CONTENTS

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Qualitative research

Quantitative research

Theoretical research

Qualitative research

Theoretical research

Quantitative research

New horizons and strong foundations

It is our pleasure to introduce the final 2017 edition of the ANZASW Journal. It has been a tumultuous year politically, a busy year for our editorial team and, without doubt, a demanding time for all those engaged in social work practice in Aotearoa New Zealand. However, as the cliché goes, times of challenge and change can present new possibilities; magic is to be had at the ragged edges of our horizons rather than in the comfortable routines of our working lives. We think it is fair to say that social workers are entering a phase of cautious optimism about our capacity to contribute, practically and conceptually, to progressive social development in this place and at this time. Social work is a holistic undertaking in the sense that it resides in both the head and the heart: as the famous French social theorist Pierre Bourdieu (Bourdieu et al., 1999) has observed, we are heirs to a militant history of compassion. The unifying thread which connects the collection of articles offered in this edition is that they all, in differing ways, touch on how social understandings of human need can inform effective responses to contemporary practice challenges. All the offerings in this edition have some bearing on the central issue of advancing a commitment to ethical, compassionate and inclusive social work. Overall, an expansive and *hope-full* vision can be distilled: that social work is adapting and rising to the challenges before it.

In Aotearoa New Zealand, and in comparable societies, social work has weathered torrid times in recent decades; running against the wind as the state has been reshaped and as inequality has become an embedded political and economic reality. We now have a glimpse of more progressive future possibilities. However, social work has seen more than one Prague Spring. In addition to the creativity and courage needed to develop new practices for new economic and social challenges, social workers also need lodestones to guide and anchor their work ethically and politically. We need to hold tight to values, beliefs and visions that are grounded in the lessons of the past. Accordingly, this edition contains the first offering from a new feature category: the classic book review. For future editions, we are seeking submissions for articles (no longer than 3,000 words) that review a *classic* book that has influenced the author's career in social work and/or social policy. The intent is to invite reflections from experienced practitioners on such influential texts: books that have informed, guided or motivated their journeys through social work.

For many of us, social work has involved a challenging journey, both personally and professionally. Despite experiences of sham and drudgery and the potential for broken dreams we remain committed to this resilient and sometimes beautiful profession. The mix of spirit, passion and transformation that can be found in social work is, it seems, difficult to extinguish. For some the energy needed to keep this fire burning was sparked by the written word – in the books that inspired us to dream of change in the world. There are many such classic texts in social work, sociology, politics and in other related fields – books that may have made us think, feel and imagine; words that may have given us heart and helped to sustain our hope.

The first such book reviewed here is Bailey and Brake's iconic edited text, *Radical Social Work* (1976). It is reviewed by the English social worker and author Steve Rogowski. The result is partly book review and partly a narrative of learning, experience, and sustained commitment. Steve Rogowski has been an extraordinary practitioner for over forty years – tenaciously swimming against the political and economic tide alongside his clients for much of this time. His belief in empowerment-centred practice and

AOTEAROA
NEW ZEALAND SOCIAL
WORK *29(4)*, 1–4.

in social justice for working-class people was, in part, inspired and sustained by the socialist practice visions outlined in this text. He discusses this synergy, reflects on his own practice journey and advocates for the relevance of these aspirational writings in the here and now. Provocatively, Rogowski revisits the suggestion that social workers may legitimately operate both in and against the state; proposing that creative resistance, in alliance with those in need, can be ethically justified in times of political and managerial austerity.

The first full article presented here – “Five Years in the News” by Staniforth and Beddoe – reports on a qualitative thematic analysis of 1,512 articles featured in the *New Zealand Herald* and *Otago Daily Times* newspapers from the years 2008–2012. This research paints a picture of a profession that is both embattled and hardy. Data were generated by using the search terms “social work”; “social worker”; and “child youth and family.” Analysis reveals very limited coverage of the scope and depth of the profession and a blaming and stigmatising view of contemporary practice. Child protection is conflated with social work generally. The errors of practice and the authoritative elements of statutory social work are exaggerated at the expense of the more common practices of child and family centred resolution. However, as with much social work practice, hope is found in hidden moments: “Occasionally, a glimpse of a noble, quietly heroic social worker was shown – sitting overnight with a teenager who could not be placed in an appropriate custodial setting, saying a prayer for a promising teen, or showing a journalist, with privileged behind-the-scenes access, that specific children can be helped.” This is reminiscent of Weick’s (2000) much quoted observation that social work carries an often concealed, but ever-present, voice of everyday care and compassion.

Against the back-drop of looming mandatory registration, the influence of this limited and skewed media representation of social work on the identity of the profession is further explored by Hobbs and Evans in their study of professional self-perceptions. Eighty-three registered, or registerable, social workers were interviewed in this study. The findings suggest that the over-identification of statutory child protection with the broader profession has impacted on practitioner perceptions of their public image, generating a degree of self-stigma. It is further reported that social workers in multi-disciplinary health settings continue to experience professional marginalisation. However, the desire to develop and project a more accurate and informed understanding of the skills, knowledge and social understandings which social work offers remains intact and there is cautious positivity about future development. A sense of engagement in the ongoing struggle to develop and assert a progressive identity continues to animate the profession.

The process of initially selecting students for admission to professional social work programmes is the topic of our next article by Hughes, Gremillion, Bridgman, Ashley, and McNabb, a group of social work educators who explore the correlation between selection processes and ultimate student success in the BSW programme at Unitec (Auckland, New Zealand). The authors conclude that current selection criteria, including interpretation of the “fit and proper” guidelines do not accurately predict student success and that adequate resourcing and support provided through the course of study offers a more effective guarantee of achievement. Something of a return to core social work values is embedded in this finding: that tertiary pedagogy in social work needs to mirror the empowering aspirations of practice to a large degree. An invitation to enter the social work profession carrying a belief in the capacity for change, and fidelity to the values of justice and inclusion is put forward by the authors.

The fourth and fifth articles in this collection concern social practice within the field of disability. Do Lan Phuong provides a comprehensive critique of the development of Australian policy, law and practice in relation to disability services for Indigenous Australians. The analysis takes a contextual and critical approach to understanding complex social causation and the need for empowerment-centred responses, highlighting "the urgent need for disability policy improvements, and promotes further design of culturally appropriate healthcare for Indigenous populations, who are still 'disabled', not only by colonial histories but also their contemporary socio-economic marginalisation." Choi, Park, and O'Brien look at the challenges involved in more effectively meeting the dual needs of migrant groups in the disability service sector in Aotearoa New Zealand. A small study of Korean immigrant parents raising children with disabilities highlights the paramountcy of trust in the professional relationship and the importance of parents' confidence in services to fully support their children to achieve. Parents and professionals interviewed for this study cited an overemphasis on risk management and agency processes as detracting from their experiences as service users and their capacity to provide what they most want for their children – a high quality of life and a sustainable future. Challenges presented by language, cultural values and the migrant experience require a further reassertion and application of core social work practice values: power-sharing and self-determination.

The theme of working within and across cultures is further developed by Gibbs who introduces us to the experience of cross-cultural adoption. This contribution returns our gaze to social work practice with children and their families, specifically to the beautiful complexity of cross-cultural and transracial families. This author explains the fluid concepts important to a critical discussion about culture, offers her own experience of raising two adopted sons, and provides concrete guidance to cross-cultural and transracial families and professionals working alongside them. The key tasks of developing cultural identity, and promoting the development of anti-oppressive/anti-racist attitudes are presented here as both family and community responsibilities.

Finally, to round off this assorted collection, Yeung, Good, Donoghue, Spence, and Ross tackle issues related to the ageing population in Aotearoa New Zealand and the choices made about living arrangements across the continuum from independent living within retirement villages to assisted aged care facilities. The study found that retaining dignity, strong relationships, good mental health and reducing loneliness and isolation, are understandably what matter most to residents – contributing to their sense of autonomy and well-being in retirement villages. Social workers are inconsistently employed in this growing field and it is argued that the unique social understandings and professional skills of social workers can contribute valuable expertise to transition planning and to ensuring accessibility and inclusivity of support.

In summary, this issue sketches the widening scope and diversity of social work practice, which sees social workers both adapting to, and contributing to, rapidly changing social and political landscapes. This eclectic collection of articles provides a snap-shot of the many places in which social workers interact with their communities. Complex challenges still exist: about the public portrayal of social work, about confidence in the dignity and worth of the profession, about recognition of social workers' capacity to contribute across disciplinary settings, and across cultural and generational identities. As Rogowski illustrates in his powerful retrospective narrative, the lived experience of social workers and those who are constructed as their clients, is impacted by social, economic and political forces. We are encouraged to see beyond a managerial focus on risk management, resource allocation and production efficiency and invited to actively recognise, explore and advocate for the insights which the social work profession has to offer both those in need, and those who hold the purse strings. The contributors to this issue caution us to keep a keen eye on how social work is defined, and who is defining it. We must be mindful not to allow the power of definition over the scope of our practice and the roles that we play to be monopolised by the state or our employers. Now, more than ever, it is important to guard and celebrate the depth and breadth of our profession and to consider the implications of our commitment to social justice. We must hold to our own sense of empowerment and autonomy, vision, solidarity and agency, if we are to enable this in others.

Bourdieu, P., Accardo, A., Balaz, G., Beaud, S., Bonvin, F., Bourdieu, E., … Wacquant, L. (1999). *The weight of the world: Social suffering in contemporary society.* Oxford, UK: Polity Press.

Weick, A. (2000). Hidden voices. *Social Work, 45*(5), 395–402.

Ian Hyslop and **Deb Stanfield**

Five years in the news: A media analysis of Child, Youth and Family in two daily newspapers (2008–2012)

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ABSTRACT

INTRODUCTION: This article describes a subset of data relating to the term "Child Youth and Family" from a media analysis of two major Aotearoa New Zealand newspapers from 2008 to 2012 and reports on the major themes emerging from a qualitative analysis of these articles.

METHODS: A search was conducted within the online versions of the *New Zealand Herald* and the *Otago Daily Times* for the years 2008 to 2012 on the search terms: "social work," "social worker" and "child youth and family." A qualitative thematic analysis of 1,512 articles within the data set "child youth and family" was conducted.

FINDINGS: Child Youth and Family (CYF) content overwhelmingly made up the largest data set and, within that subset, the reporting was principally related to crime and abuse. Social workers were seen mainly as receivers of referrals and of removing children and placing them in "care." There was little mention of intervention or treatment. There were many reports of the ways things went badly in the process, and at those times social workers were reportedly at the forefront.

CONCLUSION: The CYF content presents a limited view of social work, with potential implications for the scope of social work practice being limited to removal of children, and a reduction in the acknowledgement of the wider scope of treatment and intervention. There is also an emphasis on criticism of social workers when children are the victims of violence that occurs within a wider socio-political context.

KEYWORDS: social work; social workers; news media; media analysis, Child Youth and Family

In 2015, the Ministry of Social Development in Aotearoa New Zealand undertook a review of the state child protection agency, Child Youth and Family (Ministry of Social Development, 2015). One of the recommendations was a relaunch of the agency under the new name of the Ministry of Vulnerable Children Oranga Tamariki (MVCOT) which took place in April 2017. There has been considerable media coverage of this event, much of it critical in nature (see Hyslop, 2017; Staniforth, 2016).

Social work and child protective services are frequently subject to critical reportage (Franklin & Parton, 1991). Studies of the public perceptions of social work have indicated that the public's knowledge of the profession is largely influenced by news media. One reason for this is that many people may never have met a social worker, nor are social workers particularly visible in popular culture (Zugazaga, Surette, Mendez, & Otto, 2006). Reporting of social work stories in mainstream media is thus

AOTEAROA
NEW ZEALAND SOCIAL
WORK *29(4)*, 5–18.

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understandably influential. This article aims to report on, and consider how, two major New Zealand newspapers portrayed the Child Youth and Family service (CYF) from 2008 to 2012.

This study was conducted as part of a multi-phase data collection project focused on public perceptions of social work. Other reported phases included a phone survey on this subject (Staniforth, Fouché, & Beddoe, 2014) and an online survey on social workers' beliefs about public perceptions of social work (Beddoe, Staniforth, & Fouché, 2017; Staniforth, Deane, & Beddoe, 2016).

The contents of articles on two mainstream media outlets (*New Zealand Herald, Otago Daily Times*) mentioning social work/social workers/CYF were analysed over a five-year period (2008–2012). These newspapers were chosen for largely pragmatic reasons such as the availability of articles online for the selected period and limited resources for other methods of access. While the articles examined were from five years ago, the authors believe that there is value in the presentation of this data at a time of significant change in our child welfare services and that it is also important to form some kind of a baseline from which to view shifting media portrayal over time.

In this article, we present the findings of this search based on a qualitative analysis of the CYF data set and discuss the implications of these findings.

Literature

Several authors have explored the portrayal of social workers in print, film and television with mixed accounts. When social workers are portrayed in the media, the focus is limited and often revolves around child welfare. In an Irish study, Gaughin and Garrett (2012) found that reporting of social work and social services was focused mainly on work with children and families and further limited to reporting on child abuse cases. Davidson and King (2005) undertook a large-scale study on the perception of social work in Scotland. In commenting on their focus groups, they noted that:

> In all groups there was spontaneous reference to the "bad press" that social workers receive, with participants generally feeling that this is perhaps unfair and a reflection of a broader tendency on the part of the media to highlight bad rather than good news (p. 25).

Social workers' negative views of media have been reported by Davenport and Davenport (1997) who noted that a "prevailing view" held by students, educators and practitioners, was "that [social workers] are typically featured in unflattering, negative terms such as child snatchers, ineffective do-gooders, fuzzy-thinking liberals, parasites on the public purse, and self-serving bureaucrats" (p. 11). Zugazaga et al. (2006) conducted a study of 665 MSW social workers in Florida, USA and found that participants believed that the profession was "depicted negatively in both news and entertainment media" (p. 621).

More recently, in Aotearoa New Zealand, an online study of social workers' views on the public perception of social work asked for social worker response to the statement "How do you think that the media portrays social workers in this country?" A total of 305 out of 344 (88.6%) participants answered either "doesn't portray them very well" or "portrays them really badly" (Staniforth et al., 2016).

Several studies have explored the presentation of social work in child welfare, particularly following tragic cases of child death. Garrett (2009) comments upon the media coverage following the death of "Baby P "in Britain in 2007. He details the portrayal of "'monstrous' and incompetent public sector social workers" (p. 536) and describes how the social workers and their supervisor were seen as "being responsible for the death of a baby" (p. 537).

Briar-Lawson, Martinson, Briar-Bonpane, and Zox (2011, p. 186) note a problematic outcome of such negative reporting: “Even when culpability for the handling of a troublesome high-profile child welfare case is eventually assigned to another system outside of child welfare, the media scrutiny, rapid finger pointing, and accusations make the job of protecting children extraordinarily difficult.” A recent Swedish study by Blomberg (2017) of 586 online media stories about social work described including a “child abused” narrative where social workers were criticised and blamed for not being able to stop serious abuse and violence.

Little scholarship of media portrayal of social work has been undertaken in Aotearoa New Zealand since the 1990s (see for example, Blank, 1999; Lytollis, 1996) other than recent work undertaken by the present authors. Several studies have noted the disproportionate reporting of child abuse deaths of Māori children (for example, Beddoe & Cree, 2017; Merchant, 2012; Provan, 2012). Provan (2012, p. 202) noted that murdered Māori children are more likely to be named in a “‘roll of dishonour,’ thus framing family violence as solely a Māori problem.” The focus of this article however, is on the media framing of social workers associated with CYF.

Method

The research began in 2013 by exploring five years (2008–2012) of online reports from two newspapers, the *New Zealand Herald* (*NZH*) and *Otago Daily Times* (*ODT*), searching for the terms “social work,” “social worker” or “Child Youth and Family.” Identical articles might appear in all three categories and in both newspapers. Table 1 lists the breakdown of the number of articles/sources and key terms for the data collection results for each of the five years.

Items ranged from a few words in an article, otherwise unrelated to social work, to occasional longer features and opinion pieces written by an academic. Most items were short news reports (such as in the court or crime report sections). There were multi-paragraph stories with headlines featuring the terms “social worker” or “CYF,” sometimes with a series of follow-up stories and discussion over a number of days, repeated in both newspapers.

The qualitative analysis of the data set used a general inductive approach (Thomas, 2006) for initial review and coding, with a research team member reading over the material and developing codes into an initial coding framework for team discussion and review. The framework was developed to cover any aspect of social work as a profession that might be reported on. The coding framework and media data set was set up in NVivo™ and items were coded and reviewed. A constructionist thematic analysis approach was then used (Braun & Clarke, 2006) where initial codes generated systematically across the data set were developed and refined into broad ideas or “themes,” showing how media reports “construct” social realities such as social work. Our analysis and interpretation of themes was informed by a body of constructionist analysis of media in diverse fields including, for example, on mental illness in New Zealand (Nairn, 2007) and child obesity in Australian print media (Zivkovic, Warin, Davies, & Moore, 2010). Illustrative quotes and examples were drawn from the data set to encapsulate the themes, and interpretation of examples also drew from positioning theory (Allen & Wiles, 2013) in highlighting use of discursive strategies and language (Potter & Wetherell, 1987) to “position” social workers and CYF in certain ways. Overall, our analyses and interpretations were informed by our own “positioning” as social workers endorsing critical and anti-oppressive social work theories.

In the findings sections that follow, the analysis has been limited to the CYF-related material. Wherever possible, names and other identifying material have been removed or initials only have been used for ethical reasons[i].

Table 1: Data Set

New Zealand Herald **Key Terms**	**2012**	**2011**	**2010**	**2009**	**2008**	**Total**
social work	19	13	19	23	13	87
social worker	53	51	65	57	56	282
Child, Youth and Family	178	197	206	157	201	939
Total						1,308
Otago Daily Times Key Terms	2012	2011	2010	2009	2008	
social work	24	18	26	17	14	99
social worker	58	51	52	72	45	278
Child, Youth and Family	107	98	138	121	109	573
Total						950
Total both papers						2,258

Findings

Limited scopes

The breakdown in Table 1 demonstrates the first important finding: when CYF-related items were removed from the data set, there were very few activities and attributes reported in media portrayals of social work and social workers.

Within the CYF data set, social work was an activity overwhelmingly concerned with issues of abuse/violence and crime. Social work interventions were primarily related to assessment and risk management, and the closely associated interventions of providing/arranging custody and care. Those requiring social work intervention were primarily babies and children (with some necessary engagement with adults in their roles as parents/caregivers), and some teenagers/youth (primarily under age 16). The justice system and police were the government agencies with which social work had the most dealings. This portrayal was consistent across the five years of the data, and across both newspapers.

Looking in more detail at the portrayal of the limited range of issues and interventions in which social work and social workers engaged, the data were analysed to identify themes from both the content and form of the activities and attributes reported.

Key themes included CYF primarily having discreet "receiver" and "remover" roles positioned as being on the side of the community in removing children from known, named abusers or criminals. When these roles were ineffective, however, social workers became more visible (and vilified); authority figures were portrayed by media as criticising social workers, and various types of failures, in custody and care, and in treatment and support, were presented. The theme of failure also contributed to a theme of social work as a target needing to be changed by social policy.

Referrals and removals

Social work, as enacted by CYF, was primarily portrayed as being about the beginning and end of the story. CYF was reported as having been informed or called in at the start of something, or were given the task of removing, placing or taking care of children at the end of an incident being reported. Thus, the interventions (what they *did*) most engaged in by social workers, according to media portrayals, were initial assessments of child safety and management of child abuse risk, and custody and care (as opposed to treatment and support, preventative work or other types of interventions).

CYF was also reported as having been "informed," "notified," or asked to "investigate" as some story of abuse, violence or crime unfolded. CYF was thus noted as a passive recipient of information, or of a call or request to investigate, in their key task of assessment and risk management; this can be characterised as the agency playing a role as "receiver." Table 2 presents examples from the data set regarding the receiver role.

Alternatively, CYF was mentioned at the end of a story as having "removed" children or as having "taken [them] into CYF care" at the conclusion of incidents or incident reports. The intervention of custody and care can be characterised as the agency playing a role as "remover" – CYF was portrayed as the agency that takes away and, as necessary, finds a different place to put a child, such as placing in "care" or with a relative. Table 3 demonstrates examples of CYF social workers in their removing role.

The remover role was portrayed as discreet and necessary; removed from somewhere or someone who was bad and "placed" somewhere better; "taken into care" where care was both some sort of unspecified physical location (foster-care homes, care and protection residences) and also some sort of activity of "care" that was provided by unspecified people who were not "the mother" or "the man," or whoever had been causing harm. Sometimes care was shared ("CYF and the girl's grandparents") but mostly, CYF took young victims into "care" and took young offenders into "custody" or "secure care." Particularly problematic children could also be "returned" to CYF.

The remover role was primarily conducted by the faceless agency, "CYF,", but occasionally, there was a reference to people involved, namely "caregivers" as "appointed" or "approved"; this was generally in more detailed accounts, including eyewitness statements, as in the following:

> *A neighbour of the twins told the Herald on Sunday the defendant's family, including six children, had moved out of their home of eight years on Wednesday. "She has gone to her mum's … and the kids were taken away by*

Table 2: The Receiver Role

Receiver role	Illustrative examples
Passive recipients of requests for involvement	***CYF to investigate baby death.***[ii] *CYF has been asked to investigate urgently the circumstances surrounding the death of a child who was suffocated by his intoxicated mother.* [NZH, *May 30, 2012*][iii] ***Drunk mother took son (10) to Dunedin pub.*** *A Dunedin family has been referred to CYF after a woman took her 10-year-old son with her to the pub at 2am on Sunday*. [ODT, *5/04/2011*] [Newborn abandoned on aircraft] *CYF was notified and Immigration officials were checking if correct procedures were followed.* [ODT, *19/03/2009*]

Table 3: The Remover Role

Remover role	Illustrative examples
Take away, remove, and "place" children	*Both the boy and his three-month-old baby sibling have been removed from the mother's custody and placed into CYF care.* [NZH, ODT, *05/10/2012*] ***Homicide probe into woman's death.*** *CYF were also called to the scene and removed six children and two teenagers.* [NZH, *11/07/2010*]
Young offenders are removed into "custody" or "secure care"	*Firefighters were called to another toilet fire at another public area about 8.30pm, and police found the boy nearby. The arresting officers handed him over to CYF. He would appear in the Family Court in New Plymouth today.* [ODT, *23/11/2009*]

> *CYF," she said. … CYF northern [regional director] confirmed all of the children were living with appointed caregivers.* [ODT, NZH, 22/07/2012]

In this remover role, CYF was also portrayed as being on the side of the general population in protecting infants from known offenders whom the media had named. For example, under the headline, ***NG abuser pregnant,*** OK [convicted for assault], was reported as being pregnant and:

> *It is likely [convicted woman's] new baby will be taken into CYF care at birth, sources have indicated.* [NZH, 14/10/2012]

In reports on CS whose boyfriend, ME, killed her infant daughter, CYF was portrayed as part of a positive *"community"* response to violence, where ME's arrest was described by police as "testament to the … community, who would not tolerate violence to children and had rallied behind police" with the "very strong relationship" with CYF who had provided "invaluable" assistance in the case. CYF was again portrayed as an unnamed rescuer removing CS's children:

> *On January 6, CS gave birth to a child fathered by ME. CYF took the baby less than 48 hours later. CS's 6-year-old son has been in CYF care since the incident last year.* [NZH, 30/01/2012]

There was a rare elaboration voiced by a named CYF representative in this case, including acknowledging the complex issues around removing children as being a decision "never taken lightly":

> *The source said CS was "absolutely" trying to have her two children, one of whom was fathered by ME, returned to her care … [the] regional director, said … "The decision to remove a child from their parent's care is never taken lightly," said [the director]. "We removed both of these children because we held serious concerns for their safety."* [NZH, 11/02/2012]

Very occasionally, the challenging nature of the remover role, in terms of assaults on caregivers and need for further removal, was explained:

> *An "out of control" 11-year-old recidivist burglar is likely to be in custody for months after assaulting caregivers he was placed with just one day ago in Napier.*
> *The Napier boy was put into a secure CYF group home yesterday after he allegedly helped rob four houses ….* [NZH, 12/04/2012]
>
> *[Sergeant], who is in charge of youth services in Napier, said the boy was being transferred to an Auckland secure care facility reserved for "hard to handle" youth offenders today.* [NZH, 12/04/2012]

These portrayals located the problems within the children – out of control, frustrated, hard to handle – thus, failures of social workers to remove or "place" were not levelled at CYF but at the individual children's behaviour.

Thus, the primary portrayal of social workers was that they were unidentified operatives who passively received and processed information or tasks, narrowly focused on abuse, violence and crime, in a receiver role. There was also a portrayal of a more active remover role, discreetly shifting, placing and removing victims and offenders as required. This could be more visible and somewhat heroic when portrayed as backing up the needs of the wider community to be watchful of, or protected from, known or notorious figures. While CYF was, in fact, the mandated agency tasked with receiving information (and at times removing children at risk of harm), this portrayal is in contrast to the wider roles espoused by MVCOT which states: "We support children, family and whānau to restore their mana, their sense of self, their important connections and relationships, their right to heal and recover, and reach their potential" (MVCOT, 2017).

When things go wrong, social workers are more visible

The placement of the information within news reports shifted when there were failures. Where the receiving or removing functions were not effectively carried out, the information was presented at the outset, often in a strong headline. For example, the dramatic juxtaposition of "baby girl" and "sex offender" headlines a story of a failed placement:

> ***CYF left baby girl with sex offender for 15 months***. *CYF has admitted it could have done better after leaving a baby girl with a convicted sex offender for more than 15 months because it was told he was her father*. [NZH, *9/06/2012*]

The use of the active statement, "CYF left" the girl, increases the sense of blame, as if there was an intention to have left the child in harm's way.

In addition, in media portrayals of things going wrong, the anonymous, faceless, singular institution "CYF" was more likely to be populated by "social workers":

> *Social workers took four years to take children from a woman accused of beating and neglecting them, despite the pleas and warnings of family and police.* [NZH, *14/10/2012*]

> *She* [the teacher] *dealt with at least six CYF workers. "I wanted to scream at these people it was so frustrating."* [NZH, *14/06/2009*]

There were also more likely to be named senior CYF managers who were engaged in "admitting" failures or promising to do better. For example, the named head of CYF outlined how social workers had failed in specific tasks in this case:

> *The case caused a storm of controversy when the mother was sentenced, with the head of CYF admitting social workers failed the girl and that the case highlighted the need to improve practices. BM said there was no doubt her organisation should have done a better job, citing failures by social workers to visit and monitor the girl, to respond to concerns raised by her school and to work effectively with other agencies involved.* [ODT, *07/02/2012*]

The sense of families being supported or working with CYF also disappeared when there were failures, again emphasised in a headline in relation to a 13-year-old's attempted suicide:

> ***Boy's family frustrated with CYF***. *The family of a 13-year-old who ended up in the intensive care unit for three days after overdosing on epilepsy pills says the child will not be safe until CYF place him in a secure residence. … He had been sent to stay at CYF*

> *family homes, but repeatedly absconded, often committing crimes while he was out. … The boy's father said he was frustrated with CYF's "pathetic" approach to the child, despite the agency having worked with the boy for several years and being fully aware of his behaviour when it took custody of him. CYF regional director southern KA said the child was now under extra supervision and a team of specialists would meet this week to look at a range of longer-term placement options for him.* [ODT, 05/062012]

Only at the very end of this relatively long report, with its extensive quotes of complaint about CYF, was there an elaboration from the CYF spokesperson about aspects of the family's conduct over the years of intervention:

> *She said CYF started working with the boy in 2009, following concerns of violence in the family home. He had a history of challenging behaviour, which continued despite several interventions. There had been times when both the "young man" and his family had not stuck to care plans, which made it more difficult to help turn his behaviour around, she said*. [ODT, 05/06/2012]

Lack of support from "above"

Authority figures, such as judges and coroners, were portrayed as critical of CYF. One headline put a judge in the role of remover/rescuer: ***"Horrified judge rescues children":***

> *A judge has slammed the reckless actions of CYF workers who allowed four children to stay with their violent, abusive parents for more than nine years. Social workers failed to respond to 20 warnings that the children were being abused and neglected by their father, a convicted child rapist, and their mother, who left them alone in a South Auckland car park. The case has alarmed Family Court judge Dale Clarkson so much that she has referred it to the Children's Commissioner*. [NZH, 15/12/2012]

The parents have had their children removed from them, but the "more severe comments" by the judge are reported as being "reserved" for CYF, when the issues are assumed to be "indicative of CYF's practice." Another authority figure, "head of New Zealand's largest anti-domestic violence agency" was quoted in this item as also generalising the situation to a "systems failure" across the agency.

Another authority figure, a coroner, was reported as "taking aim" and "pointing the finger" at CYF's failures although, in this headline, the parents are also mentioned as responsible:

> ***Coroner takes aim at parents, CYF over baby's death***. *A coroner has pointed the finger at unacceptable parenting in the last days of a toddler's life and a failure by CYF to assess her safety as contributing factors in her death*. [NZH, 29/02/2012]

Politicians regularly featured in media reports of bad placements or complaints, either joining the general expressions of dismay being reported or, promising remedies through changed legislation or compensation. CYF spokespeople were also called on to make statements about actions taken. The following newspaper report gave an account of responses to a TV news programme's portrayal of a bad CYF placement, where the politician promises a new compensation process, and CYF apologises and reports that changes were made:

> *Social Development Minister Paula Bennett is encouraging people who were abused as a result of the state being involved in their care, including placement with wider family or in foster homes, to apply for compensation.* [NZH, 27/06/2012]

There are many ways that things can go wrong…

As noted, the remover role of CYF providing custody and care was mentioned at the end of many crime and abuse reports. When this role was not effectively conducted, there was an emphasis on naming the agency or referring to "social workers" in headlines and opening paragraphs.

> *CYF says sorry for placement slip-up*. [NZH, *27/12/2011*]
>
> ***Toddler death: CYF role reviewed.*** [ODT, *06/06/2008*]
>
> ***Abused … then abused again***. *Almost 1800 children whose abuse or neglect was detected by social workers last year were re-abused within six months, often by the same parents or family members*. [NZH, *14/11/2009*]

There was also a range of ways portrayed in which the role of remover into custody and care could go wrong. Most focused on individual cases where there had been placements to the wrong people (including CYF caregivers or family members). Ability to "escape" or "abscond" from placements, resulting in harm to the escapee or members of the public also featured. There was coverage over there not being enough placement options and facilities. The issue of too many placements over the child's lifetime was also a recurring theme. Table 4 demonstrates examples of "when things go wrong."

Sometimes numbers were indicated to put some of these situations in perspective but this was the exception rather than the rule. For example, under the headline, ***Dozens of children abused while in CYF care***, was the following:

> *More than 70 children and young people were abused while in CYF care last year and no central records are being kept on the abuse. Social Development Minister Paula Bennett revealed the information in Parliament today in response to a question from the Greens' Holly Walker. Ms Bennett said that of the 71*

Table 4: Custody And Care Gone Wrong

Custody and care	Illustrative examples
Taken away and "placed" with the wrong people, including family or CYF caregivers:	*TK's childhood had been disrupted and abusive so CYF intervened and placed her with her mother's half-sister who turned out to be a methamphetamine user.* [NZH, *15/11/2012*] ***Sex case conviction brings CYF apology***. *CYF has apologised for "tragic and unacceptable" failings that led to the indecent assault of a 13-year-old girl by one of its own carers.* [NZH, *19/11/2010*]
Not enough placement options or facilities	***Youngsters held in police cells.*** *… In Dunedin, a 16-year-old spent a night last week in a Dunedin Central police station cell because no beds were available in secure youth facilities*. [ODT, *18/08/2010*] ***No CYF beds available at times***. *Young people placed in the custody of CYF are sometimes having to stay back in their family homes immediately after being transferred to CYF because appropriate caregivers and beds are not available. CYF denies there is an issue with the availability of caregivers, and says it is "very rare" that a child or young person cannot be placed at least somewhere temporarily until a specialist caregiver or placement comes available*. [ODT, *27/02/2012*]
Too many placements and moves	*But at 13 his behaviour began to deteriorate after he was sexually abused by "someone who lived near the family home". His mother could not handle his behaviour and he was shuffled, he told a court-appointed psychologist, between 57 CYF foster homes over a three-year period.* [NZH, *14/06/2012*]

> *cases of abuse – 30 were by CYF-approved caregivers and the rest by "third party" caregivers.* [NZH, 17/07/2012]

This is an example of an article where the numbers would have been useful to put it in perspective – the Minister states: "The figure equated to less than 1 per cent of all caregivers. International figures ranged from 0.5 per cent to 7 per cent". The main point of this article could therefore equally have been expressed as something like: "*More than 120,000 care and protection notifications included just 13 police prosecutions against CYF-approved or third-party caregivers, lower than international rates.*"

Similarly, there was occasionally a more nuanced account around the supposed lack of placement facilities, backed up by police, not just CYF:

> *An "unfortunate set of circumstances" resulted in a 15-year-old boy being held in a police cell at the Dunedin Central police station for four nights over Easter, police say.* [ODT, 13/04/2012]

Moreover, while there was an occasional report about not keeping data on lack of placement facilities, this was a rare concern, compared to the dozens of routine items portraying CYF as "removing" and "placing" as needed:

> ***No CYF centralised placement data**. CYF is unable to say how often it has not been able to find immediate accommodation for a child or young person placed in its custody, as it does not keep centralised data*. [ODT, 31/03/2012]

The scale of this work was occasionally referred to, again potentially putting into perspective the tasks CYF faced:

> *There were 124,291 "care and protection notifications" to CYF during the 2009/10 year*. [NZH, 25/07/2012]
>
> *In 2011, CYF removed 148 babies either at birth or within a month. In 2010, it removed 177*. [NZH, 07/06/2012; ODT, 08/06/2012]

Treatment and support

Based on this data set, there was little media coverage of effective interventions of treatment and support by CYF social workers. In reviewing the items from the media data set categorised as "interventions", these were overwhelmingly "assessment and risk management" and "custody and care", as noted. To some degree, these were one and the same intervention – the child would be placed in the custody and care of CYF in order for assessment and risk management processes to be enacted, or following assessment and risk management, custody and care would be arranged.

Interventions beyond these largely crime/abuse-related tasks were rarely portrayed in the data set. Interventions categorised as *treatment and support* included any mention of treatment interventions, programmes, and support plans; often delivered by NGOs under contract to CYF. Typically, in reports on an issue or service (such as social media safety, or a youth health centre opening), there were contact details or just the agency name listed as potentially of help with treatment and support. Placement of this information was usually at the end of the media report:

> *Any schools with concerns about this issue* [a dangerous game spreading at schools] *or needing further support can ring the Ministry's Traumatic Incident helpline on….* [NZH, ODT, 12/11/2012]

In contrast to the plethora of short news reports, there were occasional longer feature articles, where a journalist endeavoured to bring to life the work of CYF. The journalist at times assessed the quality of the work going on, which sometimes included positive appraisals of treatment and support.

Under the heading, ***Ray of hope in youth crime gloom***, a senior feature-writer described sitting in on a family group conference for a youth offender. The tagline explains, *"It's good to see a court family*

> *conference end with a 15-year-old looking like he's getting sorted"* [NZH, *14/11/2012*].

Similarly, a writer for the lifestyle magazine section of a paper, was "given rare access" to spend time with CYF social workers, and mused on the "pleasant" office environment (and the "smell of freshly-baked scones"):

> *New Zealand has a shocking child-abuse record but the social workers dealing with the heartache behind the headlines are a mystery to most people. Kim Dungey was given rare access to spend a day at CYF.*
>
> *… the pleasant environment belies the disturbing reality these care-and-protection social workers face daily. The 38-strong team is constantly balancing existing caseloads with urgent incoming work and support for families with children's safety – each decision potentially life-changing. … But ask why New Zealand's rate of child-abuse cases is so high and there is a long silence.* [ODT, *01/042012*]

Other treatment and support examples included a mother who had had children previously removed by CYF, and was effectively supported by the agency to care for her newborn:

> *CYF staff regularly visited and found his mother appeared to be complying with the discharge plan and was abstaining from alcohol*. [NZH, *20/11/2012*]

Failed treatment and support interventions are common

In contrast, reported unsuccessful CYF treatment and support ranged from a failure to organise the necessary interventions, through interventions being ineffective or incomplete, through to being avoided by those needing them. Table 5 shows a snapshot of examples from 2012.

Again, in a longer-form opinion piece, *"Your Say"*, a social work lecturer, Emily Keddell, tried to explain the complex issues of providing effective treatment and support:

> *However, a focus on increasing resourcing for surveillance and detection does not increase resourcing for the intensive, relationship-based family work that must be done with many families for whom their children will not be removed, or will be removed in the short term then returned, or with the new carers for children who are served up the double whammy of abuse from their parents then removal to foster care.*

Table 5: Unsuccessful Treatment and Support

Treatment and support	Illustrative quotes
Failed to organise	***Teenage murderer failed by CYF – Step-father.*** *… CYF failed to organise the counselling the boy needed.* [ODT, *21/12/2012*]
Ineffective programmes	*The student had been referred to the Rock On programme – an inter-agency truancy programme which includes Truancy Services, CYF, a Youth Aid police officer, a guidance counsellor and other agencies when needed – but continued to be absent from school.* [NZH, ODT, *11/09/2012*]
Parents work with CYF but it doesn't help	*[Parents] had done everything they possibly could to get their daughter to school and worked with the police and CYF. "She just won't go to school … She will stay half an hour and run away. It's an extremely unfortunate situation"*. [NZH, ODT, *18/06/2012*]
Help provided but not enough	***Parents fear their teen son will kill.*** *… The [parents] have done parenting and behavioural courses and have taken part in a family meeting run by the Youth Justice branch of CYF. [but these have been ineffective at managing their 14-year-old's out-of-control behaviour]*. [NZH, ODT, *31/08/2012*]
Teens can avoid ongoing involvement	[A 16-year-old had applied for independence from CYF; later commits suicide] *Attempts by CYF and [the] District Health Board to hold meetings with [family] were unsuccessful, Mr Smith said.* [NZH, *1/11/2010*]

> *It's clear that the outcomes for children, whether they are removed or not, are better if the social worker is able to build a high-quality relationship with their parents. A primary emphasis on detection and risk assessment alone threatens the social worker's ability to do this.* [ODT, *06/08/2012*]

Social work as a target needing to be changed by social policy

The domain of social policy in relation to the activities and roles of CYF was reported in the media from time to time.

A case where a stepfather was charged with 7-year-old boy's death showed the local MP getting involved:

> ***MP calls for inquiry into boy's death***. *Nelson MP Nick Smith is calling for an independent inquiry into whether CYF and other welfare agencies provided enough support to the family of a Nelson boy who died after an alleged assault.* [NZH, ODT, *05/07/2008*]

The CYF spokesperson was reported as denying involvement:

> *CYF had twice been notified about the family, but deputy chief executive Ray Smith said neither of the notifications had indicated the boy's safety was at risk. Other agencies had also been involved in supporting the family, and CYF had not been involved with the family at the time of the boy's death, Mr Smith said*. [NZH, ODT, *05/07/2008*]

Some concluding thoughts

It is concerning that social work at CYF has been presented in such a limited scope. The view that social workers are passive recipients of information that results in assessment, with limited options other than leaving children in place without supports, or removing them, is concerning and corresponds with neoliberal frameworks in child welfare that emphasise risk assessment technologies with little room for social workers to engage in relation-based therapeutic interventions (Hyslop, 2013, 2016).

In the media portrayals reported here, social workers largely moved into view, populated the stories and were visible in proportion to the extent of their failures. This was rarely to the extent of an individual front-line worker being named (except where criminal charges were laid), but went at least to their named supervisors and managers. The named leaders commented on orderly business from time to time, especially where the agency was positioned on the side of the community against high-profile, or particularly notorious perpetrators.

In positive preventative roles, their presence disappeared again into the list of other agencies involved, or the list of names and numbers as a back-up to the good work of non-governmental leaders or groups, or police/justice/health professionals leading a promising government initiative. Occasionally, a glimpse of a noble, quietly heroic social worker was shown – sitting overnight with a teenager who could not be placed in an appropriate custodial setting, saying a prayer for a promising teen, or showing a journalist, with privileged behind-the-scenes access, that specific children can be helped.

It could be argued that the invisibility of social workers was inevitable, given the age of the service user population, and the nature of the issues and allegations being portrayed. Or could the scale of work be more often noted – for instance the 100,000s of "routine" notifications and investigations being conducted?

Alongside the people, the places – homes, secure facilities, short-term, long-term – occasionally moved into the frame of the media portrayals, as did laws or data processing, but the vivid narratives of harm to vulnerable children, especially where associated with CYF failure, provided many more column inches. This limited portrayal is consistent with research described previously and is significant for many reasons. With an aging social worker population in New Zealand (Geoff Pearman Partners in Change, 2011), high staff turnover in child protection and increasing rates of reported abuse (Modernising Child Youth and Family Expert Panel, 2015), new and younger social workers need to be attracted to the field of child protection and wellbeing, and those who are there need to be acknowledged for the varied and valuable contributions that they make.

There are limitations to this research. The collection of data over the study period provides a snapshot of media coverage in a specific timeframe and cannot be seen as generalisable to other places or times. As Chenot (2011) noted, there is a cycle of reportage on child protection issues. Since the time of data collection, the newly formed MVCOT has replaced CYF and promises a shift towards a view of "trauma informed practice" which is sometimes portrayed as outside the scope of social work practice (Hyslop, 2017).

At the time of writing, the Social Workers Registration Board is preparing for mandatory registration of social work with consideration of social work definitions and scopes of practice. There is a danger here that the limited views of social work practice within a child protection field may be influenced by the narrow depiction of social work roles in MVCOT. In addition, citizens increasingly contribute to policy discourses, especially about social problems, using online comments, blogs, Facebook and other media to add a range of opinions to the mix (Stanfield & Beddoe, 2016). An excellent opportunity for further study is presented by the media and public reactions to this current shift to a new agency and ways of working.

Social work educators, the professional social work association and practitioners need to be vigilant that the many roles that they engage in are not narrowly prescribed by limited scopes of practice defined by employers or by the State (Re-Imagining Social Work Collective, 2017). The time to ensure that this does not happen, is now.

Notes

[i] Many of the articles in the data set relate to traumatic events and tragedies. The authors have chosen not to add to the myriad media exposures of children and their families as in this instance they are not the focus of our study.

[ii] Bolded italics with a full stop are used to denote a headline.

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ORIGINAL ARTICLE
QUALITATIVE RESEARCH

Social work perceptions and identity:
How social workers perceive public and professional attitudes towards their vocation and discipline

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ABSTRACT

INTRODUCTION: A century after Abraham Flexner's (1915/2001) infamous speech conveyed his "dismissive attitude toward social work's professionalism," Gelman and González (2016) reflected that social work is again at a critical juncture. The fight for recognition of social work's professional status has been influenced by multiple factors including negative public perceptions of the occupation. In Aotearoa New Zealand, professionalisation campaigns have been far from unifying, with diverse ideas about practice *standards* and accountability polarising opinions. At a time that the country is grappling with mandatory registration of social workers, this research considers the ways in which social workers perceive themselves, and the profession that they identify with.

METHODS: Semi-structured interviews with 83 social workers in Aotearoa New Zealand were conducted. Participants were required to be eligible for social work registration. Interview transcripts were thematically analysed.

FINDINGS: Several *identity* themes emerged during the analysis of the 83 interviews. The first theme relates to the ways in which statutory child protection social work has impacted on identity. The second, and perhaps predictable theme, is that many social workers in this study experienced significant professional marginalisation from their colleagues. The third theme emerged from participants' views about the likelihood of mandatory registration of social workers impacting on their identity and the professional standing of social work.

CONCLUSION: Most participants in the current study believed that mandatory social worker registration may positively influence the public's view of social workers, other professionals, and also social workers themselves. However, many participants seemed to experience levels of self-stigma – and potentially believe they are viewed more negatively by the public than they actually are. Social workers' perceptions of their role and profession is an area that warrants further investigation.

KEYWORDS: statutory social work; child protection; identity; registration; multi-disciplinary teams; public perceptions

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Introduction

While the title "social worker" is likely to be familiar to many people, an understanding of exactly what a social worker does, or is, might be somewhat more elusive. Contrary to lay conceptualisations of social work that involve having cups of tea with people, filling in forms, and generally "helping people," the title social worker is a signifier that denotes both a vocation and an academic discipline.

Indeed, the global definition of the social work profession that was approved by the International Federation of Social Workers (IFSW) in July 2014, states that "[s]ocial work is a practice-based profession and an academic discipline" (para. 1). However, some research suggests that views of social work as a profession, and evaluations by social workers themselves of their profession, continue to be largely negative (Jordan, 2004; Leigh, 2016).

This paper reports findings from a study that looked at social workers' own perceptions of professional identity. Identity is acknowledged to a be fluid construct, and it is expected that social workers will come to experience, engage in, and execute their identities in different ways. However, the study of identity per se is not the sole focus of this paper. Within this paper, participants' beliefs about how their profession is perceived by the general public, how the participants viewed their own professional identity, and that of other social workers, are also explored. The following literature review presents current literature on this topic, and establishes the context for this research.

Literature review

Regardless of their role, or employing organisation, social workers often experience stigma and discrimination from the public, other allied professionals, each other, and sometimes from the people they are striving to help (Jordan, 2004; LeCroy & Stinson, 2004; Leigh, 2016). Stigma and discrimination towards social workers can be subtle, such as the side-lining of social workers' knowledge and skills by allied health professionals within inter-disciplinary team contexts. Overt stigmatisation of social workers can occur when social workers are marginalised by their association with the vulnerable client groups they work with. Public perceptions that social work is primarily concerned with uplifting vulnerable children can also lead to clients de-valuing, and therefore underrating, the skills and knowledge of contemporary social workers.

Circulation of negative messages

There is an anecdotal, long-standing, stereotypical public view that social workers only work in the capacity of child protection – in which their main role is to remove children from at-risk families to ensure their safety (Jordan, 2004). Although there is little research that specifically focuses on this issue, some research suggests that much of the negative reputation of social work as a profession is a result of media coverage of child abuse cases. This stems back to the 1980s where national and international scandals within child protection services, and accusations of poor practice were first widely publicised. The negative publicity of a number of devastating child deaths has laid social work practice on a platter for the New Zealand public to scrutinise, and has significantly damaged social work reputation and credibility (LeCroy & Stinson, 2004). Such coverage has also meant the efficacy of the social work profession has been publicly called in to question (Leigh, 2016). Jordan (2004, p. 7) observes that despite changes in social work education, training, globalisation, and increased professionalism over the years, social workers are still "mocked and attacked." Media reports have, at times, been inflammatory with social workers implicated in destroying families (Booker, 2009). Essentially, negative media portrayal of social work has contributed to a crisis of public trust (Beddoe, 2015).

The role of the state in the creation of statutory social work reputation

Government is not a passive player in the construction of social work identity. Indeed, one author has argued that government should actively target the ongoing negative media attention, and be seen to be taking action to improve the standards of practice for social workers (Jordan, 2004). Despite recent developments, the long-standing reluctance of the New Zealand government to adopt mandatory registration for social workers has undoubtedly had an impact on the standing of the profession (Hunt, 2017). As Hunt (2016) notes, "[p]rofessionalisation is a term which can describe both an individual's socialisation process into the context of an occupation and also the process by which an occupational group aspires to professional status that is shared internally and recognised externally" (p. 15). A lack of mandatory, legislated, external, recognition frameworks has undoubtedly impacted on the status of social work in this country (Hunt, 2017).

Hunt (2017) and Nash (2009) argue that multiple factors, some internal and others external to social work, have contributed to delays in implementing mandatory registration of social workers in Aotearoa New Zealand. Regardless of the reasons for earlier delays, a concerted push for the mandatory statutory regulation of social workers in Aotearoa New Zealand has been made before parliament in 2017. Beddoe (2015) argues that a crisis of public trust in social workers combined with the state's obsession with risk and accountability processes has contributed to the most recent push for mandatory registration in Aotearoa New Zealand.

The pursuit of validation, in and of itself, is not without risk. Indeed, van Heugten (2011) argues that, "[s]eeking status in the eyes of 'the public', 'the state', or employers, overly exposes social workers to the dangers of accommodation and compliance" (p. 186). Whatever the implications of the introduction of voluntary registration, and with the latest development of mandatory registration, social work in this country is on the cusp of a monumental shift with many challenges (Hunt, 2017).

Status amongst peers

Health professionals who require registration under the Health Practitioners Competence Assurance (HPCA) Act, 2003, including doctors, occupational therapists, and nurses, often struggle to recognise social workers as equals. Within interdisciplinary contexts, then, social work voices can be silenced or overridden (Beddoe, 2015). Charged with working with some of the most vulnerable people in any population, social workers can find themselves fighting for acceptance and recognition of their professional role, while also advocating for their clients' needs.

A shift to mandatory registration may enhance recognition of the discipline (Beddoe, 2015; Hunt, 2017). Whether statutory regulation will provide opportunities for greater responsibility to utilise theory, encourage ethical practice, enhance standards for professional education and post-qualification professional development, as well as retention of social justice frameworks, is yet to be seen (Harington, 2006; Hunt, 2017; van Heugten, 2011).

Construction of identity

In the 1970s, Condie, Hanson, Lang, Moss, and Kane (1978) acknowledged the struggles of social workers in developing identity and image. These authors explored identity in relation to the construct of *prestige*, which they defined as "the relative value attached to a status or position, independent of the individual who occupies it" (p. 47). Earlier, Kadushin (1958) had argued that, while prestige is important to a social work identity, it is also important to the profession as a whole, and the clients with whom social workers engage.

Owing to the stigmatisation referred to earlier (LeCroy & Stinson, 2004) resulting from negative publicity about high profile statutory social work failings, and ongoing debate about registration of social workers (Hunt, 2017), the word prestige is unlikely to be used to describe the status or identity of social workers in this decade. Regardless of the terminology used to describe social work roles or tasks, historical perceptions of social work appear to be exceedingly negative. Condie et al. (1978) identified that almost all public respondents would be reluctant to seek support from a social worker for their personal concerns. Another more recent study revealed that appraisals of social workers from members of the public were predominantly negative (Zugazaga, Surette, Mendez, & Otto, 2006). There is a distinct lack of contemporaneous research looking at how public and professional perceptions affect social workers' own descriptions of identity. The current research aims to add to this knowledge base by inviting participants to explore their ideas about identity.

Here, and now: The impact of impending mandatory regulation on social workers' identity

Perceptions of social work have been seen as bleak by some authors (Dennison, Poole, & Qaquish, 2007), and these perceptions need to be explored within the New Zealand context.

Politicians are key players in the development of a professional social work identity (Barretta-Herman, 1993; Hunt, 2017). In Aotearoa New Zealand, politicians have been petitioned by many social workers and the social work profession to develop legislation to regulate the profession, protect the title of "social worker", and thus create an alliance between the state and profession. The passing of the Social Workers Registration Act, 2003 allowed for voluntary registration of social workers in Aotearoa New Zealand. Yet, several years later, a Social Work Registration Board (SWRB) of New Zealand survey in 2007 found that people had more confidence in counsellors and psychologists than in social workers (SWRB, 2011). Currently, the Social Workers Registration Legislation Bill, 2017 is progressing through the New Zealand parliament with the intention of amending the SWR Act, 2003. Changes to the legislation include a move to protect the use of the title "social worker", if not necessarily the social work role and tasks.

State support of social workers has been slow. As Jan Logie, New Zealand Green Party politician, stated following the first reading of the Social Workers Registration Legislation Bill "in 2015, 500 social workers working within what was then CYF were as yet unregistered. They were staff members who had the support of the State working within the State institution, but, again, there does seem to have been a lack of commitment in ensuring that they had the support to get qualified and registered" (Logie, 2017, para. 54).

Public perceptions are not as bad as people think

A study by Staniforth, Fouché, and Beddoe (2014) surveyed 386 members of the public to ascertain their perceptions of social work. Their study found that people believed social work should be more visible and more should be known about what specific tasks social workers do. Staniforth et al. (2014) also note a common perception that social workers needed to be more effective, and perhaps efficient, in carrying out their work – something that perhaps has been influenced by national media coverage of social work failings in high-profile cases. Of particular note from that study though, was the discovery that the public actually had a good awareness of what roles social workers played, and the qualifications they require to practise. This is an evolutionary shift from findings in previous decades, solely identifying social workers as child protection workers (LeCroy & Stinson, 2004; Staniforth et al., 2014). However, the shift in public knowledge and perception may not be reflected in social workers' own identity perceptions. An exploration of social workers' contemporaneous perceptions of their own identity and worth, is something that this research brings to the professional identity discussion.

In more recent research, Staniforth, Deane, and Beddoe (2016) surveyed 403 social workers online to elicit their views about how they think that social workers are perceived by the public. These views were then compared with those of the 386 members of the public from Staniforth, Fouché, and Beddoe's 2014 study. Staniforth et al. (2016) found that members of the public actually perceived social work in a more positive light than social workers believe they do. In the 2014 study, members of the public were asked to suggest three words that define social workers; most often people said "helper," "meets specific need" or "children/youth help." This was compared to how social workers responded in the 2016 study, believing that the public viewed them as "Child, Youth and Family," "helping," and "steals/remove kids." Other negative comments social workers expected the public to use to describe them included "do gooders" and "interfering/busy body."

Earlier research by Davidson and King (2005) also supports the findings from Staniforth et al. (2016). Davidson and King (2005) discovered that twice as many people were likely to have positive views of social work than negative ones. The study further identified that people believed social workers receive "bad press" and felt that this was an unfair reflection of the work that is done by social workers. The participants felt this stemmed from the media fostering negative perceptions in society about social workers. Any internalised negative view could have significant implications for the development of social work professional identity.

It is possible that public perception of social work has become more positive over the decades, but also that social workers themselves are still under the impression they are viewed less than favourably. This may lead to self-stigmatising by social work students who receive messages from the media and other social workers that do not accurately reflect current public opinion (Staniforth et al., 2016). If self-stigma is a real and prevalent phenomenon, it is important that education and internship opportunities foster confidence and actively work to reduce self-stigma.

With little in-depth qualitative research capturing how social workers believe other professionals, clients, and the public perceive them, there is little discussion about these factors in relation to identity formation. While acknowledging that identity is complex and multi-faceted, the study reported here aimed to provide new insights into the phenomenon of professional identity.

The study

This paper describes findings from a study that was undertaken by a group of final-year social work students under the supervision of the second author. The project focused on aspects of social workers' sense of professional identity and their views on contemporary issues such as use of professional supervision, mandatory registration of social workers, ongoing professional development opportunities, the status of social work in multi-disciplinary teams, and so on. The registration of social workers in Aotearoa New Zealand is a contentious topic and one that many of the interviewees spoke about at length.

Methodology

In this qualitative study, an interpretive approach was taken which allowed researchers to inductively interpret and reflect on what the participants said about their work, the profession, and their identity. The ontological approach used enabled the social workers interviewed to provide their meanings and reality to questions around professional identity within the context of a semi-structured interview schedule. This research design allowed the authors of this paper to explore the ways in which attitudes towards social workers impact on the development and maintenance of professional identity (Liamputtong, 2013).

Method

Participants

Over 80 participants were interviewed in this research study. Almost half identified as male – a higher proportion than was anticipated given the perceptions of female dominance within the profession (Staniforth et al., 2014). Without a registry of qualified social workers to use as a baseline measurement, it is difficult to speculate about how representative these participants are of social workers in general. Participants were required to be eligible for social work registration to participate in the research. No incentive to participate was offered, and participation was voluntary.

Ethical considerations

The Social Workers Registration Board (2016) *Code of Conduct and Practice* guidelines were followed throughout the research, in conjunction with the ANZASW (2013) *Code of Ethics*. Ethics approval was obtained from the University of Canterbury's Human Ethics Committee. All identifiable data about participants' employment agencies was removed from any publication of the data.

Procedure

Participant recruitment was achieved through snowball and purposive sampling methods. While these methods do not allow the researchers to calculate the representativeness of the sample, they are an effective means of seeking participants from a specialist field, and when there is an absence of a sampling frame. In this study, recruitment letters and notices were circulated to social workers mainly employed within the Canterbury region. Each responding participant was contacted by a social work student via email or phone to arrange a face-to-face interview time. Each student interviewed between 1 to 5 participants, depending on their location and availability. Participants read and signed a consent form, and had the option to withdraw from the study at any time. Participants were asked semi-structured interview questions regarding the social work profession, social work identity, and contemporary issues and debates. Every interview was digitally recorded, and transcribed verbatim. Each student completed their own coding and analysis, and produced a report based on their findings. This paper is based on one such report by the primary author, and is co-authored with the second author who developed and supervised the research project.

Data analysis

Thematic analysis was employed to identify, analyse and describe re-occurring patterns throughout the data (Liamputtong, 2013). Initial ideas were noted and coding commenced by the primary author, recording interesting characteristics from across the entire data set. Data were collated for each code, and potential themes were identified. After all the data were gathered, themes and subthemes were reviewed and further refined, and content emerged during the analysis. Themes to emerge included: (a) the challenges and hurdles of social work; (b) the concept of social work identity; (c) registration and mandatory registration; (d) struggles when developing professional identity; (e) the realities of the field; (f) common conceptions and misconceptions of social work; (g) the culture of employing organisations; and (h) the influence of technology and research on practice.

Due to word-limit constraints, excerpts from 23 of the 83 participant transcripts have been included in this paper, in relation to three themes. The excerpts included were selected to reflect and relate to the original research question and current literature to provide fresh perspectives about the topic (Vaismoradi, Turunen, & Bondas, 2013).

Limitations

While the research produced some extremely rich narratives, some limitations were evident, including sample size. Participants were interviewed in a range of settings, and by different interviewers which will have impacted on the information elicited in various ways. No additional demographic information, such as age or ethnicity was captured, so the diversity of participants could not be ascertained.

Finally, it is important to note that the respondents were largely drawn from the Canterbury region, and most likely had some affiliation to, or association with, the university the interviewers were studying with. In which ways, and to what degree, the demographics of the sample impacted on the information provided is not able to be determined. While the findings from this study are not able to be generalised, or seen as representative of all social workers' experiences, there is no doubt that they will contribute significantly to an area that has been poorly researched.

Findings and Discussion

Statutory shame

The legacy of the social status of statutory child protection social work appeared to have ongoing influence on social workers' perceptions of themselves, and the social sanctioning of their work. This legacy appeared to provoke an element of shame within social workers' self-identities. It was not entirely clear whether participants in the current study held a sense of shame about any alignment to statutory child protection social work, or whether they were actively trying to distance themselves from this label. Further research is necessary to explore the construct of statutory child protection social work shame in a more nuanced manner.

Participants mentioned the reputation of the statutory child welfare agency, Child Youth and Family (CYF) as it was previously known, in their interviews. A significant proportion of respondents noted their perception that this agency's reputation continues to colour views of social work. As one participant put it:

> Over the years, CYF has got a pretty bad name, we are still very much dealing with the legacy of that.

Other participants suggested that the reputation of statutory child protection social work in New Zealand caused a misrepresentation of their professional purpose, role and identity. One participant commented that:

> When someone identifies me as a social worker … they think I work for CYF and take children off people. And for some people that's their only acknowledgement of what social work is. There's no acknowledgement that social work exists in other services apart from CYF.

Another participant noted that these assumptions had even led to expressions of sympathy and pity from others:

> When you say to people "I am a social worker", they go "Oh my God, that must be so hard. You must be working with children that have been taken away from their families." So, they immediately think the job is about child abuse, child neglect, child maltreatment and your job is to save children from poor parents.

These themes are consistent with Staniforth et al.'s (2016) study which found that social workers tend to believe the public define them as people "stealing" or "removing kids." In the current study, many participants reflected on the negative impact that statutory child protection social work has had on the reputation of the profession. This is summed up well in the following excerpt:

> I think that often social work gets tarred by the statutory social work brush … which is of course not accurate and often linked to this idea of children being taken away, which is really unfortunate I think – both for them and the social workers.

A number of participants suggested that narrow constructions of social work have impacted on their ability to undertake their work in a more comprehensive and holistic manner. One participant noted:

> So really the challenges and the struggles have been around authenticating social work. And helping shift some of the mind-sets of what social work has been because their experience of social work has been through CYF, so they think that is what social work is all about.

However, as Staniforth et. al. (2016) established, the child protection categorisation did not appear in the "top five" words that members of the public used to define social workers. The findings from the current study suggest that New Zealand social workers may believe they are viewed less favourably by the public than they actually are.

Since the interviews for this research were completed, the New Zealand government has rebranded its statutory social work agency from CYF, to Oranga Tamariki – Ministry for Vulnerable Children. At the time of the interviews, participants involved in this study were aware of many of the changes that were to be rolled out under this umbrella. Reputation, and all that contributes to and is impacted by it, does not occur in a vacuum. Of course, workers can adopt or resist the socially constructed identity and status their employment provides (Leigh, 2016), but the inescapabilty of media representations of their identity is something they are less able to influence. Many participants talked about the role of the media in how their own social work identity is constructed.

Media: Social work friend or foe

In an article by former Chief Social Workers for CYF, Connolly and Doolan (2007) noted that "[i]n recent years, media and political focus on social worker error and calls for accountability and system reform have undermined the credibility and work of statutory child protection systems internationally" (p. 10). Consistent with the literature cited already, participants in this study considered the media to be heavily implicated in the communication of what social work is:

> You go into social work and really trying to assist people to help themselves, which I think is not what the media portrays when they talk about CYF.
>
> I think the biggest challenge facing social workers is other people's opinion or lack of understanding or judgements about what we do, whether that be in the media or like in a health setting.

Participants suggested that negative perceptions perpetuated in the media can prevent workers holding a positive professional identity. However, these negative portrayals have other insidious implications in relation to social workers' ability to perform their role, especially when they are engaging with families:

> A lot of families who we go to see for the first time, think that social work is about taking kids into care. And historically, there is obviously a good reason for them thinking that. But quite often we are having to spend a lot of our initial engagement time explaining to people, look actually this is where we are coming from now, this is what our Act says, and … what we are trying to do is to support young people in their families.

Another participant drew attention to the impact of this on the workers themselves:

> I think that public perception is a pretty challenging thing for a lot of social

> workers, particularly these days. Social workers get a fairly hard time.

One participant stressed the need for the statutory child protection organisation to be more actively involved in changing its own reputation:

> Working for CYF in itself, you are working for this juggernaut, which is approached with almost universal hatred by the population. Because whoever's doing the journalism for the publicity for CYF is doing an ABYSMAL job.

While more positive publicity was suggested as a way to restoring the public's faith in child protection services, one participant voiced another potential solution:

> It's about educating people what social workers do because I think the profession's grown so much … It's not just one specific thing, or … just care and protection.

These narratives sit alongside the recent findings by Staniforth et al. (2014) who found that the public have a solid awareness of the functions and roles of social workers. Client experiences and perceptions are likely to differ from those of the general public as a whole, such as those reported by Staniforth et al. (2014).

The majority of people that social workers find themselves supporting have had previous social work involvement with services such as CYF. For all intents and purposes, social workers are exposed to a client group who hold a pre-determined view of social work. It is possible then, that social workers may internalise those views, and experience self-stigma as part of their identity. Future research examining social work clients' perceptions of social work, and social workers, may well mirror those of the social workers themselves.

As noted earlier, government is an active player in the construction of social work identity and has capacity to actively counter negative stereotypes or media attention (Jordan, 2004). Within statutory child protection contexts workers can, to a certain extent, adopt or resist the identity and status afforded to them via their employment. The process of a social worker "constructing and negotiating" their own professional identities involves grappling with agency-determined roles and tasks as well as the impacts of the professionalisation of their discipline (Leigh, 2016). Participants in this study were keenly aware of the potential for current changes to statutory child protection social work provision to impact on how social work is viewed in Aotearoa New Zealand.

Professional marginalisation: Respect, value and professional identity

The disparities between working for NGOs and government child protection or health agencies was a theme that emerged in this research, with social workers generally feeling more respected and valued in NGO settings. Many participants in the current study believed that social workers faced discrimination, marginalisation and oppression from other professionals they work alongside. Participants described secondary mental health services, where prominent power imbalances within their teams resulted in marginalisation of social workers and the social work role.

In a study of young children in statutory care in Aotearoa New Zealand, Connolly, de Hann, and Crawford (2014) emphasised the importance of cross-sector collaboration between health, maternal care, and child protection services as an essential component of positive outcomes for children. Despite broad acceptance of the benefits of cross-agency, and interdisciplinary collaborations, participants in this study frequently mentioned power differentials when working in inter-disciplinary contexts:

> There is always an issue of power and the social workers don't have much power in a multidisciplinary team … and they are probably a little bit marginalised in terms of their identity.

The de-valuing of social work interventions by other professionals was referred to by many participants in this study. This sometimes led participants to feel inclined to justify the complexity of their work. As one participant stated:

> I think a lot of people don't know actually how hard social work actually is.

Participants identified how they feel they are silenced and how they perceive their knowledge, values, and skills are not appreciated:

> I guess in some contexts it's having a voice, and having a valid voice. My experience [is that] the social work voice is not particularly well valued.

Within the context of marginalisation, professional status was mentioned regularly by participants. At times, an element of shame in being a social worker emerged from the narratives:

> It's a profession that has really struggled over 30 years. It's had a low status. As a male, I have felt incredibly isolated … So, when I'm introducing myself as a social worker, I almost feel like I need to add an apology.
>
> Not always having a social work perspective valued, I think, is probably the biggest challenge sometimes, in a multi-disciplinary context … we attribute different status to different professions, and social work doesn't have a great deal of status.

Beddoe's (2015) study of 40 social workers identified a constant fight for recognition by the social work profession, which mirrored an ongoing battle for social workers world-wide. Participants in the current study commented extensively on this issue. One participant suggested that the onus is on the social worker to prove themselves:

> Coming into this agency you're working alongside psychologists, counsellors, psychotherapists in very clinical roles, and so the challenge was kind of separating ourselves from them as different, but still just as worthy.

Unequal pay continued to frustrate some social workers, and contribute to their sense that their occupation has a poor ranking in the professional field. The perception of professional marginalisation, and experience of social work occupying a lower status appeared to affect some participant's sense of worth:

> I do get really, really annoyed that I don't get paid the same as my colleagues.
>
> You feel like you are at the bottom of the heap, in hierarchical status and that is totally reflected in things like [salary] …

A surprising and recurring sub-theme in the participants' narratives was the influence that psychologists have on social workers' identity and sense of value:

> The last couple of years especially have been difficult in the team that I've been in … having a great amount of difficulty for social work to be accepted. For example, I'll still have a colleague who says "oh, I don't know what a social worker does" and that's a psychologist.
>
> The title of social worker doesn't buy credibility. In fact, I used to go out running with a guy who was a psychologist, and he reckoned that every social worker was a wannabe psychologist.

This was not the perspective of all social workers who participated in this research. A few described positive experiences which conflicted with the general consensus:

> I am aware that in some multi-disciplinary teams they're not valued, but we haven't really encountered it here at all.
>
> I think our organisation is very supportive of our professional program …they regard us as a flagship program and they value our profession[al] identity, they support it, they encourage it, they pay for it even in terms of paying membership of our professional association.

These findings show that while social workers may underestimate public perceptions of social work, many continue to experience a lack of recognition, value and respect from colleagues. The marginalisation that has been revealed by participants in this research suggests that one of the biggest impacts on social work identity for this group, may actually be the perceptions and behaviour towards social workers from other health professionals.

Registration: Strengthening our identity and status

The perception of public and professional scrutiny of social workers has had a significant effect on social workers' identity, with some avoiding the label entirely. Like the participant earlier who felt a need to identify with another profession for a period of time, another participant described identifying as a mental health worker to avoid potential perceptions of what a social worker *is*:

> I [would] rather be called a mental health professional than a social worker, and I think that's because of my perception that people think social workers are pretty much a bunch of do good, tree hugging, jandal wearing, greenies.

Participants clearly spoke about how they thought mandatory registration may alter perceptions of social work:

> I think overall it would be a good thing. Good for the public, good for the public perception of social workers and I'm pretty sure most other fields have it. You know registered psychologists, psychiatrists, yeah … I acknowledge there's pros and cons but I think it's a good thing.
>
> Everyone thinks social workers are flaky and we are just "do-gooders" and we are all talk and I think the compulsory registration is going to do a lot to help that. You know, it'll be a more professional kind of role.

Some noted a perception that voluntary registration had already impacted on their willingness to identify as a social worker, with one stating:

> I think the social work identity in this country is definitely a lot better. I don't know if it is because of the establishment of the registration board or people are held more accountable. But, yeah, when I look at my identity, I'm quite proud to say that I am a social worker.

Most participants in this study believed mandatory registration would help their professional relationships and status, could improve professional and public perceptions, as well as confidence in social workers.

> If you wanted to get your house built, some people look at it and think – oh this person is a member of the Master Builders Association so I can trust that the quality of their work will be a high standard. And I just see it as that … we need to make sure that we are getting the right people that are doing it, we are getting people that are qualified and registered.
>
> To some extent, I do support mandatory registration. I think it's good for the profession … if it is a mandatory registered profession then we might have more professional authority because then not everybody can be a social worker.

While not all social workers agreed that mandatory registration would be a positive step for social work as a profession, most strongly believed it would enhance their status and credibility, thus strengthening their professional identity. Despite the individualistic focus of registration and potential limitations of this framework (Beddoe, 2015; Hunt, 2017; van Heugten, 2011), participants in this study continued to explore the complexities and contexts of professional identity:

> I'm very strong in identity – not just professional identity, personal identity as well. Actually knowing who you are, and where you come from and who you are here representing.

The idea that social work identity is not a singular, or static construct was also discussed, with one participant stating:

> Even if I was 60 years into the profession, I hope that I'll still be working on who I am as a social worker.

Conclusion

This research uncovered perceptions held by social workers in relation to their views of public and professional attitudes to the social work profession and social workers. A valuable insight gained was the finding that social workers appear to experience a level of self-stigma – and potentially believe they are viewed more negatively by the public than they might actually be. Another interesting finding was the phenomenon of professional marginalisation that transpired from the narratives, particularly in relation to other health professions and also specifically to the discipline of psychology. The sense of shame and feelings of professional insignificance that were deduced from the narratives for as many as two thirds of participants, were concerning.

However, there is a strong hope within the group interviewed that mandatory social worker registration may positively influence how social workers are viewed by the public, other professionals and also by social workers themselves. It could be useful for future research to explore the concept of self-stigma following mandatory registration for social workers in New Zealand, and whether the perception of the level of public scrutiny and professional marginalisation decreases. Social workers commit to a life-time of work empowering others and promoting equal rights for all people. It is ironic then, that as a profession, social work still needs to fight for recognition, acceptance, and a sense of belonging within the professional realm.

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ORIGINAL ARTICLE

QUANTITATIVE RESEARCH

Student selection process effectiveness: Correlations between task performance and undergraduate success

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ABSTRACT

INTRODUCTION: This article is a case study of student selection process effectiveness in an undergraduate social work degree at Unitec in Auckland, Aotearoa New Zealand. Addressing an internationally under-researched topic, it examines whether admitted candidates' performance on selection day tasks correlate with their success in the programme.

METHODS: Applicant selection data were analysed for 2012 and 2013 cohorts ($N = 196$). Student success is measured in relation to outcomes across eight courses, considering both course completions and grades received. Correlational analyses were performed to address the research aim. The project also examined whether existing demographic data correlate with success, as these data represent potentially confounding variables.

FINDINGS: Performance on selection activities conducted as part of application to this degree does not correlate with course completions, and correlates only moderately with higher grades received for courses. Findings also show that students who are wage-earning or self-employed on admission, studying full time, and/or admitted well before their studies begin are more likely to succeed. No other demographic factors are correlated with student success.

CONCLUSIONS: This study supports existing literature documenting the ineffectiveness of selection criteria for social work programmes, and also addresses a gap in scholarship by examining the value of specific selection tools and measures. Factors that do correlate with student success suggest that being well-resourced as a student is paramount. Supporting students to succeed during the course of their study may be of higher value than attempting to select "suitable" students in the first place.

KEYWORDS: social work; education; selection; admission; Māori; Pacific Island

AOTEAROA
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Introduction

This article describes a case study of selection task effectiveness for an undergraduate social work degree at Unitec in Auckland, Aotearoa New Zealand. It addresses gaps in the literature identified in a 2016 international literature review (Hughes, McNabb, Ashley, McKechnie, & Gremillion, 2016) conducted by a team of co-authors which includes four of the authors involved in the current study. This literature review sought to determine whether social work programmes are using effective tools to select students who will subsequently succeed, or whether there is little or no predictive reliability in the selection process. Key findings include the following:

> …there is no simple formula for selecting students who will go on to complete their social work programme, and… many

> of the tools used during the selection process are unreliable predictors of eventual student success. Findings also indicate that existing research is limited; further research is needed, particularly on the value of specific selection tools and measures. (Hughes et al., 2016, p. 94)

In addition, Hughes at al. (2016) found that student success in social work programmes internationally may depend on a complex set of factors including professional socialisation. Professional socialisation is regarded as the assimilation of knowledge, values and skills pertaining to a profession into an individual's identity during their course of study (Cornelissen & van Wyk, 2007). These findings, coupled with the fact that certain selection measures "such as GPAs from previous academic study have been consistently shown … to exclude suitable students from programmes" (Hughes et al., 2016, p. 104), provide the motivation for the present project.

The authors of this case study are staff members in the social work programme at Unitec who have regularly taken part in selection processes since the current version was instituted in 2011. We were initially prompted to collect data on and review our selection processes because, while they are time-consuming and resource-heavy, we have had up until now no reliable information about the efficacy of the selection tools currently utilised. An external driver reinforcing the need for review of applicant selection is the expectation that many graduates will gain registration with the Aotearoa New Zealand (ANZ) registration body: the Social Workers Registration Board (SWRB). Internal drivers to review applicant selection include: meeting Unitec's goals for success and retention of target groups including Māori and Pacific Island students, as well as students under the age of 25, and the long-standing and ongoing desire to select students who are ultimately suitable for practice. This latter point raises a number of questions and tensions, addressed in the following section.

The regulation of social work education in Aotearoa New Zealand

Apaitia-Vague, Pitt, and Younger (2011) point to a central contradiction surrounding efforts to admit students to social work programmes who will succeed and be fit to practise: a need for "accountability to clients to ensure that workers are safe to practice, and social work values such as inclusion, social justice, the right to education, and a belief in the power of transformative change" (Hughes et al., 2016, p. 103; see also Dillon, 2007; Pelech, Stalker, Regehr & Jacobs, 1999; Sowbel, 2012). How can admission criteria help ensure student success, without screening out potential students who may succeed in programmes when given the proper support and encouragement? While a detailed consideration of the latter is beyond the scope of the present study, this question points to the importance of critically examining selection processes to ensure that they make a difference in relation to the suitability of students selected, keeping in mind a burden on programmes to scaffold learning for cohorts that include a range of abilities, backgrounds and constraints.

Writing in 2003, Nash (2003) noted the tensions and, at times, competing priorities amongst social work as a profession, the state, social service providers, and social work educators. Arguably these tensions have increased over time, considering market-driven pressures encouraging higher student numbers as well as increasing interest in social work professionalisation, both of which highlight the need for well-qualified graduates. Notably, social work as a profession was recently removed from the Long-Term Skills Shortage list of the New Zealand government. The number of graduates from social work programmes in Aotearoa New Zealand has increased in recent years with the latest figures indicating a corresponding increase in the number of applications for SWRB registration: from 542 in 2013/2014, to 666 in 2014/2015, to 737 in 2015/2016 (SWRB, 2015–2016).

Although social work registration is not yet mandatory, a paper presented to the Cabinet Social Policy Committee in May 2017 provided several proposals to fulfil the intent of a Social Services Select Committee's recommendation for legislative changes which include the move to mandatory registration over the next two years (Office of the Minister for Social Development, 2017). The minister's proposal to cabinet follows on from a report of the Social Services Committee: an "Inquiry into the Operation of the Social Workers Registration Act 2003" presented to the House of Representatives in December 2016. The report discussed mandatory registration, competence and other prerequisites for registration, fitness to practise, oversight of social workers, complaints assessment committees, the social workers' complaints and disciplinary tribunal, suspending and cancelling practising certificates, and registration (Social Services Committee, 2016).

The 2016 Social Services Select Committee was set up to review the Social Workers Registration Act 2003 (SWR Act) and report back to government. In March 2017, government responded and acknowledged the case being made by the committee for increased regulation of social workers. Between February and April 2017, further work was conducted; a summary of main points notes the recommendations to pursue mandatory registration and protection of title, and to put in place an efficient regulatory regime. As well, the summary mentions additional support to improve the quality and professionalism of social work services as a requirement.[1]

After reviewing the options outlined in the Select Committee's report to government and the government's response documents, the Minister for Social Development determined a preferred option that would extend the coverage of the regulatory regime, but not to the extent suggested by the SWRB. Under this option, only registered social workers would be able to use the title "social worker." This tightening of title use would mean that approximately two thousand currently employed, unregistered, social workers would need to become registered or leave their employment. Social workers would need to be registered as opposed to registrable. The Select Committee proposed that these changes would result in an economy of scale thereby reducing costs for registration (Ministry of Social Development, 2017). The committee's discussion of licensing the roles and tasks of social work resulted in a recommendation that task-based licensing not be supported, as it would not only limit the work currently done by social workers but also shut out other practitioners who may need to carry out some of the roles and tasks of social work.

According to the Ministry of Social Development (2017), preparation for mandatory registration has raised concerns about the quality of training being provided in social work education. Additional accountability and oversight of educators has been recommended as part of the legislative change to the SWR Act. In a mandatory environment, employers will be seeking only those employees who are registered at the completion of their tertiary study. This fact, alongside protection of title, has major implications for student selection as there are ethical tensions surrounding the admission of students who may not meet the criteria for registration. If students are ineligible for social work registration, they will not be eligible for employment as social workers.

One of the reasons for social work graduates not gaining registration is failure to meet the requirements of current *fit and proper* criteria, a somewhat subjective determination based on several factors including a history of previous convictions (SWRB, 2015). However, to improve the transparency of the fit and proper criteria, Cabinet have:

> propose[d] that the SWR Act adopt a similar approach to the HPCA Act and provide a more comprehensive list of the factors the Board can consider in the exercise of its discretion (including an assessment of any mental or physical

> health issues and disciplinary history). (Office of the Minister for Social Development, 2017, p. 11)

It remains to be seen whether the factors that can be considered will allow applicants to gain access to social work training with some certainty of their eligibility to gain registration, or will further exclude applicants with potential who will therefore be ineligible for registration.

Contemporary social work education remains a contested site in the wider political context and within the profession itself (Beddoe, 2014). The SWRB reviewed its expectations for social work programmes over 2012–2013 and created a new minimum level of a four-year undergraduate programme for all tertiary providers (SWRB, 2013). This requirement was fought by Unitec and other tertiary providers on the grounds that many three-year degrees were robust, and that economically disadvantaged students should not have to pay for a further year's study when other options such as employer-funded internships and post-graduate study were possible (McNabb, 2014). The latter concern is heightened by the recent introduction of limitations to student funding for loans and allowances (Ministry of Social Development, 2013). These tensions surrounding accessibility of social work education and eligibility for registration highlight the importance of both appropriate and fair student selection criteria and adequate study support systems and processes.

Indigenous populations

Two of the priority groups identified by Unitec are Māori and Pacific Island students. Boosting Māori and Pasifika student success is also part of the New Zealand Government's Tertiary Education Strategy (Ministry of Education and the Ministry of Business, Innovation and Employment, 2014). As Hughes et al. (2016) note, there is a paucity of research, both internationally and in Aotearoa New Zealand, on the selection of indigenous populations for social work training. Considering a commitment in Aotearoa New Zealand to Te Tiriti o Waitangi and to Māori as a priority group for tertiary education, as well as the profession's requirement to ensure that Māori are represented in student cohorts, it is somewhat surprising that there has been no specific research on selection of Māori for social work education. Curtis, Wikaire, Stokes, and Reid (2012) did, however, include social work more broadly in their review of health workforce inequalities in Aotearoa New Zealand. Their findings include the need for programmes to support Māori student success in a culturally appropriate manner. The state responded to the limited success of Māori in education by initiating *Ka Hikitia: Accelerating Success 2013–2017*, building on an earlier policy strategy, which saw participation rates for Māori aged 18–24 years in Bachelor degrees increase from 21% in 2007 to 28% in 2012 (Ministry of Education, 2013). However, participation rates since 2012 appear to have decreased slightly (Ministry of Education, 2017) – although it is difficult to compare reports using a range of measures.

The Pasifika Education Plan has seen a similar overall increase in Pasifika enrolments from 14% in 2011 to 15% in 2012 (Horrocks, Ballantyne, Silao, Manueli, & Fairbrother, 2012). However, updated information is lacking, as is information on completion rates for, as well as selection of, these students. It is noteworthy that there are significant pressures on Pasifika students including high parental expectations and aspirations (Madjar, McKinley, Jensen, & Van Der Merwe, 2009), which Greenwood and Te Aika (2009) note exist for Māori students as well. A report by the Ministry of Education (2009) found that family expectations and commitments more generally, including child care responsibilities, disproportionally affect Pasifika students (see also Madjar et al., 2009), with implications for time and energy to focus on tertiary studies.

As noted in Hughes et al. (2016, p. 102) – and the point is also applicable to Pasifika students (see Horrocks et al., 2012):

> Existing literature on Māori student experiences and success focuses on recruitment and retention, not selection processes. Such a focus is arguably appropriate in the current environment, in which there are efforts to create programmes that are successful for Māori, rather than fit Māori students into existing programmes (see Beddoe, 2007). It remains to be seen whether certain selection criteria are relevant specifically for the admission of Māori students who will be successful in social work programmes. (Hughes et al. 2016, p. 102)

The Bachelor of Social Practice degree at Unitec

Background and student success and retention

The Bachelor of Social Practice (BSP) degree at Unitec was established in 1992. Until 2015 students enrolled in a three-year programme (if undertaken full time) providing a social work registrable qualification. At the start of 2014, when data entry for this study began, the BSP programme included 357 Effective Full Time Students (EFTS) and 22 Full Time Equivalent (FTE) staff (who also taught across two small postgraduate programmes provided by the Social Practice Department).

The following information includes figures from 2014, when students whose data are included in this research were still studying on the degree. The BSP programme consists of a range of assessment methods that are not exam-based, and is made up of mainly full-time students – 90% of its EFTS. The programme enjoys 90% success (passed course) and 93% retention (re-enrolled in the following semester) rates (Social Practice, 2015). As noted above, two key target groups are Māori and Pacific students. Māori students in the programme have an 86% success rate and a 90% retention rate. Pacific students have an 86% success rate and a 91% retention rate. Graduate employment figures overall exceed 80% in the year following graduation, which compares favourably to other professional degree programmes across Unitec.

Selection day activities and scoring

Selection day (SD) activities for admission into the BSP degree include an individual interview, a team activity and a writing task. The activities chosen for SD reflect the nature of assessment used in the degree; written assessment, group presentations, and individual assessment in work-based activities. These activities are described in more detail below. Applicants are given a score out of five on each activity, with "one" indicating the lowest possible score and "five" the highest, so that the total maximum score an applicant can receive is 15.

Once the applicants have left on SD, staff hold a review meeting where scores for all activities are recorded and archived on the SD spreadsheet. Most selection decisions are made at that meeting, and if follow-up is required, the Programme Leader gains clarity from staff about the areas of concern. Applicants are placed in one of four initial categories: accept, require more information, waitlist, and decline.

Except in exceptional circumstances, applicants with a combined score of eight or below are not admitted. For applicants who score above eight, additional criteria are taken into consideration as well: particularly the nature and date of any convictions (discussed below), and reference feedback.

Interviews

Individual, 10–15 minute interviews are carried out in pairs including a Social Practice staff member and, when possible, a community volunteer affiliated with a fieldwork placement agency. The score for the interview is based on candidate responses to the following questions:

- Can you tell me why you are interested in studying in the Social Practice programme?
- What do you understand about social justice?

- Why do you think we have a commitment to biculturalism at Unitec?
- Do you think it is important for social workers to know about the Treaty of Waitangi? Why?

Notes are taken and, after the interview, the two interviewers negotiate a mark out of five for the candidate's answers. If negotiation fails, the candidate is given the average of the two marks.

Team activity

The team activity is a group discussion of a provided scenario in which several of the characters take actions resulting in a man being murdered. This activity is used to assess the five applicant attributes listed below. Applicants are asked in groups of six to rate the characters in the scenario in terms of culpability or innocence. They must present as a team and are given marks individually on their participation. Staff members observe the group discussions and score individuals for each of the following criteria:

- maturity, motivation and resilience;
- vulnerability awareness;
- interpersonal understanding; open and non-judgmental attitudes;
- self confidence;
- analytical ability, conceptual thinking, task focus.

Although applicants tend to think they are being marked on contribution content, they are actually being scored on their involvement in, and contribution to, the discussion. Staff members negotiate or average their total scores per applicant, then divide the total by five to produce a final mark.

Writing task

The writing task is conducted in a computer lab under examination conditions. Candidates are given a temporary login to the institute's shared drives and are asked to create a word document. They are given a hard copy of a written exercise and 15 minutes to read it carefully. Marking criteria are explained to the candidates, who are then given 20 minutes to write their response to the question, 'How might you respond to a social issue' described in the handout. At the end of the 20 minutes, candidates are asked to "save as" their document and to log off.

The writing task is scored according to the following criteria: structure, logic and academic presentation. Two staff members mark the written work and negotiate or average a final agreed mark.

Table 1: Selection Day Scores

Mean, median and standard deviations for the three selection day tasks				
	team activity	interview	writing task	total
mean	4.76	4.45	3.80	13.01
median	5.0	4.5	4.0	13.0
standard deviation	0.59	0.71	0.95	1.38

Table 1 shows that the team activity has the highest scores and the least variability while the writing task has the lowest scores and the most variability.

Measures of success in the programme

Success in the programme is measured in terms of course completions and grades received across eight compulsory courses in Year One of the BSP degree (totalling 120 credits, or one year's full-time study). Overall student GPA across these eight courses is an additional data point per student. People-Soft, the student management program at Unitec, was used to access academic transcripts.

All courses that students completed were marked with scores ranging from A+ to E (fail grade). Each letter grade was assigned a corresponding numerical mark at the mid-point of the numerical range that a given letter grade represents. A non-completion mark of "0" was assigned when a course grade was DNC (did not complete), W (withdrawn), or blank (did not enrol in a course, though admitted to the programme). Cross credits (0.05% of the total) were awarded a B grade.

Figure 1 shows all the GPA (0-100) data broken down by course. Grade averages range from 75.4 for Whanaungatanga, Gender & Social Practice to 54.7 for Discourses of Social Practice, with the overall GPA being 63.1.

Other measures

Enrolled students provide additional information which we included in our analyses, as these data represent potentially confounding variables. We examine whether the following are correlated with student success: age, gender, culture, conviction history, mental health or disability issues, date of intake, full- or part-time student status, and work status immediately prior to enrolment. The latter is comprised of three groups of students: from school or tertiary education; wage-earner/self-employed; or unemployed, not employed, or beneficiary. Gender are categorised as "man" or "woman": Unitec data do not include transgender or "other" identifications. Culture is comprised of four categories: Māori, Pacific Island, Pākehā/European, and African/Asian. African and Asian students comprise a single category for analysis purposes because of relatively low numbers within each of these cultural groupings. November intakes (for those starting the degree in February of the following year) – our largest intakes – are separated out from the "top-up" intake dates taking place during the year of enrolment, and the latter are combined into one group.

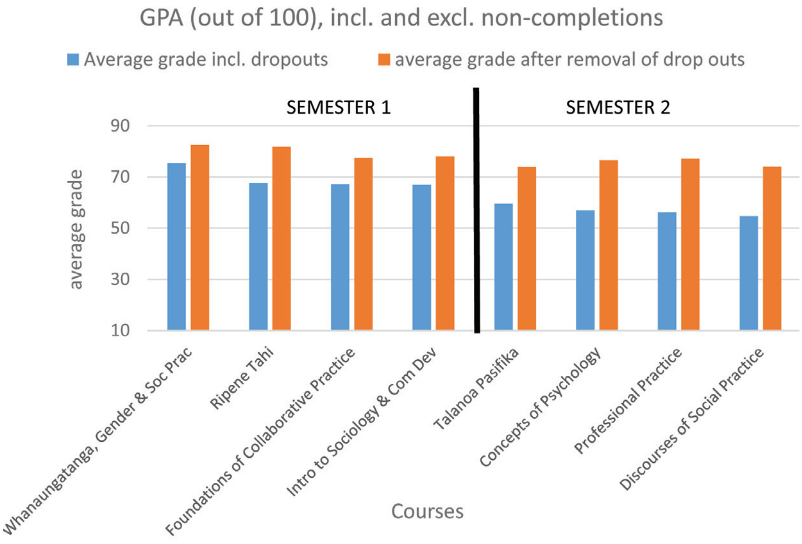

Figure 1. GPA (out of 100) including and excluding non-completions.

Conviction histories are taken from a required applicant report and confirmed by a police check procedure. Convictions range from a few serious charges such as assault, theft and fraud through to trespass, drunk in charge of a vehicle and minor driving offences. Candidates are asked to declare any mental health issues, which include depression, anxiety, and the effects of trauma. These are not necessarily diagnoses, and indeed include at times significant signs of distress, confusion, or disconnection noted by Social Practice staff members during SD tasks, and reported during the SD review meeting. Note that conviction histories and mental health and disability issues were recorded for students admitted in 2012 ($N = 150$), and were not recorded for students admitted in 2011 (46 students).

Methodology

Research aim

> To determine whether performance on selection day (SD) activities is correlated with student success in the Bachelor of Social Practice degree.

As noted above, this project also examined whether certain demographic variables correlate with success, as these variables are potentially confounding ones in relation to our research aim.

Sample

Applicant selection and demographic data were collected for three cohorts entering the programme in 2012 (November 2011, January/February 2012 and mid-year 2012 intakes) and for one cohort entering in 2013 (November 2012 intake). All students admitted during this time, including those who withdrew from the programme or did not complete particular courses, were included as participants ($N = 196$). All participants, including those enrolled part-time, had ample opportunity to complete all eight courses included in the analysis before data entry for this project was complete.

Ethical considerations

Ethics approval is not required at Unitec for projects such as this one, entailing analysis of de-identified programme data for a secondary (research) purpose. On the advice of Unitec's Research Ethics Committee chair, we consulted Unitec's legal counsel to ensure that publication of our findings would protect student privacy. This latter was confirmed: no students are identifiable, even to themselves (no findings relate to sub-groups of students smaller than 20), and legal constraints surrounding the secondary use of data do not apply in this case, as no identifiable personal information is reported.

A rigorous process was followed in the handling of the project data to preserve participants' confidentiality, as per standard procedure for any evaluative analysis within Social Practice. First, student names were removed from all pieces of data. In her role at the time as Programme Leader, the first author (Hughes) had access to student grades in the normal course of her work, so she undertook the task of removing student names from transcripts. Next, in the process of entering the data into a spreadsheet, student ID numbers only were used by two research team members strictly for the purpose of linking together the different pieces of data per (un-named) student. Finally, prior to data analysis, student ID numbers were permanently removed from the collated data set, rendering the data fully un-identifiable.

Data analysis and findings

Non-completions and student success

Analysis of grades received revealed the salience of a particular group of students: those who failed to complete one or more courses. Failing to complete a compulsory course by withdrawing after 75% of the course has been taught, or failing to submit work, clearly indicates lack of success and results in a Did Not Complete (DNC) grade being awarded and a failing GPA. Of the 1568 opportunities (196 students × eight courses) to pass a course, a full 18.9% of them resulted in non-completion. A pass grade occurred for 78.8% of course opportunities, leaving only 2.3% for failures occurring due to the poor quality of assignment work submitted.

In order to isolate the effects on our findings of the large group (79 students) who did not complete one or more courses, we examine correlations between selection day performance and grades received both with this group included and excluded from the analyses performed. Amongst the group who completed all eight courses are a small number of students (nine) who had failing GPAs after submitting all required work for all eight courses. Note that non-completion and failure rates here do not equate with the attrition rate in the programme: a number of students who did not complete one or more courses, or failed one or more courses after submitting work for them, are eligible to re-enrol in these courses in the future. Most students who did not complete one or more courses did complete several courses; only nine students who enrolled in all eight compulsory courses did not complete any of them.

The justification for isolating the non-completion group is that nearly 90% of failing GPAs in our analysis are due to non-completion. This fact accounts for much of the difference between semester one and semester two grade averages shown in Figure 1 (a 12.4-point difference, $p < 0.00$ vs. a 4.7-point difference, $p < 0.00$ when non-completions are excluded).

Table 2: Correlation Coefficients for All Students

Correlation coefficients (*r*) of age, gender and culture with course grades for all students, including those who did not complete courses (*N* = 196).

Courses	age (mean = 35.6; range = 20-64)	gender (woman +; *N* = 169, 82%)	Pacific Island (*N* = 48; 24%)	Maori (*N* = 38; 19%)	Pākehā/ European (*N* = 69; 35%)	African/ Asian (*N* = 41; 21%)
1. Ripene Tahi	0.05	-0.04	-0.05	0.04	-0.05	0.08
2. Whanaungatanga, Gender and Social practice	-0.01	-0.13	-0.05	-0.08	0.05	0.08
3. Foundations of Collaborative Practice	0.00	-0.02	-0.15*	-0.02	0.09	0.07
4. Introduction to Sociology & Community Development	0.00	-0.03	-0.07	-0.03	0.01	0.09
5. Concepts of Psychology	0.01	0.08	-0.07	-0.03	-0.04	0.14*
6. Discourses of Social Practice	0.04	0.05	-0.06	-0.10	0.07	0.08
7. Professional Practice	0.08	0.06	-0.09	-0.12	0.04	0.16*
8. Talanoa Pasifika	-0.04	0.00	0.02	-0.13	0.03	0.07
1-4: Mean all Semester 1 courses	0.01	-0.06	-0.09	-0.03	0.03	0.09
5-8: Mean all Semester 2 courses	0.03	0.06	-0.06	-0.11	0.03	0.13
1-8 Mean all Year One courses	0.02	0.00	-0.08	-0.07	0.03	0.12

Note. * = $p < 0.05$ (two-tailed), i.e., this is a significant correlation, either positive or negative, with the chance of error being less than 5%.

Success in relation to demographic data

In the demographic data we collected there are many variables that could influence the grades that students achieve. To eliminate their impacts on the key question of whether intake assessment tasks are correlated with success, we first examine the effects of these demographic variables, both when we include and exclude non-completion cases.

Table 2 shows that, out of 66 correlations of age, gender and culture with course grades, there are only three significant correlations. However, if we use the more stringent criterion for significance of $p < 0.01$, none of the data in Table 1 are significant, suggesting that there is no advantage for any age, gender or cultural group in the first-year courses of the BSP degree.

Table 3 repeats the information on Table 2 except that it excludes non-completions. The profile of this group is very similar in age, gender and culture to the full sample, showing that not completing a course is not related to these demographic features. The pattern of correlations also confirms what is presented in Table 1: there is no relationship between grades obtained and the demographic features. Of the 66 correlations in Table 2, only one is significant.

Table 4 includes non-completion data and explores a second tranche of demographic data. It shows some strong effects on grades from work status at intake, studying full- or part-time, and date of intake. Being a wage earner or self-employed immediately prior to study is correlated significantly with better outcomes on all BSP courses and overall mean grades. The mean grade difference between being a wage earner or self-employed and being either: 1) from school/tertiary education; or 2) unemployed, not employed or on a benefit is 11.7 points – 70.0 vs. 58.3. Those who study full time do better than part-time students in six of eight courses and in overall mean grades. Full-timers, overall, have mean grades that are 13.5 points higher than part-timers (66.5 vs. 53.0). Finally, there are different outcomes when comparing the main November intakes (2011 and 2012) and the combined top-up intakes of January, February and mid-year 2012. Students from the top-up intakes do worse than students from the November

Table 3: Correlation Coefficients for all Students Excluding Non-Completion

Correlation coefficients (*r*) of age, gender and culture with course grades, excluding those who did not complete courses (*N* = 117)						
Courses	**age (mean = 36.2; range = 21-64)**	**gender (woman +; *N* = 95, 82%)**	**Pacific Island (*N* = 27; 23%)**	**Maori (*N* = 20; 17%)**	**Pākehā/ European (*N* = 41; 35%)**	**African/ Asian (*N* = 29; 25%)**
1. Ripene Tahi	0.03	0.00	0.11	0.04	-0.18	0.05
2. Whanaungatanga, Gender and Social Practice	0.10	-0.09	0.15	-0.10	0.01	-0.07
3. Foundations of Collaborative Practice	0.05	0.02	-0.05	-0.15	0.07	0.10
4. Introduction to Sociology & Community Development	0.00	0.08	0.02	-0.10	0.00	0.07
5. Concepts of Psychology	0.07	0.09	0.10	-0.16	-0.14	0.20
6. Discourses of Social practice	0.12	0.20	-0.19	-0.03	0.21	-0.02
7. Professional Practice	0.04	0.10	0.00	-0.25*	0.06	0.15
8. Talanoa Pasifika	0.06	0.01	0.08	-0.12	-0.04	0.06
1-4: Mean all Semester 1 courses	0.06	0.14	0.14	0.03	-0.01	-0.15
5-8: Mean all Semester 2 courses	0.10	0.19	0.00	-0.15	0.05	0.07
1-8 Mean all Year One courses	0.09	0.13	0.04	-0.15	0.01	0.07

Note. * = $p < 0.02$ (two-tailed), i.e., this is a significant correlation either positive or negative with the chance of error being less than 2%.

Table 4: Work Status and Course Grades

Correlation coefficients (*r*) of work status at intake, being full-time and date of intake with course grades for all students, including those who dropped out of courses (*N* = 196).							
	Work status at intake				**Date of intake**		
Courses	**From school or tertiary ed. (*N* = 63, 32%)**	**Wage earner/self-employed (*N* = 80; 41%)**	**Unemployed, not employed or beneficiary (*N* = 53; 27%)**	**full time (*N* = 147; 75%)**	**Nov 2011 (*N* = 46; 23%)**	**Jan/Feb & midyear 2012 (*N* = 71; 36%)**	**Nov 2012 (*N* = 79; 40%)**
1. Ripene Tahi	-0.15*	0.22#	-0.08	0.22#	-0.03	-0.15*	0.17*
2. Whanaungatanga, Gender and Social Practice	-0.06	0.22#	-0.17*	0.22^	0.00	-0.07	0.06
3. Foundations of Collaborative Practice	-0.04	0.15*	-0.13	0.19#	0.02	-0.28^	0.26^
4. Introduction to Sociology & Community Development	-0.09	0.21#	-0.14*	0.17*	-0.01	-0.23^	0.24^
5. Concepts of Psychology	0.01	0.14*	-0.16*	0.11	0.04	-0.23^	0.19#
6. Discourses of Social Practice	0.00	0.19#	-0.21#	0.19#	0.08	-0.13	0.06
7. Professional Practice	-0.01	0.21#	-0.22^	0.14	0.08	-0.22^	0.15*
8. Talanoa Pasifika	0.01	0.15*	-0.17*	0.30^	0.13	-0.03	-0.08
1-4: Mean all Semester 1 courses	-0.10	0.23^	-0.15*	0.23^	-0.01	-0.21#	0.21#
5-8: Mean all Semester 2 course	0.00	0.20#	-0.22^	0.21#	0.09	-0.18#	0.10
1-8 Mean all Year One courses	-0.05	0.23^	-0.20#	0.23^	0.05	-0.21#	0.16*

Note. * = $p < 0.05$, #= $p < 0.01$; ^= $p < 0.005$ (two-tailed), i.e., this is a significant correlation either positive or negative with the chance of error being less than 5%, 1% and 0.5%, respectively.

Table 5: Work Status and Course Grades–Non-Completions Removed

Correlation coefficients (*r*) of work status at intake, being full-time and date of intake with course grades, excluding those who did not complete courses (*N* = 117).

	Work status at intake				Date of intake		
Courses	**From school or tertiary ed. (*N* = 37,32%)**	**Wage earner/ self-employed (*N* = 55; 48%)**	**Unemployed, not employed or beneficiary (*N* = 23; 20%)**	**full time (*N* = 96; 84%)**	**Nov 2011 (*N* = 30; 26%)**	**Jan/Feb & midyear 2012 (*N* = 35; 31%)**	**Nov 2012 (*N* = 49; 43%)**
1. Ripene Tahi	0.00	0.11	-0.14	-0.24#	-0.205	-0.19	0.36^
2. Whanaungatanga, Gender and Social Practice	-0.19	0.04	0.17	-0.02	0.121	0.02	-0.13
3. Foundations of Collaborative Practice	0.03	0.11	-0.17	0.06	0.052	-0.23*	0.17
4. Introduction to Sociology & Community Development	-0.03	0.01	0.01	-0.02	-0.081	-0.14	0.20*
5. Concepts of Psychology	0.11	-0.08	-0.03	0.01	-0.137	-0.28^	0.38^
6. Discourses of Social Practice	-0.07	0.11	-0.05	-0.07	0.070	-0.08	0.02
7. Professional Practice	-0.01	0.19	-0.22#	-0.04	0.060	-0.23#	0.16
8. Talanoa Pasifika	-0.11	0.15	-0.06	-0.09	0.144	-0.09	-0.04
1-4: Mean all Semester 1 courses	-0.06	0.11	-0.07	-0.08	-0.051	-0.22#	0.25#
5-8: Mean all Semester 2 course	-0.02	0.12	-0.12	-0.06	0.035	-0.24#	0.19
1-8 Mean all Year One courses	-0.04	0.12	-0.11	-0.08	0.001	-0.25#	0.23#

Note. * = $p < 0.05$, #= $p < 0.01$; ^= $p < 0.005$ (two-tailed), i.e., this is a significant correlation either positive or negative with the chance of error being less than 5%, 1% and 0.5%, respectively.

intakes in five courses and overall – mean grade = 56.0 vs. 65.4 (Nov 2011) and 68.0 (Nov 2012). These three effects – work status at intake, studying full-time and date of intake – are independent of each other as none of the inter-correlations between them are significant.

When non-completions are removed from the data (see Table 5), work status at intake and being full time no longer have a significant impact on grades, with only two significant correlations. However, intake date still impacts on grades for the same five courses as shown in Table 4, and overall there is still a significant disadvantage associated with enrolling in top-up intakes (mean grade = 77.4 vs 80.6, $p < 0.01$). These findings indicate that being employed at intake and being a full-time student are associated with success only when we consider the entire sample (including non-completions). Unlike the effect of intake in November, they are not associated with degree of success for students who completed all eight courses.

There are two remaining demographic features to consider: any record of convictions and mental health issues. While these factors have moderate-to-strong correlations with a few other demographic features, neither correlate significantly with student success.

We are now in a position to examine the effect on student success of selection day (SD) scores. Table 6 shows that total SD scores and the writing task influence the degree of success for students who complete

Table 6: Selection Day Scores and Student Success

Correlation of Selection Day scores with course grades, for both conditions of non-completions included and excluded.								
	Non-completions included *N* = 196				**Non-completions excluded *N* = 117**			
Courses	**team activity**	**interview**	**Writing task**	**total score**	**team activity**	**interview**	**Writing task**	**total score**
1. Ripene Tahi	-0.03	0.04	-0.08	-0.05	0.134	0.224*	-0.018	0.146
2. Whanaungatanga, Gender and Social Practice	-0.14	0.06	-0.11	-0.11	-0.204	0.104	-0.018	-0.055
3. Foundations of Collaborative Practice	-0.05	0.10	-0.04	0.01	0.075	0.173	0.181	0.241#
4. Introduction to Sociology & Community Development	0.02	0.07	-0.11	-0.03	-0.037	0.093	0.183*	0.158
5. Concepts of Psychology	0.05	0.06	-0.11	-0.03	0.004	0.229*	0.130	0.199*
6. Discourses of Social Practice	-0.01	0.12*	0.05	0.09	0.216*	0.108	-0.013	0.133
7. Professional Practice	-0.06	0.07	-0.05	-0.03	0.072	0.033	0.366^	0.312^
8. Talanoa Pasifika	-0.03	0.07	0.10	0.10	0.055	0.126	0.151	0.191*
1-4: Mean all Semester 1 courses	-0.06	0.08	-0.10	-0.05	0.106	0.044	0.285^	0.273^
5-8: Mean all Semester 2 course	-0.01	0.09	-0.01	0.04	0.160	0.108	0.269^	0.313^
1-8 Mean all Year One courses	-0.03	0.09	-0.05	0.00	0.105	0.168	0.230#	0.288^

Note. * = $p < 0.05$, # = $p < 0.01$; ^ = $p < 0.005$ (one-tailed), i.e., this is a significant a priori positive correlation with the chance of error being less than 5%, 1% and 0.5%, respectively. Negative correlations are ignored as they were not predicted.

Table 7: Means of SD Scores

Means of selection day scores and correlations with intake dates, excluding those who did not complete courses.				
Date of intake	**team activity**	**interview**	**Writing task**	**total score**
November 2011 (*N* = 30; 26%)	4.82, 0.09	4.65, 0.15	4.23, 0.31^	13.70, 0.33^
Jan/Feb & midyear 2012 (*N* = 35; 31%)	4.54, -0.22*	4.38, -0.13	3.61, -0.08	12.54, -0.21*
November 2012 (*N* = 49; 43%)	4.82, 0.13	4.49 -0.01	3.50, -0.20	12.81, -0.10

Note. * = $p < 0.05$, ^ = $p < 0.005$ (two-tailed), i.e., this is a significant correlation either positive or negative with the chance of error being less than 5% and 0.5%, respectively.

all courses, but do not predict success when non-completions are included in the analysis. In the latter case, there is only one significant correlation out of 44. When non-completions are excluded, however, the writing task and the total intake scores have moderate to strong correlations across a number of courses, and across semester mean grades and overall mean grades. In addition, all the SD tasks positively correlate with the grades for at least one course.

Recall that, unlike any other demographic factor, date of intake also has a significant influence on grades once non-completions are excluded. In addition, there are four significant correlations between intake date and SD scores for students who complete all courses, as shown in Table 7 below.

While other measures in Tables 2–6 have a small number of significant correlations with SD scores when non-completions are excluded (four out of 48 measures at $p < 0.05$), only 2/132 (1.5%) of these measures are significantly correlated with course grades. In contrast, more than 25% of intake date correlations with both SD scores and

Table 8: Selection Day Scores Without Intake Date Effect

Correlation Selection Day scores with course grades, excluding those who did not complete courses and after the effect of intake date has been removed.				
Courses	**Non-completions excluded *N* = 117**			
	team activity	**interview**	**writing task**	**total score**
1. Ripene Tahi	0.10	0.25#	0.07	0.21*
2. Whanaungatanga, Gender and Social Practice	-0.06	0.09	-0.16	-0.09
3. Foundations of Collaborative Practice	0.03	0.16	0.19*	0.23*
4. Introduction to Sociology & Community Development	-0.07	0.09	0.23*	0.18*
5. Concepts of Psychology	0.17	0.11	0.05	0.17
6. Discourses of Social practice	0.06	0.02	0.37^	0.30^
7. Professional Practice	0.01	0.11	0.15	0.17
8. Talanoa Pasifika	0.09	0.02	0.26#	0.24#
1-4: Mean all Semester 1 courses	-0.05	0.23*	0.18*	0.22*
5-8: Mean all Semester 2 courses	0.11	0.09	0.29^	0.31^
1-8 Mean all Year One courses	0.06	0.16	0.26#	0.29^

Note. * = $p < 0.05$, # = $p < 0.01$; ^ = $p < 0.005$ (one-tailed), i.e., this is a significant a priori positive correlation with the chance of error being less than 5%, 1% and 0.5%, respectively. Negative correlations are ignored as they were not predicted.

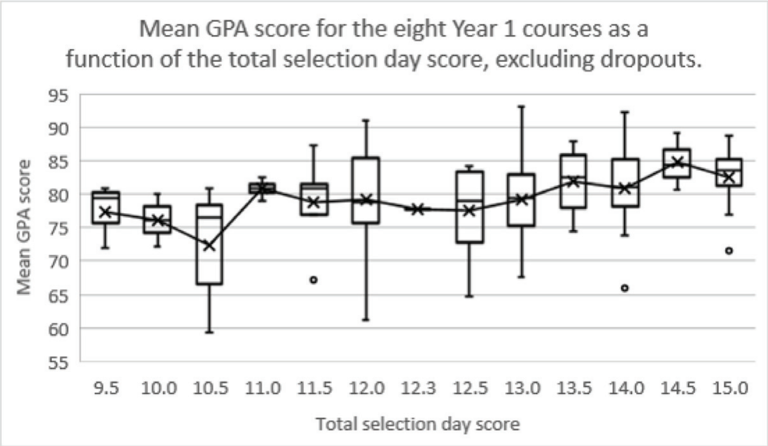

Figure 2. Mean GPA score for the eight Year 1 courses as a function of the total selection day score, excluding dropouts.

course grades are significant, most at $p < 0.01$ or lesser. Therefore, in order to clearly demonstrate the correlation between SD scores and grades (when all courses are completed), we need to remove the effect of intake date.

Table 8 above uses SPSS's partial correlation procedure to remove the effects of intake date on the correlations between SD scores and course grades. It shows that the total SD score is correlated significantly with the Year One mean grade, the two semester means, and grades for five courses. The total score correlation is significant only where course correlations are significant. The writing task results are identical except for a lower level significance for the Year One mean grade and one fewer course correlation. Interview scores are significantly correlated with grades for one course, and with the mean grade for semester one. The team activity scores have no significant correlations with grades.

The final step in our analysis is to determine the effect size and practical consequences of significant SD score correlations. Lenhard and Lenhard (2016) categorise the effect size of correlations as follows: small, $r = 0.10–0.22$; moderate, $r = 0.23–0.35$; and large, $r = 0.36–0.45$. Of the significant correlations in Table 8, 25% are small, 69% are moderate (including the mean Year One/total score correlation) and one (6%) is large. The box and whisker plot in Figure 2 shows the relationship between mean GPA scores and total intake scores, demonstrating the variability in the data which characterises a moderate effect size. Low total intake scores (9.5–10.5) average in the B to B+ range, mid-range scores (11.5–13.0) average B+ and the highest scores (13.5–15.0) average A-. Thus, while the correlations demonstrate an effect of moderate power for SD scores, the consequences in terms of GPA operate within a narrow (5 to 10-point) range and thus have little practical effect.

Limitations of the study

A limitation of the present study is the non-standardised nature of the scoring process for SD tasks. Although a moderation process is in place – and final decisions are made at a team review meeting, which mitigates assessor subjectivity (Watson, 2002) – the criteria for marking are inherently subjective and, inevitably, different markers are used for different selection days. Also, staff have a bias towards scoring high, particularly on the team activity and interview tasks, assigning low scores mostly to applicants who perform very poorly. The median scores show that over 50% of applicants received the maximum mark in the team exercise, and over 4.5 in the interview. However, in the writing task and total scores, the median is well below the maximum, indicating a reasonable degree of discrimination in scoring.

Inconsistent scoring processes are most apparent when we examine mean writing scores (see Table 7) across intake dates in relation to student grades achieved. The November 2011 and top-up intake groups evidence the highest writing scores, yet the November 2012 group achieved the highest GPAs (79.8, 77.4, and 81.5, respectively).

Conclusions

The aim of this research was to determine whether selection tasks for the Bachelor of Social Practice degree at Unitec in Auckland, Aotearoa New Zealand are correlated with student success in the programme. The findings show that, while the total selection score achieved and performance on the written task, in particular, do influence how well students will perform in the programme when they complete all (compulsory) first-year courses, they do so only to a moderate degree and they do not predict whether students will fail to complete one or more courses. The latter finding is particularly striking given our relatively large (*N* = 196) and diverse sample size, and the large number of students who did not complete one or more courses (79). Notably, the vast majority of students who fail do not complete.

We have shown that there are inconsistencies in the application of selection measures across BSP degree intakes, and some limitations in the scoring of the interview and team activity in particular. Given that the latter are shown to have little or no correlation with course grades, respectively, these limitations may well have affected our results. That said, these tools are inherently open to bias and difficult to improve in this respect (Ross, 2010; Watson, 2002), though admittedly research on this topic is very sparse (Hughes et al., 2016).

Overall, this case study confirms previous research suggesting that selection tools generally speaking are flawed and unreliable predictors of student success in social work programmes (Hughes et al., 2016; Poole et al., 2012; Ryan, Cleak, & McCormack, 2006). This study also fills a gap in the literature by exploring the value of specific selection tools and measures (Hughes et al., 2016) in this case in relationship to students' results in eight core courses. While the written task and its selection suite as a whole do appear to have some (limited) discriminating value, the interview and especially the team activity are clearly ineffective measures of how well students will do in the BSP programme, although they may be effective screening devices for excluding unsuitable applicants (a topic which the current study does not accommodate). As Sowbel (2012) notes, a gatekeeping role on admission is an ethical obligation to protect future clients. It also embodies an obligation to students who may not be able to engage a fieldwork placement or secure employment after graduating (due to certain criminal convictions, for example).

However, this gatekeeping function can be part of a less resource-intensive selection process, potentially (pending future research) with selection tools that are more effective than the ones currently in use in the BSP programme. Possible alternative tools include psychometric testing and the biographical questionnaire, both of which require further research to determine their effectiveness. The biographical questionnaire has been shown to have content validity, but its predictive validity in terms of student success is as yet unclear (Ross, 2010). Dillon (2007) suggests that psychometric testing allows for a relatively reliable identification of candidate traits that are more likely to predict success than a range of other selection measures. *Harder* measures such as GPAs from previous study are not recommended, because they "have been consistently shown … to be unreliable predictors of student success" (Hughes et al., 2016, p. 104). In addition, although more *objective* selection measures are easily standardised, the way the results are used can be quite variable (Adam, Dowell, & Greatrix, 1999).

As noted in the introduction to this article, harder measures have also been consistently shown to exclude suitable students from programmes (Hughes et al., 2016), a point which highlights a key issue raised in this article. It is important that any selection tool is used in such a way that guards against the exclusion of students who could be supported to do well in their studies, and to become appropriately fit and proper social work practitioners in the process. This issue is particularly important for a profession that espouses social justice, inclusion, and the possibility of transformative change (see Apaitia-Vague et al., 2011).

To eliminate their impacts on the question of whether selection tasks are correlated with student success, this study also examined whether a range of demographic factors are correlated with success. Three such factors were shown to do so, independently of each other. These are studying full time, wage-earning or self-employed status on admission, and/or admission during a November intake, the latter allowing a large time gap between admission and starting the BSP programme. Notably, employment status and full-time student status have no impact on degree of success for those who complete all courses; unlike performance on selection day tasks, they are correlated with the key success goal of course completion (and with this goal only).

Our findings speak to the value of supporting students to succeed during the course of their study, and raise caution around gatekeeping admission processes too strongly. Further research is needed to explore the significance of the demographic factors shown in the current project to correlate with success – factors which are beyond the scope of our research aim and are not normally considered in relation to student success and retention. We speculate that they are linked to being relatively well-resourced for study: via income support, contextual (e.g., family) support to study full time, and/or other forms of support in one's life allowing for advanced planning. Future research might investigate, for example, the importance of resource use during students' course of study, and of pastoral as well as life skills support to enable student success. This case study suggests that we should be especially mindful of applicants who perform poorly on selection day and might not be predicted to succeed in the programme, and yet might well succeed if provided with support along the way.

A focus on supporting students to succeed once they are admitted fits well with appropriate strategies surrounding the success and retention of Māori and Pacific students, two key priority groups within the New Zealand Government's Tertiary Education Strategy. As noted earlier in this paper, existing literature on Māori and Pacific student experiences and success in social work programmes focuses not on selection processes, but on student retention (as well as recruitment). Given new funding constraints for student loans coupled with pressure to increase enrolments, such a focus is also likely to benefit an increasing number of students within a diverse and inclusive student body.

Note

[1] One of the constraints noted in the government's analysis of the social work sector is the unknown quantity and nature of work being undertaken by social workers in non-government organisations (NGOs) (Ministry of Social Development, 2017).

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ORIGINAL ARTICLE
THEORETICAL RESEARCH

How well does the Australian National Disability Insurance Scheme respond to the issues challenging Indigenous people with disability?

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ABSTRACT

INTRODUCTION: The participation rates of Indigenous Australians in disability services were significantly lower than the prevalence of disability in Indigenous communities. The Australia's National Disability Insurance Scheme (NDIS) promises changes to the lives of Australians with disability in general and particularly for the Indigenous population living with disability. This article presents research exploring how the NDIS takes into consideration the issues challenging Indigenous people's access to, and use of, disability services.

METHODS: The theoretical underpinning of the research drew on the social model of disability and post-colonial theory, which informed a systematic review of disability services for Indigenous people, an analysis of the current policy-making process and current NDIS legislation.

FINDINGS: The systematic literature review revealed the social, attitudinal, physical and communication barriers experienced by Indigenous people accessing and using disability services; however, the policy analysis of the NDIS indicates that the new legislation does not address these challenges faced by this multi-disadvantaged Australian population group.

CONCLUSION: This research highlights the urgent need for disability policy improvements and promotes further design of culturally appropriate healthcare for Indigenous populations, who are still "disabled", not only by colonised histories but also through contemporary socio-economic marginalization.

KEYWORDS: indigenous disability; social model of disability; disability services; disability policy; National Disability Insurance Scheme.

Introduction

Reports from the Australian Institute of Health and Welfare (AIHW) showed that the prevalence of disability in Indigenous communities was more than twice the rate of the non-Indigenous population (AIHW, 2015). AIHW also reported that the participation rates of Indigenous people in disability services were lower than the reported prevalence of disability, and "nearly half of Indigenous people with severe or profound core activity limitations identified having problems accessing service providers" (AIHW, 2011, p. 13). The National Disability Insurance Scheme (NDIS) promises changes to the lives of Australians with disability in general and for the Indigenous population particularly.

The NDIS was first proposed in the Australian Productivity Commission's report "Disability

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Care and Support" in 2011 and, accordingly, commenced with an allocation of $1 billion from the federal budget to launch the NDIS in selected sites from mid-2013 (Community Affairs Legislation Committee (CALC), 2013). The National Disability Insurance Scheme Bill (NDIS Bill) was introduced in November 2012 and its Inquiry received approximately 1,600 submissions; there were also 11 public hearings (CALC, 2013). In 2013, the Federal Government enacted the National Disability Insurance Scheme Act (NDIS Act), which set up the Australia's National Disability Insurance Agency (NDIA) as an independent statutory body to implement the NDIS and brought changes to service provision and funding to people with disability. Together with the NDIA, people with disability directly make decisions about their support services and service providers. Their choice and control of disability services will continue once the respective support plans are approved and funding is allocated to the individuals for their direct access to required support services (NDIA, 2016, pp. 16–17).

While the NDIS has been rolling out across Australia since July 2016, many details of its full implementation from 2019 are yet to be determined. Although considerable research has been devoted to the disability issues challenging Indigenous people, rather less attention has been paid to the degree that the NDIS targets the long-term policy concerns about service equity for Indigenous people. In the currency of national reform for disability support, the present study attempts to fill in this gap in knowledge and contributes to the NDIS development that can effectively bring about social inclusion and secure social justice for Indigenous Australians. Furthermore, the research findings have implications for improving healthcare policies for Indigenous peoples with disabilities in other countries where they additionally suffer from "historical trauma resulting from forced assimilation and displacement" by European settlers, such as Aotearoa New Zealand, Canada and the United States of America (Permanent Forum on Indigenous Issues, 2013, p. 11).

This article presents findings of research conducted to explore how well the current disability policy addresses the barriers of Indigenous people with disability to access and use mainstream services. The theoretical underpinning of the research drew on both the social model of disability and on postcolonial theory. Following a brief explanation of the research methodology, the findings of a systematic review will be presented. These identify the barriers facing Indigenous people in accessing and using disability services. The discussion section provides critical insights into Australia's current disability policy with the intent of informing the upcoming implementation of the NDIS and to promote its further design for appropriate service provisions to Indigenous communities.

Methodology

The social model of disability was adopted here to examine the extent to which the NDIS can "engineer out" the social construction of disability of Indigenous people (Carling-Jenkins, 2014, p. 36). The social model considers disability within the context of social oppression, rather than as a medical, moral or individual phenomenon, and endeavours to achieve social justice because of its aim of removing the factors that created the label "disabled", such as physical, attitudinal and institutional barriers (Oliver, 1996). On the one hand, contributions of the social model to positive outcomes are evident, including those linked to political and social campaigns and advocacy for the rights of people with disability (Joiner, 2006; Thomas, 2007). On the other hand, this model has been criticised for neglecting some dimensions associated with disability, including the gender and culture of people with disability (Terzi, 2004), and the lived experience of the people living with mental illness and intellectual impairment (Hughes, 2009; Shakespeare, 2006). These dimensions are significant for research about how disability affects Indigenous people, who have been "disabled" and are still suffering from impairments caused by colonialism

(Hollinsworth, 2013). Accordingly, the theoretical framework of this study also drew on perspectives from post-colonial theory.

Post-colonial theory provides "a powerful analytical framework for considering the legacy of the colonial past and the neo-colonial present as the context in which health care is delivered" (Browne, Smye, & Varcoe, 2005, p. 17). Important implications arising from post-colonial theory were incorporated into the research, such as the necessity to recognise, revisit and understand the colonised past of Indigenous people and its consequences for Indigenous communities. There is also the need to learn about the lived experiences of the Indigenous people living with disability and the legacy and manifestation of colonialism in their lives. It is also essential to understand and critically analyse how the disability service institutions and resource allocations are historically and currently constructed by the dominant culture so that the Indigenous standpoints become the starting points for building up knowledge for disability service reform to meet the needs of Indigenous people (Browne & Smye, 2002; Gilroy, Donelly, Colmar, & Parmenter, 2013; Kirkham & Anderson, 2002; McConaghy, 2000; Young, 2012).

To address the research question, literature about service access and use by Indigenous people living with disability was systematically reviewed to "provide a succinct yet comprehensive synthesis of research evidence" (Parsell, Eggins, & Marston, 2016, p. 241). A systematic search strategy using Boolean terms, including derivatives of the key terms "disability", "service(s)", "Aboriginal", "Indigenous", "Australia*", "barrier(s)" and "National Disability Insurance Scheme", was executed through the electronic databases of EBSCOhost, PsycINFO, PubMed, Informit and Australian Indigenous HealthInfoNet. Database searches were limited to articles published in peer-reviewed journals between 1992 and September 2016 and written in English. The search resulted in 82 articles; titles and abstracts were then screened for eligibility against inclusion and exclusion criteria. Articles were included if they were specifically focused on disability issues of Indigenous Australians and made reference to Indigenous people's access and use of disability services in general, and the NDIS in particular. The screening process yielded 33 peer-reviewed articles which satisfied eligibility criteria.

Following this systematic literature review, a policy analysis of the NDIS was undertaken to compare the barriers of Indigenous people's access and use of disability services. The most important documents adopted in the three policy-making stages of identification, public consideration and policy decision for implementation of the NDIS (McClelland & Marston, 2010) are the Productivity Commission's Report No. 54 "Disability Care and Support" (2011), the National Disability Insurance Scheme Bill (2012) and relevant submissions to the Bill Inquiry, and the National Disability Insurance Scheme Act (2013) respectively. These documents have been analysed to ground the discussion on the NDIS' current response to disability issues in the Indigenous community.

Findings

Using the social model of disability approach, the findings of systematic review were thematically categorised into social, physical, attitudinal and communication barriers that restrain Indigenous people with disability to access and use the mainstream services (Popay et al., 2006).

Social barriers

Beliefs, views on health and perception of disability

Indigenous peoples' perceptions of disability have been discussed extensively in the literature regarding disability in Indigenous communities (DiGiacomo, Davidson et al., 2013; Gething, 1994; Gilroy, 2009; Gilroy, Donelly, Colmar, & Parmenter, 2016; Kendall & Marshall, 2004; King, Brough, & Knox, 2014; Kuppers, 2013; Lin et al., 2012; Lowell, 2013; Maher, 1999; Nagel, Thompson, & Spencer, 2008; Sloane, 2003; Stephens, Cullen, Massey, & Bohanna, 2014; Wolstenholme, 1996). There are differences in the ways of conceptualising ideas of disability between Australian mainstream services and many Indigenous communities whose languages do not include a single word for an integrated notion of disability. This goes beyond linguistic issues because the perception reflects Indigenous people's beliefs, attitudes and experiences of disability. In several communities, disability is sometimes attached to traditional views about the negative consequences of human mistakes and/or communal stigmas (King et al., 2014).

Furthermore, even when disability *is* recognised, it is mostly not considered a salient issue when compared with problems such as unemployment, poverty, discrimination and chronic disease (Gething, 1994; Gilroy, 2009; Gilroy, Donelly et al., 2016). The high rate of disability in the Indigenous population also "normalises" perceptions of disability – disability has been accepted as part of the human experience in Indigenous communities (Ariotti, 1999; Maher, 1999). This sustains the Indigenous familial and communal coalitions to challenge disadvantaged living conditions and maintain quality of life for people with disability (Biddle et al., 2012), but also reinforces the social barriers of Indigenous people to access disability services (DiGiacomo, Delaney et al., 2013; Kendall & Marshall, 2004; Stephens et al., 2014). Studying Indigenous people's perception of disability, colonialism and racism towards Indigenous Australians, Hollinsworth (2013), King et al. (2014) and Kuppers (2013) argue for decolonising disability so that disability services recognise and integrate the historical context, cultural diversity and continuing impact of racism into their designs and practice with Indigenous people.

Impact of colonisation and mistrust of government's disability services

The historical impacts of colonisation on Indigenous individual, family and community continue to challenge the lives of many Indigenous people with disability and their trust in governmental systems (Ariotti, 1999; Clements, Clapton, & Chenoweth, 2010; Gething, 1994; Gilroy, 2009; Gilroy, Donelly et al., 2016; Hollinsworth, 2013; Kendall & Marshall, 2004; King et al., 2014). Services generally organised pursuant to the medical model provide support to people with disability from a health perspective and do not take into account the cultural and lifelong needs of Indigenous people with disability and their families (Ariotti, 1999; Farrelly & Lumby, 2008; Greenstein, Lowell, & Thomas, 2016a, 2016b). This blocks Indigenous willingness to engage with disability services, and widens Indigenous reluctance to identify disability issues and negative attitudes towards "authorities" (DiGiacomo, Delaney et al., 2013; Farrelly & Lumby, 2008; Green et al., 2016; Nagel et al., 2008; Roy & Balaratnasingam, 2014).

Attitudinal barriers

Indigenous familial caring responsibilities and non-use of formal care services

Caring for a person with disability in Indigenous society is traditionally assigned to family members (Ariotti, 1999; Clements et al., 2010; Farrelly & Lumby, 2008; Gething, 1994; Gilroy, Donelly et al., 2016; Green et al., 2014; Kendall & Marshall, 2004; Lin et al., 2012; Nagel et al., 2008; Roy & Balaratnasingam, 2014; Sloane, 2003; Stephens et al., 2014). The care requirements can burden family members when the person with disability has complex and multiple requirements, or there are many persons in the family in concurrent need of such care, or other problems currently exist for the family (e.g., poverty and unemployment). Often too, the carers are suffering from their own health problems (Greenstein et al., 2016a; King et al., 2014; Sloane, 2003). The need for financial assistance and additional provision of specialist aids, equipment and skill education for familial caregivers is repeatedly reported but often ignored in practice due to "inflexible rules and bureaucratic processes" (Green et al., 2016, p. 7). As a result, scholarly recommendations have frequently emphasised possible payments, capacity building incentives and training for family members in order for the NDIS to better help Indigenous people with disability receive adequate care, particularly in remote areas (Gilroy & Emerson, 2016; Green, 2013).

Physical barriers

Lack of culturally appropriate assessment instruments

Insufficient and inaccurate statistical information regarding Indigenous people with disability is one of the major challenges in evaluating the needs of this population. This hinders exact assessment of the need for disability service provision to Indigenous communities (DiGiacomo, Delaney et al., 2013; Farrelly & Lumby, 2008; Gilroy & Emerson, 2016; Gilroy, 2010; Glasson, Sullivan, Hussain, & Bittles, 2005; Hyde et al., 2016; Lowell, 2013; Maher, 1999). Problems with cultural appropriateness of the data collection instruments, which are mainly designed for mainstream surveys, add more complexity to the issue of limited data (DiGiacomo, Davidson et al., 2013; Farrelly & Lumby, 2008; Gething, 1994). For example, reliance on Western concepts, values and the use of English language in the standardised assessments, which often discount the cognitive risk factors of Indigenous population including poor nutrition, substance abuse, domestic violence and trauma, has resulted in significant numbers of Indigenous people with cognitive disability being under-represented in survey outcomes and not receiving services (Dingwall, Pinkerton, & Lindeman, 2013).

Participation in the NDIS commences with a series of assessments, including a check for eligibility against specified criteria and an assessment to determine support needs across various domains. Indigenous people with disability face additional barriers when assessments and instruments do not satisfactorily take cultural diversity into account (Clements et al., 2010; Hersh, Armstrong, Panak, & Coombes, 2015; Roy & Balaratnasingam, 2014). The study findings of Bohanna, Catherall, and Dingwall underline the financial and political supports needed to develop "reliable, valid and culturally acceptable instruments", such as the Kimberley Indigenous Cognitive Assessment that has primarily succeeded in assessing dementia in Indigenous Australians (Bohanna et al., 2013, p. 587).

Cultural competence of the workforce

Service providers often struggle to recruit and retain Indigenous health workers, due to a lack of existing community expertise (Farrelly & Lumby, 2008; Gilroy, Dew, Lincoln, & Hines, 2016; Lowell, 2013). A literature search also reveals a significant lack of cultural competence and cultural diversity in the workforce in service settings (DiGiacomo, Delaney et al., 2013; Clements et al., 2010; Gething, 1994; Green, 2013; Green et al., 2014; Greenstein et al., 2016b; Hersh et al., 2015; Kendall & Marshall, 2004; Roy & Balaratnasingam, 2014). Several references make recommendations about cultural awareness training to staff, further investment in skills and qualifications of employed community members and more flexible working conditions being offered to health workers and carers (Dew et al., 2014; Gilroy, Dew et al., 2016; Gilroy, Donelly et al., 2016; Green et al., 2016; Hersh et al., 2015; Stephens et al., 2014; Wolstenholme, 1996).

Scarcity of disability services in Australia's remote areas

Geographical distance not only reduces the availability and scope of the disability service available to Indigenous communities, but also increases cultural barriers facing Indigenous people with disability (Dew et al., 2014; Farrelly & Lumby, 2008; Gething, 1994; Gilroy, 2010; Green, 2013; Hyde et al., 2016; Kuppers, 2013; Lin et al., 2012; Lowell, 2013; Nagel et al., 2008; Wolstenholme, 1996). The scarcity of services in remote areas often means that Indigenous people with chronic impairment travel frequently and/or choose to dislocate their families and leave their communities to access proper services (Farrelly & Lumby, 2008; Green et al., 2016). Since "social networks are so important, losses from the network are also likely to increase feelings of grief and loss" (Wolstenholme, 1996, p. 9). These considerations impose higher requirements on accessible transport and cross-cultural appropriateness of proximate disability services in regional and remote areas (Dew et al., 2014; Gething, 1994; Gilroy, Donelly et al., 2016; Green, 2013).

Communication barriers

Due to social and attitudinal barriers, communication issues often challenge the capacity of Indigenous people with disability when trying to express their needs (Clements et al., 2010; Green et al., 2014; Kendall & Marshall, 2004; Roy & Balaratnasingam, 2014; Sloane, 2003). In some remote areas where English is not the first language of Indigenous people, lack of accessible information regarding disability services is also reported (Farrelly & Lumby, 2008; Greenstein et al., 2016b; Stephens et al., 2014). The different ways of conceptualising disability between "supply-side" and "demand-side" lead to service providers' miscommunication and Indigenous people's poor participation in assessment processes and a lack of awareness of service availability (Farrelly & Lumby, 2008; Gilroy, 2009, 2010; Green et al., 2016; Greenstein et al., 2016a; Lin et al., 2012; Nagel et al., 2008). The imperative to enhance community planning, implementation and control of disability services is repeatedly recommended as the most significant and feasible strategy for change in support provision for Indigenous people with disability (Ariotti, 1999; Dew et al., 2014; Gilroy, Dew et al., 2016; Gilroy, Donelly et al., 2016; Green, 2013; Green et al., 2016; Greenstein et al., 2016a, 2016b; Hersh et al., 2015; Kendall & Marshall, 2004; Lowell, 2013; Nagel et al., 2008; Stephens et al., 2014).

Among the debates about what should guide the Australian policy-making processes targeting Indigenous disadvantage and what "counts as evidence that should inform policy making" (Maddison, 2012, p. 270), research findings are likely "mobilised as arrows in the battle of ideas" in "deep controversy" (Head, 2010, p. 21). Conversely, the study where Vujcich and his colleagues examined the making of the "Indigenous Tobacco Control Initiative" and the "Tackling Indigenous Smoking Measure" programme shows how research evidence has effectively informed policy development (Vujcich, Rayner, Allender, & Fitzpatrick, 2016).

Discussion

In light of persistent inequalities in services for Indigenous people with disability, the above findings were used as the foundation for the following discussion about how the NDIS responds to the barriers identified in this population group.

Identification of the NDIS

The Australian Productivity Commission (PC) proposed the NDIS in the report "Disability Care and Support" (2011) after synthesising the outcomes of 23 public hearings and more than 1,000 submissions, with the overall message that "current disability support arrangements are inequitable, underfunded, fragmented and inefficient and give people with disability little choice … a coherent and certain system for people with disability is required" (Productivity Commission (PC), 2011, p. 5). The report devoted one chapter to the need for enhancing responsiveness of service provisions for Indigenous people with disability, which was then followed up by Recommendations 11.1 and 11.2. The need for efforts to address the issues challenging this population group was acknowledged.

Nevertheless, throughout the PC's report and the NDIS proposal, there were a number of concerns noted for Indigenous people with disability and their social, attitudinal and communication barriers. Recommendations 11.1 and 11.2 neither contained a guarantee to incorporate Indigenous people's values, language, culture and protocols into the proposed NDIS services, nor firmly empowered Indigenous people within their own communities to control planning and administration of disability services. Besides this, Recommendation 8.4 generally excluded close family members from being paid support workers under the NDIS. This has restrained efforts seeking alternatives to break the Indigenous families' cycle of poor living and health conditions, particularly related to caring attitudes and geographical distance of Indigenous people with disability. Moreover, the proposed assessment appeared to prolong the potentially discriminatory process when the National Disability Insurance Agency would determine whether people with disability or carers can "make reasonably informed choices of services" and "manage the administrative and financial aspects of funding if they wish to oversee these aspects by themselves" (PC, 2011, p. 74). This particular proposal did not help Indigenous people with disability overcome social and physical barriers regarding discriminatory service delivery. In short, although the needs of Indigenous people with disability had attracted the attention of the PC and stakeholders, the identification of the new policy – the NDIS – did not fully ensure a culturally competent approach for service provisions to Indigenous people with disability.

Public consultation and legislative decision of the NDIS

During the public consultations, respondents to the Inquiry into the NDIS Bill by the Community Affairs Legislation Committee (the Committee) expressed concerns about the responsiveness of services for Indigenous people with disability. In addition to the submissions made by the Aboriginal and Torres Strait Islander Disability Network of Queensland (ATSIDNQ) and the Aboriginal Disability Justice Campaign (ADJC), the National Ethnic Disability Alliance (NEDA) recommended a commitment in the Bill's objects that recognised the barriers and ensured equitable access to disability services for Indigenous communities (ATSIDNQ, 2013; ADJC, 2012; NEDA, 2013). At the public hearings, the Australian Greens, Mr Griffiths and Ms Rankine of the First Peoples Disability Network Australia, and Mr Simpson of the National Disability Services Western Australia, also emphasised disability challenges in the Indigenous population (*Proof Committee Hansard*, 2013a, 2013b, 2013c).

However, the Committee's final report on the NDIS Bill only endorsed the public recommendation on an additional launch site of the NDIS in rural and remote Indigenous communities and did not include responses to other submissions (CALC, 2013, pp. 151–153). Relevant clauses of the NDIS Bill were not considered for extensive and comprehensive revisions to fully articulate the Australian government's commitment and obligation to address the barriers facing Indigenous Australians. The legislative decision subsequently resulted in the enactment of the *National Disability Insurance Scheme Act 2013 (Cth)*, which is entirely silent on the specific needs of Indigenous people with disability, as discussed in the next section.

Gaps in NDIS' response to Indigenous people living with disability

The Australian Prime Minister's "Close the Gap Report 2016" shows minimal improvements in education, health and employment outcomes for Indigenous people's lives despite the deliberate endeavours of successive governments over 10 years. There has "been no change from the previous year in cutting Indigenous disadvantage" (Medhora, 2016, para.2). The NDIA reported that 4.6% of 28,684 participants during the three-year trial and 5.5% of 7,440 participants in the first quarter of the 2016–2017 financial year were identified as Indigenous people. This means that, as of September 30, 2016, about 1,725 Indigenous Australians have received support plans under the NDIS (NDIA, 2016, pp. 44–48). Quarterly reports of the NDIA demonstrated a gradual increase in the participation of Indigenous people, but the respective rates have not yet represented approximately 34,500 Indigenous Australians who suffer from a profound or severe core activity limitation (Steering Committee for the Review of Government Service Provision, 2014, p. 4.62). Although evidence of social, physical, attitudinal and communication barriers of Indigenous people with disability have been made available to policy makers through research and public inquiry, analysis of the NDIS Act indicates that gaps exist between its content and the imperative of addressing these fundamental obstacles to service equity.

Although the NDIS Act sets out assistance for people with disability, their families and carers, it does not clearly formulate what types of support, aids and/or equipment would be available in funded packages. There is no detail in the legislation committing extra support to Indigenous people or articulating explicitly how the various aspects of assistance needed by Indigenous people with disability would be addressed. Likewise, the policy stipulates registrations of service providers and generally states that the NDIA is "to develop and enhance the disability sector" (s 118(1)(c), NDIS Act), but lacks detail relating to cultural competence, training, attraction, recruitment and retention of the workforce in Indigenous communities. The physical barriers of Indigenous people with disability will therefore likely remain, due to NDIS disregard of their needs.

Scholars proposed special empowerment schemes for remote Indigenous communities, including more effective advocacy and delivery of NDIS advice to individuals through community-based workers, pursuant to local protocols (Biddle et al., 2012). The Productivity Commission also suggested a trial of paid family care for Indigenous people in certain circumstances (PC, 2011, p. 382). None of these recommendations has been adopted into the NDIS to help the Indigenous people living with both disability and geographical remoteness cope with these challenges. Even after Indigenous people with disability become NDIS participants, their attitudinal barriers seem persistent while this new policy does not contain details referring to skill training and financial assistance that should be supplied to their family caregivers.

The NDIS will address linguistic issues of service delivery to people with disability, including those in Indigenous communities, where it requires that "notice, approved form or information under this Act" must be provided "to the maximum extent possible to the person" with disability "in the language, mode of communication and terms which that person is most likely to understand" (s 7, NDIS Act). This is, however, the only provision caring for the linguistic and communication issues of the NDIS participants. It is therefore insufficient to either help Indigenous people with disability to confidently express their needs or overcome prolonged communication barriers due to constant differences in the ways that service providers and Indigenous people conceptualise disability.

Most importantly, language reflects the ways that Indigenous people are thinking and living, and language cannot be separated from culture (Besemeres & Wierzbicka, 2007; Wierzbicka, 1997). As provided in the NDIS Act, "cultural needs" and "cultural and linguistic circumstances" of people with disability must be taken into account in disability services (ss 4(9), 5(d), NDIS Act). These general principles guide awareness of cultural and linguistic differences in actions under the NDIS Act, but inadequately address "diversity within minority groups and intersectionality with other forms of oppression" in the Indigenous context (Hollinsworth, 2013, p. 601). The absence of any further detail in the NDIS recognising the great diversity of Indigenous people, including languages, traditional protocols, kinship and community participation needs in their cultural and historical contexts is more than concerning. The policy offers no specific scheme to help Indigenous people with disability overcome social barriers, particularly relating to language and terminology used in assessment tools, planning processes, service deliveries and enabling non-discriminatory practice of disability assessors and health workers. Indigenous people with disability participating in the NDIS are not yet assured of receiving culturally responsive services because the new policy is silent on their specific needs. Although the NDIS was promulgated recently, significant improvements should now be considered for its full implementation so that the scheme can give Indigenous people with disability, their families and communities the best chances of accessing and receiving service equity.

Limitations and suggestions for future work

The systematic review was limited by inclusion of the peer-reviewed literature. The exclusion of grey literature may have omitted important information in this research area. The available evidence does not yet allow the policy analysis to go further than the legislation adoption, as the NDIS will not be fully implemented until 2019. Further research is strongly recommended to assess the NDIS trials in the areas with a high proportion of Indigenous people and to evaluate the NDIS implementation in Indigenous communities to accelerate the good service models particularly developed for the Indigenous people living with disability.

Also, this study has been conducted by one non-Indigenous researcher, whose own cultural perspectives unavoidably limit the researcher's ability to fully understand Indigenous perspectives. Nevertheless, the research is intended to be an important step forward in enhancing the capacity of other non-Indigenous researchers and policy-makers to recognise the differences of Indigenous people's worldviews as integrated parts in the upcoming implementation of the NDIS.

Conclusion

The research findings from the systematic literature review illustrated the nature of the social, attitudinal, physical and communication barriers challenging disability service access and use by Indigenous people. For Australia's disability policy to achieve its goal of giving people with disability, including Indigenous people with disability, more choice and control over the supports they receive, the NDIS should take account of Indigenous culture and history and directly target the barriers facing Indigenous people with disability to access and use the mainstream services. The policy analysis of identification, public consultation and legislation of the NDIS reveals that the new disability policy has not yet thoroughly recognised cultural diversity nor has it addressed the barriers of Indigenous Australians to truly enable their entitlement to service equity and social inclusion. The results of this study have noteworthy relevance for policy improvement and practice under the national strategies for change in the disability area. They provide important insights urging a more comprehensive shaping of disability services to urgently respond to the challenges facing Indigenous people and to contribute to the provision of social justice for Indigenous populations worldwide.

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ORIGINAL ARTICLE
QUALITATIVE RESEARCH

Caring for children with disabilities in a foreign land: Experiences and perceptions of a group of Korean parents and professionals

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ABSTRACT

INTRODUCTION: This article aims to provide an overview of the experiences of Korean immigrant parents raising children with disabilities in Aotearoa New Zealand, primarily focusing on their experience of disability services and systems.

METHODS: As the present exploratory study aimed to gain a deeper understanding of immigrant parents' experiences and perceptions, a qualitative approach was employed to collect rich and lived information from participants. Ten participants were recruited and interviewed among Korean parents of children with disabilities and professionals working with those families.

FINDINGS: Lack of trust among Korean parents living in Aotearoa New Zealand was frequently discussed by the participants in the present study. Lack of information around available services and alternative support and cultural barriers were often identified to have a significant impact on Korean parents' experiences with services. A sense of obligation to integrate into the host society and the services provided was also evident. Further, there was a contradictory perception between parents and associated professionals in relation to services' expectations of Korean parents.

CONCLUSION: From analysis of the findings, three main themes emerged: experiences of services and its relations with trust, cultural values and expectations, and looking to the future. The study suggests that there is a need for professionals, service providers and government to consider ways to build trusting relationships with Korean parents and their children with disabilities, and makes a number of recommendations.

KEYWORDS: children; disabilities; culture; parents of children with disabilities; migrant parents; Korea

Introduction

Caring for children with disabilities can be particularly challenging for immigrant parents. It is highly likely that migrants experience difficulties around the migration and resettlement processes (Cho, Singer, & Brenner, 2000; Welterlin & LeRue, 2007; Wong et al., 2004). Language barriers, along with cultural differences, can cause a range of challenges; in particular, raising children with disabilities can be extremely difficult in the host society. It is to be expected then that Korean immigrant parents of children with disabilities may face *dual challenges* - as immigrants, and also as parents of a child with disabilities.

The aim of this article is to explore the experiences of Korean immigrant parents raising children with disabilities in Aotearoa New Zealand. The article provides a critical overview of a range of other research and findings around the topic, including

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general literature on disability, the Korean community and culture and cultural issues in relation to disability. There is a significant wealth of literature on more general experiences of, and issues with, raising a child with a disability but detailed discussion of this is beyond the scope of what is possible here (see Khanlou, Haque, Sheehan, & Jones, 2015; Park & Chung, 2014; Shin, 2002; Welterlin & LeRue, 2007). Methodological and ethical considerations impacting on the present, small-scale exploratory research are discussed briefly. This article then explores the findings of the study around parents' experiences with services, as well as their expectations of the services provided. The article intends to provide human service professionals with research evidence that is specific to the Aotearoa New Zealand context to guide practice with immigrant parents of children with disabilities.

Though learning and gaining access to services can be difficult for any parents raising children with disabilities, those who are not members of the majority culture are likely to find these processes especially challenging. Studies reveal that families of the host society both anticipate and experience fewer barriers in gaining access to health services than families of other ethnic groups (Bailey, Skinner, Rodriguez, Gut, & Correa, 1999). Furthermore, as evident in these studies (Bywaters, Ali, Fazil, & Wallace, 2003; Fatimilehin & Nadirshaw, 1994), families of an ethnic minority caring for children with disabilities frequently experience immediate or additional barriers to equality of opportunity and equality of treatment when compared with those families from the mainstream population.

Alongside these cultural and language issues, carers generally experience a tremendous amount of emotional distress while raising their children with disabilities (Fatimilehin & Nadirshaw, 1994; Vickers, 2006; Wong et al., 2004). Though there are various ways different families and carers react to a child with a disability, they commonly express denial, shock and anger, which is all part of grief and loss processes. Feelings of powerlessness, guilt, despair, frustration, depression, fear, self-blame and confusion are also experienced (Fatimilehin & Nadirshaw, 1994; Vickers, 2006). Yet, there are also parents who highlight the experiences of raising children with disabilities in a favourable light. As evident in studies (Cho et al., 2000; Park & Chung, 2014), experiences of raising children with disabilities have been acknowledged to have provided opportunities for parents' personal growth as they gained positively from a challenging situation, and the experience offered them the opportunity to reflect on the bigger picture of life and expanded their perspective on life.

Alongside these general considerations, it is important to pay close attention to the significance of the impact of Korean cultural values on parenting and supporting children with disabilities. It is argued that, although traditional Korean values are influenced by many different factors, the most dominant one is clearly Confucianism (Hyun, 2001; Park & Cho, 1995). It is believed that Confucianism has been powerful in shaping the behavioural pattern and structure of the family and communities (Park & Cho, 1995). As Hyun (2001) noted:

> To ensure harmony and order in the family and in society, one must abide by filial piety as the cardinal value… The Confucian code of conduct also prescribes the principles for the major interpersonal relations, including those between: ruler and minister, parent and child, older and younger brothers, and husband and wife. Wisdom, responsibility, and benevolence descend from the former [superior], and obedience, loyalty, and respect are expected of the latter. (pp. 205–206)

From research investigating Chinese cultural influences (largely impacted by Confucianism) on parental care-giving obligations toward children with disabilities

(Holroyd, 2003), it was concluded that parents of children with disabilities go beyond the demands of mere duty. The study argued that, in such circumstances, compared to the obligations of parents with children who are living without impairment, parents with children with disabilities may voluntarily give of themselves in ways for which few cultural guidelines or expectations exist (Holroyd, 2003).

Further, looking specifically at Korean culture and cultural issues in relation to disabilities suggests that Korean people have a strong sense of collective group identity, and thus may experience and perceive raising children with disabilities differently from a more individualistic society, and may also hold different sets of expectations (Kim, Atkinson & Yang, 1999; Kim-Rupnow, 2005). In contrast to a Western cultural ideology where uniqueness, autonomy and independence based on internal attributes (such as thoughts and emotions) serve as the primary guide for behaviour and cognition, the predominant cultural ideology in Korea is interpersonal connectedness and social conformity (Kim-Rupnow, 2005). It is argued that such social conformity, stressed in collectivist cultures, may result in greater social stigma. It is suggested that the social stigma of having disabilities will likely widen to other in-group members than in more individualistic cultures (Kim-Rupnow, 2005). Furthermore, according to Kim-Rupnow's (2005) study, the majority of Korean people tend to avoid people with disabilities, often due to feelings of uneasiness and not knowing what to do. Thus, Korean people with disabilities are highly likely to experience isolation.

However, despite the concerns raised and issues evident regarding ethnic minority families caring for children with disabilities across the globe, there is a lack of studies undertaken around this issue in Aotearoa New Zealand. In particular, despite the fact that the Korean migrant population is one of the largest Asian groups in Aotearoa New Zealand (Statistics New Zealand, 2013), little is known about their lives. Working with migrant children with disabilities requires an understanding of their cultural values, social needs and personal perceptions. Specifically, an emphasis on cultural diversity in the social work profession is likely to have a positive influence on both clients and professionals (Lindsay, Terault, Desmaris, King, & Pierart, 2014), and contribute to a fully inclusive society for every New Zealander.

Methodology

As the study aims to gain a deeper understanding of immigrant parents' experiences and perceptions, a qualitative approach was employed to collect rich and lived information from participants. Questions were asked around the experiences of raising children with disabilities in Aotearoa New Zealand, their perceptions of the children's disabilities and special needs in this context, and their expectations regarding social support and services for their children.

Ten participants were recruited among Korean parents of children with disabilities and Korean professionals working with them. Using purposive sampling, seven parent participants were recruited who were identified to have the experience to answer the above questions, and three professional participants working in the disability sector were recruited to provide a more systematic overview and more objective, professional views on experiences and perceptions of Korean parents.

This small-scale exploratory study was conducted by an insider researcher which made it possible for the development of empathy towards participants. Within the migrant community, this had a positive influence on building rapport and relationship with participants. The first author is a Korean student with physical disabilities, and this insider position, as a person with disabilities *and* a member of the migrant community, made it possible for the participants to be more open and willing to participate in the study. Though the participants and the researchers held different beliefs, to a certain degree all the parties were able to build trust, share, understand and make connections with each other. All these steps helped to ensure the trustworthiness of the data was enhanced.

The study was approved by the University of Auckland Human Participants Ethics Committee.

Sampling

The participants in this study were recruited among Korean parents of children with disabilities and the professionals working with them. Professionals in the present study were individuals who belonged to a service provider or to an organisation providing disability services and which is directly funded by the government to provide support to people with disabilities. There were 10 participants in this study. Purposive sampling, using a snowballing approach, was applied to recruit participants in the Korean community. There were two groups, seven parents (five mothers and two fathers) and three professionals (two females and one male). Participants who fell under both sample categories were asked if they had a preference as to how they would like to be identified; if not these participants were classified according to statements they made during the interview (that is, if the statements they made during the interview were predominantly from a professional viewpoint they were considered as professionals, and if the statements were from a parenting viewpoint they were considered as parents). Participants were from a variety of backgrounds and profiles: participants' ages ranged from early 20s to late 60s; the levels of education ranged from secondary education to tertiary and above, and years of residence in Aotearoa New Zealand ranged from less than five to more than 21.

Data collection

Data were collected through individual interviews exploring their experiences and perceptions around raising children with impairments in Aotearoa New Zealand, their main formal and informal support, and expectations around care provisions. Both professionals and parents were asked similar questions and, as mentioned previously, professionals were recruited to provide professional views around the experiences and perceptions of Korean parents in Aotearoa New Zealand. Interviews were semi-structured, using an interview guide. Each interview lasted approximately 60 minutes, and data transcription resulted in approximately 15 pages for each participant. Interviews were conducted in the participants' native language (Korean) although they could also use the English language if they wanted. Interviews were recorded using a digital voice recorder.

Data analysis

The data collected from interviews were analysed through a conventional analysis method where coding categories were derived directly from the text data (Hsieh & Shannon, 2005). All authors participated in this process to verify and increase the validity of the emergent themes. From multiple readings of the transcripts of all interviews, it emerged that there were a number of subjects that were frequently visited by participants. Those subjects became the initial codes. After a process of coding and recoding, two major themes emerged: experiences with services, and expectations of services. Under each theme a number of sub-themes were identified.

Methodological limitations

The overall limitations of qualitative research methods were unavoidable in the present study. As the study had limitations around a sample size of 10, the present study lacks the power to be generalised to a wider population (Monette, Sullivan, & DeJong, 2008). However, this did not detract from the main objective of this study: to obtain rich and in-depth data on how two groups of participants perceive and experience services. The exploratory nature of the research meant that this rich data both informed this project and provides a base for further study in this area. Furthermore, participants were recruited only from Auckland (an urban setting). The experiences, perceptions and expectations of parents outside Auckland were not included in this present study; such inclusion might have resulted in different findings and discussion. Therefore, the present study provides a basic understanding about the experiences of a group of Korean migrant parents raising a child with disabilities in Auckland.

Findings

Experiences with the services

Lack of trust among Korean parents living in Aotearoa New Zealand was frequently discussed by the participants in the present study. Parents expressed anxiety over whether their children were receiving appropriate support and service. For example, a mother whose son was currently living in a group home constantly expressed her concern about whether her son was treated with respect. She was especially concerned about whether his rights were being met when she was not around.

> Things that I am worried about is the things they may do when they are not seen by others, … I do understand that within relationships, even among people without disabilities, it is realistically very difficult to ensure all your rights, but if you have disabilities, this gets really hard unless someone is not watching over you ... My son stays in a group home, and as a mother, I get the feeling that these things are not happening in [the] right manner. (Cho)

While communicating a lack of trust towards the services and professionals, parent participants also articulated the need for closer monitoring of service providers' performance. For instance, another mother shared how she felt her son's basic needs and rights were not being met by services; she expressed what she felt was a need for closer performance monitoring. She commented that such professional performance has led to reduced trust towards the services offered.

It was also evident that such a lack of trust or anxiety about the services may create a barrier to service use. For instance, a father of a daughter with autism disclosed that, when he felt that a teacher from a specialised school could not meet the expectations of his family, and that she was not competent enough to carry out her role as a professional, he considered withdrawing his daughter from the service and home-schooling her.

Emotional challenges were not only experienced at family and individual levels, but were also experienced while engaging with services. There were some cases where parents felt emotionally challenged by service providers. As an example, one mother recalled her memory of feeling shame and humiliation when service providers came to assess her family at her place. She recalled:

> I was living in an environment where, as a human and as a housewife, I didn't want to show anyone my situation ... I felt shame and to certain degree insulted. (Cho)

Korean parents raising children with disabilities and the professionals working with them who participated in this study repeatedly raised their concerns around their lack of knowledge about available services and also having limited understanding around how the general health care system operates in Aotearoa New Zealand.

A number of parents reported experiencing difficulties finding and engaging with services. For instance, a mother of a son with autism experienced difficulties letting people know her situation so that she could get support. She explained, because she previously lived in Korea where the welfare system is rather different, she did not understand what was expected of her in order to receive support in Aotearoa New Zealand.

The language barrier was identified as one of the major contributing factors to these issues by both professional and parent participant groups. Limited English proficiency impacted on parent participants seeking information, engaging with support services and communicating their desires and needs freely. A professional who is also a parent of a child with disabilities noted:

> It was more like problems that you face as a migrant, not only because I have a child with disabilities. I didn't know where to look for information, what kind of supports were available, and how to communicate with teachers, I really had no idea. (Kim)

Participants from both groups frequently discussed how, as Korean parents, they feel an obligation to integrate into the host society even if they are somewhat dissatisfied with the services provided. As a member of a minority group, they felt that there are not many services that focus on, and fit with, Korean culture, thus they feel the need to adapt to existing services. A professional participant approached the matter from a cultural perspective. He noted:

> They tend to think very passive … they wonder if they are entitled to such service ... I think it's because they, Korean parents, are not used to social service or welfare services … Korean parents find the concept "partnership" very difficult, as there was no such concept for them and they were always a passive recipient. (Lee)

A professional noted that when children go into a residential house or group home and live independently from their parents, there are difficulties due to cultural differences. She often feels that Korean parents are not satisfied with the services provided. However, according to her experiences, Korean parents generally feel that their children need to adjust to Aotearoa New Zealand culture as they have to receive services and live under the health care system that was developed to serve New Zealanders.

Further, Korean parents in the study found their experience of waiting for services in Aotearoa New Zealand challenging. For instance, a participant who was a specialist teacher in Korea, and had been working with children with disabilities within Aotearoa New Zealand for a number of years stated:

> I get the feeling that the general process of everything is very slow. So when parents are waiting for the process, there is a gap … So between that gaps sometime parents have to financially support the child privately … because the process is way too slow. (Jung)

This has caused nervousness and increased anxiety among Korean parents raising children with disabilities in Aotearoa New Zealand as, in Korea, the fundamental bases for good services are accuracy and speed.

Throughout the interviews, it was evident that parent participants have limited or no support from other family members or friends. It was perceived that being migrants has set some limitations on having personal and informal support. They noted that, because their children are *different* from children who do not have disabilities; it is difficult to be supported by people from their personal networks. A father of a child with autism stated:

> We don't know other families here. And even if we know a lot of people, because my daughter has disabilities, the way we think is different from normal people. (Kwak)

Some participants had different perceptions about parenting from how the current disability services are operating. Participants in this study expressed their anxiety around current services and felt that they are not maximising the opportunities for their children to reach their full potential, but are rather overly focused on avoiding or minimising potential risks in the process of service provision. They see a need for their children to experience more and to push the boundaries.

> I go to different places with the children I work with. This holiday, we are going to a ski camp. In some way this is very risky thing to do ... But I believe that, when they experience this kind of thing, their quality of life changes. I think that's the difference, difference between being educated and not. (Jung)

Further, it was evident in the present study that there is a relationship between the risk-focused practice and a decline in confidence and trust in professionals. For instance, both parent and professional participants have complained about the amount of auditing and paperwork, which were perceived to be carried out to avoid any potential blame for their work, creating barriers and limitations for professionals to provide services and opportunities for their children to reach their full potential. It was perceived that trust in professionals had been substituted by audit and excessive amount of paperwork.

In contrast to the difficulties discussed earlier, many participants also acknowledged positive aspects of their experiences in raising children with disabilities in Aotearoa New Zealand. Participants often perceived Aotearoa New Zealand disability services as very effective and supportive; they were also very thankful and satisfied with the general societal view around people with disabilities in New Zealand. Some participants made comparisons between raising children with disabilities in Korea and Aotearoa New Zealand.

> I get the feeling, in terms of culture, New Zealand is much better. And I heard that this is why many parents of children with disabilities migrate to New Zealand. Because of the inhumane treatment they get in Korea … and I think parents generally accept that perception around children with disabilities here in New Zealand is better than Korea, and that children are happy. (Jung)

Expectations

From the interviews, there emerged a contradictory perception between parents and professionals working with them in relation to the expectations of Korean parents to services. The data revealed that professionals felt that parents had high expectations of services.

> It's really hard to say what their expectations are … but I can say that what parents want, their expectations are never ending … and because it's never ending, there is no service that can meet their expectation. (Park)

However, parents interviewed had a contrary view stating they do not expect too much from services, especially from services provided from the Korean community. This was often associated with having low expectations of volunteers. Parent participants placed more emphasis on their children having somewhere to go and to spend time.

> To be honest, I don't expect too much from services. The important thing for me and my family is that my son has a place to go to during weekends. I don't expect that the service and program[me]s provided within [the] Korean community can improve my son. Because they are volunteers, there is a real limit to it, they don't hold responsibility. And they don't have specialized skills or anything. (Kim)

Parents' expectations of their children with disabilities around the use of language were also frequently discussed by both parent and professional participants in this study. These participants shared certain expectations. A number of participants revealed that parents experience difficulties around deciding which language their children should use. This is an issue for Korean parents as children need to communicate with family members in Korean at home, but when they are in school or other services they need to use English to communicate. A professional noted:

> From [the] parents' view, children need to speak Korean at home, and at schools they need to speak English ... they know that they are going to be cared for and supported within Kiwi society and study within an environment where English is the first language. So for Korean parents, they are concerned about how to balance this issue around language. (Park)

She also expressed that there are issues that are sometimes raised due to miscommunication between children with disabilities and professionals. She noted that professionals are always cautious as some children may have difficulties communicating their needs or expressing themselves when in dangerous or unsafe situations.

The data revealed that most participants were concerned about the disabled person's future; this is especially relevant in relation to after their parents' passing. Many were anxious that they themselves or other disabled persons' parents are not prepared for their children's future care and that children are not ready for independent living without parental care. One professional participant expressed his concerns around parents being so preoccupied with caring for children that there is no room for preparation for the future to take place. He argued that education and training for independence must be taken into consideration when raising a child with disabilities.

On the other hand, some participants had gone beyond expectations and prepared some plans for their children's future. There were a number of different ideas around children's future care plans discussed throughout the interviews that were considered by both parents and professionals. These plans ranged from very detailed, day-to-day plans to comprehensive organisational-level preparations. One example of an organisational-level future care plan is the "Cookie Project." This is a project initiated by a Korean service provider in the Auckland community to support and create job opportunities for Korean children with disabilities. They teach children how to bake and help them make sales to the local churches. The ultimate goal of the project is to make enough profit through these activities to set up an organisation that is established and operated by Korean children with disabilities to lead more independent lives within the Korean disability community.

Furthermore, there were a number of participants who saw a need for more Korean professionals to be involved in the field. A professional participant further commented that, as Korean people are starting to know of other parents with children with disabilities within the community, perhaps they could think about establishing an organisation for Korean children with disabilities and provide support and services for them. He went on to explain how such involvement can create employment opportunities for Korean parents, and that this might lead to greater financial independence for Korean parents with children with disabilities as well as for the children themselves.

Discussion

Experience of services and its relationship with trust

The present study revealed significant issues in relation to Korean parents' experiences using disability services and an associated lack of trust. This mistrust towards professionals and service providers was evident in the present study in many areas. Feelings of anxiousness around lacking knowledge about available services and having limited understanding about how the general health care system operates were perceived to be significant issues for Korean parents caring for children with disabilities.

The findings highlight the need for service providers to work at building trust with Korean parents. This could be achieved by starting from a place of genuinely listening to and understanding the values and expectation of the families (King, Desmarais, Lindsay, Piérart, & Tétreault, 2015). Trust would also be enhanced by making information more accessible. Training and educating volunteers in the Korean community working with children with disability might be valuable in increasing trust in services among Korean parents. From the findings of the study it appears that increasing public awareness around disabilities may enable people and family members to consider disability as more of a public issue rather than just as a personal problem. This might enable Korean parents to feel less reluctant to go to public places and enable society to be more tolerant and accepting; this might lead to more opportunities for Korean children with disabilities to explore and experience a wider range of activities.

Emotional distress was revealed to be a significant issue for Korean migrant parents raising children with disabilities. Yet, it was evident that Korean parents face various challenges and additional emotional distress as a result of both frequenting public places and engaging with service providers. This often led to a loss of faith in professionals and a questioning of the quality of professionals working in the field.

The study findings recorded a discrepancy between Korean parents and professionals regarding their perceptions around expectations of parents towards support services. Professionals experienced that parents had high expectations of what services could and should provide, whereas parents had rather low expectations of services. This is an area that needs further research to discover the reasons behind this perceived discrepancy. Both Korean parents and professional participants were concerned that the system in Aotearoa New Zealand is not well structured and focuses too much on risks. Parents were generally anxious that such risk-focused services, where risk has become the key aspect of the services, might decrease opportunities for children with disabilities to reach their full potential. They seemed to fear that current Aotearoa New Zealand services may not assist their children to meet their full potential.

Despite the reservations and poor experiences, some Korean parent participants acknowledged having experienced positive aspects while raising their children with disabilities in this country. It was acknowledged that the societal perception and beliefs around people with disabilities within Aotearoa New Zealand are much more positive than they are in Korea. Raising a child with disability is believed to have offered Korean parents raising children with disabilities the opportunity to view life through a different lens. As is evident, there is a tension between being disappointed with the services and being pleased. However, it is not clear why such contrasts exist; thus, this is an area for further work.

Cultural values and expectations

Another significant issue raised in the present study was cultural values and their impact on expectations of Korean parents caring for children with disabilities in Aotearoa New Zealand. The Korean parents interviewed had a very strong sense of responsibility and obligation in terms of caring for their child; this is believed to be influenced by Confucianism (Hyun, 2001; Lee, 1983; Park & Cho, 1995). From the analysis of the findings, a potential relationship between Confucian principles around responsibility and obligation, and trust is evident. It is likely that parents' expectations of services are influenced by Confucian principles that come with their carer roles and, when they perceive that services are not meeting these sets of responsibilities and obligations, they find it difficult to trust services and hence are reluctant to share their duty of caring for their children. This might also explain why professionals feel these parents have high expectations. Engaging with social services and professionals is further complicated for these parents due to their migrant status. As evident in the findings, they experienced power differences and often perceived themselves as passive recipients who have to simply adjust and conform to the services and society.

Studies (Cho et al., 2000; Hyun, 2001; Park & Cho, 1995) on the impact of informal support on managing children with disabilities among Asian families suggest that such support is one of the most significant and beneficial supports within Asian families with disabilities. However, it was evident in the present study that Korean parents raising children with disabilities in Aotearoa New Zealand often have no informal support; they also experience a lack of interpersonal relationships and lack a sense of strong relationship within the Korean New Zealand community. The Korean parents in this study tended not to be very open about their child's impairment with people outside of their family due to negative messages from those in their informal networks. Further, as discussed earlier, the emphasis on social conformity embedded within collectivist cultures may result in greater social stigma. Accordingly, the fear of confidentiality being breached and families being exposed to social stigma may have an impact on Korean parents' help-seeking behaviour in a relatively small Korean community. Further, their status as migrants is perceived to be one of the factors impacting on such a lack of informal support, but such experiences were linked with a lack of confidence as to whether their children with disabilities would be able to receive appropriate and adequate care through informal support. It was generally believed that other family members and friends are unlikely to understand the experiences and needs of children with disabilities. In other words, there was a high level of expectations of care providers while there was a rather low level of trust. Such perceived high expectations around care provision based on parents' high level of responsibility and obligation results in a lack of trust in others and in becoming more hesitant to share their caring duties with people who do not share their values.

The findings of the present study articulated the need for professionals to support and assist Korean parents in organising or taking part in self-help or peer-support groups to support each other. For professionals supporting children with disabilities and their families, it may be valuable to offer children and families the opportunity to meet children or families who are in a similar situation. However, since Korean parents in Aotearoa New Zealand appeared to have comparatively fewer parental networks and presented as more exclusive and passive due to the reasons discussed earlier, there is a need for professionals to approach Korean parents (while acknowledging their differences in culture). This can be achieved through having an understanding around general Korean customs and culture, the impact of community participation especially within a relatively small community, and respecting clients' knowledge and understanding of their own world.

Looking to the future

Future care was perceived to be another significant issue for Korean parents raising children with disabilities in Aotearoa New Zealand—as it is for all families caring for a child with a disability. Korean parents with children with disabilities had significant concerns around their children's future care, and saw the need for culturally appropriate services. It was evident that Korean parents had a strong preference for having their children under their own care as long as possible, including when their children reach adulthood. This may be because traditional Koreans place more emphasis on interdependence among family members, and disability is perceived as a private family matter. Unlike New Zealanders who highlight independence and individualism, Koreans place greater emphasis on harmony with order and interdependence among family members and the community. In particular, supporting and caring for children, elderly, and sick family members are normal expectations for Korean people (Kim-Rupnow, 2005). Furthermore, services need to be able to reassure parents around their feelings of anxiety and mistrust.

Findings from the present study suggest that, in order to ensure culturally appropriate services in a multi-cultural society, there is a need for more culturally diverse professionals to be involved in the field. For instance, it is suggested that there is need to involve and employ more Korean professionals in mainstream health care fields in order to improve communication between carers and service users. A similar suggestion was raised in the study carried out by Hatton, Azmi, Caine, and Emerson (1998). They noted that, in order to improve services for Asian communities, there is a need to improve communication between Asian families and services. One of the suggestions they made to achieve such improvement, as recommended also by the participants in the present study, is to employ Asian staff with appropriate language skills in mainstream services to reduce difficulties around communication between carers and professionals. Though it cannot be argued that the same culture and ethnic background is necessary for every family, a good match with professionals of the same ethnicity is likely to result in positive outcomes and might be more effective.

Another suggestion was to establish an organisation for Koreans by Koreans. Information from the data and discussions with participants suggest that creating and establishing an organisation for Korean children with disability staffed by Korean professionals and parents of those children may be beneficial. Participants in the present study expected that such services would reduce issues around culture, food and language, and provide more culturally appropriate services for the children and their families.

The limited evidence around the experiences of Korean immigrant parents raising children with disabilities in Aotearoa New Zealand suggests there are opportunities for further research in this area. Research around this topic may provide professionals and policy makers with research evidence that is specific to the local context which could guide practice with immigrant parents caring for children with disabilities. From the reflections in this present study, there are a number of ideas for further research on this topic. For instance, exploring the differing views of Korean parents and professionals around expectations of parents towards support services could be an area for further research. Also, as discussed, there is the tension between being disappointed with the services while also being pleased. However, it is not clear why such contrasts should exist; thus, this could be identified as an area for further work. Furthermore, since Korean services for Koreans are starting to emerge, such as group homes and after-care services, it may be valuable to explore the experiences, perceptions and expectations of parents currently using such services. It would also be valuable to conduct research on the ways in which Korean-provided services might be a positive development—on the development and provision of the services themselves. Such study might also reveal any potential negative sides of the initiative—for instance segregating Koreans families and their children further from mainstream society, and reducing choice for Korean families who remain excluded from the local Korean community.

Conclusion

In conclusion, three important themes emerged, namely experience of services and its relationship with trust, cultural values and expectations, and looking to the future. The impacts of a lack of knowledge about the Aotearoa New Zealand health care system and available services, the language barrier, and the emotional challenges of trust in services provided among Korean parents with children with disabilities appeared frequently in the data. Contradictory perceptions around expectations on services between Korean parents and professionals were also found. The impacts of cultural values and expectations highlighted how Korean parents with children with disabilities view themselves as passive recipients of services. The last theme, looking to the future, explored parents' concerns around children's future care and the need for culturally appropriate services.

The present study recommends that professionals, service providers and government consider ways to build trusting relationships with Korean parents and their children with disabilities. In order to meet the needs of Korean families caring for a child with disabilities, greater attention needs to be placed on understanding expectations and having in place constructive dialogical processes that are culturally respectful. Further, ensuring better understanding around available services and around the general operation of the Aotearoa New Zealand health care system, training and educating volunteers, and increasing public awareness around disabilities are recommended. Professionals working with Korean parents with children with disabilities should seek opportunities to develop and increase parents' empowerment and self-advocacy. It is also suggested that employing more culturally diverse professionals in mainstream health care services, and advocating, empowering, and assisting culturally diverse professionals may be valuable. Further, active involvement of parents from minority communities in establishing culturally sensitive services for children with disabilities and their families is also encouraged as a way to achieve a fully inclusive society in multi-cultural Aotearoa New Zealand society. Yet, such initiatives must be approached with great care and consideration as the initiative may pose the potential risk of isolating minority communities further from the mainstream society, and limiting service provision options.

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ORIGINAL ARTICLE
THEORETICAL RESEARCH

Beyond colour-blindness: Enhancing cultural and racial identity for adopted and fostered children in cross-cultural and transracial families

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ABSTRACT

INTRODUCTION: Cross-cultural and transracial adoption or fostering is a common experience in adoptive and foster family formation yet few adoptive or foster parents are truly competent to address the cultural needs of children who join their families in this way. Few parents comprehend the full extent of cultural and, or, racial identity knowledge that their newly adopted children bring with them. Parents also struggle to answer the cultural, and, or, racial identity questions that their adopted children ask them. Likewise, human service professionals, when helping families, sometimes struggle to provide culturally competent knowledge and training.

METHODS: A review of literature nationally and internationally to ascertain best practice models and strategies to help families and professionals move beyond colour-blind approaches and meet the cultural needs of adopted or fostered children.

FINDINGS: There are useful models of cultural and bicultural competency that parents and human service professionals can use to enable improved support for families formed through transracial and cross-cultural adoption and fostering.

CONCLUSIONS: A colour-blind approach to cross-cultural or transracial parenting is unlikely to help children view their ethnic background and heritage positively. Rather, a culturally competent approach will help children develop positive racial and cultural identities.

KEYWORDS: adoption; fostering; cross-cultural; transracial; parenting; human service professionals

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Thousands of children are adopted and fostered globally, and most of these would be regarded as transracial and, or, cross-cultural (Compton, 2016). *Transracial*, *cross-cultural*, and *transcultural* are terms often used interchangeably to describe the adoption or fostering of children into families where the culture, race or ethnicity of one or more of the parents is different to that of the child. For the purposes of this article, *transracial* is used when referring to differences in skin colour, for example, White parents parenting Black children (Barn & Kirton, 2012). For *cross-cultural*, I mean differences in culture, for example, European or Pākehā parents parenting Romanian-born children. In Aotearoa New Zealand, we mostly use this term but sometimes the term *transcultural* is used (Haenga-Collins & Gibbs, 2015). All of these examples could also mean differences in ethnicity. Some adoption and fostering arrangements are both transracial and cross-cultural, for example, Pākehā parents fostering Māori children.

Globally, there are around 16,000 intercountry adoptions, most of which would fit the cross-cultural and transracial profile (Mohanty, 2014). Within-country or domestic adoptions also account for significant transracial and cross-cultural adoption and fostering family arrangements (see Barn & Kirton, 2012; Evan B. Donaldson Adoption Institute, 2009; Dance, Ouwejan, Beecham, & Farmer, 2010; Selwyn et al., 2010 for discussions of within-country adoption in the USA and UK). In Aotearoa New Zealand, we have a history of thousands of Māori children being adopted to Pākehā parents in domestic adoption arrangements (Haenga-Collins & Gibbs, 2015). Between 1955 and 1985, over 45,000 cross-cultural adoptions took place; these adoptions were closed, there were no previous family ties between children and their new parents, and ultimately, many of these adoptions were harmful to the identity and well-being of the Māori adoptees (Haenga-Collins & Gibbs, 2015). Nowadays, cross-cultural adoptions (domestic adoptions) are rare; however, Aotearoa New Zealand still has cross-cultural fostering. There are no official numbers on cross-cultural fostering but we do know that 50% of the children in care are Māori, and that many of these children are in foster families that are not Māori (Connolly, De Haan, & Crawford, 2014). In addition, Aotearoa New Zealand also has approximately 25 transracial and cross-cultural adoptions (internationally) every year where the adopting parents have no previous relationship with the child (Gibbs, 2015). These children come to Pākehā families from countries like China, India, the Philippines, Lithuania, and Thailand. There are also a substantial number of Pacific Island children coming to join relatives in Aotearoa New Zealand but these are not the subject of this current article (Gibbs & Scherman, 2013).

Transracial and cross-cultural adoptions are controversial and contested, at both international and national levels, with continuing concerns about child trafficking, fear of cultural genocide, what constitutes an orphan, the need for cultural and racial matching of parents to children, and whether it is in the best interests of the child to place them in families where their racial and cultural needs may not be met (Barn & Kirton, 2012; Compton, 2016; Hall & Steinburg, 2013, Morrison, 2004; Tanga & Nyasha, 2017). Aotearoa New Zealand follows international conventions on adoption, notably, The Hague Convention (1993) the "Protection of Children and Co-operation in Respect of Intercountry Adoption", and within the country, its policies clearly favour placing children with matched race and matched culture families (Connolly et al., 2014; Oranga Tamariki, 2017). In Aotearoa New Zealand, we have enshrined in legislation the need to ensure that the cultural needs of all children in formal care arrangements are met, particularly through the involvement of kin in both fostering arrangements and in key decision-making processes (Connolly et al., 2014; Gibbs & Scherman, 2013).

Before looking at the issues for parents and their racially or culturally different children it is important to define *culture, cultural competence, colour-blind or culture-blind, and bicultural competence* as these terms are used throughout this article. *Culture* is a multifaceted concept and difficult to define but, for this article, I refer to culture as a system of shared beliefs, values, customs, language and behaviours that are demonstrated by specific groups of people, who may be born into a group or groups but may also *choose to belong* to a group, or might be adopted and fostered into a group (see also Zion & Kozleski, 2005). An important consideration in any discussion of culture would be to acknowledge its fluidity, flexibility and contestability. People will always have varying views of what culture is and how they might incorporate what they call culture into their own experiences, and in their relationships with others. *Cultural competence* can be defined as efforts made by parents and others to expose their children, or clients, to knowledges and practices from their birth culture, as well as to prepare and support them as they encounter racial bias and cultural discrimination in the society in which they live (Lee, Vonk, & Crolley-Simic, 2015). Again, this term is somewhat fluid and has multiple meanings, such that one has to be careful to explain what cultural competence might mean in different contexts. For a Russian child living in Aotearoa New Zealand with European parents, cultural competence might come to mean celebrations of key Russian events, and some use of Russian language and customs. For a Māori child living with kin in a fostering arrangement in Aotearoa New Zealand, the understanding of cultural competence would be different; there would need to be acknowledgement of Māori language, cultural customs, cultural practices and whakapapa (genealogy) being part of everyday life. *Colour-blind or culture-blind* are terms used to describe how people fail (often through ignorance) to acknowledge cultural or racial diversity and difference, and take for granted the privilege of their own race or culture (Zion & Kozleski, 2005).

Finally, *bicultural competence* which, in a country like Aotearoa New Zealand, is extremely relevant to any discussion of parenting children, whether adopted or fostered or not. Bicultural competence in the Aotearoa New Zealand context is focused on relationships between Māori and Pākehā and brings together indigenous and non-indigenous practices and knowledge to enhance people's well-being and their sense of identity (Eketone & Walker, 2015). In a more general context, bicultural competence might refer to being grounded in the relevant cultures, having knowledge of cultural values, and having an ability to communicate these, often through language fluency in both languages (Thomas & Tessler, 2007). In Aotearoa New Zealand, human service professionals, including social workers, are required to demonstrate bicultural competence and we shall explore how human service professionals can help parents enhance the cultural and racial identity of their fostered or adopted children in the final section of this article.

Adoptive and foster parents themselves are often ill prepared to start their parenting journey when it comes to a nuanced awareness of the cultural and racial identity needs of their children. Research shows that, all too often, adoptive or foster parents see cultural or racial identity as unimportant (Goar, Davis, & Manago, 2017; Donaldson Institute, 2016). Parents also fear that emphasising difference might lead to problems with the development of a sense of belonging in the new family (Barn & Kirton, 2012). However, a culture-blind or colour-blind approach to parenting children in cross-cultural or transracial situations might lead to significant distress, and a diminishment of identity and cultural related heritage for the children as time passes (Donaldson Institute, 2016; Haenga-Collins & Gibbs, 2015; Vonk, 2001). Culture- or colour-blindness fails to take account of either racial or cultural diversity and should not be an option in transracial or cross-cultural adoptions and fostering. Thankfully, there are numerous examples of adoptive parents attempting to enhance cultural and racial identity, especially in intercountry adoption, but also in domestic adoptions (Crolley-Simic & Vonk, 2008; Gibbs, 2015; Goar et al., 2017; Heimsoth & Laser, 2008; Huh & Read, 2008; Morrison, 2004; Traver, 2012; Thomas & Tessler, 2007; Scherman & Harré, 2004). These studies and other material focused on concepts and models that help families become more culturally competent have direct relevance for adoptive and fostering parenting practice in Aotearoa New Zealand. The motivation for writing this piece is my own personal journey of cross-cultural parenting of two children born in Russia. In the rest of this article, I will explore the cultural needs of children; useful models of bicultural and cultural competence; how I have used these models in my own parenting and finally how human service professionals can support adoptive and foster parents to be culturally competent.

Cultural needs and challenges for adopted and fostered children

Children who are adopted or fostered commonly have traumatised backgrounds and other risk factors that impact on their chances of having stable and positive childhoods (Gibbs, 2015). If they are adopted or fostered by relatives or non-relatives the journey towards some certainty in relationships begins. Most newly adoptive parents and long-term foster parents make it a priority to love, commit to, and provide a nurturing and secure environment for their new family members. The basic physical and emotional needs of these children are typically the priority for parents. Alongside these needs will be a range of cultural, racial, spiritual and identity needs that are pivotal to the development of positive identity and survival in a different culture to that of a child's birth. According to Gibbs (2015), these needs and challenges are summarised as follows:

- new language acquisition and possible continued use of birth language;
- coming to terms with their background culture, and, or, race, as well as loss of birth culture and connections;
- understanding and acquiring knowledge of background cultural norms, genealogy, expectations, and practices, including spiritual practices;
- opportunities to participate in cultural activities and beneficial experiences related to country and culture of birth;
- positive development of dual or multiple racial and cultural identities;
- being able to explore difference, diversity and belonging in a safe and open environment;
- developing survival strategies to cope with racism and oppression that they may face in the broader environments of their adoptive or foster families.

There are challenges for adoptive parents and foster parents if they choose a path of "cultural consciousness" whereby they sensitively navigate unfamiliar terrain in their attempts to enhance and support their children's racial and cultural identities (Goar et al., 2017). Barriers include: a lack of proximity to racially and culturally diverse environments, particularly those belonging to their child's birth country; giving undue attention to the different background or heritage of the child and inadvertently making them feel so different that they feel they do not belong or are not wanted; a fear of being perceived of as tokenistic when attempting to learn some of the language or cultural practices of the child; and not wanting to force anything on the child if they are not expressing an explicit interest in learning about their cultural or racial heritage (Crolley-Simic & Vonk, 2008; Huh & Reid, 2000; LaFrombosie, Coleman, & Gerton, 1993; Scherman, 2010; Scherman & Harré, 2004; Wall, 2012).

Many children in transracial and cross-cultural family situations have had a limited connection to their previous culture (Scherman, 2010), especially if they have resided in orphanages or were removed from their first homes early in life. Hence, foster and adoptive parents will need to make a proactive choice to gain knowledge and understanding about their child's heritage, and be willing to ask for help, for example with language learning, cultural protocols and world views. This requires determination and transparency, and it is easier for most parents to default to ignorance and a colour-blind approach which ultimately leads to cultural assimilation; this is one of the main reasons against transracial or cross-cultural adoption and fostering (Goar et al., 2017; Morrison, 2004). In Aotearoa New Zealand, Haenga-Collins and Gibbs (2015) highlighted this for Māori in a study that explored the issues for Māori cross-cultural adoptees who wanted to reconnect and appreciate their birth cultural heritage. A number of adult adoptees in the study felt guilty for creating distance between themselves and their European adoptive parents because they wanted to reconnect to their birth cultures but had been raised only in a Pākehā culture with little or no reference to Māori customs and practices. Māori cross-cultural adoptees talked about a deep sense of loss of their birth culture and their sadness at not feeling they belonged to their birth culture when they finally met birth relatives.

It is my contention that adoptive parents and foster or kin caregivers should never deny their adopted children their ethnic, cultural and identity roots, this, in effect, is a colour-blind approach, as it neutralises the past and effects cultural assimilation by ignoring difference. I believe parents can promote the cultural and racial well-being of cross-culturally and transracially adopted and fostered children. This allows for parents to both build a sense of sameness and difference, common bonds as well as diversity, a valuing of a child's birth heritage, and a connecting to their new family heritage. We should imagine future alternative family arrangements where parents are firmly committed to the cultural and racial well-being of their children, one in which children are able to feel secure and valued not just in terms of physical or emotional needs being met, but one where children are strong in their sense of who they are and where they came from. We now explore models of bicultural and cultural competency.

An early model of being bicultural

LaFromboise et al. (1993) outlined a general model of bicultural competency for people from different cultural backgrounds, and developed a set of key bicultural competency factors from extensive searches in the psychological, sociological, educational and ethnology literature. Six key tasks noted by these authors as important to becoming bicultural were:

1] Having knowledge of cultural beliefs and values of everyday practices and rituals of more than one culture, and "an understanding of the basic perspectives a culture has on gender roles, religious practices, and political issues, as well as the rules that govern daily interactions among members of the culture" (LaFromboise et al., 1993, p. 403).

2] Having positive attitudes towards both cultural groups, included being motivated to value the cultures intrinsically, and appreciate the strengths and qualities of dual cultures, as well as avoiding the valuing of one culture above the other.

3] Having bicultural efficacy – LaFromboise et al. (1993, p. 404) noted: "the belief that one can develop and maintain effective interpersonal relationships in two cultures, is directly related to one's ability to develop bicultural competence." This is about building confidence to live comfortably in two cultures, something which, in Aotearoa New Zealand, is desirable, but ultimately challenging for the majority of people who identify as being of European descent or background. Eketone and Walker (2015) offer specific ideas of how bicultural efficacy can be achieved, and I explore these ideas in the section on human service professionals later.

4] Developing communication ability – an important component of bicultural competence, especially to be truly bicultural, is a person's ability to effectively communicate to and within a given culture – both spoken and non-verbal communication.

5] Having a role repertoire – LaFromboise et al. (1993, p. 406) defined this as "the range of culturally or situationally appropriate behaviors or roles an individual has developed. The greater the range the higher the level of cultural competence." For example, fluent speaking and writing in Te Reo reveals a greater role repertoire than just learning a few songs and greetings.

6] Experiencing *groundedness* – which is about establishing stable social and support networks in both cultures (LaFromboise et al., 1993).

In reality, it is almost impossible for adoptive and foster parents to be truly bicultural (Scherman, 2010). Unless one of the parents is fluent in both the language and customs of the country or culture of origin, or they themselves were born in the same place as their adopted or fostered child, it is very unlikely that they can enable both cultures to be accorded equal time and commitment. This does not mean that they cannot value two or more cultures, or make concerted efforts to embrace aspects of their children's birth culture. Equally, children who are adopted from orphanages or other forms of state care may not have had much opportunity to be proficient in their first language or family of origin cultural knowledge. Adopted children have a tendency to identify with their adopted parents' culture (Scherman, 2010; Scherman & Harré, 2008). In adoptive family situations, there is a need to balance awareness and positive support of a child's ethnic heritage but also a need to permit a child to feel fully part of an alternative family and its culture (Scherman, 2010). Hence, full bicultural competency might not be quite what adoptive parents or foster caregivers could imagine achieving. Nevertheless, becoming culturally competent is achievable and has been extensively researched by Vonk and colleagues (Vonk, 2001; Crolley-Simic & Vonk, 2008; Lee et al., 2015). Vonk's model of cultural competency, discussed next, offers a robust model of attitudes, strategies and value positions that may benefit both race conscious parents and professionals in attending to the racial and cultural needs of the placed child.

Being and becoming culturally competent adoptive and foster parents

Vonk (2001), a USA-based professor and practitioner of social work, has outlined an excellent model of cultural competence that has three core components, that of firstly, *racial awareness;* secondly, *multicultural planning;* and thirdly, *survival skills*. Parents can use these to help their children gain increased racial and cultural competency, and I will give examples of all of these in the following sections.

Racial Awareness

Firstly, according to Vonk, racial awareness is about understanding one's own racial status, as well as how racism impacts society and individuals. Racial awareness is a vital starting point; if a parent or caregiver has no sense of their own ethnicity or culture then they are less likely to be sensitive to their child's racial or cultural needs. The potential for colour-blindness and minimising racial and cultural difference is likely in these circumstances. Being racially aware includes having a sense of one's own racial or cultural privilege and how that immediately influences the task of being a cross-cultural or transracial parent. Vonk's list of actions that demonstrate racial awareness include: Understanding self, including one's own cultural background and potential racial bias; recognising stereotypes towards other races and cultures; recognising assumptions about the birth culture of one's children; becoming knowledgeable in the cultural heritage of one's fostered or adopted children; and understanding the needs of one's fostered or adopted children in relation to their racial or cultural status (Vonk, 2001, p. 252).

While some of these strategies and attitudes might not be wholly applicable to the Aotearoa New Zealand context, most of them are helpful and realistic. They do require parents and caregivers to be self-aware, and proactive in their learning. They also require support and this is where human service professionals can help at the outset when a transracial or cross-cultural family is being considered. Training and helping soon-to-be parents reflect on why they want to become a parent to a child with a different cultural or racial heritage is a starting point to racial awareness. Often parents focus (rightly so) on the importance of building trusting and secure relationships with their children but this does not negate the need to be racially sensitive.

Multicultural Planning

Secondly, *multicultural planning* "refers to the creation of avenues for the transracially adopted child to learn about and participate in his or her culture of birth" (Vonk, 2001, p. 251). This is where parents and caregivers make sustained efforts to expose their children to opportunities for learning about and participating in their cultures of origin, usually at distance for inter-country adoptions but more directly for in-country adoptions or fostering. According to Vonk (2001), examples of multicultural planning are: having ongoing contact and activities with people of other races and cultures; ensuring children can attend multicultural schools and live in diverse neighbourhoods; have friends who are good role models of varying cultures for one's children; actively celebrating traditions from one's child's birth culture, including learning the language, and participating actively in ongoing learning about one's child's birth culture; helping all of one's children and their friends benefit from the positives of a fostered or adopted child's birth culture (Vonk, 2001, p. 253).

It may not always be possible to achieve all of these because of the lack of proximity to the child's birth country, or because it is hard to find other people of the same ethnicity within one's locality. But given that research shows exposure to positive role models from one's birth culture can help psychosocial development and achievement of positive cultural identity (Crolley-Simic & Vonk, 2008; Scherman & Harré, 2004, 2008; Thomas & Tessler, 2007), adoptive and foster parents in Aotearoa New Zealand can still achieve many of these. Sometimes it does not need to involve a great deal of effort, even small steps towards promoting a positive understanding and awareness of where the child has come from, as well as enabling them to connect with others with similar cultural and racial backgrounds can go a long way (Thomas & Tessler, 2007). In New Zealand, we have excellent examples of local support groups for children and young people who have been adopted from Eastern Europe and China in particular. Inter-country Adoption New Zealand (ICANZ), for example, while based in Auckland has an excellent network of regional support groups, where Russian events or similar happen, or where information sharing about trips back to a country of origin occurs (http://www.icanz.gen.nz/). Parents in these kinds of support groups have made great efforts to expose their children to people and cultures that promote positive attitudes towards and knowledge about people and traditions from these parts of the world (Scherman & Harré, 2004, 2008).

Survival skills

Thirdly, using *survival skills* is about: the skills and willingness of parents to prepare their adopted and fostered children to cope successfully with racism (Vonk, 2001). In a cultural competency sense, this is also about helping children cope with negative comments, stereotypes and assumptions about the countries or cultures that they have originated from. In order to help their adopted and fostered children successfully survive the micro and macro racism that they will face, it will be easier if they have made the earlier steps of understanding their own racism or bias, and have valued the different ethnic and cultural backgrounds and identities of their children. They can then help their children to cope with, and challenge, other people's racist comments. They can also challenge organisational and societal barriers that are placed in the way of their children's ethnic wellbeing. Vonk's example of survival skills include: educating one's children about discrimination and racism and how to cope when it occurs in varying contexts; teaching one's children and other children a variety of strategies to recognise and manage discrimination; modelling for them how to do this and how to seek help, especially help that might be beneficial from within the child's birth culture; and ensuring that one's children develop pride in themselves and their birth culture (Vonk, 2001, p. 253).

These suggestions require dedicated time and energy and cannot just be left to parents and their support groups. Human service professionals and other professionals can provide additional resources and ideas either as part of initial training and preparation, and by having a long-term term strategy to help cross-cultural families undertake training, access support, and increase their cultural competency knowledge and skills in the areas noted by Vonk above.

In a later work, Lee et al. (2015) noted that certain factors were crucial to cultural and racial socialisation practices among international transracial adoptive parents. We have already considered racial awareness – being sensitised to one's own race and culture – having this means that parents will be more likely to engage in cultural and racial socialisation practices for their children. This also increases the chances that adoptive and foster parents will have *self-efficacy*, which means they will be motivated to invest, plan, participate in and provide further opportunities for racial and cultural socialisation. Other factors, like *gender, geographical location* and *income* are also important when it comes to likelihood of and effort towards enhancing racial or cultural socialisation. According to Lee et al. (2015, p. 144), mothers place more importance on birth culture and diversity; a higher parental income is also associated with greater cultural and racial socialisation practices, and a good family location, defined as a "diverse neighbourhood and access to the child's birth community through pre-existing friendships", is a great resource to encourage racial or cultural socialisation. Other factors like adoption-related education and support, for example, travelling to the country of origin and participating in adoption support groups after adoption, and the children's actual ethnicity (e.g., some ethnicities/races are more likely to have participation in cultural activities), all influence the amount or type of cultural and racial socialisation practices that parents engage in (Lee et al., 2015; Traver, 2012).

In the next section I illustrate how I have applied a number of the strategies suggested by Vonk and colleagues to my own unique cross-cultural family situation.

A personal note – Cross-cultural parenting

It is appropriate to offer an illustration of applying the concepts and strategies of cross-cultural parenting as they have influenced my own journey of 10 years with two wonderful adopted boys from Russia. My husband, daughter and I are of European descent, from Aotearoa New Zealand and England, and our sons and brothers are Russian-born. Our starting point was always that we should value their birth culture and look for ways to help them retain some of what they brought to Aotearoa New Zealand as toddlers but, more importantly, to build a capacity for positive dual cultural identity as they lived in their new country. We did the usual things of learning enough Russian language to get by, of reading books about Russia, of buying Russian toys, chairs, dolls, books, CDs and DVDs. We learnt the alphabet and some songs. We were not able to immerse ourselves in the culture and we were realistic that biculturalism was not possible. However, we have aimed for cultural competence. For our children, as they have grown up, this has meant meeting up with other Russians (when we could find them), meeting regularly with other families who have adopted from overseas, and chatting about Russian festivals, religion, history, culture and politics, in ways that our children could understand and find interesting. All of these things have helped our children feel good about being Russian as well as being *Kiwi*. The main strategy is openness, no topic is to be avoided and, where we do not have the knowledge, we try and search for it. The most significant thing we have done is help them process and manage racist comments, and micro-aggressions directed at them as Russians. Overall, they have managed to achieve a positive regard for their birth culture in spite of some discrimination, and negative media attention at times towards their country of birth. There is a lot more we could have done, and hope to do, to ensure our cross-cultural children are able to realise their hopes for connecting back and forward to their birth country and culture. Thankfully, we, and other adoptive and foster parents, are not alone in these endeavours, as there are plenty of online resources exploring these issues (see for example, http://www.colorlines.com/articles/white-dad-black-son-and-raising-kids-colorblind-world).

Finally, I now consider how human service professionals can support adoptive and foster parents to be culturally competent.

Can human service professionals support adoptive and foster parents to be culturally and racially competent?

Human service professionals often have the opportunity to work alongside families being formed via adoption or fostering, and are in a position to assist parents to meet the cultural and racial needs of their children. The bicultural partnership afforded by Te Tiriti O Waitangi, as well as implementation of rights-based conventions (for example, The Hague Convention, 1993), strongly promote the rights of adopted and fostered children to keep or foster their language and cultural practices whatever their country of origin, racial or cultural background. An Aotearoa New Zealand model of bicultural practice for human services professionals can be found in the work of Eketone and Walker (2015), who argue that biculturalism recognises two distinct cultures in Aotearoa New Zealand with their own set of values, language and customs. This model would be especially useful for helping families who might be Pākehā but who foster Māori children. It would assume that human service professionals have a minimum competence in the use of te reo (language), tikanga (customs), kawa (protocols), knowledge of Māori values and history (Eketone & Walker, 2015). It would also assume that human service professionals would have competence in European/Pākehā language, customs and so forth. It is important that human service professionals undertake the necessary training (often post-qualification) so that they can work biculturally but also offer training for parents and caregivers in how to support their children on their own culturally diverse journeys.

Human service professionals could apply some of the strategies mentioned earlier, in relation to how they work with families on culture-related matters. Professionals could adapt Vonk and colleagues' model on racial awareness, multicultural planning and survival skills in order to provide help to families with adopted or fostered children. This might allow families to increase their ability to provide positive cultural education to their children, as well as help their children cope with tricky questions that they might be asked about their backgrounds and looks. I recall one incident when some Russian adults visiting our town met my boys and spoke to them in Russian and were puzzled at the boys' lack of language reciprocity, and I could see my boys were not quite sure how to respond but we all had a chat, and the boys explained where they were from and we talked about what Russia was like and the positives of both countries. We are doing well in some respects but, with additional professional and community support, we could go beyond basic survival skills to a more robust acknowledgement and appreciation of the varying cultural dynamics of our culturally diverse family. Having professionals working alongside families can help reinforce positive messages about racial and cultural identity, and convey that appreciating diversity and challenging oppression and racism is a collective, community and family-based endeavour.

Conclusion

This article has sought to provide guidance for adoptive and foster parents when they are parenting children of a different culture or background to themselves. A colour-blind approach to cross-cultural or transracial parenting is unlikely to help children view their ethnic background and heritage positively. Rather, a culturally competent approach, incorporating a range of attitudes and strategies that demonstrate racial awareness and a commitment to anti-racism or anti-oppression, will help children develop positive racial and cultural identities. Human service professionals can play a key role in helping parents value what their foster or adoptive children bring, in terms of their original culture, as well as in helping parents develop positive cultural aspirations for their children in the future.

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What matters most to people in retirement villages and their transition to residential aged care

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ABSTRACT

INTRODUCTION: As older people age and become frail, their decline in independence and concomitant changing care needs may force them to move from retirement village to a residential aged care (RAC) facility. The purpose of this study was to identify factors that contribute to subjective wellbeing among older people living in retirement villages in Aotearoa New Zealand and to compare results with the data from the residents of the care home facilities co-located with the retirement villages.

METHOD: This study is mainly quantitative in nature to examine what factors contributed to subjective wellbeing among older people living in retirement villages. Descriptive and regression analyses were used with data collected in 2016 from residents of two retirement villages ($N = 163$) from one aged residential care provider in Aotearoa New Zealand and they were then compared with already-published data on RAC residents. In addition, four village residents participated in semi-structured interviews.

RESULTS: Results showed that retirement village residents reported being generally satisfied with their living environment and their overall wellbeing is positively influenced by their social and psychological milieu.

CONCLUSIONS: This research provides insights on what matters most to retirement village residents' subjective wellbeing, which includes a dignified environment enhancing positive mental health, relationship building and reducing loneliness and isolation. Results were also compared with feedback from care home residents co-located in the same estate to provide an indicative picture for comparison against other studies to inform and expand choices for older people to consider when relocating in late-life.

KEYWORDS: subjective wellbeing; retirement villages; housing options; quality of living; ageing; quality of life

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Introduction

Population ageing is a worldwide phenomenon. In Aotearoa New Zealand, the ageing population (65+) is projected to grow to between 1.28 and 1.37 million by 2041, representing an increase of 715,000 or 166% since 1996 (Statistics New Zealand, 2014). The growth in this age group not only leads to a corresponding demand for appropriate housing, but also a demand for security, socialisation and health-related support services. This also means the need for aged residential care will increase substantially. The *Health of Older People Strategy* (Ministry of Health, 2002) emphasised the importance of planning for the care and support of older people due to growing service needs. To support the independence and activity of older people, suitable housing alternatives are required. The last 30 years have seen changes on the ageing landscape in Aotearoa New Zealand, resulting in the emergence of *retirement villages*. The term retirement village, in both Australia and Aotearoa New Zealand usually refers to a "continuing care retirement community" (CCRC) in North America and "sheltered housing" in the United Kingdom (Howe, Jones, & Tilse, 2013). This type of long-term care community provides varying levels of care depending on the needs of the older people, including independent living apartments, assisted living, and residential aged care (RAC)/nursing homes (Klinedinst & Resnick, 2014). Although terms utilised to describe retirement villages vary around the world, a retirement village can generally be depicted as an older-person-based community that provides a variety of accommodations, services and facilities (U'Ren, 2013). According to the New Zealand Law Commission (1999), a retirement village is a purpose-built complex of residential units with access to a range of ancillary facilities planned specifically for the comfort and convenience of the residents. Similar to CCRC, retirement villages in Australia and Aotearoa New Zealand often permit residents to remain in one facility to provide continuing care, while moving between levels of care as their needs change: independent living, assisted living, and RAC (Hu, Xia, Skitmore, Buys, & Zuo, 2017). The latest figures from the New Zealand Retirement Villages Association (NZRVA) indicated that almost 33,000 people throughout Aotearoa New Zealand are living in more than 300 villages registered under the Retirement Village Act 2003 (Webster, 2017).

Declining physical health and mobility are the most commonly reported reasons for late-life relocation. Retirement villages, particularly those co-located with RAC facility, may represent the "last stop" in older peoples' lives (Shippee, 2012); with a continued emphasis on independent living in later life and ageing in place rather than the more traditional forms of aged care environments (Chandler & Robinson, 2014). The aim is also to assist older adults to remain in their own homes, which is consistent with many older adults' wishes (Black & Dobbs, 2014). To achieve this, retirement villages provide support services (e.g., transportation, companionship, health care advocacy) and often have recreational facilities to enable residents to age-in-place for longer and to maintain autonomy and control over their lives (Emlet & Moceri, 2012; Gardner, Browning, & Kendig, 2005; Graham & Tuffin, 2004).

Negative perceptions of retirement communities have been identified in the literature, for example, as a step in the progression to an aged care facility where one might face the loss of privacy and independence (Crisp, Windsor, Anstey, & Butterworth, 2013; McLaughlin & Mills, 2008). There is also a perception that retirement villages isolate and segregate older people from mainstream society (Bohle, Rawlings-Way, Finn, Ang, & Kennedy, 2014). Positive perceptions have also been reported. A number of Australian studies have stated the positive impact of living in retirement villages on maintaining autonomy (Montague, 1982); health-related quality of life and social connectedness (Stimson, McCrea, & Star, 2002); and positive satisfaction with living situation (Ferris & Bramston, 1994; Manicaros & Stimson, 1999). Recent research in the USA has also indicated that living in retirement villages can reduce loneliness and isolation, improve wellbeing and allow older people to continue to age in place with confidence (Graham, Scharlach, & Wolf, 2014).

Research from overseas has reported that the majority of older people living in retirement villages have a higher quality of life when compared with older adults living in RAC, hostels and family homes (Ferris & Bramston, 1994; Gardner et al., 2005; Kennedy & Coates, 2008). Surveys conducted by the NZRVA in 2003 and 2006 of residents living in villages both reported residents' overall satisfaction with their living place as extremely high (89% satisfied/very satisfied and 99% satisfied/very satisfied respectively) (Webster, 2015). Graham and Tuffin's (2004) study where they interviewed 12 village residents living in Aotearoa New Zealand reported that both companionship and privacy were important contributors in a retirement village for a worry-free environment. Grant (2007) interviewed 121 village residents in Aotearoa New Zealand and they reported their village living experiences were positive, secure and supportive, which helped develop a sense of belonging. Based on the existing research, retirement villages represent a practical model for living that can enhance the wellbeing of community-dwelling older people, and help them to maintain their independence, enhance their social connection and remain living in their own homes while surrounded by care services, if needed.

As older people age and become frail, their decline in independence and concomitant changing care needs may force them to move from retirement villages to a RAC facility. Research has indicated that, while transition to retirement living is a turning point in the life course (Moen, Erickson, & Dempster-McCain, 2000), transition to another level of care such as RACs can be more stressful as decisions to enter institutional care are often unplanned due to an acute medical crisis. While older people tend to voluntarily move to retirement villages to protect their autonomy as they age (Heisler, Evans, & Moen, 2004), the transition into RAC is considered to be the last resort and research has reported that older people often experience a sense of anger and helplessness and their carers or family members may feel guilty and stressed after the transition (Cheek, Ballantyne, Byers, & Quan, 2006). Relocation into and between facilities is very challenging to older people's quality of life and wellbeing and this can affect one's privacy, dignity and independence (Brownie & Horstmanshof, 2012; Yeung et al., 2016). The advantage of some retirement villages being co-located with RAC facilities can provide services and support to residents of the co-located retirement villages. However, earlier research by Fisher (1987), and Jenkin, Pienta, and Horgas (2002) have indicated that the benefits of such continuum of care are not equally distributed and that transitions in a multilevel care facility were more difficult than many residents anticipated. One Aotearoa New Zealand study reported an implementation of a nurse-led clinic for village residents to receive nursing care in the RAC facility has proved beneficial for village residents to gain more confidence in the nursing staff and reduce some misconceptions about life as a RAC resident (Meek, 2011).

Existing literature has provided some comprehensive scope for understanding relocations in later life and the decision to move to retirement villages and its adjustment process. Nevertheless, there is limited research on comparing factors contributing to quality of life and wellbeing between retirement village residents and RAC residents within a single continuum of care in order for older people and/or their family members to make informed decisions about what is a good place to age if/when older people's health and mobility starts to decline – particularly if they want to stay in the same complex and community. The present study sought to explore the issues and factors that contribute to subjective wellbeing among older people living in two retirement villages in Aotearoa New Zealand and subsequently to compare the results with the published data from the RAC residents co-located with the same two retirement villages (Yeung et al., 2016; Yeung & Rodgers, 2017). Relocations that involve major changes in lifestyle can be very stressful for older people. Knowing what matters most to older people living in retirement villages can enable service provision to be developed to assist older people to age-in-place in a retirement village. When necessary, it can also enhance the predictability and expectations about impending relocation to a RAC facility that can lead to a more successful transition and reduce adverse outcomes including reduced residential satisfaction and reduced psychosocial wellbeing.

Methods

Design and Setting

This study setting involved a large provider of residential care in NZ. Established in 1984, the aged care services provided by this organisation offer three different levels of care, similar to the concept of CCRC (i.e., independent living/retirement village, assisted living and RAC options). In 2015, this care provider announced its move to a resident-centred care practice that focuses upon empowering residents, staff, families and other stakeholders to provide a better life for residents. They implemented a pilot project to survey two established estates which comprised residents in RAC facilities where residents have access to 24-hour care and support in an environment with a nurse manager and a team of registered nurses and trained caregivers; and in retirement villages (independent living in villas, apartments and cottages where assistance with daily chores can be purchased and also staffed by professional nursing staff to assist with health-related issues) exploring their quality of life and satisfaction with care they received. The design of the project also included qualitative data by interviewing some of the residents from both retirement villages and RAC facilities. The current article focuses on reporting the data collected from the retirement villages in order to compare these with the published results from RAC residents (Yeung et al., 2016; Yeung & Rodgers, 2017). Although the bulk of the data reported in this article is of a quantitative nature, the small cohort and limited scope of qualitative data was able to help illustrate and explain some of the findings that emerged from the quantitative data. Surveys were developed by the organisation and data were collected for the organisation by an independent research agency. The first three authors' main role was to analyse the data. Low-risk approval was given by the Massey University Research Human Ethics Committee on 24 June, 2015 to conduct the analysis.

Participants

Two of the organisation's retirement villages in Auckland were chosen to participate in this research. Each retirement village is situated in a large complex where there is plenty of land with beautiful gardens, staff available 24/7 for added security and it is also located within walking distance of local shops, community clubs and medical facilities. Out of the 255 village resident who were sent surveys, 163 completed and returned them, giving a response rate of 64%. From the 163, four retirement village residents, two males and two females aged between 70 and 76 years of age, agreed to participate in face-to-face interviews. On average, they had been living in the retirement villages for more than two years.

Measures

Some of the measurements used and discussed later came from a previous study undertaken by Yeung and Rodgers (2017) on older residents living in RAC facilities. As the cohort concerned was residents from retirement villages, some wording in the scales was modified, for example, "easy to make friends at the care home" was changed to "easy to make friends at the village." The rationale for using the same instruments and methodologies from previous research conducted by Yeung et al. (2016) with retirement village residents was to allow for the possibility of making comparisons of the data between the two studies. To ensure the rigor of each measurement, where possible, Cronbach's alpha was used, followed by Confirmatory Factor Analysis (CFA), using the fit indices of the Goodness of Fit Index (GFI) value (>0.90) (Joreskog & Sorbom, 1989), the Normed Fit Index (NFI) value (>0.90) and Comparative Fit Index (CFI) value (>0.90) to test construct validity (Hu & Bentler, 1999).

To measure what conditions contribute to village residents' quality of life, five domains of quality of life: *Comfort*, *Privacy*, *Dignity*, *Meaningful Activities* and *Relationship*, were used based on the work of Kane et al. (2003) which aligns with resident-centred practices (White, Newton-Curtis, & Lyons, 2008). These scales comprised one to five items and used a 5-point Likert scale ranging from 1 = *never* to 5 = *always*. Higher scores indicate better quality of life.

Four items were chosen to represent the construct of *Positive Mental Health* (PMH) as PMH was considered essential to residents living in congregated retirement housing (Sheikh & Yesavage, 1986). Each item uses a 5-point Likert scale ranging from 1 = *strongly disagree* to 5 = *strongly agree*. Higher scores mean more positive self-perceived mental health.

The construct of *Loneliness and Isolation* (L&I) was developed by adopting three items on loneliness, helplessness and boredom from the Eden Alternatives Warmth Surveys – Residents (EWR-R) (Yeung et al., 2016). The EWR-R survey emphasised a philosophy of person-centred care, which focused on reducing loneliness, helplessness and boredom faced by residents living in a residential care complex. Each item was measured by a 5-point Likert scale ranging from 1 = *strongly disagree* to 5 = *strongly agree*. The negatively keyed items were reverse-scored before computing individuals' total scores. Higher scores indicate feeling less lonely and isolated.

The construct of subjective wellbeing (SWB) was formed by using three single items to assess each village resident's: (a) living situation (*How satisfied are you with the conditions of your current living place?*); (b) satisfaction with life (*All things considered, how satisfied are you with your life as a whole these days?*) and (c) quality of life (*How would you rate your quality of life?*), using a 5-point Likert scale ranging from 1 = *strongly dissatisfied* to 5 = *strongly satisfied*. This construct has been used in research to measure older people's subjective wellbeing (La Grow, Yeung, Towers, Alpass, & Stephens, 2011; Yeung & Breheny, 2016).

The interview was designed around two particular questions on: (1) the experiences of residents living in retirement villages; and (2) how the implementation of a resident-centred approach by the organisation which provides continuing care has influenced their views on relocating into RAC facilities/care home if needed. All interviews were recorded and transcribed into text form by the project officer at the organisation. After the transcription, the responses from the four village residents were pooled and analysed by the first three authors to complement and illustrate the quantitative results.

Table 1 reports means, standard deviations, Cronbach's alpha and CFA of the items which constitute each of the variables used in this study, along with comparison to care home residents from previous research (Yeung et al., 2016; Yeung & Rodgers, 2017). All negatively keyed items in any one of the scales were reverse-scored before computing individual mean scores.

Data analysis

With an alpha level of 0.05, the data in the study were analysed using the IBM SPSS 23 (IBM SPSS, Chicago, IL, USA). Simple descriptive statistics of mean and standard deviation (SD) were used to describe respondents' responses on the various measures used. The data were screened to check the minimum and maximum values and distribution for all scales. SPSS preliminary frequency output was analysed for missing values. Frequency analysis for each item indicated that responses for each item/domain had minimum and maximum values within the range. The percentage of missing values was under 5% and random in nature. Therefore, the missing data were replaced with regression imputation as recommended by Tabachnick and Fidell (2013). A standard multiple regression was run with SWB serving as the dependent variable. Correlations were run to check

Table 1. Comparison of Variables Between Village Residents and Care Home Residents

Domain	Abbreviated Items*	Current Study (*N*=163) Mean (SD)	Care Homes[#] (*N*=39) Mean (SD)	Current Study Cronbach's Alpha	CFA GFI; NFI; *CFI*
Comfort	Bothered by noise in own room	4.20 (0.90)	4.03 (1.01)	0.79	1.00; 1.00; 1.00
	Bothered by noise elsewhere in the village	4.42 (0.67)	3.94 (1.07)		
	Get a good night sleep	4.18 (0.96)	4.11 (0.99)		
Privacy	Staff knock & wait before entering	4.82 (0.63)	4.39 (1.02)	--	--
Dignity	Staff treats you politely	4.85 (0.39)	4.53 (0.65)	0.84	1.00; 1.00; 1.00
	Staff treats you with respect	4.81 (0.44)	4.57 (0.69)		
	Staff takes time to listen to you	4.68 (0.58)	4.11 (1.04)		
Meaningful Activities	Give helps to others	3.84 (1.01)	3.51 (1.26)	0.56	0.99; 1.00; 1.00
	Enjoys organised activities here at the village/ care home	3.46 (1.00)	4.08 (0.97)		
	The days here seem too long to you	3.96 (0.98)	3.46 (1.04)		
Relationships	Easy to make friends at the village/care home	3.88 (0.93)	3.64 (1.10)	0.65	0.99; 0.97; 1.00
	Consider any resident to be close friend	3.34 (1.27)	3.14 (1.18)		
	Staff stop just to have friendly conversation	3.57 (0.91)	3.60 (1.17)		
	Consider 1 or more staff to be a friend	3.24 (1.25)	3.49 (0.87)		
	Village /care homes makes it easy for family & friends to visit	4.35 (0.79)	4.36 (0.93)		
Positive Mental Health	I am in good spirits most of the time	4.04 (0.66)	3.94 (0.79)	0.78	0.98; 0.94; 0.96
	I feel happy most of the time	4.11 (0.60)	3.91 (0.84)		
	I think it is wonderful to be alive now	4.01 (0.87)	3.81 (0.89)		
	I feel full of energy	3.17 (0.95)	2.90 (1.02)		
Loneliness & Isolation	I often feel bored	3.98 (0.94)	3.62 (1.13)	0.71	1.00; 1.00; 1.00
	I feel lonely	3.89 (1.07)	3.44 (1.19)		
	I often feel helpless	3.98 (1.02)	3.38 (1.30)		
Subjective Wellbeing	Perceived quality of life	4.15 (0.67)	3.90 (0.91)	0.76	1.00; 1.00; 1.00
	Satisfied with your current living place	4.30 (0.81)	3.90 (0.91)		
	Satisfied with life as a whole	4.16 (0.76)	4.00 (0.73)		

Note. *All scales are ranged from 1 to 5; higher the number means more positive in feelings and self-perceived perspectives.

[#]Yeung et al., 2016; Yeung & Rodgers, 2017.

the assumptions of multicolinearity and singularity (i.e., that all variables entered into the equation were related to the dependent variable to at least a minimal degree ($r > 0.3$) but not too highly ($r < 0.7$) to other independent variables. Only variables that were significantly correlated with SWB were used for regression analysis. A power calculation showed our sample size was sufficient to demonstrate a true difference at a significance level of 5% and power of 80% (Tabachnick & Fidell, 2013).

Results

The general background of the village residents who participated in the survey is that they identified themselves as mostly as NZ European/Pākehā (>80%). Women constituted a greater proportion than did men (72.9% compared to 27.1%). The age range was between 60.0 and 103.0, with over 50% reported aged 75+. This aligns with existing research that most residents enter around 73 years of age and the average age within the village is 79 years, therefore reporting the 75+ penetration ration (Jones Lang LaSalle, 2015). The length of resident stay reported by the participants was an average of five years.

The mean scores of *Comfort*, *Privacy* and *Dignity* that contributed to SWB among village residents were all above 4.00, indicating fairly positive experience in these areas. Satisfaction mean scores on *Meaningful Activities* and *Relationships* were between 3.24 and 4.35, indicating relatively acceptable level of satisfaction. These satisfaction scores are slightly higher than the RAC residents reported in both our study (Yeung et al., 2016; Yeung & Rodgers, 2017) and Burack and colleagues' (2012) study. In general, residents of retirement villages and RAC facilities were reported to have similar mean scores on PMH items relating to psychological resources and strengths. Village residents in general did not report particularly high concern over feeling lonely or isolated. Although RAC residents did not score as high as village residents on not experiencing substantial levels of loneliness and isolation, their scores were still above average (>3.40 out of 5.00).

Overall, all the variables demonstrated acceptable to high internal consistency (between 0.56 to 0.84). In addition, results of CFA indicated good construct validity from all domains, except *Privacy* due to having only one item.

The four variables, which were found to be significantly correlated with SWB, were entered into the regression equation. As can be seen in Table 2, *PMH* ($r = 0.55$), *L&I* ($r = 0.49$), *Dignity* ($r = 0.30$) and *Relationships* ($r = 0.29$) correlated significantly with SWR with their effects ranging from small to large (Cohen, 1988). The regression model explains 47% of variance in SWB, which is statistically significant (F (4, 145) = 33.34, $p < 0.001$). All four independent variables, namely *PMH* ($\beta = 0.43$, p = 0.00), *L&I* ($\beta = 0.27$, p = 0.00), *Dignity* ($\beta = 0.17$, p = 0.01), and *Relationship* ($\beta = 0.13$, p = 0.04) were found to make a unique and significant contribution to SWB.

Discussion

As many older people prefer living independently in their own environment, the emergence of retirement villages represents a promising alternative living option for older people in Aotearoa New Zealand. Consistent with other studies (Edvardsson & Innes, 2010; White et al., 2008), the current research provides an indicative result that the use of residential satisfaction could be a good indicator to measure the psychological wellbeing of older people in their own living situations. The retirement village model strives to enhance independence, security and privacy while offering diverse services and support to satisfy residents' needs and demands (Gardner et al., 2005). There are two important findings from this research. Firstly, the current study demonstrates that residents are generally satisfied with their retirement village living experiences and their overall wellbeing is positively influenced by their social and psychological milieu. This is also

Table 2. Correlation Between Subjective Wellbeing and Other Domain Variables Among Village Residents

Factors	1 (1-item	2 (3-item)	3 (1-item)	4 (3-item)	5 (3-item)	6 (5-item)	7 (4-item)
1. SWB	--						
2. COM	-0.06	--					
3. PVY	0.07	0.16*	--				
4. DIG	0.30**	0.09	0.14	--			
5. MA	0.03	0.07	0.12	0.09	--		
6. REL	0.29**	-0.03	-0.04	0.28**	0.05	--	
7. PMH	0.55**	0.07	0.01	0.10	0.08	0.37**	--
8. L&I	0.49**	-0.05	0.11	0.16	-0.08	0.16	0.41**

Note. $N = 163$. SWB = subjective wellbeing; COM = comfort; PVY = privacy; DIG = dignity; MA = meaningful activities; REL = relationship; PMH = positive mental health; L&I = loneliness and isolation

* $p<0.05$ (two-tailed); ** $p < 0.01$ (two-tailed)

Strength of the relationship: small (r = 0.10 to 0.29); medium (r = 030 to 0.49); and large (r = 0.50 to 1.0) (Cohen, 1988)

Table 3. Predictors of Subjective Wellbeing Among Village Residents

Variables entered	R	R^2	Adj. R^2	F	P	B (SE)	95% CI for B (lower; upper)	P
Model	0.69	0.48	0.47	33.34	0.00			
Dignity						0.17 (0.25)	0.18; 1.17	0.01*
Relationship						0.13 (0.14)	0.18; 1.17	0.04*
Positive Mental Health						0.43 (0.19)	0.82; 1.57	0.00**
Loneliness and isolation						0.27 (0.14)	0.29; 0.83	0.00**

** $p < 0.001$; * $p < 0.05$

illustrated in the following comment made by one of the village residents:

> We have a little unit here and this is our home, at first, that was home in the unit, but as you got out and got to know other people, home became the other parts of [the village]. Going down to happy hour and sitting there and seeing all these people, they're like your family.

Residents seem able to meet their emotional needs and aspirations through village living. These results are in line with those of previous studies which emphasise that retirement village environments should be designed to meet fundamental needs such as maintaining independence, supportiveness, security, promoting social capital and meaningful participation in order to combat loneliness and isolation, and create a sense of belonging and social integration (Crisp et al., 2013; Graham & Tuffin, 2004).

Secondly, being able to compare life in a retirement village and a care home within the same complex gives valuable information. This information could be made available to consumers and this can help older adults and/or their family members to assess what matter most in relation to quality of living when considering relocation to a retirement village. Information for stakeholders may include provision for continuing healthcare needs emphasised with a resident-centred care practice, home maintenance support, and the convenient location of facilities to maintain social connection in order to make an informed decision on their housing options. Many retirees may consider the option of retirement communities when they are still fully able to live independently. However, negative perceptions related to relocating to a retirement village can have a negative impact on residents' self-concept and their relationships with others (Bohle et al., 2014) which could further impact on their decision to move into assisted living or care home facilities due to declining health. Results from this study further emphasise the importance of a home-like environment for both retirement village and care home residents within the mandate of resident-centred care practice. To enable retirement village residents to consider their potential future living in a care home, aged care providers need to move towards resident-centred and relation-based care focusing on supporting residents' aspirations to living in care, rather than existing in care (Yeung et al., 2016). One of the village residents supported the organisation's change of care philosophy to resident-centred to help her envisage care home options for future needs:

> …trying to get away from the place being institutionalized and making it like home, and having the things that you like around you, and having the children and animals around, having nice gardens, and having a say in what happens, which is happening more and more here. We're not being told you do this you do that, we're being asked if this is what we'd like to do. Just making a place that was just a big place of units and houses into a proper home, your own home.

Another village resident also commented on the importance of resident-centred care:

> I heard about the Eden Alternative philosophy. I think my understanding of it is the bottom line that people would actually listen to residents, what they would like, what they think they need, whether that's supplied or not is completely different, but at least feel like you are being taken noticed of, being listened to, which still doesn't always happen.

If retirement village residents access care services at relatively older ages, this would mean support received in villages can enable them to continue to age in their own place until there is a need to move to a care home adjacent to the retirement village. This could be a good option if one member of a couple requires more care. One could live in the village and the other close by.

Some gerontologists have argued that ageing in one place may be more appropriate than making multiple moves while ageing, although older people's needs and levels of independence change as they age, which will require accommodation in physical, social and infrastructure (Towart, 2013). While the current study has limited socio-demographic data and limited general health status information on these village residents, they reported good levels of subjective wellbeing. Although diverse services, including assisted living or RAC facilities, are available in the retirement villages, not all of these services are currently preferred nor frequently used by this cohort of residents due to their relatively healthy status. While some of them acknowledged different kinds of activities available, the general feeling was that many of the village residents continued (and preferred) to maintain their own personal and social networks within or outside of the village. They considered that their physical and functional independence makes them different from those who require the kind of living offered in the RAC or assisted living. This is echoed by one of the village residents:

> Yeah, people have said to me that unless you're in the care facility, it's not going to affect us [having someone to come and help with care] very much, or not at all in fact. We do all hope that we won't go there one day. That doesn't mean any disrespect to it, it's just the way you feel you know.

As the proportion of New Zealanders aged 65 and over is expected to double in size from 13% to 26% of the population by 2050 (OECD, 2015), questions continue to be raised in relation to how retirement villages can meet older people's needs as they continue to age over time. Existing literature indicates that relocation that involves major lifestyle change could impact adversely on older people's health and wellbeing during later-life transition (Heisler et al., 2004; Rowles, 1978; Rubinstein & Parmelee, 1992). As morbidity and disability are more prevalent in later life, due to age-related impairments, it is vital for aged care organisations and staff to consider what will be required for residents with changing needs to move and adapt to other settings.

Overall, moving from retirement villages to RAC may not be a simple journey for older people. Cheek et al. (2006) have argued that some of the older people and their families in their study thought living in a co-located complex would give the older person a seamless on-demand transition from retirement village to RAC facility. However, the urgency to move from a retirement village to RAC could be an ad hoc one due to health crisis or loss of a care-providing spouse, resulting in little or limited time to consult with the provider and this can cause a great deal of frustration for older people and their families. Zimmerman and Dabelko (2007) have reported that, while social workers have been identified as crucial collaborators in transitional care, the process often involves mainly nursing staff. Much of the literature on RAC residents' wellbeing tend to be nursing care-focused while social workers have been peripheral to aged care service provision, even though the needs of older people, especially during the transition to RAC, may be addressed by core social work skills, such as family work, community work, resourcing and advocacy (Hugman, 2000; Wilson, Setterlund, & Tilse, 2003). Some international literature has illustrated social workers have been employed across the continuum of long-term care for older people in settings such as hospitals, nursing homes, and primary care (Allen, Nelson, Netting, & Cox, 2007; Petersen, Wilson, Wright, Ward, & Capra, 2016). Despite their essential roles, social workers continued to express difficulty working in a traditional medical model of care with objective measurable and function tasks, rather than care that is underpinned by a meaningful relationship based on respect and trust (Rockwell, 2012; Yeung & Rodgers, 2017). In Aotearoa New Zealand, Thornton (2012) argues that District Health Boards (DHBs) do not consistently provide services such as social work to meet the transition and emotional needs of older people moving into RAC facilities. Social workers' competencies and skills can be useful to deal with these types of issues. Social work has long been viewed as having an excellent understanding of the importance of collaboration, autonomy and empowerment of patients and their families in residential care facilities (Koenig, Lee, MacMillan, Fields, & Spano, 2014). McKenna and Staniforth (2017) have identified the importance of social work services through transition and in residential care facilities can have substantial impact in empowering the move and adjustment for older people.

While not all retirement village residents will relocate to RAC, for those who do, social workers' professional knowledge and skills can contribute to the process of transitional care by providing more education for older people regarding early identification of health issues, promoting positive views on living in RAC facilities and guiding families in decision making. Social workers can also assist family members by providing information and communication to help them to understand the healthcare system, the range of care options that are available and how to access them. The admission to RAC facilities may occur under crisis circumstances and this can create stress and anxiety among residents and family. Changes in levels of care may also be interpreted as crises. Bern-Klug et al. (2009) state that social workers should be part of the core group assessing how well the facility is doing with transitions of care and be available to support residents and family to deal with any difficulties with transitions. In addition, it is salient for social workers to recognise that quality of care relationship equates to quality of life for older people who are residents of long-term care facilities. Social workers can work collaboratively with staff and the aged care organisation to acknowledge the life experience of residents in the facility and make it more like home. Older people value being recognised when others become involved in their lives (Shapiro, Setterlund, Warburton, O'Connor, & Cumming, 2009). In providing the least restrictive living environment in which to age, social workers can support RAC residents to identify and pursue their own needs and preferences using strength-based relational practice instead of relying on facility activities alone (Rockwell, 2012). This is essential to good quality care as this can be neglected in busy facilities when the emphasis is mainly on providing technical nursing and medical care.

Limitations

These data must be interpreted with caution because only two retirement villages were involved in the study which limits the generalizability of the findings. Existing research has reported that retirement villages tend to comprise older people who are European/Pākehā, financially secure with fewer health and disability concerns (Graham et al., 2014). Towart (2013) argues that village residents are not generally wealthy as many of them rely on a retirement pension and will be sensitive to costs as their needs increase with age. Since the collection of socio-demographics of the study cohort were limited, our analysis was limited by the homogeneity of the sample with no economic, and education data, prompting more research to be recommended to better understand how retirement villages may impact on the diverse range of older people in Aotearoa New Zealand. Furthermore, the measurement and data collection were already pre-determined by the residential aged care organisation; hence, not all standardised items from some measurements were used despite the current selected instruments showing good reliability and construct validity. Only four interviews were conducted with retirement village residents; hence, the limited scope of qualitative data can only be used as a complement to the quantitative results. Data collection also relied solely on self-report measures in a cross-sectional design which prevents any examination of the quality indicators over time to preclude causal inferences as older people tend to report more positively which may skew results. In addition, the amount of variance explained by the regression model (i.e., 47%) suggests that there may be other variables that could contribute to the determinants of subjective wellbeing among older people living in retirement villages.

Conclusions

As the ageing population grows, an increasing number of people are relocating to retirement villages which offer independent living surrounded by facilities and support services. This study set out to investigate factors that contribute to wellbeing among older people living in retirement villages. The results of this investigation have shown that dignity, having meaningful relationships with others, maintaining positive mental health and not feeling lonely and isolated contributed to retirement village residents' subjective wellbeing. In an increasingly competitive market environment, consumers want to make informed decisions about relocation in later life. Results from our study on retirement village residents enable comparison with care home residents on what matters most to quality of life and care satisfaction. Such information could well result in an economic edge for aged care providers to develop further strategies to offer quality of care for extended ageing in place. Overall, this study suggests that retirement villages represent a promising new trend to provide alternative housing options to reduce social isolation, enhance wellbeing and increase older people's confidence to maintain independence. However, as older people proceed through their life course, they periodically will have to assess the appropriateness of their housing and living conditions. The decision to relocate can be difficult for older adults and it can be mitigated by factors such as health, financial capacity, and location of the facility. Therefore, more innovative models of care are needed to provide the benefits of retirement accommodation but still be flexible and affordable for those with limited financial capacity and increasing support needs.

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‘Radical Social Work’ by Roy Bailey and Mike Brake: A Classic Text Revisited

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‘Radical Social Work’ appeared in 1975, the year I began my social work career in the U.K. by being seconded by Derbyshire County Council to Lancaster University to complete a Diploma in Social Work (Certificate of Qualification in Social Work). I had previously worked in the Civil Service as an employment adviser with (the then) Department of Employment which genuinely, as compared to what happens now, tried to help unemployed people obtain suitable employment. In discussions with ‘claimants’ as they were then called, what struck me were the various other problems that many faced in addition to unemployment, for example in relation to physical and mental health issues. I wanted to do more to help in these other areas, hence eventually embarking on a career in social work when it was still the rising star of the human service delivery professions (Rogowski, 2010).

One of the first books I was introduced to was ‘Radical Social Work’, with one of the lecturers referring to a possible Robin Hood role for social work; essentially by having to tackle the rich to help the poor. The blurb on the cover refers to such matters as unemployment, poverty, urban decay, delinquency and alienation effecting advanced industrial countries and how social workers, ‘the frontline workers of the welfare state’, might paradoxically find that the justification for their profession lies in the maintenance of a social and economic system that is the cause of the ills they are employed to confront - and to which their everyday experience renders them fundamentally opposed. I well recall how I used to, somewhat idealistically, argue that as a social worker I would be practicing to do myself out of a job by working towards a more just and equal society where social workers would not be needed.

The blurb continues that the book is radical in that the essays explore ways in which social ills may be resolved rather than concealed, and that it challenges received ideas in social work/education, many of which are seen as rooted in the rapacious benevolence of Victorian philanthropy. Other key questions addressed include how far the requirements for political organization and conscientization of the oppressed can override the immediate need to ease the distress of one family or individual?

In addition to the editors, the contributors are impressive, all being stalwarts of social work in the U.K. and elsewhere - Geoffrey Pearson, Peter Leonard, Stuart Rees, Stanley Cohen, Don Milligan, Crescy Cannan and Marjorie Mayo. Specific topics covered include homosexuality, welfare rights and community development, as well as more general issues concerned with social work and the welfare state.

The editors’ introduction sets the scene by adopting a Marxist approach in their analysis of the development of social welfare and social work. They emphasise the need to understand social welfare history and the state itself, the latter intervening in an attempt to solve problems intrinsic to capitalism, with both the problems and the intervention being integral to the capitalist mode of production. As for the historical development of social work, there are references to such matters as the economic changes associated with the industrial revolution, the growth and fear of the poor leading to the Charity Organization Society and poverty relief administrators (the precursors of professional social workers). It is argued that individual aspects of poverty causation were the focus rather than structural and economic factors; this emphasis being ultimately associated with the development of Freudian-influenced casework. This orientation continued as the welfare state was established after the Second World War, culminating in the establishment of Social Services Departments in 1971. Meanwhile, social work courses also focussed on casework, mostly in an uncritical way with, for example, the 'caring' rather than the 'controlling' aspect emphasised. Instead, the argument here and in ensuing chapters is for a radical social work, one that considers and addresses the structural elements of poverty, deprivation and injustice that function to maintain capitalism. All the ensuing chapters are important, interesting and remain relevant today (see for example Lavalette, 2011). For me three stand out.

First, Peter Leonard's chapter outlines a radical praxis for social work by utilising Friere 's concept of conscientization, a form of liberating education which creates critical consciousness. He advocates an integrated model of practice based on a revised systems theory (for example, Pincus and Minahan, 1973) which identifies four basic systems with which social workers interact: change agent, client, target and action. This schema widens the potential for social work activity linked with conscientization, which is designed to develop praxis by critical reflection on reality and subsequent action upon it. Such critical consciousness develops from an acknowledgement of the existing consciousness of the oppressed and from a mutual dialogue between all those concerned with the task of liberation. In terms of radical practice, there are four aims. First, education involves contributing to the development in people of a critical consciousness of their oppression and of their potential, with others, to combat it. Second, linking people with systems involves facilitating the connection between individuals and those systems which might serve their interests. Third, building counter-systems involves facilitating linkages between people and various informal and formal systems. And fourth, there must be individual and structural responses to issues, this refers to responding to individual problems and difficulties but also including activities designed to further the critical consciousness of the individual concerned; it amounts to social workers working both within and against the current capitalist system or, put another way, being in and against the state (London-Edinburgh Weekend Return Group 1980).

Second, Stanley Cohen's chapter highlights the importance of providing political and sociological manifestos for social work action. He discusses the relationship between sociology, particularly the sociology of deviance, and social work including the oft quoted remark from practitioners when confronted by academics about their work: it's alright for you to talk. This refers to arguments about social work essentially being about social control with practitioners merely being agents of the state apparatus. More positively, deviancy theory and orthodox Marxism are offered as ways forward. Regarding deviancy theory, and related interactionism and labelling theory, there is a need not to label and thereby create and amplify deviant careers, with radical non-intervention being the result (see for example Schur, 1973). As for Marxism, rather than social control, practitioners should forge links with deviants and seek to provide general support for working class struggle. Clients/service users become political allies with the social worker being their defender, organiser and information provider. This approach is linked to the notion of the 'unfinished' which refers to practice being based on what does not yet exist i.e. fundamental societal change.

From all this, the key advice from Cohen is for radical practitioners to 'Stay in your agency ….. Take every opportunity to unmask its pretentions and euphemisms ….. In practice and in theory stay 'unfinished'. Don't be afraid of working for short-term humanitarian or libertarian goals, but always keep in mind the long-term political prospects' (p. 95). Like Leonard, being in and against the state is advocated.

The third chapter that particularly interested me was Marjorie Mayo's on community development, an aspect of practice work which, in turn, was a key method of social work in the U.K. - notably under the guise of community social work in the 1980s. She outlines its history in the British Empire, notably in India and Africa, in the U.S.A., particularly the 'War on Poverty' in the 1960s, and the Community Development (CD) Programme in the U.K. Regarding the latter, twelve CD projects were established in areas of multiple deprivation in 1969. They had a dual responsibility to both local people and the local authority, which led to various tensions and difficulties. Not least, their findings argued that multiple deprivation be re-defined and reinterpreted in terms of structural constraints rather than psychological motivations, so it is no surprise that they were wound up during the 1970s. Essentially, Mayo argues that community development is not necessarily radical in that it can be used to co-opt and repress rather than liberate or empower local groups and communities. Nevertheless, it can have radical possibilities as these CD projects indicate. Importantly, although working with local people might not necessarily be 'the spearhead of the movement for fundamental change in the economic, social and political structure of society [there are] fewer doubts about the potential contribution [this] can make to the struggles around immediate needs' (pp. 142-143).

One might ask what influence did 'Radical Social Work' have on my subsequent social work career which involved mainly working with children and families across five decades, mostly in Oldham, N. W. England? I have repeatedly dipped into the book over the years and having read it again for this article, I was certainly struck by how many of its ideas and arguments have guided my practice (see, for example, Rogowski, 2013, 2016). This has included: establishing and working with claimants' unions and representing people at tribunals; group work with single parents, parents who had children on the child register/subject to child protection plans, young offenders and their parents; and work with local communities on issues they felt needed addressing. Then there has, of course, been the more usual casework approach to practice with numerous individuals and families. Here I want to elaborate a little more on work with young offenders and community social work (see chapters 3 and 4 respectively in Rogowski, 2016 for a fuller discussion).

In relation to young offenders, I worked from the premise that acts which can be labelled criminal are normal during adolescence and not precursors to adult crime - most young people literally grow out of it. Furthermore, intervention designed to prevent such acts is simply not possible and merely leads to deviancy amplification. The way forward, therefore, is to keep young people out of the youth justice system by systems management and monitoring strategies with diversion via cautions taking place wherever possible. Importantly, any intervention was largely limited to 'heavy end' offenders, those who face custody, and included alternatives to incarceration schemes utilising strategies such as group work (see Thorpe et. al., 1980). For example, during the late 1970s and the 1980s I organised and facilitated various groups for such offenders. These involved weekly group meetings based around recreational activities and group discussions. There were also short residential periods which enabled deeper relationships to develop between the young people and the adult facilitators (as well as myself other social workers, teachers, careers officers and local volunteers were involved). Importantly discussions took place about offending behaviour and how this could be addressed. From a more critical/radical perspective there were also consciousness-raising discussions about possible causes of youth crime and how these could be tackled- including society being organised on more just and equal lines. I particularly recall facilitating discussions about the youth riots in Brixton and other urban areas in the U.K. during 1981 with the focus being on political, economic and social factors, arising from the introduction of the Thatcherite/neoliberal policies, which were at the root of the disorders. On one occasion such discussions occurred when the local police officer attended as a guest speaker. This certainly proved to be an eye-opening exercise, not least for him.

Community social work, drawing on the Barclay Report (1982), involves a change in the style of social work, with a focus on people defining their own needs as opposed to having them defined by experts; recognising them as having strengths and lacking power rather than having individual or family defects. One example that springs to mind relates to a single parent woman with a child subject to child abuse/protection concerns. Importantly, her situation was not dealt with in terms of individual pathology. While taking the wishes and feelings of her children into account, equally their mother's view of the problems and difficulties was also accepted, including her negative relationships and networks, notably with an ex-partner and many in the local community. Consequently, over ensuing months the focus was on, for example, lack of child care facilities, lack of money, housing repairs, loneliness and isolation, boredom and feelings of depression. Contact was made with the (then) Department of Social Security, electricity and gas companies, and Housing Department regarding financial and housing issues. Playgroup opportunities were arranged for her youngest child and the social services hierarchy were made aware of the need for more nursery/ playgroup places. Contact was also made with a local community centre and she eventually became a volunteer and helped with the playgroup, later becoming involved with young people who were solvent users and participating in her estate forum (regular meetings of residents, local councillors and representatives of various agencies - housing, police, health, education, social services etcetera - which aimed to address the estate's problems). Eventually she started a local Parents' Aid Group - a support group for parents who had been or were subject to child abuse/protection investigations. At every opportunity discussions were framed in terms of the Thatcherite/neoliberal project which was in full flow at the time. In brief, in pursuing community social work our small team worked with deprived children and families from a critical/ radical perspective: we aimed to address immediate needs while also trying to raise awareness and consciousness with clients/ service users, local residents, other agencies and local politicians about the need for, and possibilities of, a more just and equal world.

Unfortunately, during 1990s social work saw the rise and now domination of managerialism. This restricted the space for critical/radical practice as practitioners were forced into the target-driven completion of bureaucratic processes aimed at rationing resources and assessing/managing risk. As a result currently critical/radical practice may have to manifest itself in 'quiet challenges' and resistance to managerial and business orientated discourses and practices (White 2009). For instance, mystifying or concealing knowledge of clients/service users in order to acquire resources; this amounting to the manipulation of knowledge and information on their behalf. Or again, delaying or exaggerating reports and assessments so managers are manipulated into taking a particular course of action. Ignoring, bending or re-interpreting rules and procedures may also have a role to play. Some might see this as deliberately dishonest and unacceptable, though surely it should be seen more in terms of exercising professional agency within highly managerial environments. Although group and community work strategies are now rarely used by social workers in the U.K., politicisation and consciousness raising strategies can still be pursued, albeit on an individual basis, by talking with clients/service users and others about the societal, structural issues that lie at the root of their struggles and of social problems in general. In short, 'Radical Social Work' certainly still retains its relevance.

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Collaborative and indigenous mental health therapy

Tātaihono – Stories of Māori healing and psychiatry

Wiremu NiaNia, Allister Bush and David Epston
Routledge, New York, 2017
ISBN 978-1-138-23028-6, pp. 179. Paperback; NZD, 59.99

Tēnā koutou katoa,

In 1996, as a recent graduate of the Bachelor of Social Work degree (Massey, Albany), I was fortunate to be exposed to the ideas of Narrative Therapy by working in an agency that had been heavily influenced by the work of David Epston. Over the course of my career I have been able to develop my mental health clinical skills, while simultaneously building my knowledge of bicultural competencies. I wish this book (I will refer to it as *Tātaihono* for the purposes of this review) had existed when I was a new graduate; it would have saved me and my colleagues much angst as we scratched about trying to understand how Māori healing and psychiatry could be complementary to one another.

This book is a taonga, particularly for those professionals working in a traditional mental health service, for example one that is funded by a District Health Board. The book begins with a foreword by Sir Mason Durie, who clearly supports and articulates the rationale for a book like this, which is to provide a model of care that the reader can begin to grasp. The word used in the title is tātaihono: this paints a picture about what this book is hoping to achieve, which is to explore how Māori healing and psychiatry can acknowledge their differences but also seek a dialogue about what can be mutually beneficial and therefore ultimately of benefit to the Māori clients we work with.

This book seeks to braid together two world views, a western scientific paradigm with an indigenous Māori epistemology. For Māori practitioners within a mental health work environment these two aspects have always been a part of their consciousness but, for non-Māori, this book may serve as a way forward to legitimise this duality of knowledge bases. Te Tiriti o Waitangi is echoed throughout *Tātaihono* as the book provides excellent examples of partnership approaches, particularly when working together on client-centred issues.

There is a space and a place for the reflection on Matekite – this is incredibly valuable as I have not seen this work written up in this manner before. For me and how I was brought up there is a great sense of tapu about this area and I would urge caution to the reader when thinking about undertaking work where Matekite is present. It is important to keep one's self safe and their client too, therefore cultural consultation with Kaumātua and/or Whaea is extremely important when thinking about exploring the area of Matekite.

There are eight chapters and many of these highlight a specific mental health disorder or group of symptoms. The chapters include topics such as complex grief, auditory hallucinations, psychosis, schizophrenia, suicidal ideation and the many different comorbidities that accompany these problems. The book utilises a case study methodology that includes the wider ecological presentation of the mental health disorders that are discussed. This includes the important roles that whānau and clinicians have in the recovery of the client. Chapter two includes a relevant summary about the wider philosophical context within which the case studies are presented. Chapter two also contains a discourse about epistemology, particularly the legitimization of kaupapa Māori knowledge. This is one example of how the principle of tātaihono is operationalized. Chapters three through seven follow a pattern of symptom presentation followed by a discussion about how the authors seek to implement their integrated model of care approach. Chapter eight, the last chapter, presents what the reader may be looking for in terms of a systematic approach to Māori healing as told to us by the authors; this is a model of care that we can all learn from.

The book is a wero, it presents a challenge to reflect on, not only our own bicultural practice, but also our commitment to Māori, one could say our commitment to Te Tiriti o Waitangi. *Tātaihono* seeks to reach into our hearts and plant a seed, a seed about empowerment for a people that have had so much taken from them over the past two centuries and who continue to struggle to gain it back. There is much mamai expressed here; the challenge is how to respond to what we as practitioners see in the buildings that we work in and the communities that we engage with. This book is a taonga that has been handed down to us, its case study approach will keep the reader engaged as the interventions are unique and effective.

Reviewed by **Dr Matt Shepherd (Ngāti Tama)** Senior Lecturer, School of Counselling Human Services and Social Work, Te Kura Tauwhiro Tangata The University of Auckland Email: m.shepherd@auckland.ac.nz

Why do I need research and theory? A guide for social workers

Jennifer Anderson-Meger, 2016
Routledge, New York, NY
ISBN 987-1-138-83335-7, pp. 139, paperback, NZD49.97

As a teacher of social work students, including supervising those undertaking research projects, I found this short book very useful. I plan to use it with students to raise the topics of understanding the significance of how one learns (learning theory), and the importance of developing our personal epistemological belief system, in order to include research knowledge into critical social work decision-making. Our Bachelor of Social Work students undertake social science research practice papers, and independent research topics, involving searching the research literature, but some students seem to struggle with a personal connection between research and practice, and the requirement to be critical thinkers in their future social work decision-making. Personal epistemological beliefs and development are identified by Anderson-Meger (2016) as a base for undertaking lifelong learning; these provide ongoing social work practice competency as well as the core from which to defend actions and thinking processes throughout a professional social work career. While this text is aimed at social work students, it also provides excellent resources for teachers relating to critical thinking and the importance of research knowledge in social work practice.

The book is presented in six, well-referenced chapters that can be utilised as stand-alone chapters, or together as a congruent whole consideration of the importance of research and critical thinking, leadership for the future of the social work profession, learning theories, personal epistemological development, anxiety about learning, and practical suggestions for social work educators. The issues considered in each chapter are justified through linkages with the United States of America (USA) Council on Social Work Education's 2015 Education and Policy Accreditation Standards and the National Association of Social Workers Code of Ethics as applicable, but this also felt reasonably well connected to the Aotearoa New Zealand social work professional environment. Anderson-Meger (2016) has added quotes from her own research with social work students, integrating their voices which resonated and assisted with understanding and made the text very accessible. Each chapter finishes with a useful list of discussion questions which would assist students in developing their professional identity and responsibility while teaching social work decision-making or social science research.

Chapter One emphasises the importance of continuing professional development and use of research and critical thinking in order to be effective social workers holding generalist professional qualifications in an ever-changing world. Acknowledgment of personal bias is the starting point for critical self-reflection and an ability to practise effectively; the link between research method courses and critical thinking was made at the outset.

Chapter Two promotes the need for intellectual leadership in social work practice and research in order to provide the critical reflection and rigour required to solve challenges faced by our profession. Anderson-Meger (2016) highlights a number of leadership approaches including servant leadership, arguing that social work leadership is required to stimulate critically reflective, knowledge-informed or evidence-based practice grounded in social work values and ethics. The chapter includes a personal quiz on leadership preparation and ends with a range of discussion questions that promote reflection on leadership responsibilities for all social workers including social work students.

Chapter Three introduces learning theory and is well referenced providing direction for greater depth of focus. Clear links are made between considering learning theory and the application of learning by clients, social work practitioners, and our colleagues. The focus of the chapter is to promote individual understanding and reflection of how one best learns along with individual responsibility for on-going learning in order to be effective practitioners throughout our careers. The discussion questions focus the reader on their individual responsibility for consciously regulating their learning.

Chapter Four concentrates on the concept of epistemology and epistemological development, arguing that personal epistemology is a critical component in effective continuing learning and competent, knowledge-informed practice. A very useful questionnaire (using Likert scale choices) on epistemological beliefs has been adapted and developed by the author (pp. 89–92) which can be used for individual reflection and discussion about expanding knowledge beliefs including thinking about where knowledge comes from, the process for acquiring knowledge, and how knowledge is constructed.

Chapter Five provides a focus on the negative impact of anxiety on learning and suggests strategies to ensure this is considered along with individual coping mechanisms.

Chapter Six completes the text by providing excellent strategies and approaches for educators creating a learning environment that encourages critical thinking and epistemological development.

Overall, this book provides a very useful complement for both research methodology and social work decision-making texts. I found the book to be easy to read yet scholarly with excellent references and resources. I will use this coherent and logical text to strengthen my teaching about the importance of critically integrating research in social work practice, and the effects of beliefs and anxiety on learning. Discussions with students would readily be expanded to specifically include social work practice in the Aotearoa New Zealand context with linkages to the Aotearoa New Zealand Association of Social Worker's Code of Ethics and the New Zealand Social Workers Registration Board Core Competencies, Programme Recognition Standards, and Code of Conduct. The author of this very useful text is a professor and ethics fellow at Viterbo University, Wisconsin, USA. Her research focus is epistemology in social work and critical thinking.

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Rights and wrongs

Mark Doel
Palgrave (Macmillan Publishers Ltd), UK, 2016
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After outlining the moral complexity in which we all live, the author states: "What we can do, and ought to do, is construct as moral a world as possible in that part where we are moral agents. Social Workers have more opportunities than most to construct a moral world" (p. 46). Through a richly varied series of social work "dilemmas" the author invites us to engage in moral discourse. He does this by raising questions that require consideration, without himself offering answers. Doel then interrogates the original questions. This method is a time-honoured approach to ethics and provides a useful and engaging resource for social work practitioners and educators.

Early in the book, after presenting an ethical dilemma for staff in a coffee shop, Doel poses the seemingly rhetorical question: "Do you think that baristas who have studied moral philosophy will make better decisions or just slower ones?" (p. 19). Of course the same question applies to social workers and, surprisingly, this book leads me to the conclusion that it will likely make the decision-making of social workers slower, more cumbersome and not necessarily better. Perhaps this is just the first stage in our moral development as social workers? Once we become familiar and comfortable with ethical reflection, it would become easier and smoother for us to integrate it into our practice as well as our personal lives.

Whether or not we recognise it as such, social workers are constantly involved in moral discourses and decision-making. Doel's book illustrates this decision-making process eloquently with its many dilemmas. Becoming more aware of the ethical dimensions of our practice; and recognising the skills required to navigate through these dilemmas, is imperative for social workers if they are to be effective moral agents. The default position for most of us is self-interest – we do what is easiest or most convenient within the pressures of our busy lives, rather than what we may think is right. While understandable, such moral laxity undermines our sense of ourselves as well as the integrity of our work. There are no quick routes to develop moral acuity. Doel's book is a good resource, especially as a tool for colleagues to reflect on moral dilemmas together, a process the author describes as the counsel of wise professionals: your inner wisdom, a supportive peer group and a good supervisor.

Reviewed by **David Griffin** Social Worker/Counsellor/FDR Mediator, Family Works Southland