamics in order to influence the direction of social change. An account of the policy mechanisms by which liquidity is engendered and responded to is a core activity of social work in the mode of critique. Social policies which act as an instrument of liquefaction through formally reconfiguring relationships and responsibilities between state, market and citizens/subjects are the starting point for the remapping of the reconfigured social landscape, and a critical point at which it remains possible to exercise influence without assuming a static new state of affairs, but rather understanding the dynamics of social influence and change.

A map of a location on land is a static representation of spatial relations between

physical objects. A map of a fluid location, say an ocean or gaseous planet, indicates not objects but rather regions of stability within change: relatively stable currents in the ocean like the Gulf Stream, or stable bands of cyclonic activity like Jupiter's Red Spot. Describing fluid realities is less simple than describing static objects, and our descriptive tools are differential and comparative rather than indicative and generic.

It has been argued here that critical dimensions of a cartography for radical praxis include the development of social workers' understanding of language, an appreciation of the perspectival nature of our world views, and a long-term appreciation of social change and its dynamics.

It took thirty years for the ideological, political and policy frameworks of neoliberalism to become organised and prevalent. Radical praxis confronts, and is confronted by, a reformed capital which is less reliant on labour to achieve its goals, and which makes use of precarity and perpetual reform strategies to destabilise opposition. The reinterpretation of reality that is signalled by the elaboration of liquid modernity and its implications for social actors accounts for the lack of traction of radical social work as metanarrative.

Reframing radical social work

Lakoff's (2004) work on framing and metaphor is premised on recognising the fluidity of concepts in political discourse. On his analysis, the recent history of the organisation and development of the political discourse of what he describes as "conservatives", illustrates a deficiency in progressive political discourse. The resources invested in think-tanks and institutes dedicated to framing values in popular messages invoking specific cognitive frames stand in contrast to the single-issue advocacy that he sees as characteristic of progressive politics. He identifies principles of framing through his analysis of the success of political conservatives in framing their

values and ideas according to metaphors that have been attractive to voters, proposing that these principles would enable the development of a progressive framing of ideas and values that have common ground with the concerns of radical social work.

Lamenting the tendency of "progressives" to argue against ideas framed in their opponents' values, Lakoff illustrates the primary lesson of framing when he instructs his reader "don't think of an elephant", noting that an elephant inevitably comes to mind in order to be negated. The first lesson of framing is that negating a frame invokes and reinforces the frame it seeks to negate.

Radical social work developed and was framed in a socio-political context that supported—or at least tolerated—dissenting voices. As detailed in the preceding discussion, this context has shifted dramatically: power and politics have been separated through globalisation; institutions that were once the target of radical reform are themselves in flux; and social work remains at risk of recuperation by the neoliberal agenda. Marked by increasing intolerance of difference of all kinds, the contemporary context is hostile to radical perspectives.

In Australia, to describe one's activities as radical is to risk misidentification and marginalisation. This is because the frame *radical social work* not only invokes associations which in the post 9/11 world have become suspect through their mere cognitive resonance with other forms of radicalism, but also because it positions radical social workers as outside of something which they themselves identify as part of the problem, specifically, a *mainstream liberal social work*.

Radical social praxis does not necessarily depend on the existence of a metanarrative, and in fact can proliferate regardless of its theorisation in the educational context of debates regarding how social work ought to conduct itself in response to the dominant metanarrative of neoliberalism. This is to

distinguish the discourse that identifies itself as radical social work from radical praxis, which follows as the consequence of situated analyses of practice in relation to current policy formations.

Resistance to the neoliberal metanarrative continues in many different forms (see for example, Carey & Foster, 2011; Greenslade, McAuliffe, & Chenoweth, 2015), however, there are reasons to doubt that achieving solidarity through conversion of the global profession of social work to the metanarrative of radical social work would even be sufficient to effect significant change in current dynamics. On this analysis it may, in fact, be the case that mainstream liberal social work has an important part to play in defending social work's very existence without which more radical debate is simply impossible.

In his poetic critique of the distractions of consumer culture, Gil Scott-Heron announced, "The revolution will not be televised. The revolution will be live". Radical practice resisting the hubris of "televising" itself stands a better chance of avoiding being targeted from both within and without the social work profession. The values enacted by radical projects are too important to be made vulnerable to the vicissitudes of political fashion. The thought of liquid modernity calls into question the idea of "taking a political stance" as the orienting strategy of future radical praxis because, in conditions of fluidity, a dynamic balance can succeed in navigating the turbulence surrounding the interface of the global and the national, where unyielding resistance cannot.

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Critical Language Awareness: A beckoning frontier in social work education?

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ABSTRACT

INTRODUCTION: Effective social work practice is predicated on empowering, inclusive and culturally responsive *communication*, and yet, there appears to be very limited focus on language awareness, let alone critical language awareness, in contemporary social work education—both within and beyond the Australasian context. This gap is more worrying against a background where neoliberal and instrumental discourses (Habermas, 1969; O'Regan, 2001) have freely proliferated, and now threaten to colonise virtually all areas of private and public life (Chouliaraki & Fairclough, 1999). In response, this article advocates the inclusion of Critical Language Awareness (CLA) in contemporary social work education.

APPROACH: This article initially maps the broad scope and historical emergence of CLA, before surveying its key political and theoretical influences.

FINDINGS: The key outcome is that CLA—as delineated—clearly shares significant overlaps with social work values, particularly: justice, equality and a commitment to anti-discriminatory and anti-oppressive practice (Dominelli, 2002; Payne, 1997). More importantly, CLA provides conceptual and analytical resources that promise to significantly sharpen students' abilities to recognise, question and ultimately challenge, oppressive discourses (Fairclough, 2011; Manjarres, 2011; Wodak, 2006).

CONCLUSION: It is recommended that CLA strands be woven into existing social work themes and topics. The final part of the article offers some practical suggestions on how this could be done.

KEYWORDS: critical language awareness; social work; social work education; discourse

Critical Language Awareness (CLA) refers to a political and epistemic stance (Luke, 2002) that pays heightened attention to the socioeconomic, cultural and political effects of language (Fairclough, 2009; Manjarres, 2011; Wodak, 2006). Driving CLA is the perception that language/semiosis¹ reproduces ideologies in ways that are often invisible to members of the general public (Fairclough, 2009; Wodak, 2006). It is precisely this invisibility of the ideological effects of language that makes it such a potent vector in the constitution,

sustenance and transmission of dominant ideologies—and ultimately—the perpetuation of unequal social structures and relations. As Fairclough (2009, pp. 163–164) explains, CLA is concerned with:

...how semiosis figures in the establishment, reproduction, and change of unequal power relations (domination, marginalisation, exclusion of some people by others) and in ideological processes, and how in general terms it bears upon human “wellbeing”. These

relations require analysis because there are no societies whose logic and dynamic, including how semiosis figures within them, are fully transparent to all: the forms in which they appear to people are often partial and in part, misleading.

CLA is particularly concerned with how power is exercised (but also, contested) both *in* and *over* language/semiosis (Fairclough, 2009; Pennycook, 2001; Wodak, 2006). Power manifests in language through such patterns as: *who* controls the interaction (e.g., asks most of the questions; assigns speaking turns; interrupts contributions or changes topicsⁱⁱ) and further, *who* is positioned as the “knower” (i.e., *whose* knowledge, worldviews, beliefs or assumptions tend to be privileged during the interaction?) (Fairclough, 2009; Pennycook, 2001). Pennycook (2001, pp. 80–81) sums up these two broad foci of CLA thus:

The first has to do with ways in which unequal power relations between participants in conversations are reproduced.... This sort of analysis of how power may determine who gets to speak, about what, and for how long has ... been a major focus of work on [for example] language and gender. The second focus is on the content rather than the structure of texts, and has to do with ways in which ideologies are (re)produced through discourses.

As already noted, CLA also investigates power contestations *over* language/semiosis (Fairclough, 1989; Manjarres, 2011; Wodak, 2006). Following Bakhtin (1987), CLA perceives earnest social struggle over “the differentiation of dialects into ‘standard’ and ‘non-standard’; the conventions associated with particular discourse type[s]...and constraints on access to discourses...” (Fairclough, 1989, p. 43). In that regard, CLA views language/semiosis as, *itself*, a stake in social struggles.

One of CLA’s foundational tenets is that language/semiosis contracts a *dialectical*

relationship with social structures, institutions and relations (Fairclough, 2009; Manjarres, 2011; Wodak, 2006). More precisely, language/semiosis shapes but is, in turn shaped, by prevailing social structures, institutions and relations. Thus, CLA approaches spoken, written or visual texts “with an eye to their determination by, and their effects on, social structures” (Fairclough, 1995, p. 36).

Given its main agendas, CLA is clearly a *political* stance (Blommaert & Bulcean, 2000; Luke, 2002) that seeks to illuminate: (a) the discriminatory and anti-discriminatory potential of language/semiosis; (b) its power to shape (but also reflect) prevailing social structures, institutions and relations; and (c) its *always contested* nature as it is itself a stake in social struggles (Fairclough, 2009; Manjarres, 2011; Wodak, 2006). Kress (1996, p. 15) outlines CLA’s broad “political manifesto” thus:

Critical studies of language ... have from the beginning had a political project: broadly speaking that of altering inequitable distributions of economic, cultural and political goods in contemporary societies. The intention has been to bring a system of excessive inequalities of power into crisis by uncovering its workings and its effects through the analysis of potent cultural objects—texts The issue has been one of transformation, unsettling the existing social order, and transforming its elements into an arrangement less harmful to some, and perhaps more beneficial to all members of society.

Part of CLA’s political strategy is to hold up a vision of how—in the ideal world—“things might be” (Pennycook, 2001). Thus, CLA articulates its own utopian vision (or “preferred futures” (Pennycook, 2001)), implying that it does “*more* than just criticise things, [and more than just project a] bleak and pessimistic vision of social relations” (Pennycook, 2001, p. 8).

The emergence of CLA

Historical surveys often trace the origins of modern (or *formalised*) CLA to the advent of Critical Linguistics (CL): a “politically interested” mode of text analysis that emerged at the University of East Anglia in the late 1970s (Titscher, Meyer, Vetter, & Wodak, 2000; Wodak, 2006). CL derived its noteworthy qualifier—the adjective “critical”—from the Frankfurt Schoolⁱⁱⁱ, one of whose tenets held that, “...a critical science [needs] to be self-reflective—that is to say, it must reflect the interests on which it is based and take account of the historical contexts of interactions” (Titscher et al., 2000, p. 144). In the hands of the CL practitioners at East Anglia, the critical stance meant, firstly, that they needed to openly declare their left-wing political orientation(s), and secondly, engage with social theory to illuminate the contexts in which texts were produced and consumed (Wodak, 2006).

Extending their analytical toolkit, the CL practitioners at East Anglia^{iv} also appropriated Halliday’s (1978) Systemic Functional and Social Semiotic Linguistics (often designated by the acronym, SFL). As its point of departure, SFL perceives language as fulfilling several meta-functions, of which, the *ideational*, the *interpersonal* and the *textual* are key. Briefly, the ideational function of language relates to its role as a means of representing reality or experience (e.g., categorising people, objects, events or processes). Alluding to this key meta-function, Fowler (1996, p. 85) writes:

Language structure, in its ideational function, is constitutive of a speaker’s experience of reality. And of a community’s experience. This is what the “social semiotic” means. Although, undoubtedly, some of the meanings encoded in language are natural, reflecting the kind of organism we are (e.g. basic colour, shape and direction terms...) most meanings *are social*; the dominant preoccupations, theories and ideologies of a community are coded in its language, so that the semantic

structure is a map of the community’s knowledge and its organization.

In other words, the knowledge, worldviews, cultural practices and ideologies of a community are all embedded within its language (Fowler, 1996; Halliday, 1978). To illustrate, most Southern African languages do not have an equivalent term for the English word “cousin”. This absence reflects (and also reinforces) cultural practices that view the basic family unit as extended (meaning that there is no semantic differentiation between a consanguineous brother/sister and what Western languages/cultures would categorise as “a cousin”). In short, language/semiosis effectively reflects (but also helps to sustain) cultural practices.

Closely complementing the ideational function of language/semiosis is its interpersonal function (Halliday, 1978), which refers to its role as a means of *acting upon the world* (Collerson, 1994; Martin & Rose, 2003). Communicators act upon the world in two main ways. Firstly, they appraise people, objects, events or processes; thereby affirming a *personal authority* to proffer evaluations that shape how other people or things are perceived. Thus, the journalist who makes reference to “*hordes of refugees*” arriving in Europe affirms a personal power to proffer such a description. The appraisal itself potentially shapes how the refugees are perceived. Secondly, communicators act upon the world by positioning their interlocutors or addressees in certain ways. To illustrate, a peremptory command such as, “Finish that piece of work!” (e.g., uttered by one colleague to another) assigns relative authority to the speaker while diminishing the power or status of the addressee (Fairclough, 2009). Thus, language positions people, and—in that sense—shapes interpersonal or power relations (Fairclough, 2009).

Finally, the textual function of language relates to its effects on communicative contexts and interpretive processes (Fairclough, 2009). For instance, the text types

(or genres) chosen by communicators shape how communicative events are construed and experienced (Fairclough, 2009). To illustrate, inviting a client for “a chat” raises very different expectations from asking them to attend “an interview” or “an assessment”. Texts also shape interpretive processes through their internal arrangements. For example, if a child reports (e.g., to their parent) that a cup “is broken”, they are using an ergative grammatical structure, which “hides” (or “deletes”) the perpetrator. In this case, the cup itself is placed in the subject (or agent) position—as if it somehow “acted” to break itself. Incidentally, such ergative grammatical patterns habitually occur in official texts (or news headlines) such as: “Iraq bombed” or “Gadhafi killed”, etc.), where victims are placed in the agent position—and the real performer of the action is not immediately mentioned. The textual function of language thus complements (or rather, works hand in hand) with the ideational and interpersonal functions to promote certain *representations* of reality or to position “other” people in certain ways. As already suggested, such representations are far from innocent—and warrant political critique as they are often ideologically invested.

Equipped with tools from SFL and the Frankfurt School, CL evolved into an “instrumental linguistics” that closely analysed texts—not just to reveal their grammatical or semantic structures, but rather, to illuminate the contexts (and politics) surrounding their production and reception. As Fowler (1996, p. 5) observes:

The proponents of the linguistic model are concerned to use linguistic analysis to expose misrepresentation and discrimination in a variety of modes of public discourse: they offer critical readings of newspapers, political propaganda, official documents, regulations, formal genres such as the interview, and so on.

Ten years after Kress and Hodge (1979) and Fowler, Hodge, Kress, & Trew (1979)

published their seminal works in CL, a new wave of revisionists—all advocating expansions to the scope of CL—was to emerge (Wodak, 2006). Labelling their approaches as Critical Discourse Analysis (CDA) or Critical Language Awareness (CLA)^v, these revisionists viewed power dynamics as more “indecisive” (Iedema, 2004). Whereas CL had conceived power relations in neo-Marxian and Bernsteinian^{vi} terms as relatively “fixed”; and language as generally mirroring such stable social structures, the newer approaches adopted Foucault’s (1978) vision of power as *always* provisional, fluid and contested: “Speakers and writers [are] implicated in ... power structures and practices [as] their own ways of speaking and writing help structure particular social arrangements” (Iedema, 2004, p. 417). The newer approaches also broadened the range of texts subjected to analysis by including visual signs/images and non-verbal communication under the umbrella category of semiosis (Kress & van Leeuwen, 1990). Finally, the newer approaches also engaged with a wider range of social theory to illuminate communicative contexts (Fairclough, 2003). The next section examines CLA’s key political and theoretical influences.

Political and theoretical influences

Titscher et al. (2000, p. 144) have summed up CLA’s main political and theoretical influences thus:

The theoretical framework—even when this is not explicitly stated—is derived from Louis Althusser’s theories of ideology, Mikhail Bakhtin’s genre theory, the philosophical traditions of Antonio Gramsci and the Frankfurt school. Michel Foucault has also been a major influence.... In addition, Fairclough’s [approach] is related to Michael Halliday’s systemic functional linguistics....

In this discussion, these influences are organised into Marxist (including neo-Marxist); postmodernist and linguistic categories.

Marxist and neo-Marxist influences: Althusser, Gramsci, Bakhtin and the Frankfurt School

CLA coincides with Marxism in presupposing conflicts of interest and enduring social struggle between the various social constituencies (Kress, 1996; Pennycook, 2001). In championing the cause of the marginalised, and through seeking to promote positive social change by raising awareness of the links between language/semiosis and social inequality, CLA emulates Marxist politics; particularly, the consciousness-raising strategies vaunted by “humanist Marxists” (Blommaert & Bulcean, 2000; Fairclough, 2009). CLA also borrows some of its key theoretical concepts from Marxism (Blommaert & Bulcean, 2000). For example, it co-opts Althusser’s (1971) notions of *social practice* and *overdetermination* to define discourses as, “element[s] of social practices, which constitute ... other elements as well as being shaped by them” (Fairclough, 1999, p. vii).

From Gramsci (1971), CLA appropriates the concept of *hegemony*, which accounts for why oppressed social groups often seem to actively endorse their own subjugation. As Sim (1995, p. 176) notes:

[T]he concept is used to suggest a society in which, despite oppression and exploitation, there is a high degree of consensus and social stability; a society in which subordinate groups and classes appear actively to support and subscribe to values, ideals, objectives, cultural and political meanings, which bind them to and incorporate them into prevailing structures of power.

Another Marxist influence on CLA are the Bakhtinians, whose writings emerged in the late 1920s. The Bakhtinians advanced the (then) revolutionary^{vii} notion of language being *itself* a site of ideological struggle (Bakhtin, 1987; Volosinov, 1973). Bakhtin’s (1987) concept of *heteroglossia* envisaged ongoing conflicts between centripetal (i.e.,

official) and centrifugal (i.e., unofficial/marginalised) discourses. According to this view, language use is never neutral or even-handed. Even in everyday communicative contexts, language always reinforces centripetal (or centrifugal) discourses, together with the socio-political and economic interests of social groups associated with those discourses. As Bakhtin (1987, p. 276) vividly argues:

The word, directed toward its object, enters a dialogically agitated and tension-filled environment of alien words, value judgments and accents, weaves in and out of complex interrelationships, merges with some, recoils from others, intersects with yet a third group: and all this may crucially shape discourse, may complicate its expression and influence its entire stylistic profile.

Pecheux (1982) has built on these ideas to characterise the social environment as a grid of multiple (and competing) “discursive formations”, each of which strains to assert its primacy. Kristeva (1986) uses the term *intertextuality* to capture how utterances *always* react to prior (or contemporary) utterances; sometimes mimicking them, and sometimes undermining or seeking to supplant them. As Fairclough (2003, p. 17) notes, the term *intertextuality* refers to “how texts draw upon, incorporate, recontextualise, and dialogue with other texts.”

As already noted, CLA also incorporates neo-Marxist ideas (particularly, the works of Jurgen Habermas). It welcomes the explicit “self-positioning” of analysts and endorses neo-Marxian emphasis of the “cultural rather than merely economic dimensions” of social struggle (Titscher et al., 2000, p. 145). Furthermore, CLA follows Habermas (1969) in questioning “instrumental discourses”^{viii} (Blommaert, 2007; Chouliaraki & Fairclough, 1999). As Chouliaraki and Fairclough (1999) argue, the current era of *late modernity* is pervaded by instrumental and neoliberal discourses that now threaten to colonise virtually all areas of private or public life. There is, therefore, urgent need for the

emergence of *public spheres* (Habermas, 1969) within which ordinary members of the public can generate alternative (and empowering) discourses.

Postmodernist influences: Foucault and Bourdieu

Displaying its readiness to work with a wide mosaic of social theory, CLA also harnesses elements of postmodernist philosophy, particularly, the ideas of Michel Foucault and Pierre Bourdieu (Fairclough, 2003). From Foucault (1972, 1978), CLA appropriates the notion that discourses are forms of power that circulate within the social field. As such, they can be harnessed to strategies of either dominance or resistance. Foucault (1978) views discourses as ways of “constituting knowledge, together with the social practices, forms of subjectivity and power relations which inhere in such knowledges” (Weedon, 1987, p. 108). Employing the metaphor of the *archive*, Foucault (1972) argues that “subjugated knowledge”—which is assigned a lowly ranking within “the order of discourses”—inhabits out-of-view places such as the prisons and the psychiatric hospitals. Such marginalised knowledge needs to be “excavated” back into view, and be assigned its proper place within the sanctioned history of ideas. Foucault (1972, 1978) therefore views lowly ranked discourses as powerful springboards from which to resist hegemonic discourses. In Foucault’s (1972, 1978) theorisation, contestations over “truth” (or “knowledge”) are ongoing and *everywhere* (i.e., they occur even during casual conversations between the genders, races, sexes, classes, religions, age groups, etc.). Highlighting the radical proliferation in sites of social struggle envisaged by this view, Diamond and Quinby (1988, p. 185) remark that, “if relations of power are dispersed and fragmented throughout the social field, so [too] must resistance to power be.” Jackson (1994, p. 195) has summed up the significance of Foucault (vis-à-vis Marxist social theorists such as Althusser), thus:

There is a sense in which the work of Foucault is a necessary supplement to that of a wholly abstract Marxist theorist like Althusser. Althusser offers a broad theory of the institutional production of ideology, to provide an understanding of the world of lived experience.... But the theory operates with gigantic abstract categories which provide little insight into the detailed processes of ideological production. Foucault offers a detailed analysis at the micro-level of the ways in which power relationships are transformed into apparent truths about the world. He has no abstract general theory of society. If those two can be put together, they provide a composite theory that is incomparably stronger than either separately.

CLA also draws from Bourdieu (1991), who sees power as distributed into multiple sectors or *fields*, each of which operates according to its own internal logic (or *game rules*) and is controlled by powerful stakeholders who intricately understand those rules. New entrants to a field (e.g., first-year students in a university) approach from the peripheries. To progress within the field, such entrants rely on both their current experiences and their prior *habitus*^{ix}. Since new entrants bring different forms (and levels) of *habitus*—depending on their background circumstances—rates of progress in mastering new game rules tend to be unequal.

Bourdieu’s sociology is reflexive in that each field is governed by its own internal logic. Access to (or control of) a particular field’s rules confers *symbolic power* upon certain “privileged” individuals. Bourdieu has also enriched theorisations of the term *discourse*. Gee (1990, p. ix), for example, adapts Bourdieu’s (1991) idea of *habitus* to define discourses as:

...ways of behaving, interacting, valuing, thinking, believing, speaking, and often reading and writing that are accepted as instantiations of particular roles by specific groups of people.

Seen in this light, discourses are not just ways of speaking or writing. They also encompass competencies, orientations and *ways of being* that define power within specific social fields. Bourdieu challenges Marxist tendencies to measure power in purely economic terms. As Bourdieu (1991) makes clear, being economically empowered does not necessarily imply that one dominates *all* sectors of social life. The notion of symbolic power accounts for why some very rich people are still looked down upon by members of the aristocracy; or why some millionaires are still disparaged by middle-class groups who perceive themselves to be culturally superior.

Linguistic influences: SFL and cognitive models

As already highlighted, CLA applies SFL to explain the mechanisms through which ideologies embed themselves into texts. Key among these are:

- acting upon the world (the *interpersonal* function);
- reflecting the world and making sense of it (the *experiential* [or ideational] function);
- making connections within the text and to the context (the *textual* function).

(Collerson, 1994, p. 155)

In addition, CLA applies cognitive models of text planning⁸—which Hart and Lukes (2007) have subsumed under the ideational function of language—to unpack the *cognitive frames* (i.e., conceptual structures) present within spoken, written or visual texts (Lakoff, 1987; Musolff, 2007; van der Hoek, 2000). Cognitive linguistic approaches pay close attention to symbolic representations (e.g., the use of metonyms and metaphors). Metonymic analysis scrutinises terms used to represent larger ideas or entities. For example, the idiom, “mouths to feed”—sometimes used to refer to destitute people—cites only one part of their anatomy (i.e., mouths that require feeding) to “represent” them. Analysts might question the assumptions and political implications of such an association (Musolff, 2007; van der Hoek,

2000). Critical metaphor analysis, on the other hand, examines metaphoric expressions—particularly those used within the public or political domains. To illustrate, Mr Donald Trump (Junior) recently posted the following message on Twitter: “If I had a bowl of skittles and I told you just three would kill you [sic]. Would you take a handful? That’s our Syrian refugee problem” (*The Guardian*, 2016, n.p.). Here, Syrian refugees are compared to a cheap and ubiquitous kind of candy (i.e., Skittles). Through this metaphor, Mr Trump (Junior) effectively: (a) cheapens the value (and lives) of the Syrian refugees; (b) underscores just how *unnecessary* it is to become involved with their plight (i.e., since no one really *needs* to eat Skittles—particularly, if there is the slightest suspicion some might be poisoned); (c) confers power and choice on the Western political establishment (which is in the position to *decide* what to do with the refugees/Skittles); and (d) diminishes the agency of the Syrian refugees (represented as cheap and “already packaged consumables” that have absolutely no say in what happens to them). Such metaphors deserve careful scrutiny, since they play an important part in constructing social realities. As Lakoff and Johnson (2003) point out, metaphors are like icebergs, which carry much more substance *underneath* the surface, than above it. Cognitive linguistic approaches seek to unpack the conceptual frames operative within such expressions, and to carefully weigh their ideological and political effects (van Dijk, 1999).

CLA in social work education—what are the possibilities?

It would not be surprising if CLA—as outlined in the foregoing section—evoked a sense of déjà vu in Social Work educators and practitioners. Clearly, CLA *already* shares significant affinities with social work values, particularly, justice, equality and a commitment to anti-discriminatory and anti-oppressive practice (Dominelli, 2002; Payne, 1997). As previously highlighted, CLA seeks to alter “inequitable distributions of economic, cultural and political goods in contemporary societies” (Kress, 1996, p. 15).

Reflecting similar ideals, social work desires “change in society that will alter the fundamental balance of power...in favour of equality, social justice and people’s empowerment” (Payne, 1997, p. 9). Notwithstanding these strong affinities, CLA also promises to significantly strengthen the toolkit of conceptual and analytical resources available to social workers engaging in anti-discriminatory and anti-oppressive practice. In the first place, CLA heightens professionals’ awareness of *their own* communicative practices (Blommaert, 2007; Fairclough, 1995). In other words, CLA-equipped social workers would be better prepared to modulate their own communicate practices to promote more empowering and culturally appropriate communication with their clients (Blommaert, 2007). A second advantage of CLA is that it heightens theoretical understanding of the dialectical relationship between language/semiosis and social structures/relations (Fairclough, 1989). Practitioners operating with such theoretical awareness would be better-placed to discern, question, and ultimately challenge, oppressive discourses (Chouliaraki & Fairclough, 1999). Thirdly, CLA strengthens awareness of micro-politics—as visualised by Foucault (1978) or Bakhtin (1987). Micro-political awareness would enable social work students to recognise *every* social or communicative engagement as an opportunity to re-work (or re-negotiate) power and structural relationships to the advantage of their clients (Diamond & Quinby, 1988; Kress, 1996). In short, CLA promises to further sharpen students’ abilities to stand up for equality and justice and to effectively outwork anti-discriminatory and anti-oppressive practice.

The remainder of this section focuses on the practicalities of integrating CLA into social work education. Initially, two broad ways of incorporating CLA into social work education are considered. Thereafter, practical examples of how CLA strands could be woven into existing social work themes/papers are provided.

Incorporating CLA into social work curricula: two broad suggestions

One possibility would be to teach CLA as a separate module alongside other social work papers. At face value, this approach promises to be expedient, as CLA would be delivered—more or less—as a self-contained package that did not overly disrupt other areas of the social work curriculum. In multi-faculty institutions, for example, CLA for social work students might be outsourced to other departments or faculties that already taught papers such as: “Critical Discourse Analysis” (CDA); “Critical Language Awareness” (CLA) or “Critically oriented Discourse Analysis Across Disciplines” (CDAAD). The main problem with this approach, however, is that it potentially reinforces the *separateness* of CLA from the mainstream social work curriculum. Thus, students might perceive it as an add-on to the *real* social work curriculum, or fail to appreciate its congruency with the other elements. Students might also struggle to relate CLA to real social work practice examples or scenarios.

The second approach would be to teach CLA as a strand running through several social work themes/topics such as: “Applied Politics and Law”; “Social Policy in Action”; “Narrative Approaches”; “Indigenous Models/Approaches”; “Cultural Competency/Responsiveness”; and “Working Inclusively”^{xi}. In this case, CLA-related themes/questions could be explored in conjunction with these topics, as is demonstrated in the next sub-section. The main strength of this approach is that it effectively integrates CLA with—and also extends the critical lens applied to—specific social work themes/topics. A possible limitation with this approach, however, is that it does not necessarily provide for a comprehensive introduction to CLA (that would cover its background, historical emergence and political/theoretical influences, etc.). Thus, separate lessons might still be needed to cover this background. Secondly, there might also be a risk that CLA would be very much diluted (if not

obscured) if taught as a strand running through several social work themes/topics. Notwithstanding these potential challenges, the latter approach is preferred to the former, as it effectively integrates CLA into the social work curriculum albeit with the proviso that this would somewhat extend the normative frontiers of the curriculum.

Weaving CLA strands into social work themes/papers: some examples

As previously established, CLA draws from *multiple* political and theoretical influences and applies a wide range of methods (Luke, 2002; Manjarres, 2011; Wodak, 2006). Thus, the examples given in this sub-section come with a caveat: they are mere pointers to possible ways of weaving CLA strands into social work themes/topics (rather than recommendations or prescriptions on how this should be done).

1. The dialectical relationship between language/semiosis and social structures

This strand could be woven into papers/topics such as “Applied Politics and Law,” “Working Inclusively” or “Indigenous Models/Approaches.” In my own teaching of the Applied Politics and Law paper, I have included discussions of how discourses reflect (but also, *shape*) social structures and relations (Fairclough, 2009; Manjarres, 2011; Wodak, 2006). The following questions have framed the discussion:

- How do discourses (including ways of speaking or writing *to or about* certain groups of people) shape their social positions and/or outcomes? For example, how do right-wing political discourses (e.g., aspects of “Trump talk”) shape social positions/outcomes for certain groups of people? What counter-discourses could potentially mitigate the effects of these discourses? And, what can social workers do to promote such counter-discourses?

- How are prevailing social arrangements (i.e., social structures, institutions or relations) mirrored in language/semiosis?
- What does the dialectical (i.e., two-way) relationship between language/semiosis and social structures imply for social work practice?
- Do ideologies/worldviews/mind-sets that are embedded within ordinary/everyday language/semiosis find their way into: (a) political discourses; and (b) legislative frameworks? Are these ideologies transformed (or re-contextualised) as they diffuse into the political/legislative domains?
- What are some of the pitfalls/limitations of translation? What is lost when ideas or expressions are translated from one language/culture to another? And, what are some of the implications of this for working with indigenous cultures (including Māori within the Aotearoa New Zealand context)?
- What discourses tend to be marginalised (or kept out of view)—as Foucault (1972, 1978) has argued—and why? How can such discourses be “excavated back into view” (or be accorded their proper place within the “sanctioned history of ideas” (Foucault, 1978)).

2. Dialogical struggles over language

I have been able to weave this strand into topics such as Cultural Competency/Responsiveness. Initially, students were introduced to micro-politics as envisaged by Foucault (1978) and Bakhtin (1987). A number of questions (including the following) were explored:

- What does a dialogical struggle look like in a social worker’s practice?
- Do the social services employ centripetal (i.e., official) or centrifugal (i.e., ‘unofficial’) discourses (Bakhtin, 1987)? Can social workers effectively use centrifugal discourses (a) when engaging with their clients and (b)

when recording case their notes? What are the effects of switching from one type of discourse to the other (e.g., at the point of recoding case notes) in terms of how clients are positioned or represented?

- In what ways are instrumental (particularly, neoliberal) discourses increasingly colonising the social services?
- What is the effect of using English terms (including English place names) when working with indigenous client groups? Could social workers potentially empower or disempower their clients through the language(s) they use (including their non-verbal communication)?
- What discourse types tend to be privileged above others? For example, are written records/accounts implicitly trusted above oral accounts? What potential inequalities can arise as a result of this and how can these be addressed?
- How do dialects or accents shape how we work with clients? How about professionals' dialects or accents—what impacts do they have on clients?

3. Using SFL tools: the textual function of language/semiosis

This strand was woven into such papers as Social Policy in Action and Applied Politics and Law. Attention was given to how textual forms (e.g., genre choices and the internal arrangements of texts) shape: (a) communicative events; and (b) interpretive processes. Discussions centred on:

- How genre choices shape communicative events e.g., the difference between inviting a client for a chat or inviting them to an interview or an assessment.
- The power relations set up as a result of the use of certain genres.
- The genres favoured by official policy and their accessibility to ordinary people—even when simplified.
- Subtle messages communicated by textual arrangements, e.g., ergative forms. Considering the reasons why

agents performing certain actions are sometimes not stated?

- Identifying information flagged as *more* or *less* important (depending on its placement in the *theme* or “sentence-initial” or *rheme*/sentence-end position).

4. Using SFL tools: the interpersonal function

In papers/topics such as Narrative Approaches, students considered how power is projected through evaluations (or appraisals) and also through how other people are positioned by speakers. Martin and Rose (2003) have highlighted three main kinds of appraisal (i.e., *judgements*, *affect* and *appreciation*). Briefly, judgements evaluate personal or moral attributes, e.g., “He’s a *smart* guy” (personal) or “He’s a *cruel* man” (moral). Affect evaluates emotion, and can be either positive, e.g., “We were *in love*,” or negative, e.g., “I felt *devastated* by the news.” Appreciation evaluates things/processes and can also be either positive, e.g., “a *beautiful* relationship” or *negative*, e.g., “my *unsuccessful* marriage.” All appraisals (i.e., judgements, affect or appreciations) can be amplified through intensifiers, e.g., “We were *madly* in love” as opposed to “We were *somewhat* in love.” As Martin and Rose (2003) point out, it is important to clearly identify the *sources* of appraisals, since some are direct (i.e., made by immediate speakers/writers) while others are projected (i.e., reported by a secondary speaker/writer). Students considered questions such as:

- *Who* appraises other people (or certain events/processes) within the narrative and what is their status? Conversely, who (or what) is appraised and what social position is assigned to them?
- What kinds of appraisal predominate within a given narrative (i.e., is the text saturated with judgements, affect or appreciation—and why?)
- Are most of the appraisals positive or negative—and why? Are many of the appraisals amplified—and why? What is the overall impact of the appraisal system reflected in the narrative? (Martin & Rose, 2003).

5. *SFL in social work training: the ideational function*

This strand was explored across a wide range of papers/modules including: Working Inclusively; Social Policy in Action and Narrative Approaches. Students considered the assumptions/worldviews/cultural practices embedded within certain spoken, written or visual texts then discussed such questions as:

- What worldviews/assumptions are discernible within the text? What social or historical circumstances have shaped those worldviews/assumptions? Do communicators appear to be conscious or unconscious of their own worldviews/assumptions?
- How do professionals speak *to* or speak *about* the people they work with? To what extent can professional language reify certain clients^{xiii}?
- How can CLA can be harnessed to empower marginalised people or to promote positive social change?

6. *The cognitive frames and event models*

This aspect was woven into papers/topics relating to Cultural Competency/Responsiveness. Cognitive frames refer to widely-shared conceptual structures embedded within language/semiosis. As van Dijk (1999, p. 18) has noted, social groups share “system[s] of mental representations” consisting of cognitive frames through which phenomena (or experiences) are categorised and linked into “coherent patterns.” Cognitive frames help to construct *event models*, which constrain how individuals, “act, speak, or write” in particular situations (van Dijk 1999, p. 2).

The following questions were considered:

- What are the: (a) cognitive frames; and (b) event models brought to interactive encounters by certain clients or groups of clients?
- How do cognitive frames and event models differ between the cultures; age groups; social classes or genders? What

can professionals do to recognise and build bridges across such differences?

- What symbols/metaphors/metonyms are used by certain clients (or groups of clients)? How do such symbols illuminate clients’ worldviews or experiences?
- What can professionals learn from symbolic expressions (e.g., Māori proverbs or whakatauki)?

7. *Multilingualism: the mix of languages and cultures*

This strand highlights the effects of multiculturalism and multilingualism, which have become the norm rather than the exception in the aftermath of globalisation (Blommaert, 2007). It was included in papers/themes such as Working Inclusively and Cultural Responsiveness. Blommaert (2007) uses the term *orders of indexicality* to capture how ways of using language (e.g., accents, registers, dialects etc.) *normatively index* specific social personae, roles and statuses. Thus, “one speaks as a man, lawyer, middle-aged European, asylum seeker and so forth” (Blommaert 2007, p. 117). Blommaert then stresses how normative indexicalities differ from one part of the world to another. In other words, what indexes middle-class ways of using English in London may be radically different from what indexes middle-class ways of using English in Lagos or in Nairobi (Blommaert, 2007). In that regard, *different* orders of indexicality obtain in different parts of the world; meaning that serious linguistic inequalities are most likely to occur when people move to other parts of the world. As Blommaert (2007, p. 117) notes, there are “rules of access and regulations as to [the] circulation” of accents and varieties of language. [Thus], systemic patterns of indexicality are also systemic patterns of authority, of control and evaluation, and hence of inclusion and exclusion.” Blommaert (2007) illustrates this with the case of African asylum seekers in the Netherlands, who are often perceived as “evasive” or as “liars” because their

narratives (as presented on application forms) seem “repetitious” or “incoherent” to immigration officials. Blommaert (2007, p. 118) is therefore concerned with “important aspects of power and inequality in the field of semiosis.”

The following questions were discussed to further explore this theme:

- How does Blommaert’s (2007) notion of orders of indexicality apply to work with migrants or refugees (particularly, those from non-English-speaking countries)?
- How can Blommaert’s ideas be used to heighten cultural competency/responsiveness? In other words, what nuances do Blommaert’s ideas bring to the meaning of cultural competency/responsiveness?

The examples provided in this section are by no means exhaustive. They merely serve as pointers to possible ways of weaving CLA strands into existing social work themes/papers.

Conclusion

This article has defined CLA, outlined its historical emergence, and surveyed its key political and theoretical influences. Most essentially, the paper argued for the inclusion of CLA in contemporary social work education, the main rationale being that language/semiosis is the crucible within which social subjectivities/identities, social structures/institutions and interpersonal/power relations are forged but also negotiated and contested (Fairclough, 2009; Manjarres, 2011; Wodak, 2006). As argued throughout the article, language/semiosis reflects, but also actively shapes, prevailing social arrangements (Fairclough, 2009). The final part of the article considered how CLA strands might be woven into existing social work themes/topics to sharpen the critical lenses applied to those materials and to equip students with tools required to defend positive “social change and development, social cohesion, and the empowerment and liberation of people” (IFSW, 2014, n.p.).

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End Notes

- i The broader term, semiosis, includes various modes of communication e.g., verbal or written texts, visual signs/images, body language, etc. (Fairclough, 2009).
- ii Fairclough (1989, p. 44) gives an example of “asymmetrical talk” between trainee medical students and their supervisor/professor, in which the latter:
- Frequently interrupts student contributions and controls conversational turns with interjections such as, “Off you go.”
 - Frames the entire conversation by describing what is going on.
 - Specifies what sorts of contributions he expects from students, and
 - Evaluates student contributions with remarks such as, “Very good, that’s right,” etc.
- iii Particularly, the works of Jurgen Habermas.
- iv That is, Kress & Hodge (1979) and Fowler et al. (1979).
- v As Wodak (2006) points out, these labels are difficult to distinguish and are often used interchangeably.
- vi A reference to Bernstein (1972).
- vii This view markedly contrasted with de Saussure’s (1916) theories of signification, which treated linguistic signs (e.g., words and expressions) as “arbitrary symbols” that only carried meaning (or became intelligible) because members of society “agreed” on (and “standardised”) their meanings, suggesting that society shared some kind of “linguistic consensus.”
- viii O’Regan (2001, p. 155) has summarised Habermas’s notion of instrumental rationality thus: “Instrumental rationality refers to the systems and systematising tendencies of the state, the institutions of the state and of commercial capitalist organisations and businesses in the economy. It is a technocratic and mechanistic consciousness which delineates and determines the conventions by which work is done in society and in doing so, stifles any reflective approach to the activities of individuals and the problems of society, preferring instead to approach these as technical issues with (predictable) technical explanations and/or solutions.”
- ix That is, their prior resources or “system of habits.” Eagleton (1996, p.156) describes habitus as “set[s] of durable dispositions.”
- x Also referred to as “cognitive linguistic approaches.”
- xi These are examples of social work themes/papers taught at Bethlehem Tertiary Institute.
- xii An example would be the use of acronyms such as “FOC” and “MOC” to refer (respectively) to “father of client” and “mother of client”—as previously used by some child protection social workers.

“What’s his is his and what’s mine is his”: Financial power and the economic abuse of women in Aotearoa

Ang Jury¹, Natalie Thorburn¹ and Ruth Weatherall²

ABSTRACT

INTRODUCTION: Economic abuse has the potential to have far-reaching consequences for victims, but is largely invisible within discourses on violence against women. While it is internationally recognised as a pervasive and highly gendered method for abusers to gain and maintain control over women, there is no research specifically on economic abuse in Aotearoa New Zealand.

AIM: This study aimed to understand the experiences and effects of economic abuse for women in Aotearoa New Zealand, particularly in relation to methods of coercive control, with the intention of developing risk matrices to be used by practitioners.

METHODS: We conducted a survey with 448 respondents—with 398 the focus of analysis for this article. The survey contained a combination of scaling and open-ended questions. This article reports findings of a qualitative analysis of aspects from responses to open-ended questions.

FINDINGS: Abusers employed a range of abusive methods to restrict victims’ freedom and exercise domination. These abusive behaviours seemed to follow traditional hegemonic constructions of masculinity as synonymous with “provider” in that many of these methods relied on the reproduction of gendered stereotypes which subjugate women to a subordinate position in the household. Women experienced a range of adverse emotional impacts as a result of this abuse.

CONCLUSIONS: We found that, in reality, abusers relied on these stereotypes to justify the appropriation of women’s resources and consequent removal of women’s financial autonomy while, paradoxically, the women described providing for the household on greatly restricted finances—whether through paid or unpaid labour. We have translated these findings into risk matrices to assist the identification of economic abuse.

KEYWORDS: economic abuse; intimate partner violence; gender; women; domestic violence

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Introduction

While physical abuse is the most recognised form of intimate partner violence (IPV), psychological abuse used to belittle, isolate, and humiliate the victim has been described as the most lasting and damaging dimension of IPV (Adams, Sullivan, Bybee, &

Greeson, 2008). Although economic abuse is commonly understood to be an element of psychological abuse it has, as a discrete phenomenon, received very little specific attention (Postmus, Plummer, McMahon, Mushid, & Kim, 2012; Sanders, 2015). Finance, debt, and the distribution of household labour have enormous influence

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upon women's lives; both in an everyday sense and across the entire life course. A lack of understanding of economic abuse thereby potentially constitutes a serious barrier to understanding the dynamics, impacts, and best practice support for women experiencing the impacts of IPV.

This research was conducted by the National Collective of Independent Women's Refuges (NCIWR), with the intention of growing the body of domestic literature on the topic and informing our own practice. We aimed to explore the nature of women's experiences of economic abuse in Aotearoa New Zealand by asking them about access to resources, the negotiation of financial decision-making, the impacts of economic abuse on social inclusion, abuse-related changes to employment and housing situations, and the long-term financial impacts of abuse. The overarching research project had a broad aim of developing an understanding of the impact of economic abuse on the lives of women in Aotearoa New Zealand. This article focuses on one particular dimension of the overall study by asking the question: What aspects of coercive control are salient in economic abuse and how can practitioners effectively identify these?

Consequently, our particular focus in this article is to delineate the inherently gendered nature of economic abuse, and the ways in which it appears to be exercised primarily to gain and exercise control and domination over women. Additionally, in recognition of the dearth of available resources designed to help both victims and practitioners understand and recognise the signs of economic abuse, we further aimed to collate these findings and develop risk matrices of economic abuse methods for identifying possible manifestations of economic abuse.

Review of the literature

Terms used to denote the purposeful violence perpetrated by one partner against another are plentiful, overlapping, and often used interchangeably, including domestic

violence, family violence, intimate partner violence, domestic abuse, violence against women, and couples' violence. However, given the general acceptance that, in its most severe and socially pervasive form, this violence is typically perpetrated by men against women in a range of domestic partnerships (see Allen, 2011; Bell & Naugle, 2008; Straus, 2011), we have opted to use the term *intimate partner violence* (IPV). While this term has been subject to criticism for its gender-neutral language (Gavey, 2005), it is useful in that it removes heteronormative assumptions about who the instigators and subjects of violence are, and most correctly encapsulates the range of behaviours recognised by the World Health Organisation that result in physical, psychological, or sexual harm to victims (Krug, Dahlberg, Mercy, Zwi & Lozano, 2002).

While historically considered to solely comprise physical and sexual violence against a partner, conceptualisations of what patterns of behaviours may constitute IPV have been broadened in recent years. In Aotearoa New Zealand, the Domestic Violence Act 1995 (DVA) has extended the legal definition of a "relationship" to include household members and close personal relationships (DVA, s 4). In 2013, the description of behaviours defined as abusive was amended to include the sub-category of economic abuse under the overarching category of psychological abuse, describing this as "denying or limiting access to financial resources, or preventing or restricting employment opportunities or access to education" (DVA, s 3(2)(c)(iva)).

Given the focus of this article, we are focusing on IPV employing methods of "coercive controlling violence", which represents a distinct and on-going pattern of purposeful mistreatment, typically utilising a range of coercive methods, in order to gain dominance over a partner (Kelly & Johnson, 2008). The focus of this survey, economic abuse, is therefore

conceptualised as part of a web of physical and psychological abuse used by an abuser to establish and maintain power and control over their victim. Economic abuse has been understood as part of the abusive toolkit in a variety of contexts. This includes different international contexts, for example the US (e.g., Adams, Beeble, & Gregory, 2015; Adams et al., 2008; Postmus, Plummer, & Stylianou, 2016; Sanders, 2015) and Australia, (e.g., Cortis & Bullen, 2016) as well as in specific subsections of the population, for example women in heterosexual partnerships (e.g., Adams et al., 2009; Postmus et al., 2016; Sanders, 2015) and elders (e.g., Hamby, Smith, Mitchell, & Turner, 2016; Kaspiw, Carson, & Rhoades, 2016). From these studies we can ascertain that economic abuse is a common factor in IPV and can be closely linked to socially normative gender roles.

Methods

The research was done in parallel with a similar project designed by a researcher from Curtin University, Australia. The Australian researcher's project was given full ethics approval by the university. As this project was not associated with the university, we then sought internal institutional approval for other ethical considerations and adapted our survey accordingly. We made minor adaptations to both more accurately reflect the New Zealand context and to remove heterosexist assumptions inherent in the original version. For example all gender-specific questions were changed to gender neutral, e.g., the measure "demand that you give him receipts" was changed to "demand that you give *them* receipts". These changes were made throughout the survey and the edits made were subsequently adopted by the Australian researcher.

The survey comprised a mixture of demographic questions, several scales which asked participants to identify which economically abuse behaviours their partner exercised in terms of access to resources, employment, and social inclusion,

and open-ended questions that invited participants to write about their experiences of economic abuse. The survey was therefore split into five main sections that collected: (a) demographic information; (b) the economically abusive methods exercised by partners around the sharing of resources; (c) open-ended responses about experiences of economic abuse; (d) the impact of economic abuse on employment and housing; and (e) the impact of economic abuse on social involvement.

The survey was designed to explore women's experiences of economic abuse. A link to the survey and invitation to participate was disseminated through social media, including being shared in online women's groups and groups comprised primarily of people who identified as being of minority sexual or gender orientation. Our reasons for focusing solely on women's experiences were twofold: we are a women's organisation and therefore prioritise experiences of our potential clients; and as economic abuse is internationally recognised as a gendered phenomenon we regarded it as paramount that the initial exploration privileged the experiences of women.

The survey attracted 448 respondents. Seven respondents identified as *male* and thus were excluded from analysis on the basis that we were interested in exploring the experiences of those who identified as women—including trans-women, intersex people, and non-binary people. The remainder of respondents identified with the latter categories and having been in a relationship with an abuser and so were included in the dataset. All but two completed the survey via SurveyMonkey; they opted to fill out the survey over the phone. The survey was open to people who identified with a variety of sexual orientations—including, but not limited to, heterosexual or straight, lesbian, bisexual, asexual, questioning, and gay. There was also an *other* category—in which people primarily identified as *pansexual*. During analysis, however, we found that the

vast majority of respondents were answering the survey in relation to a male partner and thus, for the resulting thematic analysis for this article, we opted to focus on this dimension of survey responses. This left a total of 398 responses that were included in our analysis.

We used NVivo™ to code and analyse the data using thematic analysis and descriptive quantitative analysis. From the qualitative data, we identified four overarching themes. The focus of this article is on one of these themes: with abusers' positioning of their own wants and needs as superior to those of female partners, and consequent mistreatment stemming from the desire to access, take control of, and dominate, female partners' financial resources.

Findings

Overview

One of the most common indicators of economic abuse reported by respondents was the erosion of financial decision-making power—a form of dispossession that effectively stripped women of the right to behave like an equal partner and forced them to submit to abusive partners' wills. This manifested in a variety of ways.

No right to input

Money constitutes a fundamental necessity, both in terms of sheer survival but also as a prerequisite to continued participation in pre-established living and social situations. Thus this stripping of economic power represented, for many women, a simple and inescapable method of securing dependence upon their abuser. This appeared to be excused by abusive partners as their earned "right" to exercise financial power without collaborative decision-making due to the supremacy of their work in comparison to that of their partners (seemingly irrespective of whether women were contributing equal labour by work within the home).

When I wasn't working I wasn't allowed any say in any financial decisions. After I began working I still had no say, I earned less than him so my opinion didn't count.

He pretty much bought whatever he wanted. New car for himself only, booked big holidays without talking about where or time off work or costs. I really didn't have a say in anything except meals.

I wasn't allowed to work simply [because] he said that would give me financial independence. I felt very controlled and disabled. As long as he paid for things, it was fine.

The above comments describe a situation where the female partner's contributions were systematically ignored or degraded through means of access restriction over economic resources and decisions. Women were made dependent through devaluation of their household contribution. Additionally, when women were not in the paid workforce abusers exploited the devaluation of household labour to justify giving female partners no right to input. Even when bringing in money from employment, this was still deemed less worthy than abusers' contributions. Whether through a subtle manipulation, or a blatantly expressed desire, the abusers aimed to have the female partner financially dependent.

His needs over hers

Women who responded to the survey described countless instances in which their male partners had disregarded their needs, or the needs of their children, in favour of indulging their own financial wants and needs, irrespective of the health and social implications of such spending discrepancies. In some cases, resistance to fulfilling the unnecessary wants of male partners at the expense of family wellbeing was met with violence by the abusive partner, therefore acting as a deterrent to future resistance:

I remember being hit or else threatened for not buying him smokes with the last of my money after rent—so I did and then we had no money for food.

He was often spending all our money on him, so there was no money for mortgage, food for family, basic necessities.

Respondents' partners would frequently draw upon outdated gender stereotypes of the "good" wife and mother; namely, that they should be selfless, humble, and prioritise parenting time over individual achievement or employment. This highlighted the pervasive nature of entrenched gender schemas and their forcible iteration by abusive partners.

My ex would tell me to withdraw so I could be at home with children instead saying it was more important [than anything else and] would only give me \$20 a week spending money for Christmas and birthday presents and children clothes, or my clothes, saying I didn't work so I wasn't entitled to anything more.

The impact was slow and insidious. I was told that I was spoilt, selfish and frivolous and as a consequence felt that my interests and needs were not important and to have to ask for money for myself would invite ridicule ... I had been educated through fear and intimidation not to ask for my needs to be met.

Women had their needs and desires systematically delegitimised in ways that relied on the control of financial resources. Women were told they were "frivolous"; were given infinitesimal budgets to carry out household tasks, and were, through mechanisms of intimidation, devaluation, and constriction, coerced into having their needs or desires disregarded.

Depriving women of essentials

Privileging his needs over her needs was further compounded by depriving women of the basic essentials. Many respondents

described the attainment of essentials as secondary to their partners' wishes—even in times of dire need. The emotional harm of such deprivation appeared to be either intentionally inflicted, or disregarded by male partners of the respondents. The withholding of money for essentials functioned as a source of humiliation and shame for victims. In addition to the emotional impacts arising from specific prohibitions of basic items (such as sanitary items, or food for infants), acts that cast victims' lack of financial power into the public arena caused intense distress. Victims' clothing featured heavily in these narratives as being perceived by male partners as frivolous and not worthy of expenditure, despite abusive partners maintaining high standards of clothing themselves.

On many occasions, I had to go without wearing underwear/bras because he didn't deem them important enough to be replaced. This was incredibly embarrassing for me.

I was never allowed to buy basic necessities like clothes and underwear.

He would refuse to give me money if I needed it, he always had new clothes but I had to make do.

I would collect change he left around the house and go to the op shop to buy things for me and my son, when he could easily spend \$300-400 on just his shoes—publicly embarrassing me about my appearance as I had no nice things to wear or makeup.

One respondent spoke about the buying of clothing being an integral aspect of her recovery—the regaining of power to provide for the self without retribution from an abusive partner.

You may not see it [be]cause it isn't physical but it's there and it's hard. After I got the courage to leave and had control over my own money I would spend it all on things for others, [be]

cause it just didn't feel right spending it on myself. It took some time to realise I could buy clothes for myself and not get a black eye.

Similarly, sanitary products were either regarded as inessential by male partners, or were subject to humiliating permission-seeking.

He would get the receipts and circle any costs he was angry about them I'd have to justify the costs including nappies and sanitary items after birth.

He controlled the money. I had to ask him for everything, including sanitary items.

[I had to] ask my mother for money for sanitary products 'cos he wouldn't buy them.

I was constantly criticised if I bought essential items like antiperspirant or shampoo, and my ex-husband would add up the cost of anything I had bought that he didn't need and use this to put me down and complain about how wasteful I was.

In instances where sanitary items were regarded as unimportant and money was not permitted to be spent on such items, women faced severe debilitating social and emotional consequences:

I wasn't allowed to spend on personal hygiene products at all, and spiralled into depression because of it.

The appropriation of household funds extended to withholding money intended for feeding and clothing children, with the result that women and children were often unable to access adequate food or essentials. In the majority of women's comments about their struggles to maintain some financial power for the sole purpose of providing for children, it was apparent that the abusive partners took little if any responsibility for this provision of essentials.

I was the bread winner and any money I earned he considered to be for himself instead of to pay for groceries and things for the children.

I was frequently denied money needed to buy sanitary items or items for our baby. I was not in work when we were a couple as I had to keep the house/look after the baby.

I was prevented from buying things needed for the baby whilst pregnant, and then was barely left with any money for the baby's necessities after birth.

This included not allowing me to use [my own] money to buy food or clothing needed for my children [the basics]

He would transfer money out of his account and not tell me so I would get declined at the supermarket often with my newborn with me.

Women were consistently denied access to the basics of food and sanitary items by abusive partners. This resulted in severely debilitating emotional consequences for many women. It precluded the ability of women to feel confident and comfortable to go into public spaces, and controlled their ability to provide for themselves and their children.

Women's roles: Providing for families without support

Even when resources were primarily controlled by the abuser and women were frequently unable to purchase food or sanitary products, many respondents described how their partners had imposed unrealistic demands upon them, expecting that they provide for their families with minimal resources. In addition, the resources that *were* accessible to women raising children or responsible for feeding families were frequently plundered by male partners. The forcible taking of communal, household-designated money did not diminish abusers' expectations that women would still

provide quality meals and a comfortable home environment. While some abusers appeared to be opportunistically taking money out of allocated funds to indulge their personal wants, others used this as a form of punishment and a reminder of who held ultimate power over the household.

There were three primary ways in which this occurred. The first was insufficient allocation of funds to household necessities, despite a greater pool of money being available for other, less essential purposes. For example, one respondent stated that her partner only gave her \$100 per week to feed seven people, but expected these meals to be limitless. Another stated:

He would give me 60 dollars each week for food and that was it, it never went far so I was constantly having to foot the bill.

The second was the setting aside of money for specific household expenses, which was subsequently reduced without notice:

All the accounts (mortgage, phone, power etc) were in my name and I ensured they got paid—after bills were paid I had no money left for food, clothing, etc, The agreement was my [ex-] husband would pay for these things, however he regularly gambled the grocery money... so I took to hiding it.

The third was the intentional withholding of money for food and other living costs as a method of ensuring compliance or demonstrating dominance and superiority or, in some cases, consumption of food in front of women who were not permitted to also eat due to some perceived slight or disobedience.

He withheld food and heating if angry with me.

We had a good standard of living, but he demanded to see every receipt and was very controlling on what I could spend, even my own earned money. I was also not allowed to eat food he had bought.

When food ran out, he would go buy himself ready roast, come home and eat it in front of me knowing that I had nothing to eat.

Deceit and blame

Finally, in many cases, deception was used (often repeatedly and systematically) by abusers in order to obtain the financial resources of female partners. Typically, this occurred in conjunction with other types of economic abuse and, for some, other categories of intimate partner violence.

He would steal money from my wallet to gamble. I gave him money to pay rent and pay for my storage locker as he said he wanted to prove I could trust him. As a result we were locked out of our home.

One time he stole the eftpos card and spent money that was meant to be for our rental bond.

Additionally, it was not uncommon for respondents to be held responsible for an inability to meet regular household costs, particularly pertaining to the upkeep of children.

He created the debt and I was responsible for making sure the bills got paid. If he could not buy something he wanted he would yell, call me incompetent because I wasn't able to manage the money.

I was made to pay all rent/bills/groceries out of my [lower] income.

All of his income was his money to spend as he liked. If I didn't have money to spend on myself or my son, or didn't have enough money for groceries, it was 'my fault' for not being good with money.

This suggests adherence to unrealistic expectations of mothers to provide a quality home and the essentials even in the absence of sufficient financial security to do so.

Discussion

The presentation of economic abuse seems to neatly follow patterns of gender stereotypes and oppression of women. It is generally accepted that violence towards female partners is legitimised by ideals of male superiority and the socially sanctioned models of male societal dominance (Peralta & Tuttle, 2013). Moreover, the motivations for using any particular method of abuse against women are typically driven by the desire to subjugate women as a result of the complex interplay between person and sociocultural factors (Heise, 1998). Accordingly, there appeared to be vastly different standards and expectations for women around finances. Such standards included: horizontal segregation in income precluding a woman's right to financial decision-making power; an expectation for women to be selfless, needless, and to put all needs before their own; an unattainable expectation for women to maintain a happy, flourishing, and bountiful home environment even on scant resources; and for women to make decisions related to the home (food, power, rent) while paradoxically remaining under the rule of their partner who held ultimate decision-making power. Conversely, the financial expectations for the partner were often a perceived superiority in work and earning potential; a sense of entitlement to spend money on big-ticket items, personal needs, and items for conspicuous social consumption (clothing, alcohol, cars); and few, if any, expectations to take responsibility for household requirements while maintaining ultimate control over all financial commitments.

Women appeared to be treated as possessions, or as expenses, by their abusive partners. Women's needs for female items and female activities were seen as an extravagance rather than as a necessity. The preclusion of participation in social activities can be understood as a localised expression of the social hierarchy of activities which devalues women's

activities. Having coffee with friends, for example, is interpreted as "gossip" and purchasing quality clothing is seen as "frivolous" whereas having a "drink at the pub with mates" and purchasing expensive sport shoes is understood as both viable and rational. The allocation of financial resources to men's activities and the privileging of stereotypically masculine purchases (alcohol, cars, gambling) operate to reinforce the devaluing of women's activities and needs. This has wider impacts as it precludes women from being active in social and public places, reinforcing dominant discourses about women's place in the home—whether this is after work or in the place of work. Women, and their needs, are classified as a wasteful expense rather than as an essential and valuable part of the household.

The devaluing or the non-recognising of women's work also contributes to the consolidation of the gendered double standard. The uneven distribution of emotional, mental, and sometimes physical, labour in economically abusive relationships characterises some of the key dimensions of the devaluing of women's work. Placing responsibility for the household with the women, and then removing access to sufficient funds to successfully provide the necessities is—as well as being a way of maintaining coercive control—a way to systematically devalue their work. Expecting a woman to provide for her family on a heavily regulated budget—or forcibly accompanying her as she carries out these activities—is a consistent reminder of the lower status that the woman occupies in the household.

Peralta and Tuttle (2013) found that economic stress increased the likelihood of males perpetrating violence against female partners, theorising that this economic stress (and subsequent deprivation) threatened men's internalised core beliefs about what constituted successful masculinity; in other words, the use of violence was directly associated with the experience of masculinity

being undermined by economic constraints. This is contrary to the findings here, which suggest that constructions of masculinity underpinned perceptions of ownership over women's resources in the context of intimate partner violence and often manifested in the refusal to contribute, rather than the violence arising from a sense of inadequacy associated with a failure to provide. We argue that possession and ownership are greater indicators of men's belief in their own superiority and in women's comparative inferiority and that economic pressures may exacerbate impulsive or anti-social behaviour generally. The construction of masculinity as being a successful provider seems to bear little relevance as a motivator or root cause of the perpetration of violence against women amongst this sample. Conversely, the forcing of women to provide is suggestive of abusers' perceptions of women as inherently inferior and as property to reap benefits from.

The apparent stereotypical division of economic resources and capabilities within the household did not, however, reflect the reality of women's financial competency. A strong sense of financial literacy, an understanding of the hierarchy of household needs—food, rent, and children's needs above alcohol, cigarettes, big-ticket items and socially conspicuous products—was apparent in almost all of the comments from the women. In fact, when the economically abusive relationship came to an end, women consistently remarked how much better off their lives were financially now that they had full control over household expenditure. Rent was paid on time, there was enough food in the house, and many women now had the ability to save or to pay off debts. This was often stressful and emotionally taxing as women were left with huge debts in their name which had been accrued by their abusive partners. Our recognition of the strength of women's financial competency sits at odds with interpretations of other research on economic abuse. Sanders (2015) suggests, for example, that women should

improve financial literacy to expand their options for economic independence. Our interpretation is that women who have been economically abused are often in possession of strong financial capabilities—but that the erosion of confidence and the repeated insinuation that women are not already financially literate are the core problems that need addressing.

Implications for practice

Our findings illustrated the highly gendered nature of economic abuse, and suggested that this type of abuse is motivated by underlying assumptions of male superiority and entitlement to dominance through disproportionate resource allocation, in addition to the desire to subjugate and control female partners. As we discussed earlier in the article, there are currently minimal available resources that enable the systematic identification of signs of economic abuse. We have therefore sought to develop risk matrices of economic abuse methods that may be used to gauge the severity, breadth, and intentions evidenced in perpetrators' abuse through economic control. We outline these according to 12 categories: appropriation of personal funds, preventing social inclusion, not prioritising personal/children's needs, disregarding hygiene needs, inhibiting employment, damaging housing prospects, fraud and financial deceit, exploitation, intentional humiliation through deprivation, demanding sex for necessities, forcing debt accumulation, and power disparities in accessing mutual resources.

Conclusion and limitations

Our findings illustrated the highly gendered nature of economic abuse, and suggested that this type of abuse is motivated by underlying assumptions of male superiority and entitlement to dominance through disproportionate resource allocation, in addition to the desire to subjugate and control female partners.

Table 1. Risk Matrices of Economic Abuse Methods

	Appropriation of Personal Funds	Preventing social inclusion	Not Prioritising Personal/ Children's Needs	Disregarding Hygiene Needs
Some Risk	Repeatedly asking to borrow money and not repaying it; suggesting that you give them access to your accounts; pressuring you to put money in their account that seems disproportionate to your costs.	Telling you there is not enough money for everyday social activities; trivialisng social activities to justify not giving you money for them.	Fostering unequal access to money for fun (e.g. acceptable for them to eat out but not you; trivialisng your wants despite fulfilling theirs.	Discouraging you from purchasing new clothing, including underwear, or grooming essentials (e.g. haircuts or makeup) despite them doing so themselves.
Medium Risk	Making you feel solely responsible for providing for the household even if you're both working; borrowing money without asking; setting up joint accounts that you have limited access to but your funds go into them; using psychological manipulation to make you pay more than your share or use your savings.	Not letting you use money for essentials to engage in social activities (e.g. petrol); only letting you use money for their activities rather than yours.	Prioritising personal wants such as meals out or alcohol over basic needs such as household items and children's clothing; demonstrated disregard for partners' and children's' needs by buying luxury items for self.	Making you justify the cost of women's necessities such as bras, underwear, and sanitary items; forcing you to wear shabby clothes even if there are means available not to have to.
High risk	Taking the money you earn and giving you an allowance from it; threatening or using violence if you refuse to give them money; using your money without asking for drugs or alcohol, stealing your money; coercing you into setting up access to accounts that you don't have access to.	Taking money intended for social activities off you in order to keep you at home (e.g. taking your eftpos card).	Spending money allocated for food on personal wants; taking or stealing money designated for food or children's needs.	Not allowing you to purchase sanitary items such as tampons or infants' nappies; preventing you from accessing grooming needs that would meet the standards of your workplace

	Inhibiting Employment	Damaging Housing Prospects	Exploitation	Fraud and Financial Deceit
Some Risk	Telling you it is better for the family for you to stay home; trivialising the type of work you do; complaining about longer hours or shorter hours; trying to convince you the job is too good for you or not good enough.	Encouraging you to reject state housing offers; convincing you it would be better for the family to move even though it meant forfeiting the bond; convincing you to re-purpose money intended for rent.	Encouraging you to quit your job to work for a family business when you are unsure that it will benefit you; minimising your contribution to the household in terms of household labour.	Hiding receipts and purchases; engaging in financial activities that you're uncomfortable with; not being open about how much they earn or the state of their financial assets.
Medium Risk	Repeatedly using psychological manipulation to convince you to resign (e.g. telling you it is bad for your child for you to be working); being unreliable with childcare routines; talking to your employers or co-workers about you without your knowledge.	Committing wilful damage to a property you own or hold the lease for; causing problems with the landlord or neighbours; insisting that you move house regularly, which prevents quality and consistent housing for you and any children.	Insisting that you commit time or resources to a family business but one partner benefits disproportionately from this, making you do all unpaid or household labour and minimising this as a contribution.	Coercing you to sign financial documents you're uncomfortable about or don't understand; lying to government agencies and expecting you to be complicit.
High risk	Threatening you with violence or being violent because you go to work or do not go to work; making your employment situation untenable by threatening or using violence at work or repeatedly calling, showing up, or causing humiliation at work; sabotaging your ability to get to work (e.g. changing childcare arrangements or taking your car).	Withholding money for rent or mortgages; causing damage to Housing New Zealand or rental properties in your name that affects your future eligibility; making your living situation untenable despite knowing you have no other options and are likely to become homeless if you leave.	Forcing you to do sex work when you don't want to and not giving you the money from it; forcing you to work for a family business for little or no pay; forcing you to be complicit in criminal activity from which you don't profit.	Committing fraud in your name; committing fraud to get hold of your assets; forcing you to commit fraud; coercing you into lying to get a state benefit.

	Intentional Humiliation Through Deprivation	Demanding Sex for Necessities	Power Disparities in Accessing Mutual Resources	Forcing Debt Accumulation
Some Risk	Treating you like a child when it comes to financial planning or decisions, restricting your ability to pay bills that are in your name; lecturing you about household expenditure in a way that seems inconsistent with available household funds.	Making you feel compelled to acquiesce to sex in order to convince your partner to allow you access to resources you need for a particular purpose (e.g. a school trip); noticing that your partner is more likely to give you access to resources after sex.	One partner having sole control of bills; not telling you how much money there is unless you ask; obscuring accounts; trivialising your financial literacy.	Pressuring you to take out joint debt; gambling; encouraging you to hand over your PIN number for your personal credit card.
Medium Risk	Limiting your access to resources disproportionately so that you're embarrassed about your physical presentation; berating or lecturing you when you spend money on your appearance, interests, or personal wants; setting unrealistic expectations for spending and then making you feel guilty for not meeting them; keeping you short of money so you're too embarrassed to make plans with peers.	Not allowing you any spending money unless you have sex with them first; seeing sex as 'appropriate payment' for luxuries.	Refusing to tell you about the state of your finances; making you ask permission to spend money for basic purchases; demanding receipts for basic purchases; treating you like you are incapable of having equal decision-making power.	Taking out debt in your name without telling you; making sure that the only way you can meet household costs is by using personal credit.
High risk	Demonstrating ownership by supervising your grocery shopping and dictating what can be bought; punishing you by making you go hungry while eating in front of you; forcing you to go without sanitary items as punishment.	Demanding that you give them sex for access to shared money or resources; using rape as punishment for spending money.	Refusing to give you access to sole or shared accounts; making family resources unavailable to prevent you from leaving a relationship.	Forcing you to take out debt when you don't want to; ensuring your credit record is bad for the purposes of preventing you from leaving or gaining independence.

The discussion highlighted that, while the abuse was gendered, we should be careful not to assume that women lack financial capabilities as, in reality, our research indicates that women have a diverse range of economic strategies that have been developed under extreme financial stress and marginalisation.

The development of risk matrices of economic abuse methods endeavours to highlight both the gendered nature of economic abuse, and that practitioners should assume that women *are* capable of controlling their finances. Our risk matrices provide all practitioners working with intimate partner violence, especially those likely to encounter the impacts of economic abuse (such as social workers, Work and Income New Zealand staff, budgeting advisors, counsellors, nurses, and police) with a range of methods that could be used by abusive partners. The risk matrices are designed to give these practitioners a broad-ranging awareness of the variety of manifestations of economic abuse. Understanding these different dynamics will assist in the identification of economic abuse where it might previously have gone unrecognised. We have intentionally designed the risk matrices in ways that may be accessible to both practitioners and to victims, and propose that the utility of these may be twofold: practitioners can review these matrices to refresh their understanding of the multitude of ways in which economic abuse and its effects can manifest, and practitioners and victims may use them to explore, through conversation, means of control that not otherwise have been explicitly discussed.

Low-level indicators may indicate economic abuse and meeting of several criteria should prompt a discussion with the client about the possibilities of economic abuse. Medium-level indicators were the most common examples of economic abuse, and are likely to indicate that the client is being subjected to economic abuse. We recommend that practitioners incorporate consideration of the

tactics set out in the matrices as indicative of the severity of abusers' controlling behaviour, and, accordingly, integrate tactics to manage the consequences of these specific behaviours as part of safety planning. Finally, high-level indicators were the most extreme examples of economic abuse and are likely to indicate an abusive relationship that will have debilitating long-term consequences, highlighting the imperative for helping professionals to educate, work alongside, and act to mitigate the potential adverse effects of these high-risk behaviours, as well as considering how they intersect with other methods of abuse.

A central limitation of our current risk matrices of economic abuse is that they will require further development to highlight culturally specific experiences of economic abuse. We paid careful attention to the responses of Māori women in our analysis when constructing our matrices but we did not feel that our sample was sufficiently representative of the experiences of Māori and Pacifica women to develop a specific set of risk matrices. This, in part, reflects a limitation of our overall survey which received lower response rates from Māori (9.32%) and Pacifica (1.17%) women but an over-representation in responses from Pākehā women (82.75%). Further research that actively sets out to capture the experiences of Māori and Pacifica women could effectively expand or adapt the risk matrices to include specific cultural factors which we felt we were not able to account for in this study. Additionally, any study may need to consider additional channels to reach these Māori and Pacifica women, and further consideration of the particular barriers that these women may face in participating in research on this subject.

Overall, these findings shed light on what is perhaps one of the least recognised methods of intimate partner abuse in New Zealand. Our analysis explored the gendered nature of economic abuse and highlighted how various manifestations of economic abuse were employed by abusive male partners to systematically degrade the value of the

female partners economic contributions of both paid and unpaid labour, and to devalue the needs and wants of female partners. The risk matrices highlight a variety of manifestations of methods of economic abuse and we offer suggestions for practitioners in implementing this framework in practice. Finally, we suggest that future research would be particularly valuable in further exploring the extent of economic abuse in Aotearoa New Zealand; in exploring economic abuse for particular subsets of the population including Māori and Pacifica women, LGBT+ women, and in practitioner responses to economic abuse.

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A qualitative exploration of the unique challenges facing older men with haemophilia and the implications for social work practice

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ABSTRACT

INTRODUCTION: For the first time, people who have haemophilia are facing the same aging issues as the general population, adding further complexity to their care and treatment. Worldwide, there has been little research on the psychosocial effects of growing older with haemophilia. This study investigated the holistic experiences of older men with haemophilia in Aotearoa New Zealand. Support services, particularly the roles that social workers could play in facilitating wellbeing, have also been explored.

METHODS: A focus group was conducted with a purposive sample of five older men living with haemophilia in Aotearoa New Zealand. Thematic analysis through Braun and Clarke's (2006) six-phased model was used to provide insight into their experiences.

FINDINGS: Substantial physical and new medical challenges existed for the participants and these had flow-on effects for their psychosocial wellbeing. Existing services were well regarded but the anticipated complexity of multi-specialist and continuing care provoked anxiety. Connection with others with similar challenges was seen as an important social resource.

CONCLUSIONS: The complexities associated with an aging population of people with haemophilia has generated a need for a wide-range of services and supports. Social workers need to take new and different approaches to fill the roles of advocating for, educating, and providing support to older men with haemophilia.

KEYWORDS: haemophilia; ageing; social work; wellbeing

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Haemophilia is a lifelong, genetic condition that causes excessive internal or external bleeding and often results in chronic health problems. Bleeding arises from the lack of an essential blood-clotting factor (World Federation of Hemophilia, 2012). Affected individuals are invariably male, while females, are carriers of the disease but also face different levels of symptoms. Historically, haemophilia contributed to a shorter life expectancy but life expectancy for people with haemophilia

is now approaching that of the general male population (Mannucci, Schutgens, Sant'agostino, & Mauser-Bunschoten, 2009). People with haemophilia are likely to have benefited from improvements in haemophilia care, including the availability of safe, effective blood coagulation treatment (known as factor concentrate, factor, or blood products) which is given intravenously and raises the clotting activity of the blood to a sufficient level to diminish bleeding (Rosendaal et al., 1990).

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Other advances include the development of comprehensive care programmes, new approaches to patient management, clinical trials for more effective treatments, and integration of therapeutic modalities (Oldenburg, Dolan, & Lemm, 2009).

Longer life expectancy for older people with haemophilia brings about new challenges that have never been seen before for the haemophilia population. The physical, mental and emotional effects for those facing haemophilia alongside old age can be substantial (Meijer & Van der Meer, 2007) and add further complexity to their treatment and care. These challenges are exacerbated by significant gaps in expertise and knowledge about the holistic wellbeing of older people with haemophilia.

The majority of the current literature on ageing with haemophilia is framed from a medical perspective, focusing on comorbidities and haematological management; however, a few exceptions exist. Dolan (2010) and Franchini and Mannucci (2010) have focused on the physical wellbeing of older people with haemophilia, particularly in the areas of falls and comorbidities but their research extends to the psychosocial effects that arise from these medical issues. Lambing and Kachalsky (2009) have conducted comprehensive research on older people with haemophilia's physical wellbeing, employment, life satisfaction and complications brought about from losing independence. Focusing more exclusively on psychosocial wellbeing, Mauser-Bunschoten, De Knecht-Van Eekelen, and Smit (2007) found that resilience can be used as a way to address the grief and fear experienced by some older people with haemophilia and Bos (2007) identified that social support could buffer, illness, stress or fear and thus could be used to promote the wellbeing of older people with haemophilia. Importantly, Street, Hill, Sussex, Warner, and Scully (2006) found that haemophilia organisations can play a key role in identifying and

implementing psychosocial support and be strong advocates for wellness programmes, practices, and policies to reduce the physical and psychological impacts of ageing. However, one of the most recent studies on older people with haemophilia and psychosocial wellbeing demonstrates that supporting older people with haemophilia can be more complicated than expected. Rolstad (2014) assessed the needs of older people with haemophilia specifically with respect to community-based supports. He found that, despite the need for psychosocial support, the men in his study were reluctant to receive this support and unreceptive to therapeutic interventions.

Although research interest in the novel and complex issues emerging for older people with haemophilia has grown over the last 10 years internationally, few studies have been conducted using the voice of older people with haemophilia themselves. In the Aotearoa New Zealand context, Park and her colleagues (Park, Scott, Benseman, & Berry, 1995; Park, Scott, & Bensen, 1999; Park & York, 2008) have produced some of the only Aotearoa New Zealand focused research on the haemophilia population. Their anthropological research provides an overview of the experiences and social and demographic characteristics of people with bleeding disorders in Aotearoa New Zealand. While this research gives context to the reality of people with haemophilia in Aotearoa New Zealand, there is not a specific focus on older people with haemophilia. Indeed, all previous research recognises the need for further investigation and new tools, processes, practices and policies to support how professionals work with older people with haemophilia. The current research contributes to the burgeoning evidence base on the holistic wellbeing needs of older people with haemophilia. In doing so, it provides further insights and recommendations with an emphasis on social work practice.

We argue that social workers are a critical part of the professional network people

with haemophilia rely on for support with respect to their holistic wellbeing. This view is supported by Allen and Kachalsky (2010) who have written one of the few articles which addresses aging with haemophilia and the implications this may have on social work practice with specific regard to the effects that losing independence can have on older people with haemophilia and how social workers may be able to assist in this area. They also highlight that social work with older people with haemophilia is an area that would benefit from more thorough examination. Other contemporary literature that addresses the connection between social work and people with haemophilia focuses primarily on organising insurance for treatment and care (which is not relevant in Aotearoa New Zealand as treatment is publicly funded) and the provision of support to newly diagnosed families, young children, and adolescents (Cassis, 2007). In contrast, during the 1980s, when human immunodeficiency virus (HIV) and hepatitis C virus (HCV) transmissions increased for people with haemophilia as a result of inadequate blood transfusion screening, the wide-ranging roles played by social workers in supporting people with haemophilia of all ages and their families were more visible in the literature (Allen & Kachalsky, 2010). These roles included education through workshops and events; supporting people with haemophilia to work through emotional issues and experiences of stigma; planning for the future; connecting people with haemophilia and HIV to others for social support; assisting with practical tasks; and advocating for people's rights. Social workers are equipped with the skills and knowledge to educate, advocate for, empower, and support people with haemophilia (Lauzon, 2008). The complexity of care associated with a growing population of people living longer with haemophilia indicates that there is an increasing need for such wide-ranging support and that a more extensive evidence base, one that can inform social work practice in this area, is needed. Considering the variations in public health policy and practice worldwide, as

well as Aotearoa New Zealand's diverse cultural landscape, further inquiry into the experiences of those aging with haemophilia within the local context and how their needs can be met is also essential.

The current study

To build on initial understandings regarding the experiences of older people with haemophilia in Aotearoa New Zealand, we felt it was important to begin at the source—with those experiencing the challenges, and to use a qualitative approach that could capture the richness of their experiences. The first author worked for the Haemophilia Foundation of New Zealand (HFNZ) as a social worker for seven years. In this role she observed that older people with haemophilia reach "normal" old age only to be faced with additional, but different, challenges to those experienced by people with haemophilia before them. A focus group approach was chosen to further investigate her observations. The specific objectives of this study were to: 1) gather information from the participants about the issues and challenges they faced growing older with haemophilia; and 2) gather opinions of the services and supports available to them. In exploring these objectives we sought to better understand how these men were affected by their condition and the ways in which social workers could offer improved or additional support.

Methods

A focus group was chosen in order to consult with a select group of aging men affected by haemophilia in Aotearoa New Zealand. Focus groups allow researchers to listen to debate and gain a deeper understanding of participant viewpoints and experiences (Walter, 2006). This focus group study was the first phase of a larger, mixed-method research project. The focus group was also used to pilot a draft questionnaire which would later be distributed to all older people with haemophilia in Aotearoa New Zealand with the aim of capturing the breadth rather than depth of perspectives. As the emphasis of this article is on

the participants' detailed experiences, we do not include discussion of the feedback participants provided about the questionnaire items. It is important to note that the questionnaire feedback was obtained after the open discussion of their experiences described here.

Ethics approval for the full research project was obtained from the University of Auckland Human Participants Ethics Committee prior to the commencement of this study. All participation was voluntary and participants were asked to respect the privacy of all members and not to disclose or discuss the other participants' identities or information. As the first author was an Outreach Worker for HFNZ at the time this research was conducted, participation in the focus group was sought only from individuals based outside the region where the researcher worked, and the potential conflict of interest was made transparent through the Participant Information Sheet.

Participants

Focus group participants were identified with assistance from the HFNZ Manager of Outreach Services using purposive sampling by identifying people who met the selection criteria and who represented a variety of ages, ethnicities, bleeding disorder severities, and experiences. Fourteen men met the criteria and were invited to participate in the focus group via posted letter. Five participants, who ranged in age from 45–72 years, agreed to participate in the focus group. One participant identified as Māori, one as Māori/New Zealand (NZ) European, and three as NZ European. Four of the participants had severe haemophilia and one had moderate haemophilia (three different severities exist: mild, moderate and severe). Three participants lived within a one-hour drive of a Haemophilia Treatment Centre (HTC), and the other two lived further away from their HTC.

Procedure

The focus group was held in a meeting room in August, 2014. A shared dinner was first paid

for by HFNZ to acknowledge participants' time and participation. Participants were informed of their rights and subsequently provided written consent to participate and to have the focus group audio-recorded. The focus group discussion was facilitated by the first author and guided by a semi-structured interview schedule including questions to address the dual aims of the research.

The first author took written notes of the participants' responses and organised these by key themes identified in their narratives as the discussion progressed. These themes were then reviewed with the group to ensure the ideas were accurately represented and adjustments made until the themes were correctly captured and reflected the conversation that had taken place. The focus group lasted 90 minutes and each participant was given a koha (\$20 grocery voucher) as a token of appreciation.

Data analysis

The focus group audio recording was manually transcribed after the workshop and the written transcript was thematically analysed following Braun and Clarke's (2006) six-step methodology where, after researchers became familiar with the data, codes were identified, and these were then reviewed to identify themes. The number of times a particular issue was discussed (by the same or different participants) was also taken into account, as was the time taken to discuss an issue, the emotion generated by an issue, and if an issue was agreed upon, or not, by all participants. The coding and themes were then reviewed by all three authors for internal homogeneity within thematic categories and for external heterogeneity across categories.

Findings

The findings are presented according to the two research aims, with the first section focusing on the experiences of older people with haemophilia with respect to the challenges and issues they are currently facing and the second focusing on their perceptions of

the supports and services currently available to them. The overarching themes are represented as section headings and subthemes are italicised for ease of identifiability.

Challenges and issues facing older people with haemophilia

Physical health

Participants described physical health, specifically decreased mobility and decreased physical activity as the most prominent issue for them, all agreeing that decreased mobility and physical activity negatively affected their wellbeing in very serious ways. Participants reported that decreased mobility had caused their movement to slow, so they were no longer able to participate in sports and activities they had once enjoyed. Some talked angrily about reoccurring bleeding episodes which had resulted in reduced joint movement and arthritis. They expressed frustration, knowing that exercise was good for them and their joint health, but being unable to participate in activity. For instance, one argued, "I want to get back to walking [on the golf fairway]. I used to do it all the time, but I can't, not even with my walker". They laughed about their "golf swing getting worse and worse" and how much their bodies had deteriorated over time. Participants also worried that they would lose further mobility, as expressed by one participant, "[mobility will] continuously slide away to a point where we are immobile".

New medical problems

The participants described the ways their bodies were "breaking down" and noted they were experiencing comorbidities, other diseases on top of their haemophilia, which one man described as "all sorts of weird stuff". They explained it was hard enough to deal with haemophilia without the complication of managing new medical problems because of aging. One stated "it's all the other things that now come on top of the challenges that we have already had to face in life".

These new conditions led to complexities for their care and treatment. They indicated that all of their medical needs were once fully managed by the HTC and that they had rarely engaged with specialists or GPs, but this could no longer be the case with the onset of comorbidities. They also felt that haemophilia treatment once fixed everything for them, however, now they needed additional medications for their new old age conditions. As stated by one participant, "for everything we used to go and see the Haematology Department and get a shot factor, and that was the answer to every problem we ever had". Another stated, "you can't give yourself another shot of factor and fix the heart problem". They recognised that with new medical problems came a higher risk for medical intervention and surgeries which are concerning for older people with haemophilia due to excessive bleeding. One participant explained, "it's those complexities around all the other things; gall stones, heart problems, liver problems ... where they are required to go inside you [operate] to fix it, that's where it gets complicated".

Coping with multiple comorbidities appeared to present many challenges for the participants, particularly as there was not much knowledge or experience of this within the haemophilia community. The group anticipated that things were going to become more difficult for them medically as they continued to age, and they would increasingly need additional specialists involved in their care, along with medications, and surgeries. They talked at length about the challenges comorbidities presented for them in many areas of their lives (mental and emotional, physical, logistical, and financial).

High financial cost of haemophilia to the healthcare system

Participants worried that the very high cost of their haemophilia treatment to the healthcare system would prevent them from getting the service, care, operations, and treatments they

would need. They recognised that District Health Boards (DHBs) are “tightening the screws” and constantly analysing the money people with haemophilia cost the system. One participant said “at some stage I would imagine that they are going to start doing the math and doing cost benefit analysis—if we fix this guy’s ticker is it worth the cost?” There was nervousness as the participants expressed concern that it would be them, the older people with haemophilia, who would miss out first unless they could strongly “prove their case on financial terms”. One participant shared, “I know two cases where people [with haemophilia] have gone to the surgeons and the surgeon says: you need this operation or replacement but we don’t have the funds for it”. Another participant was denied surgery due to its cost.

Two participants commented that clinicians appeared to be talking increasingly about the cost of their haemophilia treatment in front of them, and some had seen the costs of their treatment displayed on a price list at the blood bank when collecting their treatment. This issue clearly affected their mental and emotional wellbeing, with words such as “nervous,” “fear”, and “worry” being repeated throughout the dialogue.

Losing independence

The participants alluded to their fears of losing independence subtly throughout the focus group. They were concerned about the likelihood of having to spend more time in hospital as they got older, due to things such as: longer recovery times, more hospital visits and stays due to comorbidities, and an inability to treat themselves. One participant talked about his negative hospital experiences saying, “I resent going to hospital, I hate hospitals,” and they all agreed they would much rather stay in their homes and try to be independent for as long as possible.

Participants mentioned concerns about being able to continue caring for themselves. They worried that, as their eyesight, veins or dexterity deteriorated with age, they would

have to rely on medical professionals to administer intravenous treatment instead of being able to self-administer. One participant already experienced this challenge, “I can’t do that [treat at home]. I can’t give it to myself because I’ll miss the vein all the time”. This was especially a concern for those with severe haemophilia who needed to treat themselves more regularly (i.e., multiple times a week). They also talked of how more frequent hospital visits would create practical, financial and logistical challenges.

Perception of services and supports for older people with haemophilia

Participants indicated that they felt “very spoilt” in Aotearoa New Zealand regarding services and supports. Nevertheless, they offered suggestions for further service improvements. The following section presents the detailed findings in relation to this second research objective.

Haemophilia Treatment Centres (HTCs)

All participants strongly agreed that they had great services, support, and positive experiences with their HTC. They conveyed very high praise for their specialist nurse and spoke fondly of their haematologists, physiotherapists, and surgeons. They compared the medical care they received in Aotearoa New Zealand to developing countries, and were very appreciative of what they have here: “Compared to places like Cambodia we’ve got brilliant service. You look at the oldest people in Cambodia [with haemophilia] and their life expectancy is around 30”.

They were also grateful for the Aotearoa New Zealand comprehensive care model, with one stating “there are not many gaps” in services, and another saying the comprehensive care team “are committed to really looking after this community; it is really exceptional”. Words such as “well-oiled machine”, “caring” and “genuine” were used repeatedly to describe their

HTCs. Their access to their medical team impressed them most, especially to nurses. One explained, “you ring [nurse] at any time of the day or night and [nurse] is virtually guaranteed to answer that phone within three rings”. Another participant revealed, “when I came out of hospital with a bleed and I’d rung [nurse] and [nurse] came and picked me up and drove me home, how amazing is that?” This also extended to haematologists as expressed by another participant, “it used to be that I could call [haematologist] at home at three in the morning”. An orthopaedic surgeon was spoken about fondly by another, “you don’t even make an appointment, just turn up and I will see you now”. They also spoke warmly of their haemophilia physiotherapist and group physiotherapy sessions and initiatives.

Appreciation of medical staff was closely connected to another key theme: their fear and concern that HTC staff would leave their jobs, leaving gaps in services and people without specialist skills and knowledge. One participant stated, “if you take one of those things out of the equation ... then we lose our point of contact”. Participants described that they “rely on” and “need” their nurses and specialists involved closely in their care. They used words such as; “fear,” “nervousness,” and “risk” frequently when discussing the impact of medical staff leaving, or positions being cut back. In summing up their feelings on this topic, one shared, “you live in fear that one of them will leave,” and another expressed, “I’m always really nervous that they are going to pull the plug on it [physiotherapy service] or they will just quit and move on”.

Complexity of multiple specialists

There was some concern expressed about decentralised services because comorbidities and new medical problems required the involvement of other medical professionals. This presented problems as the participants said that new medical professionals often lacked understanding about haemophilia and its complexities. One man shared his

experience, saying he had told his GP about having haemophilia and his GP said, “oh I don’t know anything about that”. They all commented on having to educate medical professionals about their condition and its implications. One participant had to do so at the emergency department at the age of eight. They were also worried about poor communication between specialists, GPs, and their HTCs.

The group discussed at length the physical and practical implications of needing multiple specialists located in different settings, whereas it “used to be a one stop shop—you’d just go to the hospital for everything”. With services no longer all in one setting, there would likely be difficulties with traveling, parking, stress and problems for people with mobility issues or who lived in isolated places. One participant reflected, “it’s hard if you are having mobility problems and you’ve got to travel all around the countryside to get the specialists”. They were particularly worried for others with haemophilia who lived outside of the main centres of Aotearoa New Zealand and their access to quality care: “We hear horrible stories of guys in outlying areas that have been virtually forced to move to the cities because they just can’t get the level of service or care”.

Social connection

Participants mentioned the importance of bonding and connecting with other people who have haemophilia. They also mentioned the importance of their comradeship and their ability to understand one another, claiming it is often the “bonding and friendship” that helped them through the tough times. They worried about those who were not connected to others with haemophilia, expressing concern for the “bunch of guys isolated out there on their own, doing their own thing, wondering why the world hates them”. However, the group recognised that HFNZ was “probably scratching their head” on how to best support the older people with haemophilia. Some felt HFNZ was not supplying the types of events that

benefited and suited older men, and that HFNZ may not understand how older men communicated and engaged with one another. Participants' ideas included events specifically targeted to men's interests, and doing activities alongside one another. One suggested "give us a beer and a fishing rod and we'll talk the day away". Other than suggestions for specific types of events and ways of engaging them, four out of five of the participants generally believed HFNZ was supportive of them and their needs. One claimed it was the "best support we've ever had, and they are always looking at improving," and another said "services are bang on as far as I am concerned".

Discussion

This study aimed to explore both the concerns and challenges facing older people with haemophilia and their perceptions of existing supports and services. It was our intention to keep the questions broad and to let the participants guide the discussion based on what was important to them at that point in time. In capturing what was most salient to them with respect to these topics, we were able to identify: 1) if they saw social workers as a key and positive support in their lives, and 2) how social workers could play a stronger role in supporting their quality of life.

We discovered that the participants' concerns were predominantly focused on physical health and medical issues and the participants affirmed the importance of having coordinated medical services to address both haemophilia and other medically related aging issues arising from the complexity of managing both concurrently. Nevertheless, they articulated a clear connection between the physical challenges and their psychosocial wellbeing and pointed to the importance of recognising the link between their need for extensive medical care and its wide-ranging impact on their lives. Our findings intimate that greater education on the complexity of issues faced by older people with haemophilia

and advocacy for retaining well-connected, comprehensive services that address the holistic needs of older people with haemophilia are required. Social workers are well-suited to these roles as evidenced by their wide-ranging involvement in the HIV and HCV transmission scares in the 1980s (Allen & Kachalsky, 2010) and their role in supporting and assisting children and young adults with haemophilia and their wider whānau with accepting and living well with their condition through education, advocacy and capacity building (Cassis, 2007). Haemophilia social workers can also draw on their experience of providing psychoeducation to families, and in identifying the possibilities and resources that can be accessed in various systems and communities. Findings and implications for social work practice are now explored in further detail.

Concerns and challenges expressed by older people with haemophilia

The most prevalent, serious, and frequently reported-upon issues in this study were the loss of mobility and decreasing physical ability. These presented challenges and very real fears for participants. They worried that in the future they would become completely immobile. This is a common finding for older people with haemophilia around the world, and one that can have a serious effect on quality of life (Chen et al., 2015). Comorbidities also presented a number of challenges and future worries for older people with haemophilia in many areas of their lives (mental and emotional, physical, logistical, and financial). Existing evidence clearly demonstrates that comorbidities are becoming more common in older people with haemophilia and they are becoming more challenging for healthcare providers and patients to manage (Franchini & Mannucci, 2010).

This group of older people with haemophilia expressed growing fear that they would no longer be able to give themselves their own haemophilia factor

treatment. This would create further medical and practical challenges due to more frequent (in some cases daily) hospital visits or choosing not to have treatments (which could result in more bleeds, pain and decreased mobility). Accompanied by the new and very real possibility of family members (i.e., spouse) passing away before the older people with haemophilia that they support, adds further complexity to this issue of treatment at home, as it is often family who help with giving treatment when the older people with haemophilia cannot do so themselves. Lambing and Kachalsky (2009) explored the issue of the increasing need for care outside the home and the effects that no longer being able to self-treat could have on a person's life. They also found the need for more attention, education and resources to help older people with haemophilia find ways to maintain independence and deal with the physical and psychological consequences of losing independence. This was an issue rarely explored elsewhere and one that will become more prevalent over time.

Haemophilia treatment costs the Aotearoa New Zealand healthcare system approximately \$25 million per annum (Pharmac, 2015), and our participants expressed fears that the high cost of their haemophilia treatment could prevent them from getting the services, care and operations they may need in the future. This could also lead to older people with haemophilia reducing treatments to save money (as is happening with one participant) or experiencing immense feelings of guilt. This was a concern discussed in research with Park (Park et al., 1999; Park & York, 2008) with PWH of mixed ages in Aotearoa New Zealand. Park and colleagues also found that their participants were internalising how expensive they were to the healthcare system. There was little mention of this issue in the international literature which suggests that it may be specific to Aotearoa New Zealanders or that it has not yet been made visible overseas. Further intentional investigation is thus warranted.

Important social supports and services for older people with haemophilia

The older people with haemophilia in this study highly valued social participation, connection, and support from other people with bleeding disorders. However people with haemophilia in general may have problems with social participation due to time in hospital and physical inability to participate or attend events/functions (Triemstra et al., 1998); wanting to hide their condition due to discrimination and stigma (Barlow, Stapley, Ellard, & Gilchrist, 2007); or mental health barriers such as stress, high anxiety, low self-esteem, and depression (Ghanizadeh & Baligh-Jahromi, 2009). Considering that Bos (2007) found social support can buffer the ill-effects of illness and stress for older people with haemophilia, strategies are needed to help older people with haemophilia overcome barriers to social participation. In this regard, the current findings that HFNZ and its social workers do not always meet the needs of this group of people in terms of the events and activities on offer is of concern. Nevertheless, it is not unusual, as haemophilia organisations internationally struggle with *how* to involve older people with haemophilia in age- and gender-appropriate activities at appropriate times and places (Rolstad, 2014). Street et al. (2006) also comment that it is hard for haemophilia organisations to meet the needs of older people with haemophilia when their needs are unknown.

The participants in this study also encountered a lack of knowledge about haemophilia in the community and among many medical professionals. Older people with haemophilia are finding they need to educate professionals and retell their stories and experiences over and over again. Education and advocacy could make a difference in these regards. Social workers are often involved in care coordination and case management of both older people and people with chronic conditions. Using a comprehensive care model may significantly increase the quality, efficiency and health-related outcomes of care (Boult et al., 2009).

The implications of these findings for social work practice

There are a number of areas where social workers could play key roles to improve the lives of older people with haemophilia. Social workers often recognise the resilience of the people that they work with, and older people with haemophilia are an excellent example of people who have survived, or even thrived, with a complicated illness. Older people with haemophilia are also forging new territory as they live longer than people with haemophilia ever have. Solution-focused (Corcoran & Pillai, 2009), or strengths-based (Nelson-Becker, Chapin, & Fast, 2013) approaches should be used first and foremost to explore older people with haemophilia's skills and empower them in coming up with new ways of coping.

Some older people with haemophilia may require or benefit from support to address and work through their multiple fears and anxieties, including their loss of independence, mobility and the increased guilt they feel about the cost of their haemophilia treatment. Although it was found that multiple fears exist, Mauser-Bunschoten et al. (2007) found that older people with haemophilia also have very high resilience and optimistic views. Social workers therefore could help to strengthen their existing resilience and coping mechanisms, in addition to connecting older people with haemophilia to a range of therapeutic support options.

Social workers should help older people with haemophilia plan and prepare for their future and engage in greater advocacy towards meeting their needs. This could be done by organising and coordinating treatment for those who can no longer treat themselves, through discussions with local GPs or outreach nurses or facilitating whānau or professional meetings to see who could take on required tasks. Social workers can also facilitate access to the correct supports and equipment for mobility needs or assist in advocating for further investment in life-saving haemophilia treatments and

operations (through the public and private sphere) that could drastically impact the quality of life for older people with haemophilia.

A leading role in connecting older people with haemophilia to one another could be facilitated by social workers. This is particularly important for those who live in isolated locations. This connection could help reduce some of the psychological impacts of aging by sharing, connecting, and increasing older people with haemophilia's understanding that they are not alone. This could be aided by ensuring social workers have accurate and current records on the population concerned to guarantee all older people with haemophilia are getting up-to-date information, support, invitations to events, and outreach visits. Through such connection, social workers could also gain better information about older people with haemophilia's needs and encourage these men to participate in the planning and development of much-needed wellness programmes. In discussions with older people with haemophilia, social workers can gather information to inform HFNZ what events appear relevant, appropriate and engaging for older people with haemophilia. They can also ensure practices, policies, and supports are relevant and directed at preventative strategies to reduce the physical and psychological impacts of aging.

Social workers should play a key role in upskilling and educating GPs and other medical professionals. They can assist in explaining the medical condition, providing educational resources and also helping medical professionals understand the psychosocial impacts of haemophilia. They could attend appointments alongside older people with haemophilia or help them to liaise with their medical health professionals. Social workers could also play a role in educating medical professionals about how they could best connect with older people with haemophilia, for instance by highlighting the need to be more careful and sensitive in their discussions, including

being mindful about their tone and language when discussing the cost of treatments and surgeries for older people with haemophilia so as not to provoke further anxiety.

Study limitations and future research directions

Evident limitations of the study include its small scope (one focus group from one geographic location), and that individuals who had low mood, pain, mobility issues, or who were in hospital, might have been less likely to be interested in or able to attend the focus group. Thus, the results are not generalisable and are possibly biased in a positive direction.

In addition, although our open approach to the questioning with limited prompting allowed the participants to express what was most relevant to them, the predominant focus was on both challenges and services of a medical nature, which provided very little insight into their holistic wellbeing. Even when supports were mentioned, participants primarily took it to mean the medical team around them, along with some social support from people in the haemophilia community. There was no discussion at all of cultural or spiritual support, support from family or friends, or wider (non-haemophilia focused) social support, which we had expected, especially given the importance many tangata whenua place on the spiritual and relational dimensions of wellbeing (Durie, 1985) and the involvement of Māori participants in our study. It is unclear whether this was due to their medical issues actually being at the forefront (or root cause) of their daily life experiences to the point of obscuring other dimensions of their wellbeing or if they were perhaps reluctant to describe psychosocial, emotional and spiritual challenges openly in front of their peers. They may also have been more guarded because the interviewer was employed by HFNZ. Given the potential for social workers to provide wide-ranging support, as described above, this also raises concerns that social work may

not currently have enough visibility in the lives of older people with haemophilia.

The questionnaire study conducted as a follow-up to this initial qualitative exploration focused more explicitly on the multiple dimensions of wellbeing, including spirituality and family relationships and was designed to address some of these limitations. These findings will be reported in future articles. Further research should also consider directly comparing the experiences of older people with haemophilia to those of older people with other chronic conditions or disabilities and the general aging population. Our findings indicate they are likely to face similar challenges such as carrying out daily self-care activities, living independently, carrying out essential social roles, increased risk of hospitalisation, and physical inactivity and functional limitations (Heikkinen, 2006). Nevertheless, different conditions are also likely to give rise to unique challenges requiring tailored social work support coordinated with specialists such as gerontologists, local aging organisations (e.g., Age Concern), aging experts, and others involved with positive aging.

Conclusion

To date, there has been limited exploration into the unique issues faced by older people with haemophilia, despite consensus that assessment of the needs of older people with haemophilia is urgently required (Franchini & Mannucci, 2010). This research adds to the assessment of needs by clearly presenting some of the major challenges faced by older people with haemophilia and describing their perceptions regarding the support they receive. Social workers appear well situated with expertise and experience to either adapt or create new practices, and interventions to address the needs of older people with haemophilia. This study reiterated findings from previous studies around physical ability and immobility and the need for further education, advocacy and practical support for older people with

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haemophilia. This study also described lesser-known concerns associated with losing independence and no longer being able to self-treat, the emotional burden felt in relation to the cost of haemophilia treatment, and the desire for social connection with other older people with haemophilia. These findings help to deepen understanding of the lives and perceptions of older people with haemophilia in Aotearoa New Zealand. Through this research social workers, other haemophilia professionals and the wider haemophilia community are provided with knowledge to improve their policies, practice, programs and service to enhance the lives and wellbeing of older people with haemophilia.

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Hospitals, nationality, and culture: Social workers, experiences and reflections

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ABSTRACT

INTRODUCTION: Social work accrediting bodies mandate that workers analyse ways in which cultural values and structural forces shape client experiences and opportunities and that workers deconstruct mechanisms of exclusion and asymmetrical power relationships. This article reports the findings of a small-scale qualitative study of frontline hospital social workers' experiences and understanding of their mandate for culturally sensitive practice.

METHODS: The study involved one-hour, semi-structured interviews with 10 frontline hospital social workers. The interviews sought to understand how frontline workers and their organisations understood culturally sensitive practice. Drawing on their own social cultural biographies, workers described organisational policy and practices that supported (or not) culturally sensitive practice. Narrative analysis was used to extract themes.

FINDINGS: Data indicate that frontline hospital social workers demonstrated their professional mandate for culturally sensitive practice. Workers were firm in their view that working with the culturally other requires humility as well as a preparedness to value and engage the multiple cultural meanings that evolve in the patient-worker encounter.

CONCLUSION: The findings highlight that mandating cultural sensitivity does not necessarily result in such practice. Cultural sensitivity requires an understanding of how cultural and social location may be implicated in sustaining the dominant cultural narrative and signals the need for workers, systems and organisations to facilitate appropriate learning experiences to explore culturally sensitive practice.

KEYWORDS: culture; diversity; humility; hospitals; postmodernism; postpositivism

Of Australia's population, 46% were born overseas or have a parent who was born overseas. Of these, nearly 60% speak a language other than English. Twenty percent of people from backgrounds other than English have experienced race-based exclusion or have reported discrimination because of skin colour, ethnic origin or religion (Australian Human Rights Commission, 2014). Grounded in its commitment to justice, culturally sensitive practice reflects the mandate of international and national social work bodies (International Federation of Social Workers

(IFSW), 2014) to "recognise and respect ethnic, cultural and race based values, characteristics, traditions and behaviours and integrate these characteristics successfully into practice" (Australian Association of Social Workers (AASW), 2010, p. 43). Drawing on the experiences of 10 frontline hospital social workers of culturally diverse backgrounds, this article reports on how they understand and practise the international and national social work mandates to work inclusively with clients from cultures different to their own. It also includes their insights and understanding

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about recognising and respecting the “culturally other.”

Notwithstanding the AASW’s mandate to provide culturally responsive services, international and national literature note the discourse debates surrounding what it means to work with diverse populations. Different discourse lenses will shape what is understood as: culture; what constitutes effective social work practice; practitioner role; methodology; goals; and social work models (Williams, 2006).

Prior to reporting the research, the author, cognisant of the theoretical paradigms that can be used to situate the report, drew on two of William’s (2006) paradigm conceptualisations: postpositivism (broadly aligned with essentialism) and postmodernism, broadly aligned with constructivism. The researcher determined that postpositivism and postmodernism best serve to describe the opposing frameworks used to understand culture. These two frameworks are used to demonstrate theoretically opposite ways of how social work roles and methods for cultural practice, cultural competency and cultural humility could be understood and used as entry points to social work practice.

Two theoretical perspectives

Postpositivism

In the postpositivism discourse, culture is stable and understood as part of an identity common to all members of a group. Founded in shared experiences, culture is maintained in continuous form (Nadan, 2014; Williams, 2006). Difference is seen in the context of systemic discrimination and the practitioner’s cultural discriminatory blind-spots remain uncharted and unchallenged.

Reflecting the postpositivism discourse and its emphasis on “fixed” indicators, researchers (Grant, Parry, & Guerin, 2013) argue that the term *cultural competency* provides specific indicators to monitor

appropriate cultural interventions. Providing the specificity required of the postpositivism paradigm, indicators privilege measurable knowledge, skills and values that demonstrate cultural competency (Institute for Culture Ethnicity and Policy (ICEPA), 2003; Nadan, 2014).

Practice focus is on technical proficiency (Cross, Bazron, Dennis, & Isaacs, 1989) and applied as a “one-size-fits-all” across nationalities without sensitivity to ethnicity or individual and multiple cultural identities that the culturally other brings with her/him (Williams, 2006). The emphasis is on the practitioner’s cultural knowledge, awareness, and skills and on *being* culturally competent. Reduced to formulaic interventions and checklists mapped along a continuum of competence, cultural knowledge, awareness and skills are key performance indicators of how successfully the practitioner (or the organisation) works across lines of cultural difference (Fisher-Borne, Cain, & Martin, 2015). Occupying a position of power, the worker’s values, attitudes and beliefs are not exposed or critiqued against the power and privilege afforded to those belonging to the dominant culture.

Garran and Werkmeister Rozas (2013) emphasise that a formulaic definition of cultural competency disregards the influences of power and privilege. Others criticise the cultural competence paradigm as being tokenistic, for assuming that the worker is from the dominant culture, for lacking a power analysis and for treating culture as a neutral phenomenon (Furlong & Wight, 2011; Garran & Werkmeister Rozas, 2013). Hosken (2013) argues that cultural competency training has the potential to reinforce stereotypes and that it is erroneous to conceive that a type of ethno-cultural matching can achieve cultural competence.

Postmodernism

Cultural humility, a term coined by Tervalon and Murray-Garcia (1998), is situated within a postmodernist discourse. Culture

is understood as unfixed, drawing on contextuality and personal narratives. Juxtaposed against the postpositivist lens of cultural competency, a practitioner committed to cultural humility suspends her/his assumptions, expertise and knowledge about the culturally other and enters into a power sharing and exchange with the client. This means being open to the other and befriending the difference while working consciously to deconstruct the mechanisms of exclusion (Nadan, 2014).

Assuming an attitude of “not knowing,” she/he is an explorer and facilitator who helps the culturally other delve into her/his multiple identities, relationships and systems (e.g., patient, wife, mother, person of colour), while simultaneously reflecting on her/his own narratives, role and social positioning. As Williams (2006) and Nadan (2014) write, these exchanges and explorations become the emancipatory co-creation of multiple meanings and new relationships. The worker is not the expert. The practitioner is always *becoming* rather than *being* culturally competent.

Central to this discourse is the worker’s critique of the individual and structural power differentials between her/himself and her/his client. She/he advocates for self-reflection on ways in which cultural values and structural forces shape client experiences and opportunities. The practitioner’s encounter with the individual who has multiple identities and narratives, challenges the practitioner’s ethnocentrism, prejudices and assumptions, committing the worker to deconstruct her/his attitude towards cultural difference and moving her/him towards more inclusive practice.

Critics of the term cultural humility point to a fundamentally erroneous assumption that being culturally humble automatically translates into respect for diversity (Danso, 2016; Hook, Davis, Owen, Worthington Jr, & Utsey, 2013). Notwithstanding this, cultural humility is consistent with the mandate of professional codes (AASW, 2010; IFSW, 2014). It requires in workers “an examination of one’s

own attitude and values, and the acquisition of the values, knowledge, skills and attributes that allow one to work appropriately in cross-cultural situations” (AASW, 2013, p. 16).

Cultural humility and the health care setting

In health care and other settings that social workers occupy, cultural humility challenges the worker to recognise that the cultural context of practice is not abstract. It also demands awareness that structural inequalities impact on health care interventions and that culture is not static but always negotiated within relationships of micro, meso and macro power (Grant et al., 2013) and within the many constructions of identity.

Researchers have found that people of culturally diverse backgrounds experience a difference in how health workers and health systems interact with them (Brach & Fraserirector, 2000; Horevitz, Lawson, & Chow, 2013). For example, Australian researchers Khawaja, McCarthy, Braddock, and Dunne (2013) found that language barriers, financial constraints, lack of knowledge of services, social stigmas and lack of appropriate culturally competent health service providers led to poor utilisation of mental health services among people of some culturally diverse backgrounds. Similarly, ICEPA (2009), conducting an audit of culturally diverse populations and cultural responsiveness in Victoria, Australia health settings, determined that, when health services failed to understand the socio-cultural differences between health care organisations, their workers, and their patients, communication and trust between them suffered. This breakdown led to a perceived or actual diminishing in the quality of care experienced by these patients.

Social workers working to empower and advocate for clients from culturally diverse backgrounds need to understand and incorporate into their practice the social and cultural influences on patients’ health beliefs and behaviour, including understanding their

own socio-cultural location and experiences. This involves a commitment to practice located within the cultural humility discourse.

Social workers and socio-cultural location

Researchers have documented the need for social workers to develop cultural humility. A critical aspect of self-awareness includes the social worker's exploration and understanding of her/his own cultural social location and an examination of how one's own beliefs, biases and differences can either enhance or impede effective work with clients who are ethnically/racially different from themselves (AASW, 2010; IFSW, 2014; Morley, Macfarlane, & Ablett, 2014).

For social workers who belong to culturally diverse groups, their everyday practice might be located in a culture that might not be coherent to the culture they carry. Researchers (Wong et al., 2003; Yan, 2005, 2008) have noted the tensions that may confront social workers who belong to cultural backgrounds different from the dominant culture and who are situated in an organisational culture different from their own. These tensions include the worker's culture being at odds with the dominant culture and the client's culture; the burdensome expectations placed on workers who share a similar cultural background; the boundary confusion that may occur between the worker and clients of the same cultural background and navigating the multiple power relations that exist within and between cultures. Yan (2005) has mapped the range of responses to these tensions. He notes that workers can detach their cultural identity from their professional identity, separate their personal lives from their professional lives, switch between their cultural and professional selves when dealing with clients of similar cultural backgrounds, and selectively assume the organisation's culture.

Research from Melbourne regarding social workers of diverse cultural backgrounds is scarce and limited to postpositivist explorations of culturally competent

practice guidelines, benchmarks, and standards. Chalmers, Allon, White, Savage, and Choucair's (2002) research canvasses the barriers that workers face when working with people of culturally diverse backgrounds and list workers as solely responsible for culturally sensitive practice, ad hoc approaches and a lack of embedded, supportive hospital structures. ICEPA's (2003) review into culturally sensitive practice reporting requirements, minimum standards and benchmarks found a lack of a consistent definition or a framework for culturally sensitive practice. The review also found an absence of strategies to make culturally sensitive practice integral to the operation of the agency and a lack of appropriate measurement indicators of progress.

A number of reports (VicHealth, 2005; VicHealth, 2007) found the need for hospitals and hospital workers to understand that there is a strong relationship between exposure to cultural tensions and poor mental health and that people of cultural minority backgrounds experience more incidents of discrimination and intolerance than people of non-English-speaking backgrounds. Additionally, Victorian resource plans and guides (ICEPA, 2003; Metropolitan Health and Aged Care Services Division, 2006) outline how hospitals and workers can facilitate access to culturally responsive health practices.

None of the literature reviewed focussed specifically on frontline hospital social workers and their practice within culturally diverse hospital settings. The contribution of this research is its focus on, and the experiences and perspectives of, frontline social workers who routinely work with the complexities of diverse groups and communities and the organisations that serve them.

Methodology and method

The overall qualitative approach used in this research falls within the constructivist epistemology and postmodernist theoretical perspectives. The research falls within the critical social research tradition because of

its political intention to make life better for a disadvantaged group (Henn, Weinstein, & Foard, 2009). The Chief Investigator (CI) belonged to a non-dominant cultural group. This demanded an ongoing reflexivity (Dwyer & Buckle, 2009) that brought a realisation that sometimes the worker and the researcher shared similar social work practice experiences, opinions, and perspectives, and at other times, they did not. The challenge was to probe information that may have seemed too familiar so that assumptions and familiarity did not impose themselves on the participant experiences.

Using a narrative research design, a semi-structured interview approach was chosen as the data-gathering method. In line with a postmodernist paradigm, this approach privileged the workers' voices and views on the topic and provided the participants with time and opportunity to explore their experiences and perceptions about working with diversity (Liamputtong & Ezzy 2005).

The researchers involved in this project identified as of a first-generation Maltese and Australian cultural background. The CI and Associate Investigator (AI) position themselves within a postmodernist paradigm. They understand that culture and cultural identities are individually constructed and located within personal and social narratives and ideologies (Fisher-Borne et al., 2015; Williams, 2006). The researchers understand that culture and cultural identities cannot be generalised across groups of individuals since cultural meanings and location change in response to different experiences.

Underscoring the researchers' belief that research is a relational process and that research data cannot be removed from the macro and micro social, economic and political contexts within which the data is analysed, the researchers' were aware that the CI's cultural background positioned her as both insider and outsider—listening to the participants' experiences and recalling her own experiences (Barcinski, 2007). Thus, within the cultural humility paradigm, the CI conducted the

semi-structured interviews assuming the "attitude of not knowing" and made available her own her own cultural narrative during the semi-structured interviews.

Making available her own cultural history and biography during the interview, the CI endeavoured to engage with the client in co-creating a "power with" relationship, bringing her closer to the participants and enable her, through shared narratives, to ethically represent the cultural other.

The research proposal, including details of informed consent procedures, risk minimisation strategies and interview protocols were approved by the Victoria University Human Research Ethics Committee (HREC No. 000023196). The participants' right to discontinue the interview without penalty or prejudice was stipulated at the beginning of the semi-structured interview. To alleviate any potential risks and discomfort that might have arisen when recalling and sharing personal or professional experiences of cultural bias or discrimination, participants were given the name and contact details of a counsellor.

This small, qualitative research project aimed to explore how cultural diversity impacts on social work practice in Western Health (WH), a large health care organisation in Melbourne's west. The research explored frontline social workers' (hereafter, "workers") experiences within a culturally diverse workplace and from the workers' own perspectives. The questions guiding this research were:

1. How do frontline workers understand culturally sensitive practice?
2. How do frontline social workers at WH experience the organisation's policies and practices in regard to culturally sensitive practice?

The research entailed two steps. Firstly, prior to the interviews, the CI conducted an information session that invited potential participants to hear about the research, explore current discourses and debates

concerning working with diversity, the range of terminology used to describe paradigms, the models of practice approaches used when working with cultural diversity and an invitation to participate in the project.

The second stage entailed the semi-structured interviews that were held at a participant-nominated location that offered privacy and confidentiality to the participant.

Of the 50 social workers employed at WH, eight females and two males responded to an invitation to participate in an information session about the research. All respondents agreed to participate in the research.

The CI conducted one-hour semi-structured interviews. These interviews canvassed understandings and experiences of culturally sensitive practice, perceptions of WH's responsiveness to cultural diversity at policy and practice level and the contribution (or otherwise) of a personal cultural lens to social work practice. In line with the postmodernist paradigm, participants, although provided with prompt questions, were encouraged to share experiences as they chose (Ritchie, Lewis, McNaughton Nicholls, & Ormston 2014). Strengthening the validity of the research, the interviews, digitally recorded and transcribed in full, were returned to the participants for checking (Dodd & Epstein, 2012). On receiving the transcripts all material was de-identified and assigned a pseudonym.

Transcripts were then analysed thematically using the NVivo™ computer program (QSR International). This involved becoming familiar with the transcripts through careful reading and rereading, coding and recoding units of data, establishing preliminary themes and settling on subthemes (Spencer, Ritchie, Ormston, O'Connell, & Barnard, 2014).

To ensure that the thematic analysis was robust, credible and trustworthy (Ryan & Bernard, 2003), auditing and checking of codes and recoding was carried out by the CI and AI. This shared and ongoing analysis confirmed or disconfirmed the analysis and generated

an emerging understanding of how workers experienced and understood their practice with people from culturally diverse backgrounds.

Participant characteristics

Participants worked in a range of hospital wards and the years of employment with WH ranged from one to nine years. All workers identified themselves as having cultural backgrounds other than European. Four participants had migrated to Australia within the previous 15 years and six identified as first-generation Australian. One participant nominated an ethnicity to describe his socio-cultural background. In the findings below fictional names are used to protect the identity of individual participants.

Agency characteristics

WH is located in Australia, in Melbourne's western suburbs, and is responsible for managing three acute public hospitals. The catchment area contains a high number of refugee and asylum seekers and the highest rates of births in Australia, as well as a much higher proportion of older residents than Australia's national average. Many within WH's catchment community experience entrenched disadvantage, higher-than-average unemployment, lower-than-average labour force participation and a large proportion of the population live below the poverty line. WH cares for a population of 700,000 people, who speak more than 100 different languages and dialects and employs over 6,200 staff plus volunteers (Western Health, 2015).

WH's strategic plan is committed to values that reflect social justice principles and names compassion, accountability, respect and excellence as underpinning its values and seeks to work collaboratively with its community to improve the community's health and wellbeing status. Additionally, it acknowledges that it requires a workforce that is competent and trained to work with its diverse community and aims to recruit and retain staff that reflect the diversity of its community (Western Health, 2015).

Findings

How do frontline practitioners understand culturally sensitive practice?

The data addressing this question are reported under one theme: *Culture and Knowledge* and three subthemes: *socio-cultural location, understanding culturally sensitive practice* and *being mindful*.

Social workers were aware that working with people from diverse cultural backgrounds required them to reflect on their own cultural location and to recognise the values, beliefs biases and differences in their interactions with patients of a different cultural background to their own. Various described, workers consistently illustrated efforts to demonstrate and integrate AASW values of respect and inclusivity and evidence practice within the cultural humility paradigm.

Culture and knowledge

Socio-cultural location

Suggesting that culture is a stable form of traits, behaviours and expectations common to members of a group, all but one participant, Abiola, conflated the concept of nationality and ethnicity. Abiola explored the nature of culture by drawing attention to the influence of the multiple identities that shape personal narratives:

We have education in culture, we have politics in culture and we have services in culture. Africa then narrows down to Nigeria, and even when you come to Nigeria—it is a very multi-ethnic country. I am from one of the big three tribes, the Ibo tribe.

The workers in this research reflected on the different “knowledges” that they needed when working in culturally diverse settings. The first knowledge that workers considered necessary was self-knowledge, that is, knowledge of their own cultural

values and beliefs. Workers acknowledged that, as people from diverse backgrounds themselves, they had cultural insights that either did or did not resonate with their patients’ cultural worldviews.

Workers described experiences of being drawn into conversations about their cultural backgrounds. Some workers perceived their client’s cultural curiosity, although well meaning, as based on assumptions. For example, Esayas described an encounter where it was assumed that skin colour signals being born outside Australia, which although true for him, may not be for others of “brown skin”:

People are genuinely asking about my brown skin and green eyes, where I come from.

Other workers felt uncomfortable when having similar conversations. Their wish was to be “the same” as those from the dominant culture, thus they avoided “cultural” conversations. As Jaswinder, stated:

I found growing up (in Australia) I was made to feel different and I didn’t want to feel different, so now I don’t talk about culture.

Understanding of culturally sensitive practice

All workers understood that their practice approaches needed to be responsive to the patients’ circumstances, health literacies, and cultural backgrounds.

Asked to describe what they understood as cultural competence, all frontline workers were firm in their view that this required the worker “to know and to adapt” to all cultures. Their view was that claiming cultural competency was problematic and “overwhelming” (Navea). Workers were firm in the view that they could not realistically position themselves as cultural experts, since one could “never know every culture” (Emily). As Kiana noted:

Competence suggests if you're competent at something then you know it. I certainly don't know every culture and I don't know anyone but my own well.

Workers unfamiliar with the term, cultural humility, a term not "heard of until the [information] meeting" (Jaswinder) conducted by the CI, spoke of cultural humility as a "so much more appropriate" (Zhenli) practice approach. Some highlighted the new insight that occurred when introduced to the cultural humility paradigm as "the missing link in my understanding" (Kiana).

Workers named this shift as reframing how they position themselves within the worker–client relationship and noted that the term more accurately captured the respect and humility that they, as workers, wanted to communicate in their practice. Two reflections capture these views:

The term humility felt so much more respectful. (Kiana)
I can't understand all these cultures—I just need to be humble. (Navea)

Being mindful

Workers spoke of the new insights gained when working with cultures different to their own. These experiences provided opportunities for workers to reframe their "thoughts, beliefs and practice" (Navea) about culture and working with cultural diversity.

Workers named that reflective engagement on their own and their client's culture was pivotal to how they conducted practice. They considered reflective engagement as a conduit to recognising any personal bias that would influence their practice interventions.

Notwithstanding this worker reflexivity, some statements indicated a tendency for workers to homogenise cultural needs without checking that the client and worker have similar understandings and intervention goals. For example, Jaswinder

imposed on her client the value she places on family connection without checking whether her client shares such values:

Immediate family is definitely important. I think the idea of you never being alone is important in a hospital setting.

Similarly, Agnieska assumed, based on her mother's situation, that her client would need an interpreter:

If my mother was still alive and needing that type of support, I know she would prefer someone to speak Polish, so I find an interpreter.

Abiola, too, adopted a "one size fits all" approach while advocating for his client. Abiola homogenised his view of Russian culture:

Keeping in mind the culture that is confronting you in that point in time I there has been space to say "no actually, this is the way e.g., Russians think about this".

Workers described the personal dissonance they felt when their cultural values differed from some clients' values and beliefs. This dissonance was particularly stark when workers described their personal cultural notions of caring and having to accept caring arrangements different to their cultural/familial arrangements. As Maria stated:

Family caring is quite embedded in me, in family values and family culture so what I struggle with is when patients don't have that in such an intensive environment or critical time. (Maria)

The workers also had practice-based views on how to draw on their clients' cultural strengths and advocate for these strengths to be incorporated in case management. Workers maintained that acknowledging and incorporating cultural worldviews, beliefs and practices positioned them "beside" rather than "apart from" their culturally diverse population.

How do frontline social workers at WH experience the organisation's policies and practices in regard to culturally sensitive practice?

The data addressing this question are reported under one theme: *Culture and practice* and two subthemes: *being mindful and culture, workers and organisation*.

Culture and practice

Culture as "working beside"

Expanding on what workers believed to be culturally sensitive, workers spoke of working *beside* patients. Reflective of the postmodern understanding described earlier, workers referenced the challenges that might arise when confronted with cultural narratives different to their own.

For example, all workers stressed that being mindful of the intergenerational expectations, combined with the family cultural expectations, necessitated that they manage the cultural disruption and distress that illness and its aftermath caused within the familial system:

In their generation you care for your parents until the end. You can see that it's challenging for them as a family group and the guilt involved for families. (Abiola)

This positioned workers as empathic partners, "You have to manage that distress with them, not for them" (Abiola). Other situations positioned workers as advocates, "she was screaming at the medical staff telling her to be quiet. I had to say 'hang on a minute; let her express grief her way'" (Emily).

All workers highlighted the importance of interventions that were respectful of religious beliefs. However, workers acknowledged the challenges associated with balancing personal/cultural beliefs and interventions "in a respectful way" (Maria), supporting the right to reject Western medical interventions, and working within WH's Western medical structures:

She had strong cultural beliefs around karma; I remember I had to advocate for her—she didn't want to be pressured into any western approach. (Kiana)

Preparedness to explore and confront issues of cultural clashes, might indicate that workers were positively inclined to confront the more challenging "working beside" interventions that involved, for example, end-of-life decisions.

Culture, workers, and organisation

Workers acknowledged that WH had policies (Western Health, 2015) to engage with different cultural groups but saw service gaps that directly impacted on the ability to do so as indicating that WH had "some way to go" (Esayas) if policy was to translate into practice. One worker was aware of WH's employment of a cultural advisor: "We have a lady who's part of the cultural engagement. She is involved in getting people of different cultural backgrounds on hospital committees" (Una).

Three workers indicated that more work was needed to action culturally sensitive policies. In Jaswinder's words: "I don't know how [policies] translate and trickle down to actually what happens on a ground level—our knowledge and our practice needs to grow." Some workers recognised that culturally sensitive practice is reliant on the employee preparedness to participate in professional development and on the availability of capital resources to expend on professional development. Maria's comment illustrates this reliance and also illustrates the tendency for worker to assume a one-size-fits-all approach when working with the culturally other:

Training is dependent on people. Even if you had all these cultural policies in place, there's no one really making sure that workers do the training; there's not enough money to be putting into training people in a certain way or to ensure everyone trained the same way.

All workers referred to effective and accurate communication with non-English-speaking patients as central to inclusive and rights based practice. They were of the view that WH was “not progressing with the different cultural groups that are coming through” (Una) and that attempting to engage interpreters or negotiate access to telephone interpreters, was problematic.

As indicated by Maria, “the bane of my life is trying to find a phone to get an interpreter.” Esayas added that access to translated social work information was an area in which WH needed to evidence culturally sensitive practice, commenting: “We don’t have a social work pamphlet in different languages so usually people don’t even know our services.”

A number of workers spoke about the challenges of interprofessional practice and the impact of positional and professional power on culturally sensitive practice. For example, Jaswinder was of the view that doctors, with positional and professional power, had the final say in whether or not cultural/ethnic factors were considered in medical interventions: “Some doctors are quite powerful in terms of they’re making all the decisions”.

Discussion

The workers’ adjustment of practice interventions was indicative of their understanding and acknowledgment that personal values and beliefs have their genesis in formative socio-cultural histories (Harrison & Turner, 2011; Hosken, 2013). Workers articulated values that resonate with both the AASW’s commitment to social justice and human rights and its mandate to demonstrate culturally sensitive interventions (AASW, 2010). Affirming both the importance and social justice imperative of providing culturally appropriate resources so that health care services are accessible (Jovanovic, 2011; Knowles & Peng, 2005), workers were also aware that they held socio-cultural and socio-political positions that impacted on practice interventions. Cognisant of balancing cultural competency with cultural

humility, the descriptions of how practice was adjusted to respond to, and incorporate, their patients’ cultural beliefs practices and values, suggest the transformative and transferable learning described in the literature as going beyond abstract, static concepts and towards patient-worker negotiated interventions (Grant et al., 2013) and their wish to practise cultural humility.

Notwithstanding evidence that most workers conflated their understanding of culture, workers narrated their evolving cultural knowledge, their changing attitudes and their emerging practice when working within a diverse cultural setting. Their sensitivity to how their own sociocultural location, cultural values and beliefs either did or did not resonate with client world views and the impact of this on their practice reflects the fluid, dynamic process of *becoming* culturally competent (Dudas, 2012) and is consistent with the cultural humility paradigm (Hosken, 2013).

Cognisant of the importance of cultural concordance (National Health Workforce Taskforce, 2009), WH’s employment strategy aims to develop and promote a culturally diverse workforce. WH commits to “continue to deliver and enhance culturally appropriate health care” (Western Health, 2015, p. 17) through the provision of professional development opportunities, focussing these opportunities on integration and learning, i.e., competency, rather than on humility. Nevertheless, this responsibility, as noted by Harrison and Turner (2011) and Anderson, Scrimshaw, Fullilove, Fielding, and Normand (2003), and echoed in the workers’ responses, also needs a reciprocal worker commitment to attend the professional development opportunities.

WH’s difficulty in providing resources for use with its dynamic and emerging patient demographic is indicative of the challenges that confront health services attempting to build a capacity to work with a culturally diverse demographic (National Health Workforce Taskforce, 2009).

The findings of this research reveal that hospital social workers, while aware of the need for culturally sensitive practice may need to be more responsive to the discursive elements of the unfixed and constantly evolving nature of culture (Williams, 2006) and avoid practices that uncritically conflate culture. While the training emphasis remains on a technical, postpositivist approach to culture, WH will have difficulty designing appropriate policies that respond to the culturally other.

Similarly, on a day-to-day level, hospital policy and practices must appraise how the allocation of resources signposts cultural inclusivity thus avoiding the monocultural tendency to provide services that “[look] the same for everybody” (Abiola). These must ensure that workers are continually building on and exploring their own and their clients’ multiple cultural identities, while also balancing the need for cultural sources of information with practices seeking unique narratives and establishing the client as the expert.

Conclusion

The author acknowledges that the generalisability and transferability of these findings are somewhat limited in terms of the geographic location, the smallness of the cohort engaged in the study and the contextual restriction to one field of practice, i.e., the hospital setting. Hence, there will be certain limitations in relation to making generalisations or transferring learning to other fields. However, despite these limitations, the research provides preliminary understandings of how hospital social workers understand the relationship between culture and culturally sensitive practice. The findings might have relevance to those interested in exploring the intersectionality of the nature of culture and methods of practice. They also have relevance to those workers and systems who wish to make decisions responsive to cultural diversity.

Expanding the research in scope and reach to include the perspectives of patients and their families and to investigate further how WH and its frontline workers can enhance culturally sensitive practice would add to the body of empirical research that pursues the fundamental principles of justice and inclusivity.

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Educating on anti-oppressive practice with gender and sexual minority elders: Nursing and social work perspectives

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ABSTRACT

INTRODUCTION: This article relates a common dilemma in professional education out of which developed a collaboration between two health disciplines at a regional Australian university. In a literature review across the two disciplines, the authors drew from social work's teaching knowledge base in an attempt to strengthen the nursing skill base. The intention was to provide students working in the health sector with a consistent theoretical approach and practical tools when working with sexual and gender minorities.

METHOD: As associate professors in social work and nursing, the authors argue on the basis of the teaching and the literature review, for an explicitly anti-oppressive approach to be applied to the education of professionals who work with elders identifying with gender and sexual minorities. Working within an anti-oppressive framework, beginning practitioners in social work and nursing in degree-level education programmes were encouraged to explore their own attitudes including taken-for-granted assumptions often unexplored in the prevailing medical models of care. How different demographics within the lesbian, gay, bisexual, transgender, intersex, queer (LGBTQIA) community experience the health industry is a current issue for educators. There have been increasing challenges expressed by transgender individuals and their concerns over their specific health needs/stigma in rest-home-care facilities, for example.

CONCLUSION: By embedding anti-oppressive principles in our teaching practice, relating to gender and sexual minorities, we acknowledge and open the debate to some of the possibilities/practicalities/difficulties of advocating for this within a broader multi-disciplinary in small town, rural contexts. The implications for social work and nursing education are discussed.

KEYWORDS: gender; diversity; sexual diversity; elders; education; nursing

A questioning of traditional professional responses to the needs of a range of client groups, including elders, those with disabilities, gay and lesbian, and mental health consumers has long been a feature of social work education, more recently fuelled by the rise of the service-user and recovery movements. For nurses, the unacceptability of many aspects of expert-knows-best professional practice has created a groundswell for change in which practitioners are re-conceptualising their

traditional professional relationships with service users. Teaching nursing and allied health professionals by exploring individual values that impact upon practice with an explicitly anti-oppressive stance is suggested as a way forward. Social workers, due to their training, are well-placed to provide examples of how anti-oppressive practice can apply in the care of elders self-identifying as gender and sexual minorities. Both nursing and social work research needs to include the views of the LGBTQIA community, as

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this could enhance the understanding and application of anti-oppressive practice within a health care system by providing material on the needs and experience of diverse gender and sexual populations within these groups.

LGBTIA is an acronym that stands for a range of sexual and gender diverse identities, including: lesbian, gay, bisexual, transgender, intersex, and queer. The term *queer* is an umbrella term used to describe an orientation and paradigm that developed out of lesbian and gay experiences, which establishes a theoretical framework for understanding alternative lifestyles and ways of being. In this article we attempt to look at the differing needs of elders who self-identify with the LGBTIA community, mindful that much of the literature has developed from the lesbian and gay experience.

Health systems are often unwelcoming to gender and sexual minorities. Typically, service providers react with anxiety, embarrassment, pity and even go so far as to reject the patient or resident (Irwin, 2007). The literature on elders from gender and sexual minorities which is predominantly focused on gay and lesbian elders, attests to this attitude. Over time, many gay and lesbian elders have been oppressed, both overtly and covertly. As well as direct discrimination, indirect discrimination is associated with health providers' assumptions that patients are heterosexual in their orientation (Hughes, 2007). Clearly, individuals should be offered the same respect as other gender orientated individuals. Aged care facilities may address sexual orientation issues in their policies, yet in practice these policies may not be reflected in the day-to-day quality of the care provided for elder residents who self-identify with the LGBTIA community.

As authors of this article, both academic heads in two different disciplines, social work and nursing, our teaching at a regional

university in the Northern Territory of Australia reflects aspects of the unique environment in which our students and ourselves both live and practise. As a remote and rural location, around 4–5 hours by air to the nearest main cities of Australia, the present-day Northern Territory is typically seen as originating historically from a frontier society. Archival accounts of living in the Northern Territory describe harsh climatic extremes and landscapes, which include areas of desert, lush tropical jungle and cyclonic weather conditions. Traditionally, living in the Territory was seen as a white man's place, unsuitable for women due to the factors identified above, therefore, an overriding macho ethic has operated locally since white colonial settlement (Bennett, Green, Gilbert, & Bessarab, 2013). The history of relations with the Aboriginal people is written from a white colonial perspective with little acknowledgement of the Indigenous culture. This invisibility of the Aboriginal people is an issue we have tried to address by introducing readings and textbooks that critique the absence of written accounts of Indigenous history and colonisation in Australia (Bennett et al., 2013). Therefore, in our teaching we endeavour to look with a critical gaze over all approaches to practice where invisibility or marginalisation of any group in society is an issue. Our definition of culture in our teaching is, of necessity, a broad one, encompassing dimensions of age, gender, ethnicity, geographic location, and sexual orientation. Social workers are encouraged in their undergraduate studies to critically reflect on their understanding of colonisation and the monocultural context of their profession. They are also asked to develop an understanding of their own cultural identity including such issues as ethnic background, place of birth, world view and spirituality (Bennett et al., 2013). As many of these dimensions of culture overlap, we endeavour in the classroom to develop students' understanding of the lived experience of culture and illustrate ways in which it impacts on a daily basis on

our personal lives and professional practice. Educational institutions which offer health care courses of study, we firmly believe, need to include content on these issues and to identify service and support needs of clients who have been systematically marginalised by mainstream White Australia. Most recently the failure to have legislation passed to legalise gay and lesbian marriage through civil union in Australia speaks to an intolerance of difference by overriding dominant heterosexist attitudes and relationships.

Age as aspect of culture

Where LGBTIA individuals are also ageing, old age makes them at risk of two prevailing sets of negative attitudes: age and sexuality. In the training of healthcare professionals, exploration of individual values that are likely to impact on service delivery, is often sadly lacking in areas such as nursing that has historically have been dominated by medical paradigms. As late as the mid-2000s, Pearson and Vaughan (2005) argued that traditional models based in diagnosis and treatment were still the models on which many nurses base their practice. However, Dahlkemper (2013) points out that, more recently and increasingly, nurses work within relational frameworks of practice.

Social work's focus on emancipatory ideals and social justice concerns, as exemplified in anti-oppressive approaches, offers a way of examining one's own values that inform one's practice as a health professional. Encouraging awareness of one's values is a means of building respect for individual and group differences and provides opportunities for conversations about partnership between those marginalised and the prevailing attitudes of dominance. These conversations between health care providers and LGBTIA elders need to include an acknowledgement and appreciation of the importance of LGBTIA lifestyles and ways of being in intimate relationships. It is critical that healthcare professionals explore

the support networks which surround LGBTIA elders collaboratively as part of any assessment and integrated plan of care.

Themes from the research literature on LGBTIA

In teaching our students about the importance of culture and context to providing high quality service provision in health, we present the evidence-based research literature in our teaching of social work and nursing students, and discuss trends in the literature. Most research studies have focussed on gay men with very few studies focusing on bisexual or transsexual individuals, and the health needs of younger gay and lesbian people. Many studies of gay and lesbian elders have used small samples which may not be representative of socio-cultural demographics in the Australian population (Hughes, 2007; Langley, 2001). Therefore, it is difficult to be precise about the numbers of individuals likely to be impacted and the scope of the issue. The social taboos surrounding disclosure and the invisibility of LGBTIA elders make this research even more difficult. It is predictable however, that, with the increase in the number of people moving through into old age in Australia the number of LGBTIA elders will increase and, therefore, their needs require to be planned for both individually and at the broader level of service planning and development. This does not assume that all LGBTIA elders are a homogenous group and share the same needs and preferences. The existence of needs distinct from heterosexual elders have, however, been clearly identified in the research literature and these needs require acknowledgement, discussion and planning for (Irwin, 2007).

Older people who self-identify as LGBTIA are more likely to live alone and are less likely to have children when compared with their heterosexual counterparts. However, this demographic does not necessarily mean that LGBTIA elders will be lonely or isolated

(Hughes, 2007). There is a need for health and aged care services to better understand and acknowledge older residents' sexual identities to appropriately meet their needs. We must remember too, that not all LGBTIA elders in Australasia are the same and there is great diversity and generational differences within these groups. In particular, those who grew up in an era when their sexual orientation and preference were regarded as against the laws at the time will require great sensitivity on the part of aged care service providers and services in relation to their present needs (Hughes, 2007).

During the submissions to the Productivity Commission Inquiry into Aged Care in Australia, the National Health Alliance proposed that gay and lesbian older adults should be recognised as a special needs group under the Aged Care Act, 1997 (Australian Government, 1997). As a consequence, it was concluded that service providers should receive more appropriate training in catering for the needs of gay and lesbian elders as part of the operationalisation of this Act. How far this specific recommendation is addressed in health care professionals' education, however, remains unclear.

Nursing needs of LGBTIA elders

Deficiencies in nursing care of LGBTIA elders have been highlighted in an earlier publication by the Royal College of Nursing (2003). Needs identified included concerns about homophobic attitudes of health care workers, fears and consequences about clients being open about their sexual orientation, fears of physical and psychological harm, and concerns about breaches of confidentiality (Royal College of Nursing, 2003). Within the wider LGBTIA community, gay and lesbian elders report experiencing negative and even hostile reactions to their sexual orientation by nurses (Irwin, 2007). Negative reactions might also be more perceived rather than real due to elders' previous experiences of discrimination in other areas of life (Hughes, 2007). There are reports of higher alcohol

use related to stress among gay and lesbian elders in the community and they are considered to be more at risk of mental and physical health problems than the general population (Royal College of Nursing, 2003). The gay or lesbian person who is also ageing will be further stigmatised compared to other age groups (Royal College of Nursing, 2003).

For the trans community, it appears not to be simply an attitudinal issue, when health professionals provide services to clients self-identifying as trans. There is often a lack of provision of appropriate health services, as the needs have not yet been acknowledged in the range of services available, or if they have, there is a poor understanding of the process relating to assessing eligibility for the health services requested, for example, surrounding gender reassignment surgery (Zhang, 2016). In one recent research study, the author interviewed six health professionals using a qualitative approach involving in-depth interviewing in which their work with the transgender and transsexual community in Auckland, New Zealand was inquired about. Contrary to the expectations that professionals are involved at some level in negative stereotyping, the researcher found those interviewed did have a thorough understanding of the differences of working with the transgender/transgender community and a sensitivity to what was appropriate professional behaviour towards their trans clients (Zhang, 2016). This finding may have been because the method of sampling involved the researcher's networks using a snowballing method of recruitment of participants, which may have led to speaking to those who were already knowledgeable about the effects of negative attitudes to health outcomes (Zhang, 2016).

Part of the problem of identifying the healthcare needs of elders who identify with the wider LGBTIA community relates to definitions of gender, sexuality and family, and relationships within families. Previous research on lesbian, gay and bisexual parents in the New Zealand

context has recommended that specific protective policies be developed that focus not only on LGB parents, but also their children, regardless of the children's social or sexual identity (Henrickson, n.d.). This recommendation could be extended to the wider population of elders identifying within the LGBTIA community. Healthcare decisions often fail to acknowledge that some LGBTIA elders have children, some conceived while in heterosexual relationships, and that they wish to continue in a close parenting relationship with their children through the life course. LGBTIA in relationships who are co-parents to a same-sex partner's children, or in fostering or whangai relationships, it is argued, must have the opportunity to have those relationships and their parenting roles formally recognised and endorsed by appropriate policies (Henrickson, n.d.). These policies include the decision making of adult children and their LGBTIA parents about residential aged care facilities, and what is appropriate healthcare for them in the later years of life.

Nurses' attitudes towards LGBTIA: Findings from the literature

The literature in nursing is more focused on the differing needs of gay and lesbian elders within the LGBTIA community. An early study by Rondahl, Innala, and Carlsson (2004) reported that registered nurses expressed more positive attitudes and provided better quality care for lesbian and gay men than assistants in nursing and compared with findings from earlier international studies. However, they suggest that more needs to be done to increase more positive attitudes and therefore enhance their overall wellbeing. Elsewhere, Rondahl's (2009) findings showed that study participants reported very negative attitudes toward gay and lesbian people and some reported feeling anger related to their sexual orientation. Gay and lesbian staff members and partners of patients reported feeling concerned and fearful if they themselves

"came out," constantly assessing the risk related to being open about their own sexuality (Rondahl, 2009).

In relation to nurses' and medical students' access to knowledge about the needs of gay and lesbian elders, serious shortcomings have been identified in the research literature (Rondahl, 2009). The aim of the study undertaken by Rondahl (2009) was to look at the students' access to knowledge concerning gay and lesbian elders. Shortcomings in the students' knowledge of the needs of gay and lesbian elders were seen in the student groups surveyed irrespective of education programme, gender or religious belief. Accordingly, the conclusion of the study was that it is likely that heteronormativity will continue to be a feature of all communication, treatment and care if something is not done to address the underlying attitudes of healthcare providers (Rondahl, 2009).

A synthesis of findings from seventeen studies was undertaken by Dorsen (2012) and these highlighted that every study reviewed was found to demonstrate evidence of negative attitudes among health care providers towards gay and lesbian elders. However, Dorsen (2012) noted that there were critical limitations to the studies cited, including that most were quantitative studies, and there were problems and issues with the instruments used to measure attitudes (Dorsen, 2012).

Irwin (2007) recommended that general education of health care professionals through workshops, seminars and attendance at relevant conferences about homosexuality and homophobia should be provided to raise knowledge about their needs as a group (Irwin, 2007). Education about their needs during both undergraduate and postgraduate education is also considered to be important (Irwin, 2007).

Students should be challenged about their attitudes, biases and prejudices, and more senior nursing staff challenged to model

appropriate attitudes and behaviour. The Attitudes Toward Lesbians and Gay Men (ATLG) Scale (Herek, 1998) is a brief measure of heterosexuals' attitudes toward gay men and lesbians. It is recommended that this scale be used by healthcare professionals as it can be self-administered as a paper-based measure or administered remotely, for example, by telephone. We encourage students to use this type of assessment tool in order to self-assess their own and their peers' attitudes towards gay and lesbian clients.

An anti-oppressive approach to gay and lesbian individuals has been widely used in the teaching of social work (Dominelli, 2002). Arguably, undergraduate and postgraduate nurse education courses should begin to use anti-oppressive theories in the teaching of practice skills to assist in rapport building and engagement with LGBTIA by nurses. Zhang (2016) summarises some of the assessment approaches for working with the trans community that follow anti-oppressive lines by highlighting that having trans-friendly health care providers and facilities is essential as a first step to better health experiences along with written or formalised institutional standards of care (Zhang, 2016, p. 53).

The relevance of anti-oppressive and emancipatory approaches

Anti-oppressive and emancipatory perspectives focus on addressing institutionalised discrimination in society when one group exerts power over another (Payne, 2005). To understand the power dynamics at play of a predominant group over a group that has become systematically marginalised in society, social workers need to critically reflect on how, structurally and dynamically, this situation arose. Each practitioner, whether social work or nurse, needs to approach these issues by exploring the range of personal, cultural and social factors that can work together to discriminate against individuals and groups in society. Therefore, anti-oppressive theory derives from a social critique

and analysis founded in the notion that oppression arises when one group which predominates, exerts their power upon another leading to inequalities in access to resources through the operation of social processes. Dominelli (2002) advocates an analysis of the social identities that produce oppression on a societal level and for this analysis to form the basis of social work practice with marginalised groups in society. Social work is mainly concerned with these disenfranchised groups and the process by which they systematically become marginalised, therefore this critical reflective analysis is essential to social workers and other practitioners learning to practise in an ethical and rights-based way. For example, Price (2008), in her research on gay and lesbian elders with dementia discovered that there is a complex range of factors that dynamically work together on multiple levels and ways to effectively exclude gay and lesbian elders as a population from an holistic model of care. Price (2008, p. 1341) argues that the biomedical model heightens the invisibility of gay and lesbian elders who have a diagnosis of dementia, which means that their social identity becomes more defined by the diagnosis itself rather than aspects of their identity such as spirituality, sexuality and preferred lifestyle:

Furthermore, once a person has dementia. The diagnosis and its presumed personal and public consequences somehow become a person's chief defining characteristics. Other social identities are perceived as less important, or at least less pressing, and are thus extinguished in the observer's eye—a response, perhaps, to the persuasiveness and power of the stereotypes, stigma and discrimination that surround the condition.

The health care environment should be safe for all patients and the services provided, made more widely accessible and user-friendly for gay and lesbian clients. Workplace policies should include expectations around confidentiality of

information, avoiding comments that presume clients' heterosexuality or use of language that intimidates. There is also a responsibility to challenge other nursing colleagues' negative attitudes where they occur (Royal College of Nursing, 2003). Policies and practices that encourage partners to be included in health care planning meetings and decision making are strongly recommended (Blackwell, 2008; Irwin, 2007). Health care professionals engaged in research will need to focus on LGBTIA health care needs and experiences and make recommendations about how these might need to be met more appropriately (Royal College of Nursing, 2003).

Social work's contribution to the evidence-base on gay and lesbian elders

Previous research examining the experiences of LGBTIA in Australian health and aged care services from a social work perspective deals mainly with gay and lesbian elders. This research has also revealed direct discrimination and indirect experiences of discrimination (Hughes, 2007). Discrimination in Australia is similarly considered to be both widespread and under-reported (Hughes, 2007). Very similar findings have been reported in the North American context (Stein, Beckerman, & Sherman, 2010). Research studies undertaken by social workers about gay and lesbian elders in Australia have in the main been small scale, employed a narrative methodology, individual and focus group interviews. From these, direct forms of discrimination have been reported of homophobic and sexist incidents, for example, involving insensitive gynaecological investigations performed without informed consent by a consultant in front of medical students (Hughes, 2007). Indirect experiences of discrimination were described in the attitudes of health care professionals making assumptions of elder clients being heterosexual. Failure to provide gay- and lesbian-friendly services in

an Australian study has also been reported (Hughes, 2007) and difficulties accessing appropriate health care have reportedly affected expectations about experiences towards using services in the future (Hughes, 2007). This significant finding, written from a social work perspective, concluded that "attitudes towards identity disclosure in later life were influenced by earlier experiences and perceptions about the risks of disclosure and possible consequences" (Hughes, 2007 p. 205). Variables such as ageism and sexism were equally evident in the narratives of participants suggesting that there were broader social attitudes operating to discriminate on the basis of age and gender, as well as sexual orientation and identity (Hughes, 2007, p. 206).

The role of anti-oppressive practice in social work with elders self-identifying as LGBTIA

Practice in social work has emphasised a commitment to facilitating client access to equal opportunities. This central tenet of social work practice is confounded, however, by a range of difficulties which include high work/caseloads, hierarchical agency structures and rigid processes that focus on ameliorating individual, rather than group or societal, discrimination (Dominelli, 2002). In focusing on the individual issues as private matters without a broader analysis of societal attitudes, as health social workers we risk reflecting the same marginalisation by the predominant groups back to the clients with whom we practise, and in so doing, inadvertently, and inevitably, maintain the status quo.

Frustration caused by an inability to tackle overriding societal attitudes towards marginalised client groups has led to many social work educators and practitioners leaving the field in search of more service-user-focused practice (Dominelli, 2002). In alternative settings, social workers aim to address negative societal attitudes and the power differences that exist in society more

structurally, to look beyond the individual to address the attitudes that surround client groups marginalised by mainstream attitudes (Langley, 2001). Anti-oppressive practice in social work is designed to address social divisions and structural inequalities in their work across contexts. Social workers know the value of working in collaboration with clients and believe that partnership is an alternative to pathologising top-down approaches. These expert-knows-best models are prevalent in nursing, medicine and psychology. Anti-oppressive approaches challenge the very foundations of what counts as professionalism as the positioning of client and social worker is reformulated on the basis of shared decision-making with service-users having the power to make decisions and choices in their lives (Dominelli, 2002).

Anti-oppressive principles have been applied in social work with gay and lesbian elders (Hughes, 2007; Langley, 2001), however, there are a number of considerations related to LGBTIA that are unique to each group represented within this umbrella term, and questions about the application of anti-oppressive principles in practice with each group. The first step in developing anti-oppressive practice is to examine one's own beliefs and acknowledge that heterosexual healthcare workers need to have a greater awareness of their own attitudes and the impact of these values on their practice (Langley, 2001). Once examined, these attitudes can be owned and acknowledged as informing the practitioner's worldview when approaching work with LGBTIA elders. Secondly, there is a call to respond to powerlessness and structural inequality through social workers' activism in influencing agency practice towards social change. Concannon (2009), for example, calls for developing inclusive health and social policies for older LGBTIA by increasing a sense of belonging through citizenship and social inclusion. He advocates for social workers to critique their own power and control as experts and to adopt a model where power is handed over to consumers

to promote their self-determination, control over lifestyle and quality of life (Concannon, 2009, p. 407).

The nursing literature emphasises that horizontal violence often occurs amongst nursing colleagues in the workplace where LGBTIA are residents and that this also impacts upon nurses' quality of care (Irwin, 2007). Therefore, addressing the philosophy and role of the organisation is also favoured in an anti-oppressive approach (Irwin, 2007). Critically reflecting upon the internal workplace dynamics, prevailing culture and organisational hierarchies and an anti-oppressive approach to care, therefore, provide important foci for the education of students in professional programmes of study.

Applications of anti-oppressive practice with elders self-identifying as LGBTIA

Langley (2001) recommends that social workers and other health practitioners should find ways of validating same-sex relationships without requiring that clients disclose their sexuality if it feels uncomfortable for them to do that. Years of "passing" as straight may mean that concealing or downplaying matters relating to sexuality becomes a priority for many gay and lesbian elders and needs to be respected and acknowledged (Langley, 2001). Furthermore, health agency culture may function to unintentionally oppress elders who are gay and lesbian due to heterosexist assumptions that may coalesce around assessment, referral and planning processes. Langley (2001, p. 928), therefore, advocates that health professionals be provided with opportunities to rehearse (during their training) ways of questioning that allow the history of personal relationships to gradually emerge without the need for concealment or denial of one's identity. Open-ended questions such as: "Please describe the relationships that are significant to you" rather than asking about marital status are recommended. Health professionals should

also be mindful of the use of language (Langley, 2001, p. 928). Nurses need to be encouraged to broaden their theoretical basis for practice both in relation to the range of approaches utilised to guide practice, and in their choice of language. For example, discussing “partners” or “friends” and “community” rather than “husband” or “wife” may be more user-friendly to LGBTIA and make a difference to the experience of the individual patient or resident (Langley, 2001, p. 928). Approaches such as this could be role played in educational settings and workshops before students’ entrée into the practice field.

Teaching anti-oppressive practice to facilitate critical reflection

As educators, we find the place to begin in teaching our students about discrimination is with our own experiences of being discriminated against due to gender (e.g., being a man in a female-dominated nursing profession) and having a feminist orientation to social work practice. We could also discuss how our unquestioning acceptance of heterosexism as the norm, as exemplified in many healthcare agency protocols and assessment and treatment processes, can inadvertently promote the acceptance of subtle (and not so subtle) forms of oppression, and so uphold the status quo. We could go on to discuss how the values of conformity and sameness, embedded in the assessment and treatment process, affects our experiences of working with LGBTIA as practising clinicians. As a nurse-educator (author), I discuss the oppression that can occur between nursing colleagues as a rite of passage from novice to expert nurse. I often relate and discuss being mocked by a female colleague for working in what is traditionally, a predominantly female profession (nursing).

As a social worker, I (author) discuss with social work students the example of advocating for a LGBTIA elder at risk of being made homeless due to being given

a lower priority by the local housing authority as a “single” person as no family members lived with her. The wider issue of what constitutes “family” is then critically reflected on and discussed.

The intolerance of gender and sexual diversity is also illustrated as there are rigid protocols in hospitals and aged care facilities around separating men’s and women’s sleeping quarters. Separation of the genders in aged care facilities’ sleeping accommodation itself implies the predominance of ageist and heterosexist values in those contexts. Students are expected to reflect in personal journals how agency protocols and practices serve to uphold rigid gender stereotypes, prevalent in society, that work against the wellbeing of their clients who are LGBTIA. This critical reflective process enables the familiar to become examined as students approach their employing or fieldwork agencies with a more critical gaze.

Implications for the education of health care professionals

For social workers and nursing professionals, there is a need to provide opportunities for older people to disclose aspects of their sexual identities and to discuss the impact this may have on their preferences for health care delivery. The operation of agency policy assessment protocols will be important for educators to reflect on with health practitioner students as a central part of their training. For example, as a standard part of the assessment, elders may be invited to discuss their gender and sexual identities and relationships using some of the strategies mentioned throughout this article. In a residential care context, LGBTIA elders may require careful and sensitive questioning to provide them with the choice to respond in a way that seems most appropriate and comfortable for them.

As illustrated in previous studies, past experiences of discrimination are likely to

impact on whether, or how, elders wish to disclose their sexual identity. There are generational differences in relation to what being gay or lesbian means for them in the contexts of their lives that also requires acknowledgement by health care providers. Some older LGBTIA may have had mixed experiences with the LGBTIA communities throughout their lives and this might mean that they prefer to look at alternatives to traditional long-term care and residential facilities. Other variables such as gender, age, ethnicity, disability, or health status, may need fuller exploration, discussion and consideration depending on individual needs. The use of an anti-oppressive stance in health practitioners' interactions with service users may enable older LGBTIA service users to articulate their priorities and the values that have been important to them throughout their lives. Opportunities to disclose identities and relationships that are meaningful require attention during assessment and delivery of, health care services.

Conclusion

The majority of research studies reviewed concluded that it is essential for health providers to address their own attitudes and also adopt an explicitly anti-oppressive approach in care of LGBTIA elders. These learning opportunities need to be embedded across all professional courses of study. Education providers need to develop LGBTIA friendly environments and curricula so that students can self-critique their own practices in relation to the existing societal heterosexist and heteronormative assumptions they bring to their work with elders who identify as LGBTIA. As part of their practice, students need to consider the overarching values and practices that are espoused by their employing agencies and actively learn methods to report and critique these. Adopting a perspective that transfers power and control towards working with the service-user's narrative of their life and expectations is an underlying assumption of and prerequisite for working with

elders who identify as LGBTIA. Due to our experiences in teaching nurses and social workers, we strongly recommended that education of health professionals provides opportunities for practising appropriate assessment and intervention within which LGBTIA elders are able to disclose and express aspects of their identities and relationships, and for these areas to be thoroughly explored. In this goal, the anti-oppressive and emancipatory approaches that are part of social work theory can guide and inform usefully nursing education practice (Dominelli, 2002; Payne, 2005). Nurses and social work students need to learn that, through the disclosure that they facilitate by such conversations with LGBTIA elders, areas of life previously invisible may become visible in ways that elders themselves can control, discuss and describe. What is appropriate to disclose about their lives, therefore, can be left for LGBTIA elders to decide more proactively (Hughes, 2007; Langley, 2001; Stein et al., 2010).

Although most previous research studies on the health care needs of gay and lesbian elders are based on small samples, and the research on LGBTIA is scarce, the findings presented in a range of qualitative studies highlight the complexity of assessing older LGBTIA needs which are related to their gender and sexual identities (Langley, 2001; Stein et al., 2010; Hughes, 2007). Secondly, and perhaps most importantly to health care providers, awareness of the obstacles to LGBTIA elders' discussion about their lives and social identities, when in contact with health and aged care providers, needs to be addressed. These conversations are often reported as problematic from a service-user viewpoint due to dual societal negative stereotyping about being LGBTIA as well as being older. Therefore, addressing ageism need to be part of the core training of nursing and social work professionals who are involved in elder care. Training opportunities for improved services for LGBTIA elders also need to be incorporated into health care professionals' training in the future.

Social work's knowledge of anti-oppressive practice has a role to play in modelling alternative practice frameworks for other professional groups such as nursing, to facilitate alternative ways of exploring health professionals' own values about sexual and gender diversity that inevitably impact upon practice. Without an explicitly emancipatory, anti-oppressive approach, healthcare providers and their educators may inadvertently reflect the stereotypes they hope to challenge.

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Primary health care social work in Aotearoa New Zealand: An exploratory investigation

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ABSTRACT

INTRODUCTION: The social work profession has a long-standing history of contributing to health care in Aotearoa New Zealand. Traditionally, hospitals have been the stronghold for the profession. However, both international and national evidence demonstrates that social workers have also been integrated in primary health care practices (PHCPs). Primary health care (PHC) provides care in the community and is recognised for its potential to achieve health equity across all population groups. This article reports on a small, qualitative research project which explored the perceptions of key stakeholders about social work integration into PHC and the experiences gained by social workers working within PHCPs regarding their contributions to the achievement of national aspirations for PHC.

METHODS: Semi-structured, one-to-one interviews with 18 participants representing three groups (social workers, other PHC professionals and key informants) were undertaken in 2012. The interviews took place in various locations in Aotearoa New Zealand. A general inductive approach was used to identify key themes.

FINDINGS: Three key themes were identified from the data: these are issues of context, namely social work professional factors, organisational factors in PHC and lastly, wider factors in the health care system. The integrated social workers enhanced the access of populations to coordinated care, increased engagement with communities, and strengthened the workforce, among other things. These unique contributions towards the PHC vision were well recognised by all groups, with participants calling for the establishment of integrated social work positions on a larger scale.

CONCLUSION: The study evidences the successful integration of social workers into PHC practices in Aotearoa New Zealand. This viable model should be of special interest for key stakeholders regarding the design of local, holistic, PHC services which serve populations most affected by health and social inequalities. Importantly, “health for all”, as anticipated by the PHC vision needs long-term and real commitment especially by financial decision-makers.

KEYWORDS: social work; primary health care; integrated care; general practice

The health care system is one of the biggest providers of social work employment in Aotearoa New Zealand, where social workers can be found in preventive, primary, secondary and tertiary health care settings. They practise in a variety of specialities, working with population groups who experience health challenges,

and fill frontline to professional leadership positions (Beddoe & Deeney, 2012; Craig & Muskat, 2013). While some areas are well known (for example, hospital social work), other domains for health social work are less present in the public eye. One such health care setting is primary health care (PHC).

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PHC is defined as essential health care provided in the community and represents the first contact point with the health care system (King, 2001). Professional services are offered via primary health care practices (PHCPs) such as general practices, family health centres, union health services, Māori or Pacific health providers. The PHC workforce can include general practitioners, registered nurses, pharmacists, community health workers, social workers, and others.

The Ministry of Health (MoH) in Aotearoa New Zealand has recognised the critical role of PHC as part of the wider health care system. The vision is closely linked to international declarations such as the Alma Ata Declaration (World Health Organization (WHO), 1978) and the Ottawa Charter for Health Promotion (WHO, 1986). Such declarations determine principles which emphasise the importance of PHC in the delivery of fair and equitable health services. The 2001 PHC vision states:

People will be part of local primary health care services that improve their health, keep them well, are easy to get to and co-ordinate their ongoing care. Primary health care services will focus on better health for a population, and actively work to reduce health inequalities between different groups. (King, 2001, p. vii)

The PHC vision and strategy are now 16 years old, and their future is unknown. A new Health Strategy was published by the MoH in 2016. This far-reaching, high-level policy aligns with other relevant documents (such as the New Zealand Disability Strategy and He Korowai Oranga: Māori Health Strategy) and provides a new direction for the health sector. The aim of this strategy is that New Zealand's whole population lives, stays and gets well by focusing the health care system on five pillars, namely people-power, closer to home services, value and high performance design, working as one team, and providing a smart system (Minister of Health, 2016). While the new

strategy mentions important elements of the former health strategy and the current PHC vision such as improving health for all, better integration and collaboration as well as community involvement, it has lost its focus on health inequalities, population health, universal affordability, and social determinants of health among other things. Instead there appears to be a shift to health consumerism, competition, and meeting financial targets by using an investment approach. It remains to be seen how this strategy will impact on PHC on a broader level over the next few years, including the integration of social workers within PHCPs.

A comprehensive and integrated care approach within PHCPs is seen as crucial by the World Health Organization (WHO, 2008). Many definitions can be found regarding this approach (Shaw, Rosen, & Rumbold, 2011). Essentially, integrated care is based on people-centredness and uses system-wide coordination in order to improve outcomes and quality of care for patients (Curry & Ham, 2010; Shaw et al., 2011). Coordination which facilitates integrated care occurs in many forms, to various extents and to differing degrees (Curry & Ham, 2010; Shaw et al., 2011). Flexibility in implementation is encouraged (Shaw et al., 2011) which is sensible as different PCHP populations have widely different needs and resources. One model of integrated care is the positioning of social workers within PHC practices.

The international PHC literature has acknowledged the social work profession's specific theoretical foundations, knowledge and skills, recognising the benefits for a PHCP (Herod & Lymbery, 2002; Keefe, Geron, & Enguidanos, 2009). Specific attributes noted include the holistic, ecological views of, and approaches to, health (Brochstein, Adams, Tristan, & Cheney, 1979; Goldberg, Neill, Speak, & Faulkner, 1968; Netting & Williams, 1996; Rock & Cooper, 2000), a commitment to indigenous models of practice (Brochstein et al., 1979) and extensive community networks (Backett, Maybin, & Dudgeon, 1957; Dongray, 1958; Goldberg et al., 1968; Lesser, 2000).

No actual numbers can be found for social work professionals being employed in PHCPs in Aotearoa New Zealand at present with the overall number believed to be small. However, limited evidence in the literature confirms the integration of social workers within PHCPs in Aotearoa New Zealand since the 1970s (Beddoe & Deeney, 2012; Lowe & Rainey, 1974; Nuthall & Craig, 1980). In recent years, several authors have advocated for a change of focus for social work towards an increased contribution to PHC within the health care system (Foster & Beddoe, 2012; Weld, 2010). For example, Foster and Beddoe (2012) propose a shift of the social work profession in their work with elderly and their families from hospital to PHC settings. They see health social workers' skills better used in the latter settings due to their ability to perform home visits and offering services crossing primary, secondary and residential care. Another author addressing the potential in PHC, Weld (2010), argues that social work is able to confidently address the social determinants of health which often present in PHC. The propositions put forward by these Aotearoa New Zealand authors mirror the policy statement on health by the International Federation of Social Workers (IFSW) which sees a clear role for social work regarding tackling health inequalities. The reason for this is that people's health chances and experiences are influenced by the social determinants of health, available resources and other forces (Bywaters & Napier, 2008). Further, "[h]ealth and illness are viewed as social experiences, affecting people's identities, relationships and opportunities" (Bywaters & Napier, 2008, para. 12).

In the international arena, many factors have led to the integration of social workers within PHCPs such as enhanced communication and cooperation between social workers and medical staff (Lesser, 2000) and the strategic provision of timely, early, preventive social care without the need to refer to specialised services (Dongray, 1958; Goldberg et al., 1968; Laden, Oehlers, Waddell, & Miller, 1983; Wilson

& Setturlund, 1987). Models of social work in PHC have been shown to ease access for populations such as ethnic minorities and people from a lower socio-economic background, who otherwise may experience barriers to health services (Lesser, 2000; Lymbery & Millward, 2002; Rizzo & Mizrahi, 2008). Benefits for people with no experience of, or plans to, access an external social service agency, but who indicated their interest in getting or accepting an offer of support by a PCHP social worker, were also reported (Bikson, McGuire, Blue-Howells, & Seldin-Sommer, 2009; Goldberg et al., 1968).

This article reports the findings from a small, qualitative study conducted in Aotearoa New Zealand which explored: a) the perceptions of key stakeholders about this kind of social work integration; and b) the experiences gained by integrated PHCP social workers regarding their contributions towards the PHC vision. A contemporary view of the potential for the social work profession within PHCPs is offered and understanding about this model within an Aotearoa New Zealand context is broadened. The study was briefly reported in Döbl, Huggard and Beddoe (2015). This article explores in greater detail the themes arising from the analysis of the qualitative data.

Method

A qualitative approach was selected for the study as this strategy enables researchers to increase their understanding about a field where little is known about the lived experience of those participating in a specific human activity. Qualitative research uses "words as data" (Braun & Clarke, 2013, p. 4), and enables the researcher to generate rich data for analysis and give voice to the participants, and was appropriate for this small exploratory study. Further, this approach provided an opportunity for participants within the field to share their expert knowledge, ideas and experiences (Morse & Richards, 2007). The methodology chosen was qualitative description which "is the method of choice when straight

descriptions of phenomena are desired" (Sandelowski, 2000, p. 339). This strategy provided a way to not only gain first insight into the topic but also to stay close to the data. Qualitative description is appropriate when professionals' views with a particular topic are sought because such study "presents the facts from exactly the informant's points of view" and recognises the participants' knowledge and practice experiences (Neergaard, Olesen, Andersen, & Sondergaard, 2009, p. 4).

Participants and sampling

Three participant groups were interviewed: social workers, other PHC professionals and key informants. The decision to focus on three key groups enabled not only exploration of the topic in more breadth and depth but also seemed crucial given that PHC provides a *host setting* for the social work profession (Beddoe, 2017) and thus its presence is dependent on working relationships with other practitioners from other professions.

Various sampling strategies secured the recruitment of overall 18 participants nationwide. First, social workers who were members of the Aotearoa New Zealand Association of Social Workers (ANZASW) received an invitation by email to participate in the study. This group involved nine qualified social workers who had worked in a PHCP.

The second group, professionals other than social workers in PHC were accessed via professional networks using a snowball technique. This PHC professionals group included two qualified general practitioners (GPs) and one registered nurse who had worked with, or had a special interest in working with, a social worker in a PHCP. The third group consisted of six key informants who had a good understanding of PHC, social work, or both. These key informants had management or decision-making level positions within their employment or professional association/

college. Given the small scale of PHCP social work, no further details are provided in order to ensure the anonymity of participants.

Ethics approval

The study was conducted for the fulfilment of a Master of Health Sciences degree. Ethics approval for this qualitative study was obtained from The University of Auckland Human Participants Ethics Committee. In addition, professional bodies and other relevant organisations granted approval following their own internal ethics review of the research proposal.

Data collection and analysis

The semi-structured interviews took place in 2012, four face-to-face and 14 by telephone depending on the preference and location of the participants. The interview length varied between 40 to 105 minutes. The findings of the literature review provided the basis for the interview questions which covered four topic themes: having an understanding of PHC and models of integrated care; reasons and attractions for social workers to work in PHCPs; scope of this integrated social work practice; and the achievements of, and challenges faced by, social workers positioned in PHCPs. All participants consented to having their interviews audio-taped which were then transcribed verbatim and loaded into the NVivo 10 software programme (QSR International, 2012). All participants could select a pseudonym of their choice for reporting the data.

The data analysis used a general inductive approach (Thomas, 2006). After reading the transcripts several times, text segments were coded, combined, and aggregated further into themes according to similarity (Creswell, 2002; Thomas, 2006). This process allowed conveying the major idea of each theme. A health professional working independently of the researcher reviewed codes and themes. There was a high level of agreement.

Findings

Three key themes, “Social Work Factors”, “Organisational Factors” and “Wider Factors”, as well as 10 sub-themes were developed from analysis of the interview data. Participants’ quotes in the text illustrate the findings.

Social work professional factors

The first key theme focuses on the social work profession itself. These professional factors are apposite to the PHC vision, influenced by, but also impacting on, the other two key themes.

Role clarification by the social work profession

Participants across all three groups identified a fundamental need to clearly articulate the aims and skills of the social work profession when working in a PHCP. Social workers must be able to clearly communicate their specific role within their organisational context to all stakeholders. The participating social workers accepted responsibility for addressing this key challenge long-term. They used different, successful strategies such as presentations to their team members and wider community. This finding was reinforced by this key informant:

I think the most important thing and I think it’s probably the thing that social workers do least well is articulate ... what social work is and does. That makes it different from nursing, from general practice,... and all of those other counselling, psychology type services... it becomes critically important that a social worker can articulate what the profession does in a professional service. (Lucy, ANZASW)

Social work perspectives and knowledge

The social workers’ perspectives and theoretical knowledge reflected both the international and national definitions of

social work (ANZASW, 2013; IFSW, 2014). Participants identified “social justice” and “equity” as key principles for their practice. All social work participants placed a strong notion of seeing people holistically within their context, emphasising that the term *holistic* referred to all aspects of health including people’s lived environments and the interconnectedness of these aspects. Hence, they incorporated holistic models such as *Te Whare Tapa Wha*ⁱ (Durie, 1998) and *Fonofale*ⁱⁱⁱ (Pulotu-Endermann, 2001) into their practice. Andrea, a social worker in a general practice, further explained:

... you can actually work with anybody in the family if working with the husband will help the wife’s health. Working with the children—working with the Mum will help the children’s health. It’s all interconnected so you can really just get in there and work as part of the medical team but in the community.

Another crucial social work aspect identified was that of supporting people’s self-determination and working with the “pace” of a person. Social workers used systematic strategies such as ensuring proper consent and focusing on the concerns of the referred person (and not only following referrers’ requests). In addition, the social workers had extensive and practical knowledge about health information, clients and families, their own PHCP as well as services and their processes in the health, government, social and community sectors.

Social work phases

The social work participants worked methodically towards achieving set goals by following commonly applied social work phases. These phases were referral, preparation, building rapport, assessment, setting goals and establishing a joint plan with clients (and their families) followed by tailored interventions which were continuously monitored and reviewed, closure.

How important an assessment is was emphasised by Lucy, ANZASW key informant:

That's fundamental to a social work intervention, is doing a good assessment and being guided by the person they're working with because they are the experts in what's going on for them and it's the social work task to do that assessment in the context of the whole person's life. Not just here's a person in front of me with an alcohol problem, it's what's happening in their families, in their immediate environment, their community, their employment.

Consistently through these phases, the social work participants showed on-going flexibility (e.g., ways of initiating and keeping contact, location of appointments, involvement of supportive and critical other people, adjusting to new situations). Interventions included advocacy, case management, liaison, referrals, information provision, practical and emotional support, counselling, health education, skill building and group work among others. Regular follow-ups with clients and other stakeholders as well as ensuring successful referrals to other (long-term social work) services when required were of particular significance to the social workers. All participant groups identified further potential for the social work profession within PHCPs. Possible areas of future activity included "advanced care planning"; "violence intervention programs"; "community development"; and assessing an organisation's "health literacy."

Relationship building by social workers

The social workers emphasised the importance of relationships for their work with people, perceiving it as fundamental for best social work practice. Building rapport and empowering relationships were thereby significant aspects, especially for working successfully with clients

and their families as well as facilitating team work within the PHCP.

Another objective was to work with clients and others to ensure appropriate, timely access and smooth pathways to services. Relationships within the wider health and social service networks were needed to facilitate collaboration and ensure well-coordinated health care. Therefore, the social workers developed extensive relationships with external stakeholders across a range of sectors, including: health and disability, government, community, housing, education, and justice/legal. Further connections were maintained with cultural and spiritually based organisations. The impact of this approach is explained by Lisa, a PHC nurse in a busy urban practice:

I saw the social worker I was working with develop really strong relationships within ... and outside the service and as a nurse that also enabled me to then develop such relationships ... which was essential in addressing the needs of a complex population.

Social workers ensuring the flow of effective and clear communication

The social work participants highlighted their important role of being a central link that ensured continuous communication between clients and their families, health professionals and external agencies. Special significance was given to this aspect when dealing with (potential) safety issues such as child abuse and neglect, domestic violence or serious mental health concerns. As highlighted by Tiaki, social worker, Whanau Oraⁱⁱⁱ (The Tangata Whenua, Community & Voluntary Sector Research Centre, 2016): "I think the important thing working in primary care is that you have some ultimate, critical communications going on within your team, from doctors right across the board to community health workers, administrators."

The social workers shared regularly information, including feedback to the referrer about details of their social work involvement. In order to enhance a timely exchange, social workers used various communication strategies such as computer case notes, ad hoc consultations and formal team meetings. Participants from all three groups thought that information sharing would be eased by being located as a team within the same PHCP.

Being a safe social work practitioner

Being a *safe practitioner* was of huge importance to all social work participants. They felt even more obligated about this aspect as they were usually the sole social worker within their PHCP. The social workers differentiated between professional and personal safety. The first aspect was linked to accountability, representing a mechanism to ensure best social work practice. They felt accountable towards all stakeholders, especially clients and their families, and used diverse strategies. Examples included professional reliability, continuous evaluation of their social work practice as well as professional membership and registration. The social work participants highlighted the crucial access to, and the role of, supervision. The aspect of personal safety referred to the issue of potential threats to their own health, especially when working outside the PHC practice. The social workers identified the importance of carefully planned home visits in order to ensure that the specific home was safe to enter (e.g., dogs at the property are restrained if necessary). The participants used various strategies to ensure their personal safety: informing colleagues about their whereabouts and working together with other professionals (such as the women's refuge). Lara, social worker in a PHCP, summarised what other social workers also emphasised:

I guess the big thing is to have very good systems around you. You've got to be well supervised, you've got to have a clear vision of what your role is and what its limitations are and a very strong safety net in place around practice standards and accountability.

Organisational factors

Organisational factors comprise the second key theme and reveal more about the environments in which social workers operated. The two identified sub-themes focused on community needs and providing a supportive work environment.

Focusing on needs

Participants from all three groups had a strong desire to purposefully place social workers within PHCPs. Most felt that establishing such positions was long overdue. The rationale was manifold. Participants argued that PHC practices are contracted to deliver first contact and close to home health care. Such care is provided to all people over their life course, without referrals and independently of people's health concerns and status. Hence, PHCPs are confronted by an array of issues experienced by the accessing population on a daily basis. Given the nature and the complexity of these health issues, participants wished to offer more holistic health care to their practice population and identified the need for an additional skilled profession such as social work to offer such service. The participants also desired a seamless, preventive and early intervening PHC provision built on trust and close relationships. Many of these professionals had experienced fragmented, delayed and uncoordinated care, resulting in adverse health outcomes for especially vulnerable populations. Jason, GP, offered this view:

The more comprehensive the team is in primary care, the more problems they can deal with themselves without needing to refer anywhere else and the more effective they are because the more you fragment care, the less efficient it is.

Participants preferred the integration of social work roles within PHCPs compared to other options such as collaboration via referrals to community social work services, within and beyond the health sector.

However, they identified barriers to this inclusion, especially in smaller PHCPs where funding and space were concerns.

All participant groups agreed that the focus needed to be on populations who were most affected by health inequalities (such as Māori people, Pasifika peoples, people living with high deprivation) or who were vulnerable due to their age (e.g., children), had high health needs (e.g., people with a mental health diagnosis) or were new to the country (migrants and refugees).

A supportive work environment

Overall, social work participants felt strongly supported by their PHC practices which included cultural support. The social workers also appreciated the good employment conditions offered within their various organisations. The access to professional resources, including peer and external supervision, professional development, and payment of professional membership fees was especially valued.

Despite these positive experiences, participants identified two key challenges. The first challenge was one of professional isolation which originated from the fact that social work roles within PHCPs are usually sole positions. Therefore, additional skills such as the ability to establish clear role boundaries as well as having a strong professional identity and social work community links are required. This challenge was pro-actively managed by the social workers and was also minimised due to the commitment of their PHCPs. Jackie, GP at an urban practice, confirmed the need for this support:

... if you were employing them as a practice you would need to provide them with what they need, some paid supervision, paid mentoring and the respect for listening to their feedback ... they'd need to be ... supported within the team. Because being one of one modality in a team I think is really hard.

Some social workers and the nurse participant observed a second challenge, namely issues of equality and power. They observed these issues on various levels: between clients and health professionals, between professions, and within the health care system. Comments mainly referred to a "dominant Western health care model" which reinforces power imbalances. Further, the social workers felt responsible to advocate for their clients, not only outside but also within, their employing practice, which proved difficult at times.

Wider factors

The final key theme provides the context for integrating social workers within PHCPs as part of the broader health care system in Aotearoa New Zealand. Two environmental aspects were identified in the data analysis within this theme: challenges related to funding concerns and communities' health experiences.

The funding challenge

All research participants identified funding as a major, constant challenge regarding the integration of the social work profession within PHC practices. There was general consensus that the government as the funding authority needed to allocate money for initiating and sustaining this integrative PHC model. However, the participants experienced problems with funding formulas and funding "dried up" on a regular basis. Given that sustainable change and outcomes related to health inequalities often take time, most participants questioned whether any government would commit sufficient resources long term to such an innovative approach, especially in times of fiscal restraints. Overall, it was indicated that the social work profession had to provide evidence of its usefulness with respect to financial gains rather than to improved health care provision. Participants cautioned that this was a complex task. One participant shared her observation:

...this person who I've been working with in the past few weeks who I've not been able to have social work support with, has presented three to four times, each time seeing a different GP probably for more than half an hour, so that's two and a half hours of GP time, nothing has actually been addressed about the things she's coming in with so in terms of time and money I'm sure that it would definitely be cost efficient to have more social workers. (Lisa, PHC nurse in a busy urban practice)

Health and social issues experienced by communities

All participants identified an array of issues experienced by communities which covered all aspects of their health (physical, mental, emotional, cultural, spiritual, and family) and reflected the social determinants of health. Examples included but were not limited to: transport, food insecurity, conflict at work, unemployment, obesity, terminal illness, disability, depression, grief and loss, anger, adaption to chronic conditions, immigration problems, family conflicts, parenting problems, domestic violence, and child abuse. Other issues observed were difficulties of access to, and engagement with, organisations (e.g., non-attendance of appointments). Anna, Royal New Zealand College of General Practitioners (RNZCGP) key informant, explained:

That's their whole background. Definitely money, housing, lack of support, lonely, don't know where to turn to, stressed to the max and it's just entirely their living and they're presenting with physical symptoms that we can't treat until we sort out their home environment.

Further, participants reported about challenges experienced commonly by certain populations due to their age or life transitions. For example, elderly clients faced issues around independent living, caregiver concerns, isolation, and dementia. Poverty was of particular concern to participants

due to its extent in Aotearoa New Zealand and its health impacts on whole communities. The social workers reported that clients frequently experienced multiple, interconnected health concerns, either for themselves, within their families or both.

The consensus among all three participant groups was that social workers were the right profession to support communities in addressing these wider health challenges in the particular host setting of a PHCP; because communities presented in their own ways to their health care providers.

Discussion

Participants from all three groups demonstrated consensus regarding these themes despite their diverse backgrounds. A few, minor, differences were observed.

The social work factors embody the aspects crucial to the social work profession in general and particularly when working in a PHC practice. Overall, the findings reflected international and national professional concerns drawn from the wider health social work literature. For example, participants emphasised the importance of all stakeholders having a clear understanding about social work, both social work practice and its context-specific roles, as these positions can and do often vary. Such clarity is important considering that health care systems and its professions are in a constant state of flux (Weld, 2010).

Participants reported further factors which illustrate what makes social work unique, setting it apart from any other profession in the PHC team. As outlined, social work brings together a particular combination of values, knowledge, approaches and skills. Examples include the profession's theoretical foundations (Keefe et al., 2009), processes (Ní Raghallaigh, Allen, Cunniffe, & Quin, 2013), relationship and coordination skills (which enhance the horizontal and vertical integration of care increasingly demanded within health care systems), communication

skills (Foster & Beddoe, 2012) and professional responsibility to access appropriate supervision in order to practise ethical social work (ANZASW, 2013). Social work offers thus a distinctive benefit to an integrated PHC team because of their access to, and their engagement with, communities who are most affected by health inequalities, who experience high health needs, or both. This study also shows that social workers can be vital to a PHCP due to enhancing quality and coordination of care, increasing safety, strengthening the workforce as well as extending the knowledge of their own profession and key stakeholders.

Encouragingly, all social work participants emphasised their overall positive experience in working in PHC practices despite various challenges and recommended this field to other social workers.

The organisational and wider factors provided the context in which integrated PHCP social workers operated in. These environments determined whether best social work practice can be delivered. The organisational factors referred to the focus on community needs and providing a supportive work environment for social workers. A strong support for purposefully positioning social workers in PHCPs was reported. All participants identified the social work profession as an asset to PHC teams and in particular when the accessing communities faced significant health and social inequalities. Such a fit is reiterated in international health literature (Bikson et al., 2009; Bywaters & Napier, 2009; Dongray, 1958; Döbl et al., 2015). Having a supportive, responsive and secure base within the PHCP is one crucial requirement to make social work integration successful, especially if employing only one social worker. Evidence regarding challenges commonly experienced by social workers in health care organisations and the importance of supportive work environments can be widely found (Beddoe, 2013; IFSW, 2012; Kharicha, Iliffe, Levin, Davey, & Fleming, 2005; Lymbery, 2006; Ní Raghallaigh et al., 2013).

Funding concerns and the diverse health challenges experienced by communities were of greatest significance. National evidence points to the particular barrier regarding the current PHC funding system (Pullon, 2007). Getting the system right is critical in order to reflect and facilitate that integrated PHC is delivered by a team of diverse health professionals (Workforce Taskforce, 2008). The identified health issues which communities experienced and presented to PHCPs reflect the international evidence within health social work (Bikson et al., 2009; Coren, Iredale, Rutter, & Bywaters, 2011; Craig et al., 2016; Gross, Gross, & Eisenstein-Naveh, 1983). Special mention is warranted for the potential for integrated social workers to address psychosocial issues in the event of terrorism or natural disasters (Gross et al., 1983). In Aotearoa New Zealand, PHC practices played a crucial role in supporting survivors of the Christchurch earthquakes; this support continues today. Overall, the research study highlights that appropriate funding has to be located which requires explicit understanding about the PHC vision and a long-term commitment to achieve this vision by financial decision-makers on all levels.

Conclusion

Overall, this study strengthens our understanding of the potential for comprehensive, integrated PHC service delivery incorporating a social work contribution. Some limitations need to be considered. Being a small, exploratory, qualitative study, generalisations are restricted regarding other integrated PHCP social work positions in Aotearoa New Zealand. The focus on a limited number of PHC professions with specific selection criteria does not reflect the professional diversity within the sector and limits alternative views about this PHC model. The study also excluded other major stakeholders such as families and communities.

This research demonstrates that the positioning of social work professionals

within PHCPs is a viable and successfully implemented model in Aotearoa New Zealand, although these are limited in numbers at present. Participants described the benefits of such social work integration and its future potential, thus suggesting the need for greater engagement between the PHC sector and the social work profession. This model should be considered by key stakeholders when developing comprehensive, integrated PHC services with their local communities, especially when serving populations most affected by health and social inequalities.

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End Notes

- ⁱ Māori Model of Health.
- ⁱⁱ Pacific Island Model of Health.
- ⁱⁱⁱ Māori approach of providing holistic support services to the family as a whole.

The new social work radicalism

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On a cold January morning in 2017, a group of social workers, service users, claimants, psychologists, counselors and others gathered outside the annual meeting of the British Psychological Society (BPS) taking place that year in Liverpool. Those present represented a wide variety of grassroots organisations including the Social Work Action Network, Psychologists against Austerity and the Mental Health Resistance Network (SWAN). They were there to protest the BPS's involvement in the UK government's use of "psycho-compulsion" as a tool for getting people off benefits. Academics Lynn Friedli and Robert Steam have defined psycho-compulsion as:

the imposition of psychological explanations for unemployment, together with mandatory activities intended to modify beliefs, attitude, disposition or personality. (Friedli & Steam, 2015)

In practice, psycho-compulsion usually means the use of positive psychology approaches to encourage an "improved" attitude to finding work. Failure to involve oneself in workfare schemes based on these approaches can lead to the claimant facing sanctions—the reduction, or even total withdrawal, of benefits for often quite long periods of time. The distress which this can cause is evident in the following comments by a respondent in Friedli and Steam's (2015) study:

I am shy and have difficulty speaking to people and I will not do play acting in front of a group of people I am very uncomfortable with [...] I was told I would be sanctioned if I didn't take part, so I said I would get up, but I am not speaking [...] After that, we had to fill out yet another "benefits of being assertive" sheet (p.43).

Social workers' involvement in protests against the effects of austerity, the policy of making the poor pay for bailing out the banks in 2008, is an increasingly common feature of the British political scene. But the growing political involvement of social workers is far from being confined to the UK, nor is it confined to a single issue. Social workers, students and academics in Greece, Slovenia and Australia, as well as the UK, have made a significant contribution to raising the profile of, and providing material support to, the thousands of refugees crossing their borders seeking to escape, war, oppression and poverty. Social workers as far afield as Hong Kong and Turkey have been active in the struggles in their countries to preserve democratic rights. And social workers in Boston and other parts of the USA have been actively involved in the Black Lives Matters movement and in the opposition to the racist and sexist policies of Donald Trump.

It would be wrong to exaggerate either the impact of these activities or the numbers of workers actively involved: this is still very much a minority movement. Nevertheless, when one considers the radical voices and networks which have sprung up in so many countries across the globe over the last decade, from Brazil to Hong Kong, from Hungary to New Zealand, we are justified in speaking of a "new radicalism" in social work.

Why a *new* radicalism? Firstly, while the ideas of the radical social work movement which flourished in the UK, Canada, Australia and the USA during the 1970s never entirely disappeared, in truth radical social work, and progressive social work more generally, was an early casualty of the neoliberal era inaugurated by Margaret Thatcher and Ronald Reagan in the early

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1980s. Some of these ideas persisted within the academy in the shape of feminist social work and anti-racist practice, as well as in the notion of critical social work, but often in a much-diluted form.

Secondly, while drawing on the lessons and experiences of earlier radical social work movements, the new movement has emerged out of, and been shaped by, a very specific phenomenon, namely rising opposition to neoliberal capitalism and the way in which it has re-shaped the world in general and social work in particular. Thus, an early source of dissatisfaction, captured by Chris Jones in his seminal study of state social work in Britain at the turn of the millennium, was the universal imposition of care management approaches, to the detriment not only of community-based methods but to relationship-based work in general. One respondent identified what had changed in the following way:

Being a care manager is very different from being a social worker as I had always thought of it. Care management is all about budgets and paperwork and the financial implications for the authority, whereas social work is about people. That's the crucial difference. (Jones, 2001, p. 553)

That shift towards care management was one important element in the creation of what Harris has called "neoliberal social work," based on the three processes of managerialisation, privatization and consumerisation (Harris, 2014). No one could deny the extent to which these processes have transformed social work practice in many countries, in both the state and the voluntary or NGO sectors. But in two important respects they have also fuelled the emergence of the new mood of radicalism within social work.

Firstly, neoliberal social work challenges the very essence of social work as a value-based, relationship-based profession. In its place it offers a technical occupation whose

primary concerns are with rationing scarce services, controlling "troublesome families" and meeting government policy objectives ("what works"). Small wonder then that many social workers across the globe have responded to this shrunken, distorted model in the same way as social workers in Glasgow, Scotland in 2004 when they called a meeting to launch SWAN entitled "I didn't come into social work for this!"

Secondly, neoliberalism is a global project and a global ideology. If one outcome of globalisation has been the creation of the obscene levels of inequality which have contributed to the Brexit vote in Britain and the election of Trump in the USA, another has been to increase the opportunities to "globalise resistance," to make connections between social movement activists in different countries.

So, while the radical social work movement of the 1970s was largely confined to English-speaking countries, already the new movement feels much more international, linking social work activists from Boston to Tokyo and all points between. In building that movement, journals such as *Aotearoa New Zealand Social Work* and our own journal, *Critical and Radical Social Work*, can play an important role: in documenting social movements, highlighting radical practice and encouraging theoretical debate. It is in such practical grassroots activities and movements that the hope for, and the possibility of, a different kind of world—and a different kind of social work—lies.

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Revitalising radical social work

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The call to radicalise social work is not new. Some of us are “mature” enough to remember Bailey and Brake’s 1975 treatise on the subject. Radical concepts slip and slide around the social work agenda in a semi-sustainable way. But its enduring presence is masked by terms that fit less controversially into the conservative world order: critical, structural, and transformative among them.

In this comment piece, I argue that we do not need to merely *revitalise* the radical but to *name* it, proudly and loudly.

Contemplating the more “progressive” tomes in social work, there is frequently a lament of the times in which we live. Although context and world affairs have differed across the time span in which I have been a social worker, the “Times are Not a-Changin’”, to take a liberty with the words of Bob Dylan.

Social workers are expected to be reflective and reflect we must, not only on our own practice in specialisms and fields. We owe it to the profession and those we are tasked to assist to reflect on our work within the current global world order, particularly within western paradigms that permeate many of the contexts in which we are employed, including Australia and Aotearoa New Zealand.

Asylum-seeker politics provide an exemplar for the radical call, politics that are located within pervasive human rights violating policies in Australia and beyond. From my 15 years of work and lament in this sphere, I frame radicalism as a combination of: critical questioning, reflexivity, emotional response and action that pushes boundaries.

To set the scene more broadly, a few words about the troubling world in which we

live and work. Although social workers (including myself) are not generally experts in the sphere of international relations, we ought to be critical readers of news. Two contemporary examples at the time I write are Brexit and the rise of Donald Trump. Brexit signals the demise, in the United Kingdom, of internationalism and a return to nation-state thinking, with border security and national “values” taking primacy over human security and human rights. With Donald Trump we have seen a disaffected population attributing blame to migration and even terrorism, and border thinking resonating with pro-Trump supporters within and outside the United States (US).

We are far from experiencing a peaceful world and are increasingly witnessing militaristic responses to human affairs. From the western gaze we observe recent dropping of missiles by the United States on Syria and Afghanistan, and threats directed against North Korea. Social workers are among those who have been outraged by the pushing away of arriving asylum seekers at sea using techniques of warfare. In Australia, Operation Sovereign Borders was used to deter desperate people arriving by boat to seek asylum on Australian soil, and to incarcerate those who had the fortitude to arrive. These maritime asylum seekers were labelled as a threat, particularly those arriving from Muslim majority countries. In the US, we witness Trump’s ban on issuing visas to citizens of such countries.

This phenomenon has escalated with a demonisation of Islam and of Muslims beyond asylum seekers. Since the attacks in the US on 11 September 2001, there has been a steady rise in anti-terrorism measures in many countries. Australia has not experienced a terrorist attack on its soil and the increasing raft of legislative

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measures has received harsh rebuke by experts (for example, Williams, 2011), and created suffering with over-zealous policing of Muslim youth (Poynting & Briskman, in press). Social workers know of trauma and disaffection but are yet to challenge institutionalised Islamophobia in the national narrative and policing practices.

These trends, with the many others that are topics of concern to social work, validate the call for a radical response. From the most micro perspective of practice, social workers are observers of the harms and trauma experienced, not only by people fleeing war and conflict, but those who are marginalised by a master narrative of governments and groups within society who portray those not seen as “integrated” as unworthy. Social workers also encounter individuals who are disaffected, and engaging with a wider political lens can foster a radical analysis.

It would be remiss not to mention Indigenous rights. It can be cautiously stated that, in the Indigenous sphere, social workers have done somewhat better. This is more evident in Aotearoa New Zealand where the Treaty of Waitangi set the foundations for Pākehā/Māori relationships. In Australia, there has been an acknowledgment statement from the Australian Association of Social Workers (2004). But this, alongside other public apologies by government and the welfare sector, has not played out in the wellbeing of Indigenous peoples. Although there have been both rhetorical (and some tangible) gains, in relation to economic, social and cultural rights, Indigenous peoples are faring worse than the rest of the population and in youth and adult imprisonment, the statistics are dire. Although there is more positive engagement, we need to ask Indigenous colleagues whether a radical turn is needed. Should social workers be working hand in hand with the more outspoken Indigenous leaders rather than focusing on policies that fail in their “metrics” such as Close the Gap in Australia? Positioning oneself in this quest

is important and constructs of whiteness can provide some leads for ethical engagement.

In 2016, I co-edited with Charlotte Williams and Donna McAuliffe, a special edition of *Ethics and Social Welfare* on the subject of moral outrage. Extending the idea of outrage, I contend that a component of the re-radicalisation project is to be emotional and to push back on the manner in which social work is asked to operate: dispassionate, rule-bound, technocratic. At the practice level, there are systemic obstructions to invoking outrage. Practitioners are often silenced through codes of conduct and fear of loss of funding. As witnesses to suffering that arises from harsh politics, policies and practices, insertion of emotion and radicalisation would go some way toward justice. As Stephane Hessel (2011) asserts in *Time for Outrage*, when governments cannot be relied upon to defend humanity, it is the role of people, to lead the quest for justice. And going one step further is Nussbaum’s (2013, p. 3) assertion that “decent societies need to guard against division and hierarchy by cultivating appropriate sentiments of sympathy and love.” Even those of us who work in academia with the freedom it offers experience constraint. One of the editors of this special edition, Heather Fraser (Fraser & Taylor, 2016), has written about the neoliberal university, a trend that mirrors trends in wider society.

Social work has a particular responsibility, despite imposed limits and self-censoring, to radicalise and to speak out loud. We are not only rhetorically committed to social justice and human rights and to challenging injustices, but we have codified these in ethical statements. But what this commitment means remains elusive. As social work is largely organisational practice, challenge may be merely confined in-house and not to the broader political and social environment. Here we tend to compromise, do “good” often against the odds, fail to see our potential as practice ethnographers (Briskman, 2010) or as human rights social workers and we learn the art of conformity.

To be a radical social worker means, not only reflective questioning and outrage, but action that may push normative professional boundaries by organising. This requires a radical shift that builds upon activism that may be hidden from the public sphere.

Little has changed since Jim Ife, in 2000, spoke of how many social workers had an interest in international issues by supporting Amnesty International, for example, but in their role as a private citizen. Activist radical social workers today face the same dilemmas as other professions. In the asylum sphere for example, lawyers are told to stick to the law; health workers to dispensing health and teachers to educating the young people. In recent years social workers and others who worked in immigration detention faced legislative barriers. In 2015, the *Border Force Act* in Australia made it a crime, punishable by two years' imprisonment, for anyone who engages in work for the Department of Immigration to disclose information obtained by them in the course of their work (Bradley, 2015). Although the provisions were repealed for some professions, this was not done for social workers. With a penalty of up to two years' imprisonment, it is little wonder that social workers fear the radical.

Asylum seekers

I turn to discussing the asylum-seeker situation in Australia, with some overview of the global. It is in this contentious realm that I illustrate the potential for radical engagement. My focus is on asylum seekers (rather than refugees), those who arrive without formal authorisation, a lawful method, and await the bestowing of refugee status. Although Australia is particularly malevolent through mandatorily detaining asylum seekers and transporting them to offshore camps in Nauru and Papua New Guinea, the politics of detention practices are regrettably common. The Global Detention Project has documented existing facilities (see more at <https://www.globaldetentionproject.org/>).

Furthermore, ongoing refugee flows have led to a number of countries closing their borders to the fleeing, including erecting fences. Such practices heightened during the Syrian conflict but were not restricted to it. Yet, there are some better news stories, and social workers can encourage those holding anti-asylum-seeker positions to shed their western positioning by asking how it is that other countries, particularly Middle Eastern countries, take more than their fair share of irregular migrants—Jordan, Lebanon and Iran are just three examples.

I am taken with Bill Jordan's (1990) idea of isolated acts of banditry. But the courage of detention workers to speak out against the odds goes beyond banditry to radical action against the power of authorities. One of the issues besetting social work in recent years is the increased employment of social workers within offshore immigration detention centres (Nauru and Papua New Guinea), at the behest of the Australian government. Although the Australian Association of Social Workers has spoken out against mandatory detention and particularly the detention of children, this cannot be seen as radical action but more in line with the majority of asylum-seeker advocates. Social work has not radically grappled with the ethics of social work employment on sites where human rights violations are endemic.

The tenets of radicalism that I refer to above can be readily applied to social workers in immigration detention settings and, through the courage of speaking out, we see a combination of critical questioning of policies and expectations of practice, reflection on how practices are oppositional to social work values and ethics, and emotional responses that invoke a sense of shared humanity. Radical action by Australian social workers was noticeable in the joining with others in a heartfelt statement (which was released confidentially in 2013) about what they had witnessed in Nauru detention. Defiance continued for some, including from medical professionals, after the *Border Force Act* was proclaimed. I have written (with one social

worker who has disguised her identity) about what social welfare practice entailed on Nauru (see Briskman & Doe, 2017).

Rather than whistleblowing being acclaimed as an honourable act, we see media reports that reveal how those who speak out against dominant views are discredited. For social workers, power resides in hierarchies in practice organisations and even challenge at a micro level is not necessarily rewarded. One powerful, yet unexplored, means of speaking out theoretically and practically is to examine one's own practice against "dual loyalty" concepts, which asks for contemplation over where worker loyalties lie: with persons whom we are tasked to assist or with the employing or funding body? The Australian Council of Heads of Schools of Social Work dealt with this dilemma and undertook the People's Inquiry into Detention, which, although seeming radical and even subversive, entered the mainstream by winning an Australian Human Rights Commission Award (Briskman, Latham, & Goddard, 2008). This one example of pushing boundaries was prompted, not only by social work values and ethics, but revealed a professional stance that refused to collude with human rights abuses.

Conclusion

In the space I have left, I reiterate the four principles that, for me, encapsulate the heart of radical social work: critical questioning, reflexivity, emotional response and action that pushes boundaries.

I emphasise the need to join up the dots of the local and the global, and for acting for justice in radical ways. The newly formed Social Workers Without Borders (www.socialworkwithoutborders.net) is one way to connect with others with shared concerns across the globe—proudly and loudly.

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Competent solidarity: the alternative for professional social work

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ABSTRACT

There is very little evidence of radical politics within social work and community development in Aotearoa/New Zealand where social workers here are caught in the constricting grasp of professionalism. Community development is strictly confined through funder capture and the “no politics” embargo of the Charities Commission. These realities sit comfortably within the oppressions perpetrated by neoliberalism. Professionalism is not compatible with a fight against the neoliberal status quo. The fight against poverty and its social consequences should be the focus of social work and community development. Within the professional paradigm, social workers have become increasingly irrelevant to the people they work with. An alternative paradigm is needed to make social work relevant. The paradigm shift advocated here is to replace professionalism with competent solidarity.

This extended viewpoint article provides a definition of competent solidarity and considers the implications of competent solidarity in Aotearoa/New Zealand. It will then discuss the problems that emerge within professional social work and apolitical community development. Competent solidarity case studies from within Auckland Action Against Poverty are provided and opportunities for future action are discussed.

KEYWORDS: competent solidarity; radical social work; activism; neoliberalism; welfare

Introduction

My thinking around competent solidarity began with a rejection of professional social work. Professional social work is taught as if it exists within a political vacuum, largely devoid of class analysis and is incapable of addressing issues of poverty and oppression. If social workers live in a world of “consensus,” then there is no need to choose a side because, in the world of consensus, the interests of the rich and the poor, the coloniser and the colonised are the same. In this world, the distinction between the “professional social worker” and their “client” makes perfect sense. Over the past three years I have supervised 21 students on placements; of these 21 only two started their placements familiar with any conflict theory. They all had knowledge of strategies for individual interventions and of therapies

for their clients. Within social work there is a clear emphasis on working with individuals who have a problem, who are deemed to be dysfunctional. In this context, it is easy to ignore the need for social change.

There is a need to include explicit critiques of neoliberal capitalism which link class, poverty, conflict theories and Te Tiriti o Waitangi to provide a solid basis for a more relevant model of social work. In my 30 years of social work experience, I have found most professional social workers to be risk-averse, uncomfortable with conflict and ill-equipped to work within a world characterised by conflict. The professional social worker is likely to be unwilling to explicitly stand alongside someone who is differentiated from them by being their client. To become a professional social worker there is no prerequisite need to have any clarity of

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political purpose. Steve Rogowski (a UK-based social work academic), in a review of a book, *Class Inequality and Community Development*, concludes:

... understanding class is central to grappling with ever increasing inequality and in turn to the theory and practice of community development. And... community work/development is no longer in the repertoire of most social workers. (2017, n.p.)

That community work and community development are no longer in social work's repertoire is a strong indicator that social work is not able to address collective issues. Community agencies are characterised by reliance on government contracts which set out what work can be done. In the current environment, it is necessary to develop and apply explicitly political strategies. Competent solidarity is proposed as an appropriate mode of practice.

Competent solidarity: a definition

Competent solidarity entails a consciously politicised method of working with people to achieve social change and social justice. It has its ideological underpinnings in anti-capitalist conflict analysis. Capitalism is characterised by conflict between employers and the employed, the rich and the poor, the coloniser and the colonised. There is an explicit understanding that neoliberalism can lead to the wealth of only a privileged few. There are opposing sides and a choice is needed as to whose side you are on. Within social work, individuals are distinct clients. The term *client* is a clear announcement there is a distinction between that person and the *professional*. The professional is the expert and the client is the recipient of that expertise. Within this relationship there is no shared interest, and a consequent unwillingness by the professional to take any form of risk. By contrast, competent solidarity encourages public dissent and recognises that political advocacy is integral to this. There is a shared interest between all the people involved.

This separation is exemplified in Ministry of Social Development's Work and Income service which is responsible for administering a complex welfare payment structure within the context of neoliberal welfare reform. Its staff consistently talk about their professionalism and their clients. In my experience, a toxic culture of harassment, intimidation and punishment is camouflaged by this professional/client rhetoric. The reality of the client/professional social worker relationship is similarly camouflaged. Difficulties tend to be located within the client rather than within an institutional structure requiring larger social change. By contrast, a competent solidarity orientation links the experiences of individuals to an analysis of current social issues and identifies opportunities for collective action.

Solidarity includes the ability and willingness to link the experiences and political interests of others to your own experiences and political interests. In this analysis, if others are having their rights denied, so are you, and accordingly you are significantly more likely to question and challenge the status quo. Collective awareness of oppression informs the underlying assumption that political action is needed and will be taken.

Auckland Action Against Poverty (AAAP)

AAAP is an explicitly political organisation which puts competent solidarity into practice. Competence in this context means having a set of skills, knowledge and experience which will enable engagement with people to address the issues identified by them. Competence will enhance the likelihood of achieving positive outcomes. AAAP was established in 2010 when it became apparent that the government was determined to implement neoliberal welfare reform. AAAP has no government contracts and does not accept funding from any source which will compromise its political purpose. Since 2012, AAAP has provided benefit advocacy as part of a political strategy

working alongside people experiencing poverty to support them to access their full and correct entitlements. The advocacy service is staffed by a paid coordinator who is a registered social worker and more than 20 volunteer advocates and, in 2017, they will support over 5000 people.

Most of the people we work with are Māori or Pasifika women. The importance of Te Tiriti o Waitangi and 177 years of capitalist, colonial oppression cannot be dismissed, nor can institutional racism and patriarchy which are at the core of social work and community development. People come to AAAP because of their current experience of poverty and of the toxic culture which exists within Work and Income. This is their experience of the economic system; it is their experience of being working class which forms the basis of our shared political interest in changing an oppressive system. This extends far beyond putting a tick on a general election ballot paper every three years.

The practice of competent solidarity requires an understanding of continual colonisation in Aotearoa New Zealand. Te Tiriti o Waitangi was signed to establish a mutually beneficial relationship between peoples, an intention at the core of competent solidarity. Such relationships are not possible within a society based on the exploitation of the poor by the rich, particularly when the rich are predominantly Pākehā and the poor are predominantly Māori. The evidence of institutional racism arising from breaches of Te Tiriti o Waitangi are undeniable (Came, 2012). The use of competent solidarity involves fighting institutional racism layered within economic exploitation.

Neoliberal welfare reform starts from the false assumptions that unemployment is caused by the individual faults of unemployed people and that work is the only pathway out of poverty, whilst ignoring the realities of low-paid, casual work which perpetuates a poverty trap. Benefit advocacy is part of a continuum of political advocacy and is often the beginning of wider political



Figure 1. Hundreds of People Waiting to see an Advocate at the AAAP 2016 Benefit Impact in Māngere

action. The numbers of people seen and the high percentage of positive outcomes has given AAAP the credibility to speak publicly about the toxic culture of benefit denial. Further examples of the links between individual benefit advocacy and more obvious political actions will be canvassed in the following discussion, including the Stop the Sanctions campaign and exposure of the exploitative alliance between Work and Income and Manpower (a multi-national recruitment company) which perpetuates the poverty trap of precarious work.

Benefit advocacy

Benefit advocacy is akin to individual casework. Through the formation of a political alliance between advocates and the people they support, many opportunities for politicised action arise. AAAP has undertaken significant benefit advocacy work in the South Auckland suburbs of Māngere and Clendon; areas which experience disproportionately high unemployment and poverty. The thousands of people AAAP benefit advocates supported in 2016 included over 700 people at a Benefit Impact event held at Māngere Work and Income in April: a three-day exercise where volunteer advocates supported people to access their benefit entitlements (Figure 1). The people supported in this way obtained



Figure 2. People Lined up Outside Clendon Work and Income getting Advocacy from AAAP with Police Present (28 October 2016)

over \$850,000 in supplementary assistance including Food Grants, advances for beds, fridges and washing machines. The need and desperation was undeniable. This was the second Benefit Impact held at Māngere. In August 2014, we supported 540 people and, even by increasing our capacity by over 30% in 2016, we could not meet the need created by neoliberal welfare reform, turning away hundreds of people.

In October 2016, we began a weekly presence on Fridays at Clendon Work and Income (WINZ) and have been supporting 65 people each Friday. We chose Clendon because of the number of people telling us about the extremely toxic culture of benefit entitlement denial which existed there. Every Friday there is a queue of predominately Māori and Pasifika people. The most common reason they have come is to get a Food Grant so they can feed themselves and their children. After a month, police were called and they tried to scare us off with threats of trespass. Here is an excerpt from a relevant *Newshub* article (McRae, 2016):

Every Friday morning there's been an unusually long line outside the Clendon Work and Income office. That's because Auckland Action Against Poverty

(AAAP) has started helping beneficiaries there get what they are entitled to—but their presence has caused a stir. “The staff of the Ministry of Social Development are intimidated by the behavior of the crowd here,” police told *Newshub*.

Last Friday police were called and people were threatened with trespass notices.

“They were telling us our mere presence was intimidating Work and Income staff and I find that bizarre,” AAAP advocacy coordinator Alastair Russell said.

“We are here getting people what they are entitled to—if that's intimidation, then we are intimidating them and we will do that unapologetically.”

Beneficiaries *Newshub* spoke to say the group have been a lifesaver, and that's why so many turn up.

The people at Clendon saw AAAP advocates stand with them in the face of police intimidation (Figure 2).

Stop the Sanctions campaign

Information gained through benefit advocacy leads to greater understanding of the oppression people experience and generates actions that challenge the status quo. At the 2016 Benefit Impact, it was apparent that there were significant numbers of sole-parent women who were having money deducted from their benefit because the father of at least one of their children was not legally named. An on-going sanction of \$28 per week per child is imposed.

There are over 13,000 parents with this sanction in place and over 17,000 children affected: 97.7% of the parents are women and 52.8% are Māori (Ministry of Social Development, 2016). This sanction is punitive, racist and sexist. The idea behind the sanction is that by punishing women, men will be made to be financially responsible for their

children; Inland Revenue will be able to pursue the fathers for weekly Child Support payments. There are many reasons why a woman cannot name a child's father including simply not knowing who the father is, fear of violence, or the child coming from rape or incest. Each of these reasons should exclude the woman from the sanction, but this does not stop the sanction from being imposed.

To coincide with the Social Security Legislation Rewrite Bill, AAAP began the Stop the Sanctions campaign which is aimed at removing the sanction provisions contained within the re-write of the Social Security Bill (Figure 3). Pamphlets providing background information were distributed, community organisations provided support, submissions were made to the parliamentary Social Welfare Select Committee, political parties were lobbied, and a media campaign gained high-profile, national coverage.

At the time of writing we have the support of 60 MPs in a parliament of 121 members. Advocates working with sole mothers have identified a clear pattern of institutional racism and patriarchy in the economic punishment of women and their children. Whilst this campaign continues, AAAP advocates are supporting women to have these sanctions stopped and to get Work and Income to re-pay money stolen from them.

The state, precarious work and the poverty trap

The Precariat, The New Dangerous Class (Standing, 2014) details the emergence of a new class of people who live a precarious life in the neoliberal economic world. One feature of this is their tenuous links to paid work. Employers, with backing from governments, demand a flexible workforce who will work when needed and workers have no rights to guaranteed hours or certainty of on-going employment.

Work and Income have the power to *sanction* (reduce benefit payments by 50% or 100%) someone who does not accept an offer of



Figure 3. AAAP Members at the Launch of 'Stop the Sanctions' Campaign in Grey Lynn Community Centre (15 September 2016)

employment and can also impose stand-downs of 13 weeks if someone voluntarily leaves a job. Work and Income also have contracts with recruitment companies to get people off the benefit. Unemployed people effectively have no choice but to agree to short-term work which keeps them in poverty whilst making money for recruitment companies. These companies receive payments from Work and Income and further fees from their client firms.

In a recent instance, the precarious work chain began at a Work and Income office where unemployed people were summoned to meet with a case manager who told them to sign a contract with Manpower, a multinational recruitment company, or face a benefit sanction. Manpower hired out the workers to Concentrix, a multinational call centre operator. Concentrix then hired out the workers to Spark. The workers can be dismissed or the work can simply stop without any notice or compensation. This involves two multi-national companies profiting from poverty and a large tele-communications company exploiting workers who are easily replaced by going back to the beginning of this exploitative chain at Work and Income. This is a poverty trap for the workers.



Figure 4. AAAP Members Supporting the Occupation of the Manpower offices in Auckland CBD (3 November 2016)

On Thursday, 3 November 2016, eight of us locked ourselves in at the Manpower office in central Auckland in a protest action that gained national media coverage (Figure 4).

This action began when a man, John (a pseudonym), contacted a AAAP benefit advocate to discuss a Manpower contract he had refused to sign, despite pressure to do so. He had been summoned to the Work and Income office and met with a case manager and someone from Manpower. John was concerned that many other people had succumbed to the threat of benefit sanction and had signed this contract. Many of those people subsequently contacted AAAP. John met with us and a lawyer from First Union. The lawyer provided a legal opinion indicating numerous breaches of the Employment Relations Act 2000 and the Holidays Act 2003 within the terms of the contract. A further document attached to the contract permitted Manpower to ask about John's political beliefs, union affiliations, sexual preferences and sexual practices.

We wrote to Manpower telling them of our concerns. Manpower's response included an assurance that the contract we were concerned about was given by mistake. A different contract was supposed to have been used. TV3 news (*Newshub*) was contacted and a reporter asked for time to do background research including sending a reporter in to Manpower pretending to be looking for work. Subsequently that reporter was provided with the same contract that had been originally given to John.

Six weeks after our arrest for trespass, a group of workers who had all signed the same Manpower contract contacted AAAP. These workers had seen our protest action on TV and contacted us after being told there was no more work for them two weeks before Christmas. They had all been threatened with benefit sanctions by a case manager when presented with the Manpower contract. This contract was also the same as the one supposedly mistakenly given to John.

Nine people who had lost their Manpower jobs came to the AAAP office the following day. A TV3 *Newshub* reporter interviewed some of the workers and the AAAP spokesperson (Barraclough, Redstall, & Hollingworth, 2016). A Work and Income manager gave an assurance that none of the people who had lost their jobs would face any form of standdown or sanction. I went with a group of these now unemployed workers to the nearest Work and Income office to support them to get Food Grants and other immediate assistance.

After this second media wave, we met with the manager of Manpower Group, Australasia, and secured a written assurance that Manpower will no longer go into Work and Income offices to get people to sign contracts. First Union and AAAP also have a further meeting scheduled with the Recruitment and Consulting Services Association (an umbrella organisation for recruitment companies in Australia and New Zealand) in June 2017. John's courage

and integrity in bringing this issue to AAAP generated a series of actions and contacts with exploited workers who wanted to engage in political actions to expose the actions of Work and Income and Manpower. Common interests were identified and acted upon, resulting in a multi-national company changing its practice. This is a significant victory.

Benefit advocacy work with individuals is inherently political within a competent solidarity frame and has come to be linked to a range of other strategies for political action. Competent solidarity involves working with people to address their personal circumstances and the ability and willingness to move on to take risks, maximise social change to address wider social justice issues.

Options for the development of competent solidarity

AAAP is distinct from other not-for-profit groups because we have a clear political analysis and use competent solidarity as the basis for all our work, providing an illustration of an alternative to neoliberal service delivery in social work. Social workers need to be able to link the experiences of the people they work with to the systemic causes of the oppression, identify who the oppressor is, how oppression happens and to act to challenge that oppression. Thus changing the interactions between social workers and the people they work with to become one of shared political interest—competent solidarity.

In December 2016, the International Association of Schools of Social Work and the International Federation of Social Workers released a *Proposal for the Creation of a Committee in Defense of Social Workers—Human Rights Defenders* (Ioakimidis & Hall, 2016). Internationally, social workers are imprisoned, tortured and killed because of their acts of solidarity. Acts of solidarity in Aotearoa/New Zealand are considerably less personally dangerous but are still essential.

Being able to address the most immediate financial needs of the people they are working with is a fundamental issue of credibility but this topic is neglected within social work education and consequently, social work practice. Many people come to AAAP because their social worker has not been able to support their right and need to access social welfare payments. In 2016, over 300 people attended benefit advocacy training run by AAAP; approximately half of these people were social workers. This should be mandatory.

For those currently employed as social workers, my immediate recommendation is join your union, demonstrate solidarity with the people you are working with and pursue shared political interests. Union meetings provide an opportunity to discuss social justice issues relevant to your workplace. As a union member, you have protections when your employer, who is likely to be one of the first agents of social control you will encounter, begins to tell you to adhere to the professional status quo aligned system they operate within.

The ANZASW code of ethics requires members to: “move from the private troubles they encounter with clients ... inform society at large about social injustice, and inform and enable social workers to effectively carry out their role and function” (ANZASW, 2007, p. 8). This highlights the imperative to collectivise individual experiences to understand wider social issues. Carrying out a role or function where the private troubles and public issues are those of the client and not those of the social worker falls far short of the collective action provided within a competent solidarity framework.

The ANZASW code of ethics portrays the confusion within social work. Aspirations for social justice are thwarted by a professionalism which sees people as being clients seeking personal self-actualisation. In a world where people experience the oppression of neoliberal capitalism there is no room for confused social workers,

distanced and separated from the people they are working with. It has been argued here that professional social work as a model of practice needs to be challenged and ultimately left behind as part of the baggage of neoliberalism. There is no better time than now to choose to be on the side of the oppressed. Take some well-considered risks and Stand Up, Speak Out, Fight Back.

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Australia's welfare wars: The players, the politics and the ideologies

Philip Mendes (3rd ed.) 2017

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The second half of the title provides some very transparent clues to the ways in which Mendes goes about his work of reviewing developments and changes in Australia's welfare state over the last three decades; decades which have seen the strengthening of neoliberal and managerial frameworks throughout Australia and much of the developed (and indeed developing) world. The back cover and pp. vii–viii provide six core questions which are the basis of the book. Paraphrased, these questions are about: the failure of government policies to address structural issues of poverty and unemployment; the impact of economic globalisation on welfare state thinking; the convergence of political views among the major political parties (with the exception of the Greens); the influences of lobbying and interest groups; the reasons for the rise of poverty and inequality and the lack of concern about this issue on the part of politicians; and why do governments fail to consult with users and communities on welfare issues.

The brief for this extended review was to use the review to reflect on experiences in Aotearoa New Zealand in the light of Mendes' discussion about Australia. I will do that shortly, but the review needs to begin with a brief outline of the book's coverage. I make no claims to being an expert on the details of the development of Australia's welfare state over the time period here. Suffice to say, Mendes chronicles key aspects of this clearly and concisely, with appropriate attention to the details around the specific changes. The three sections of the book cover the context of the Australian

welfare state (including discussions on neoliberalism and on globalisation and their impact on welfare state changes), the Australian political parties and the welfare state and interest groups (including ACOSS, various contributors to the debate and a brief discussion on the role of faith communities).

Throughout the book, there is a thorough and thoughtful mixture of analysis, commentary and reflection, drawing on both evidence and data from a diverse range of sources and on a solid understanding of the literature and research on the politics of welfare change. The writing style is lucid and the flow of the discussion and debate is clear and easy to follow. In short, the book is an interesting, informative and thought-provoking read. The author's social democratic and participatory approach is clear throughout (and quite explicit) but does not "get in the road" in the discussion.

What a pity there is no comparable volume for this country because my intuitive sense is that the analysis would follow similar lines, with one notable difference, which I will return to below. On many, many occasions I found myself reading a sentence or paragraph and substituting the relevant Aotearoa New Zealand institution and reflecting that the sentence or paragraph would hold equally well for this country. The four examples below will illustrate; it would have been possible to provide a number of others.

- Australian government policies are based on motivating and disciplining welfare recipients and reintegrating

them with mainstream social values and morality (p. 9).

- Neoliberal ideas of small government, free markets and limited social expenditure have provided the ideological inspiration for cuts to the welfare state (p. 17).
- Work was assumed (by the social security review) to provide major health, social and economic benefits for both the individual and the wider community. There was little reference to addressing the financial needs of long-term income security recipients (pp. 42–43).
- Probably the strongest factor contributing to retrenchment is the domination of individualistic values and beliefs. Poverty and disadvantage are increasingly constructed as matters of private individual choice and behaviour rather than as collective moral and social responsibilities (p. 332).

A central part of his thesis is that the welfare state needs to be sustained, albeit with some important differences from its historical form. It “represents a significant gain for poor and working class people in the struggle for a fair distribution of wealth and income” (p. 5). The neoliberal revolution is, he argues, a reversion to the 19th century. Neoliberal values have won the day because the rich and powerful have more resources, have engaged effectively with global interests and have used a set of strategies and articulated ideas and proposals which have been taken up by the media while much of the Left has been undecided about its approach to the welfare state. Importantly, the media have close connections with powerful economic interests and, in some instances, are owned by them. Does this not sound very like Aotearoa New Zealand?:

“Typically, they [think tanks] publish simplistic but innovative and accessible arguments in non-refereed pseudo-academic journals which are then easily reshaped as opinion pieces in daily newspapers or repeated by sympathetic newspaper columnists or talkback radio hosts” (p. 86).

Turning to the local comparison, I noted above that there is one important difference which an equivalent Aotearoa New Zealand study would need to attend to, namely the contribution of Māori and the role of Te Tiriti in shaping various aspects of the reforms on this side of the Tasman. In various places Mendes notes the significance of the changes for Aboriginal and Torres Strait peoples (see, for example, pp. 236 et seq.). Those changes are clearly significant and, equally, it is significant that Aboriginal and Torres Strait peoples had no meaningful role in shaping or influencing those changes.

A comparable review here would need to examine the role of a diverse range of tangata whenua interests in shaping various dimensions of the Aotearoa New Zealand changes, in some instances with some important impacts and, in others, with little or no impact. Moreover, it would be inappropriate to assume that there is a simple totality about those interests—the different interests will be as important as the common interest. Any discussion of the role of tangata whenua would need to explore both activist and academic contributions to the changes and the challenges to those changes. Significantly, a review would note that Māori have borne the brunt of the effects with very high poverty and unemployment rates and higher rates among the homeless, for example.

A brief Aotearoa New Zealand story

While it is not possible in the context of this review to undertake a comparable analysis of the Aotearoa New Zealand experiences, it is possible to indicate some of the issues which such a review might explore and some of the information we currently have. We know, for example, that poverty (especially child poverty) and inequality have increased significantly over the last three decades. We know too, that housing access, affordability and quality are much more difficult and that public provision has declined significantly, particularly in relation to access to state housing. We also know that there have been

significant changes to social security (now known as income support). Rates have been cut (and never restored), there has been a significant shift from rights to responsibilities and a fundamental change in the framework for social security with paid work being the dominant motif. Moreover, the approach has become more punitive, with recipients being subject to a range of requirements as to their behaviour and sanctions surrounding non-compliance with those requirements. In a broad sense, many of the directional changes which Mendes identifies in the directions of Australia's welfare provision, coverage and access and the attendant neoliberal framing are echoed very loudly in this country.

In the light of the current focus and debate in this country, it is timely to note Mendes' references in chapter four to the idea of social investment as a basis for reshaping and redeveloping the welfare state. It is *not*, however, the neoliberal and conservative social investment as we know that term in this country, far from it. "Social investment", he notes, "refers to productive future-oriented forms of social spending that promote inclusion of all citizens in the social and economic mainstream rather than merely repair the short-term damage experienced by groups suffering disadvantage" (p. 119). That, he argues, has to be accompanied by a much more participatory reformed welfare state "based on a genuine partnership between the state, welfare consumers and the community" (p. 4). This is the very antithesis of the welfare state changes in this country and of the approach adopted to social investment here. Mendes talks of the approach of one of the right-wing critics to child protection—social work practice should, the critic argues, "return to ... prompt and permanent removal of abused and neglected children from their parents" (p. 82). Does this not sound scarily like the vulnerable children approach to social investment?

One of the significant areas of focus in *Australia's Welfare Wars* is Mendes' discussion of the role of right-wing think

tanks, right-wing political interests and key personnel in shaping the new directions and guiding the war effort. Here too, there are very interesting and significant parallels in New Zealand's experiences. The work of the Business Roundtable (and its current reincarnation in the New Zealand Initiative) and associated economic and political interests, influences and related think tanks is an obvious starting point for examination as they have pursued their agenda of economic and political liberalisation. As in Australia, there have been other voices such as those concerned with child poverty, the trade union movement, some social service practitioners and leaders and a small number of academics (Jane Kelsey is a good example) whose work and activities have been based around (and produced challenges to) "the new normal." However, as in Mendes' examination of the Australian experiences, even a cursory review indicates that the Aotearoa New Zealand changes have been dominated by neoliberal economic and political interests, to the detriment of the poor and powerless.

In more recent times, the role of key individuals such as Paula Rebstock in both the social security reforms and the changes to care and protection of children (through the Expert Panel) would provide a very interesting investigation, especially when placed alongside her background with the Commerce Commission and her current role as Chair of the Accident Compensation Corporation Board. As in the Australian story, alternative views and directions have been systematically ignored and/or sidelined. The work of the Alternative Welfare Working Group and Child Youth and Family's Workload and Casework review provide good examples. The role of other key figures (including, but not limited to, ministers of the Crown) in the welfare changes of the 1990s and subsequently and the more recent raft of changes would be an important part of the New Zealand story.

In his examination of "contributors to the debate" (ch. 9), Mendes has an interesting

discussion on the contribution of social workers and social work associations. While noting the ethical basis of policy action as a legitimate core part of social work practice, Mendes goes on to observe that AASW seems: “to have had only minimal impact on policy debates” (p. 270). This he attributes to lack of adequate preparation in education programmes for undertaking such action, the role of public sector employment in limiting opportunities for speaking out, the lack of social work leadership profile in the media and in the wider public and uncertainty among AASW as to who it represents. Might these factors also be significant in Aotearoa? The two case studies he uses to discuss the influence of social work lead him to note that: “narrower professional social work identity and broader social justice advocacy

concerns can be reconciled and synthesised to good effect in social action campaigns” (p. 275). This is an important rejoinder for social workers in Aotearoa as we engage and struggle with a range of changes in health and social services in areas such as the care and protection of children, provision of mental health services and services for people with disabilities—to name but three examples. The interesting question is how we respond to that challenge—what kind of social work/social worker will we be, and become?

The ultimate question in any book review is: does this work warrant reading? The answer here is an unreserved “yes”—and reflect on the issues and questions for understanding welfare changes in your country as you do so.

Reviewed by **Mike O'Brien** University of Auckland

Expanding the conversation: International Indigenous social workers' insights into the use of Indigenist knowledge and theory in practice

Christine Fejo-King and Peter Mataira (Eds.) 2015
Magpie Goose Publishing, ACT: Australia
ISBN 978-0-9922814-6-5, paperback, NZD53.41 (AUD49.50)

The Indigenous social work conversation has indeed expanded with this collection by Indigenous social workers writing from different places across the globe. It is a conversation which, on the one hand, is grounded in local Indigenist knowing, being and doing and on the other, engages with global dynamics, movements and implications. As stated on the book's cover, this is "the first time an international Indigenous social work book has been written where all the contributors, editors, and the publisher, are First Nation's social workers." The collection draws together selected papers from the 3rd International Indigenous Voices in Social Work Conference, held in Australia in 2015. Warning against the "colonisation of knowledge," the introduction articulates how the book is to be used, namely "to support anti-racist practice, to challenge all forms of injustice, to inspire open dialogue and mutual understanding and to benefit the Indigenous peoples of the world" (p. 3).

The book comprises seven substantive chapters, with introduction and conclusion sections. Hillary Weaver's chapter leads with an examination of differences and intersections between Indigenous ways and social work and, with particular reference to the Medicine Wheel, shows "how we can not only build on our commonalities but work to make our differences synergistic rather than antagonistic" (p. 8).

The next two chapters engage with economic aspects of Indigenous social and community work. The case for social entrepreneurship within social work core curricula is argued by Peter Mataira in Chapter Two. Social entrepreneurship is shown to be a means by which Indigenous communities achieve economic justice and improve their health and wellbeing. Three levels of entrepreneurship are discussed: tribal, heritage and individual/family. Building on this discussion, a social entrepreneurship curriculum outline is usefully provided. In Chapter Three, Christine Fejo-King reflects on various projects undertaken by the National Coalition of Aboriginal and Torres Strait Islander Social Workers Association in Australia, to show how self-determination and empowerment can be achieved practically for Indigenous organisations, families and communities through community development and financial independence.

Gail Baikie's chapter focuses on Decolonizing Critical Reflection, a technique used "to unearth both Euro-Western and Indigenous assumptions, values, beliefs and perspectives and to enable practitioners to make more informed choices that are culturally safe and contribute in micro ways to the decolonizing agenda of Indigenous nations" (p. 105). A list of decolonising critical reflection questions makes this a user-friendly resource for application by practitioners, supervisors and educators alike.

Chapters Five and Six both have a child and family focus. Jan Erik Henrikson elaborates on a cultural contextual network diagram tool, which draws on the *lavvu*—a Sami term for pyramidal tent—as a metaphor for network mapping which “encourages naming and reflecting on culture, identity and local context” (p. 122). Next, in Chapter Six, Moana Eruera and Leland Ruwhiu discuss *tapu* and *mana* as two Indigenous protective and developmental theoretical constructs. The narrative style, as well as the explicit use of female (*mareikura*) and male (*whatukura*) perspectives, give strength to the delivery of the messages in this chapter about working with *mokopuna* and *whānau Māori*.

In Chapter Seven, Kerry Arabena presents a discussion of Western and Indigenous knowledge construction for the health and wellbeing of First Peoples in Australia.

Reviewed by **Tracie Mafile'o** Massey University, Aotearoa New Zealand

Relevant history and policy is reviewed and the argument is made for multi-layered partnerships in which the voices of Indigenous peoples are heard.

Overall, this collection makes an important statement and a contribution. Having, as a backdrop, the updated international definition of social work's inclusion of Indigenous knowledges alongside scientific knowledge, this collection walks into and occupies that space between Indigenous knowing, being, doing and the profession and discipline of social work as it has evolved to date. The collection as a whole speaks of a holistic approach to social work which embraces Indigenous cultural strengths in the pursuit of social justice and wellbeing for Indigenous and non-Indigenous groups alike. Let the conversation continue.

Blinded by science: The social implications of epigenetics and neuroscience

David Wastell and Susan White, 2017

Policy Press, Bristol UK

ISBN 978-1-4473-2234-4, pp. 299, pp. NZD44.00

The aim of this important book is to develop a much wider understanding of how the new biologies of neuroscience and epigenetics are being invoked in the current welfare discourse in western countries. The back-cover blurb presents the focus in simple terms: the book “draws attention to the ways that the uncertainties of the original science are lost in their translation into the everyday world of practice and policy.” Space in a review does not allow for a detailed summary of the detailed and complex scholarship in this book so I will focus on some core aspects and hopefully encourage readers to read it for themselves. The publishers have helpfully made this book available in several different formats.

I was very pleased to see the publication of *Blinded by Science* after following the authors’ scholarship on this topic for several years (Wastell, White, & Lorek, 2013; White & Wastell, 2015). Like many social workers, I had been influenced by the hype of “the brains” by attending a public lecture (see Beddoe, 2017 for my blog post on this experience). It was some years later that the work of Susan White, a professor of social work at the University of Sheffield and David Wastell, a cognitive neuroscientist, now emeritus professor at the University of Nottingham, introduced me to the rapidly developing critique of the unquestioning acceptance of neuroscience in social policy. As always, social policy influences what happens in social work as policy is distilled down to procedure, then practice. But social policy doesn’t emerge from a neutral “laboratory” where ideology-free experts

develop scientific interventions to treat social problems. It seems to me that there is a complex set of circular processes where ideological trends (discourses) reflect and maintain policy makers’ inclinations, the science is then applied to create evidence that then confirms the beliefs of the policy makers (or policy-led evidence). But the powerful will insist that it’s the science that *tells* them what should be done. Wastell and White quote from Khan (2010, p. 311):

Science is not an anthropomorphic being, it does not “tell” anything. Scientific data has no meaning until one interprets it and such interpretations are inevitably packed with qualitative judgements.

Essentially, the argument in the book is that the invocation of neuroscience and epigenetics in social policy is far from neutral and is following a trend that began in the 20th century with the intensification of both the public and state gaze on parenting, particularly in early childhood. If one follows the presentation of childhood in public discourse over the last seven decades or so, children are increasingly characterised as vulnerable and in constant need of state surveillance. In the risk society (Beck, 1992), children are fragile entities to be micro-managed by newly intensified parental citizens, charged with ensuring that little Timothy and Amanda grow up to be productive and avoid becoming a costly drain on the taxpayer.

Wastell and White begin this book with a very useful overview of the links between biology and the drive for “human improvement.”

They assert that this is not an ideologically neutral trend because, “Rather than challenging orthodoxies, both neuroscience and epigenetics are presently being co-opted to support old moral arguments” (p. 7). These moral arguments are ancient—the comforting ethos of capitalist conservatism—that the poor have moral deficits and are poor because of these, rather than because of the greed and corruption of the rich. So it is inevitable that the development of persuasive new science can be harnessed to the ideological project of welfare cuts and micro-targeting the deprived and disadvantaged with programmes designed to fix them. The focus is firmly fixed on individuals and families, rather than structural problems: “Prevention and targeting are prominent motifs in an increasingly residual and conditional welfare settlement, providing a natural slot for technologies which can tease out individual susceptibilities” (p. 7).

The second chapter of the book provides a very good overview of how knowledge is made. The authors make a distinction between “journal science” which is often couched carefully as tentative, requiring further testing; and “handbook science” where knowledge is codified and simplified for consumption by those closer to the target population: practitioners, who lack the time (and, it is assumed, expertise?) to interrogate the research that is said to underpin the interventions the lean state will pay for. In addition, the authors point out much of the evidence is based on animal studies and the researchers themselves may caution generalisation or application to human populations.

The chapter “Blaming the brain” reviews various attempts, throughout history, to find biological explanations of mental illness and, in particular, examines the current focus on genetic explanations of autism and ADHD. The authors simply infer from their review that in spite of recent research few “killer insights” have emerged (p. 89).

Part two of the book shifts our focus to policy. Its stated aim is to explore the

impact of the explosion of brain science in mainstream government policy. Early intervention, they argue, is driven by a myth that the impairment of the infant brain is responsible for “madness, badness and all manner of vexing social problems” (p. 89), even poverty itself.

This chapter takes the reader carefully through the reverse journey from policy analysis to evidence to practice. These sentences succinctly summarise their review:

Finding evidence for policy can be something of a fishing expedition. Persuasion, not accuracy is the primary criterion at work. The evidence has been interpreted as consistent with a particular form of received wisdom and hence little argumentation is required to make it work rhetorically. (p. 108)

After exploring the science behind many claims of the irreversibility of childhood neglect (with the lurid and misleading brain imagery I discussed in Beddoe (2017)), Wastell and White state that “science has been selectively used to grant epistemic authority to the cause of early intervention” (p. 108).

It is chapters 5 and 6 which form the section I would set as required reading for every social worker in children and families social work: it addresses the really sharp end of this particular stick. Where the early intervention policy based on poor reading of complex science hits child protection (see also Featherstone, Morris, & White, 2013). Read these chapters if you read nothing else this year.

Wastell and White, using the example of strong state advocacy of early non-consensual adoption in England and Wales, demonstrate the pernicious manipulation of policy by lobbyists for the “early years” brigade. Scraping away all of the jargon and scientism, the argument boils down to favouring a precautionary approach over a proportional approach. So, on the chance that less than optimal parenting (defined by whom?) might produce irreversible brain

damage and welfare dependent criminals, we will go more quickly to permanent removal. The disproportionality is, of course, that the damage caused by very, very severe neglect has been observed in a vanishingly small number of extreme cases. Social policy is thus made by boosting tentative science and spinning it in conveniently palatable metaphors to persuade politicians (who, it has to be said, are often proud of saying “give me one page or I won't read it”), to support what is essentially a moral crusade.

Remove the child, just in case. Throw cash at programmes that focus on early years for those deemed at risk but never, ever look at trying to fix the pernicious effects of poverty, oppression and social exclusion.

As Wastell and White point out, the role of prevention science is to root out disease and dysfunction early. The effects of troublesome social problems like poverty, racism and other forms of social exclusion are recast as problems of dysfunctional parents who must be targeted for interventions or have their vulnerable children removed. Early intervention is politically popular as it seems innocuous and supportive. And of course, it can be if it is voluntary and collaborative, emphasising relationship building and planning with families at the forefront. But sadly, solutions tend to be top-down-imposed and such programmes may reconfigure relationships between the state and families (see, for example, McKendrick, 2016; Crossley, 2015).

In conclusion, this book provides a wealth of information and helpful analysis. There is much more that I could comment on but I would strongly recommend that readers buy this book and share with colleagues. I will finish with an interesting note on an issue of great relevance to social workers in Aotearoa New Zealand. Wastell and White make reference to family group conferences, acknowledging their birthplace here in

Aotearoa. Having mentioned the variable impacts in the international arena and the challenges of evaluating them, they conclude with this question:

What happens then if we stop treating FGCs as interventions in need of evaluation to judge their efficacy and cost-effectiveness? What happens if we treat them instead as the democratic right of citizens—which is indeed the case in New Zealand? (p. 147)

Imagine if we had policy makers who would listen to research that has found no evidence for the claims made by those with vested interests, for example about lazy, drug-addled kiwi workers or “multigenerational worklessness.” Imagine if critical social policy studies and poverty research were used to influence governments. There would be no justification for not immediately instigating a universal basic income.

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Reviewed by **Liz Beddoe** University of Auckland

The Alternative

Lisa Nandy MP, Caroline Lucas MP and Chris Bowers (Eds.) 2016
Biteback Publishing, London, UK
ISBN 978-1-78590-049-5, pp. 368, ebook, NZD30.00

For decades, social workers have witnessed the fallout of the neoliberal experiment, including runaway inequality, poverty, and compromised health and education systems. While the difficulty of operating in this environment has intensified focus within social work on critical and radical practice, greater gains demand State-level rethinks of social and economic policy. Yet, political momentum for such radical reconfiguration is often lacking. One might be forgiven for wondering: “whatever happened to progressive politics?”

In this context, *The Alternative*, an edited collection from the United Kingdom (UK), comes not a moment too soon. Compiled during the soul-searching following the Conservative Party’s resounding 2015 electoral success, *The Alternative* seeks to initiate conversation about reviving progressive politics in the UK, and the mechanics of building a new, progressive vision for the country. The core provocation of the book’s editors—Labour MP, Lisa Nandy; Green MP, Caroline Lucas; and former Liberal Democrat Councillor and Parliamentary candidate, Chris Bowers—is that UK progressives (whether in Westminster or not) should shelve “tribalism” and in-fighting (p. xxi) in order to work together, because cooperation offers the best hope of ousting the Conservatives (in the short term) and implementing a progressive programme (in the long term). They also urge progressives to start proactively defining themselves by what they believe in and stand for, not just by who or what they disagree with, and to reconnect with disenchanted grassroots political activists.

Structurally, the book has two sections. Section One explores progressives’ shared

values, ideas and politics; Section Two considers how to effect cooperation across the progressive spectrum. The decision to dedicate an entire section to unpicking progressive values was wise, given the term *progressive* is often bandied about or conflated with the Left, but also because the exploration has rendered the book a valuable resource for those seeking a considered articulation of contemporary progressive ideals. Section Two’s candid evaluation of both the opportunities and difficulties of collaboration adds a healthy dose of realism to the book’s enterprise, allowing it to overcome any accusation of wishful idealism.

Contributions come from an impressive array of individuals, making *The Alternative* a treasure trove of thought-provoking, creative ideas, although arguably at the cost of a more unified message (evidently not all contributors sing from the same progressive song sheet). Understandably, given the book’s editors, chapters from politicians (both former and current) abound—from parliamentary candidates, MPs, and Members of the House of Lords, to the leader of the Danish progressive party, The Alternative (Uffe Elbæk). The book also includes third-sector campaigners (Katie Ghose of the Electoral Reform Society, Siân Berry and Stephen Joseph of the Campaign for Better Transport, and Carys Afoko of SumOfUs), unionists (Frances O’Grady), commentators (Yasmin Alibhai-Brown and Zoe Williams), and academics and representatives of institutes (Andrew Simms, Jonathan Rowson, John Curtice, Indra Adnan), among others. With some exceptions, chapters adopt a boots-on-the-ground/informed-commentator perspective, drawing insights from the contributors’ cumulative years of practical

experience rather than extensive referencing. This approach may disappoint readers seeking greater theoretical grounding, although they may enjoy Rowson's in-depth, semi-spiritual deconstruction of the notion *progressive*.

The Alternative targets political, policy and activist circles, so relevance to social workers is indirect. Yet, its broad thematic sweep—covering topics as wide-ranging as social security, planning, migration, political cooperation, housing, public services, climate change, foreign policy, communications and political correctness—particularly in Section One, offers something for everyone. Furthermore, its outside-the-box thinking is both inspirational and semi-instructional for anyone interested in lateral and radical thinking. Evidently, contributions are UK-focused, rendering certain aspects less useful for a New Zealand audience—most obviously, the recurring case for a proportional representation system for UK national elections. However, other chapters could have been written for New Zealand, such as Berry and Joseph's excellent contribution on planning policy that advocates, *inter alia*, greater proximity between people and services, more effective public transport systems, and housing developments that foster real communities rather than upholding "a syndrome now deep in the national psyche about housing as an investment" (p. 78).

Other applicable chapters include those by David Boyle, Jonathan Edwards or Zoe Williams, which advocate horizontal politics, devolved power, and/or recognition of local, community-based activities. These chapters demonstrate the latent assets and strengths in communities that are often under-supported—communities in which social workers often work. Meanwhile, Ruth Lister's chapter on social security analyses alternative mechanisms for achieving poverty prevention and social distribution, including more inclusive contributory social insurance systems or a universal

basic income. Guided by her anti-poverty research, Lister also sounds a warning to anyone working with people on low incomes about stigmatising language and social discourse, and calls for "a culture of human rights" to replace the current "culture of institutionalised suspicion" (p. 35).

Finally, Norman Lamb and Steve Reed's searing assessment of UK public services would propel any public servant to critically reflect on their own practice and institutional context. Indeed, Lamb and Reed's analysis of the defects in bureaucratic, top-down approaches resonates with oft-made observations in social work literature. Their practical proposals for ensuring we "unleash the vitality of people working in public services and the insight of those who use them" (p. 46) offer food for thought, including mutualised services (for both service users and staff), and individualised budgets permitting service users to decide how to spend money allocated to them.

The Alternative went to publication a week after the Brexit referendum result, a massive blow to progressives in the UK and worldwide. The editors note that this timing underscores the "urgency and timeliness" of the book's message (p. vii). However, it also meant contributors sidestepped the disillusioned anger plaguing progressives in the aftermath of both Brexit and Trump's election as President of the United States of America. While the activities of protest and reaction following these events are understandable and necessary, they must not detract from the positive, proactive task of reimagining politics, society and economics. In this climate, *The Alternative's* greatest offering—its self-professed and well-realised tone of optimism—bolsters its openness to imagine and identify creative, credible, progressive ideas. This sentiment should hearten and motivate anyone passionate about critical, radical change, and the forging of more ambitiously progressive society.

Reviewed by **Hannah Blumhardt** Independent researcher, New Zealand

Practising critical reflection to develop emancipatory change

Christine Morley, 2014

Ashgate Publishing, Surrey, United Kingdom; Burlington, VT, USA

ISBN 978-1-409-462583, pp. 243, hardback, NZD260.00

I selected this book from a pile available for review attracted by the title which included “critical reflection” and “emancipatory change” as, that time, I was working in the social work education field and was also looking to retrieve my social justice mojo. I thought I could learn something useful to apply to the variety of social work roles I had then and into the future—and I certainly did.

This work has a clearly articulated theoretical base in critical reflection (postmodern feminism) building on the work of Jan Fook (2012) and others. This is the underpinning perspective as well as forming the research framework within which the stories of six counsellors/advocates for victims/survivors of sexual assault practising in Australia are introduced and developed using a questioning framework facilitating deconstruction and reconstruction of the narrative. This is done to demonstrate and apply the tools of this understanding of critical reflection to find opportunities for emancipatory change at the interpersonal level of practice.

The book is structured like a thesis but there are some chapters that some practitioners could find useful without reading the entire work. Although the book begins with a focus on the inadequacies of the Australian legal system, its personnel and processes, the analysis could have parallels in Aotearoa New Zealand. The next chapter focuses on summarising the implications from previous research on victim/survivors’ experience of secondary victimisation and the damaging

social myths about sexual assault which constitutes a well-structured literature search of this topic. The opportunities and limitations therein for challenge and change are then considered via structural change and law reform as the sites for change suggested by feminist perspectives. Here Morley suggests that this macro and system focus can lead to a “lack of sense of agency in practitioners to challenge [the legal systems] oppressive processes and practice” (p. 6). Morley then turns to the opportunities offered by critical postmodernism to examine opportunities for change at more immediate and interpersonal levels through the examination of dominant discourses, rather than the systems that could contribute to this “sense of powerlessness” but which could also provide for possibilities to envision change. Again, this is a well-constructed chapter about theoretical ideas—I think I understood postmodernism a little more and it allowed me to see possibilities for my own practice.

The subsequent chapters present the stories of the research subjects through the discussion of a self-selected critical incident with each participant facilitated to “unearth” their own assumptions and discourses and therefore find creative responses through use of deconstruction (and then reconstruction) questions developed from Fook (2012). Some of these stories and their discourses were quite relatable to my own experiences as a practitioner. Morley then presents findings using themes which demonstrate the possibilities for change. The book finishes on a hopeful note concluding that, even in “oppressive” contexts, workers can envisage

power and alternative responses and that critical reflection can assist practitioners to connect with their sense of agency.

This work would be useful to educators to explore critical reflection and the application of critical postmodern theory. Practitioners could find the literature search on survivors' stories useful as well as considering the counsellors'/advocates' stories and possible parallels to their practice as a start to "unsettle" their own thinking. Supervisors could use this work to consider how to utilise deconstruction and reconstruction processes in their work with practitioners.

Reviewed by **Shelley Crawford** External supervisor;
Competency co-ordinator ANZASW

However, as it is research for academic purposes, it is not an easy read but worth persisting with. The author herself acknowledges that different people will "read and engage with this work from their own perspectives" (p. 207). From my perspective, it has led me to consider what is meant by "critical reflection" and confirmed that interpersonal work can be a site for emancipatory change built on critical reflection as presented in this work and others. Just what the author intended.

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