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What we’re reading

Reviewing the two most read articles in each of the eight issues the Editorial Collective has published to date tells an interesting story about what our readership are attracted to at this particular time in social work. In her commentary piece for the journal, Linda Briskman argued “that we do not need to merely revitalise the radical but to name it, proudly and loudly” (Briskman, 2017, p. 133). And while the articles we mention below are the top reads (from the journal system’s “view” statistics) in each issue, there are many other contributions that address professional, policy and practice research themes weaving in critical analysis and hopes for transformational change.

Radical and critical perspectives in social work have attracted many readers in the journal in the first two years since we moved to an online, open access format. We are pleased that our journal is reflecting locally the Aotearoa New Zealand contribution to international debates both through research (Keddell & Hyslop, 2018) and critical policy scholarship (Keddell, 2016). A common theme of much local research and policy critique is that policies of targeting, use of systems data and *investment* discourse require an articulate and evidenced social work response which is anti-oppressive, promotes social justice, and which places the families and communities we work with at the centre of social work practice.

Ian Hyslop started the trend in 2016 with “Where to social work in a brave new Aotearoa” raising issues which have continued to be addressed in practice and policy pieces alike (Hyslop, 2016) where the themes of neoliberal impacts on social work practice are described and critiqued. In the same year, Mike O’Brien (2016) provided a strong analysis of the significant policy change built around three key terms; *investment, vulnerable,* and *outcomes*. Mike notes that these are not neutral descriptors but rather shaped in “critical ways by the neoliberal framework which informs them” (p. 1). Critical analysis of policy contributes to shaping practice that is politically aware and cognisant of how neoliberal policies impact on the families, whānau and communities in which we practise. Hannah Blumhardt, Fourth World UK, and Anna Gupta’s article “Radical practice in a risk-averse environment: Learning from ATD Fourth World UK” notes that child protection in many settings can be “inflexible, top-down … coupled with an atmosphere of policing, control and disregard for the impact of poverty” (Blumhardt, ADT Fourth Work & Gupta, 2017, p. 19). Blumhardt et al. argue that these features of state systems constrain social workers and families alike, eroding relationships. The ATD Fourth World approach described in the article promotes genuine strengths-based practice that relies on nuanced understandings of poverty, a commitment to advance families’ wishes, and trusting relationships grounded in human dignity and commonality.

Steve Rogowski (2017) provides our first “classic text revisited” series review with his thoughts on the impact of Bailey and Brake’s *Radical Social Work*. Closer to home, Alastair Russell, a social worker who works for Auckland Action Against Poverty, contributed “Competent solidarity: The alternative for professional social work” setting out some important principles for effective advocacy working with people battling systems for housing and benefit rights.

Sawyers (2016) proposes a social work response to the Ministry of Social Development’s Community Investment Strategy social policy. Sawyers utilises Beddoe and Maidment’s (2009) critical

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intersections model to critically examine the Productivity Commission's (2015) policy-framing report "More Effective Social Services." The social investment approach is discussed in relation to service user perspectives, critical social theory, social justice and the role of the social work profession.

Continuing with a focus on critical social policy, Liz Beddoe and Eileen Joy in their 2017 article, "Questioning the uncritical acceptance of neuroscience in child and family policy and practice: A review of challenges to the current doxa," explore the spectre of prevention science, particularly neuroscience, which is used to justify state interventions into the lives of families considered to be "vulnerable" or "troubled." Beddoe and Joy conducted an examination of trends in child welfare and protection policy and argue that much of the current use of prevention science fits the dogma of the Western neoliberal agenda. They argue that the invocation of science in the struggle to reduce child maltreatment may be reassuring to politicians, policy developers and practitioners alike but a critical analysis suggests that it minimises other knowledge from social science findings about poverty, racism and inequalities.

The profession of social work itself features in the next tranche of "top two" articles from 2016–2017, with topics including becoming bicultural, social work roles and identities and use of social media. Petro Booysen and Barbara Staniforth (2017), report on research on counselling as an element of social work in "Counselling in social work: A legitimate role?" Booysen and Staniforth note that social work roles are often seen to sit on a continuum between macro and micro perspectives. This qualitative study explores the legitimate function of counselling in social work in Aotearoa New Zealand finding that social workers regularly use counselling skills. They argue that rigid boundaries between the two professions can have adverse effects for clients at times when multi-skilled professionals are needed.

Rebecca Giles' article (2016) reports on social workers' perceptions of multi-disciplinary team (MDT) work in a major regional hospital in Aotearoa New Zealand. Giles found that social workers considered that effective, well-facilitated MDTs enhanced important non-medical aspects of patient care in order to improve patient outcomes. However, where the facilitation of MDTs was poor, and where social work and patient concerns with wider non-medical issues was devalued, outcomes included confusion and distress for patients and a failure to coordinate effective plans for discharge. Giles argues that over-emphasis on the "discourse of the patient as a 'site of disease', and a preoccupation with the management of risk" (p. 25) devalues holistic, patient-centred perspectives.

A personal reflective narrative by Heidi Crawford (2016) recounts the experiences of the author's journey as a Pākehā towards bicultural practice. Developing competence in bicultural practice holds many challenges for Pākehā social workers including contemplating their own journey of understanding and growth towards addressing guilt and shame. Crawford shares her discovery of loss of identity as Pākehā and encourages other Pākehā to connect with who has gone before them in an attempt to understand self and understand others and move towards compassion and hope.

Elizabeth Hobbs and Nikki Evans (2017) note that the fight for recognition of social work's professional status has been influenced by multiple factors including negative public perceptions and conflict within the profession revealing diverse ideas about practice standards and accountability polarising opinions. Several identity themes emerged during the 83 interviews with social workers: the influence of statutory child protection on social work identity, professional marginalisation in multidisciplinary teams and the potential impact of mandatory registration of social workers. The authors noted that many participants seemed to experience levels of self-stigma and recommended further research in this area.

The history of social work professionalisation in Aotearoa New Zealand prior to the 1990s is the focus of Sonya Hunt's first of two articles (2016, 2017) which provide a historical overview of the struggle for professional status. In this first article, subtitled "the dream" Hunt considers the various theoretical and historical dimensions and interests that have featured in the journey of professionalisation of social work in Aotearoa New Zealand. Based on a review of the literature, the article outlines a definition of social work, and different concepts and approaches to professionalisation while contextualising the journey through our brief history, from early forms of welfare pre-colonisation up until the early 1990s.

A further article focusing on the profession itself is provided by Deb Stanfield, Liz Beddoe, Neil Ballantyne, Simon Lowe, and Nicole Renata in "Critical conversations: Social workers' perceptions of the use of a closed Facebook group as a participatory professional space" (2017). Stanfield et al. note, as a starting point, that social media, by providing networked public spaces offer many possibilities for social workers to engage in discussion and develop their professional networks. In Aotearoa New Zealand, the development of a closed professional Facebook group provided an ideal opportunity to explore social workers' perceptions of the potential of such a space for professional deliberation and debate. The study reports both benefits and challenges, the nature of online behaviour and the limitations and strengths of Facebook as a place to promote robust professional dialogue on social issues.

The final group of "top two" articles present new knowledge for practice in social work. In the first of two Australian research contributions, Heather Fraser, Nik Taylor and Tania Signal describe a project that explored what an Australian RSPCA Humane Education Program might teach social workers about the benefits of interspecies empathy for young people. Fraser et al. (2017) note that, while empathy rightfully receives much attention in social work practice, interspecies empathy has yet to be included. The programme was offered mostly to newly arrived refugee and migrant young people living in the outer suburbs of Melbourne, whose prior experiences of and/or attitudes towards animals may not have been positive. Participants self-reported increases in empathy for animals, including those they had previously feared or shunned.

Shirley-Ann Chinnery's article, "Social work's fingerprint on the evolution of attachment theory," reminds readers that social work practice knowledge was influential in the evolution of attachment theory. Chinnery notes that the social work skills upon which early attachment knowledge was premised remain important to contemporary care practice. Chinnery outlines attachment theory and its practical relevance for care practice assessment and describes the watershed moments in its development with particular emphasis on social work's connections to this development. The article also reviews the concept of the internal working model and its value for distinguishing emotional differences in an adult's relational biography. Deep understanding of this theory is likely to be instrumental to achieving better outcomes in foster care.

And finally, from the 2016 issue, in "Creativity and innovation in social work practice and research," Michele Jarldorn explored the use of photography in an Australian social work research project which aimed to promote social change. Jarldorn used photovoice to better understand the post-release experiences of women within the context of rising prison populations and high rates of recidivism. Participants were given a single-use camera and asked, "if you had 15 minutes with a policy maker or politician, what would you want to tell them about your experience?" Later, the participants' narratives were combined with the photographs and used to create an art exhibition to raise awareness. This is a fascinating example of participatory action; arts-based methods such as photovoice can be positive and empowering of both participants and researchers.

So, to sum up the first two years produced an interesting and eclectic range of articles. We are very grateful to our authors for their imagination and skill and to the many anonymous reviewers who give their time to strengthen the articles we carry and thus improve the standing of the journal.

What we would like to see more of? We would like to receive more empirical articles on how social work is practised, (comparing the reality to the rhetoric); robust programme evaluations, and articles that will inform readers about innovations especially in bicultural and multicultural practice. We are also keen to expand the published policy analysis as the new Aotearoa New Zealand government begins to bed in and operationalise social policy changes in numerous fields where social work makes a contribution.

We encourage readers to consider submission – we accept full-length articles, short research briefs, viewpoint pieces and we are keen to discuss book reviews and longer "classic" book reviews.

Information for prospective authors can be found at https://anzswjournal.nz/anzsw/information/authors

The first issue of 2018

The articles in this new issue reflect the broad research interests of social workers and social policy analysts. The articles do not share one particular focus but display a range of methodologies and topics.

Bethli Wainwright, Marilyn Waring, Shirley Julich, Polly Yeung, and Jenny Green lead off this first issue for 2018 with an important report on transplant recipients' perceptions and experiences after the first three years and discusses how they re-established aspects of everyday life as they adapted to their new normal to achieve quality of life. This qualitative study avoided the usual quantitative health-related QOL measure seeking a less rigid method which could capture the lived experiences of liver transplant recipients.

The next two articles have social workers in schools in focus. Liz Beddoe, Irene de Haan and Eileen Joy's article reports from a qualitative study of school-based social workers who were asked to describe two things that, from their perspective, would improve schools' responses to child abuse and neglect. Beddoe et al. report that school social workers advocated for improved training and better support for teachers on child abuse concerns, a more holistic approach to child wellbeing in schools; and enhanced understanding of child welfare systems. The authors note that school social workers use their relationship skills and knowledge to bridge gaps between schools and statutory services and believe they can do more.

In a second, "research brief," article, Beddoe and de Haan report further on the same project with a focus on a theme of variation in making formal notifications of concerns to the statutory agency in schools. This issue was strongly identified in the analysis, reflecting previous local and international research. Stigma associated with child abuse was also reported as a factor in school staff attitudes towards reporting. School social workers advocated for joint education for social workers and teachers to ensure a common knowledge base and better interprofessional work.

Shajimon Peter and Lynne Soon-Chean Park contribute a very different article on the usefulness of critical realism (CR) in social work research. This research brief is the outcome of a research methodology literature review undertaken by two doctoral students who employ CR perspectives.

Peter and Park discuss how CR can help bridge the gap between objectivism and subjectivism in research. They argue that CR offers an alternative that social work researchers have long been searching for: to engage meaningfully in studies that examine perceived realities at the empirical level and the causal mechanisms that lie behind them.

Howard Randal discusses the two contrasting agendas evident when statutory registration for social workers in Aotearoa New Zealand was introduced in 2003 – that of the professional association and that of the government. Randal draws on a longitudinal research study of the aspirations for statutory registration held by a sample of members of the association. Analysis demonstrates that the profession, although aspiring to holding some role in statutory registration, also retained concerns about its implications. In contrast, the professionalisation strategy adopted by the statutory social work agency reflects the drivers of public service performance, fiscal and risk management imperatives. Employing Foucault's construct of governmentality, Randal concludes that government holds a dominant position over the profession in providing public accountability for social work practice and that this poses a risk that the professional body, the Aotearoa New Zealand Association of Social Workers will be left in its wake.

Evidence is mounting that poverty and psychological stress among university students is common and the mental health of university students is a topic of increasing attention. Susan Gair and Len Baglow recruited 2,320 social work students from 29 Australian universities to complete an online survey on the impact of low income on students' daily lives and study success. Overall, their findings reveal financial hardships and a precarious balancing act between study, limited finances, paid work and family with some impacts on mental health and wellbeing. This study has implications for universities, social work education, field placement preparation and the health of the social work graduate workforce within, and beyond Australia and it would be timely for a similar study to be carried out in Aotearoa.

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Ian Hyslop, Kathryn Hay and **Liz Beddoe**

ORIGINAL ARTICLE
QUALITATIVE RESEARCH

Quality of life of living with a transplanted liver: The issue of returning to normalcy

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ABSTRACT

INTRODUCTION: Advanced technology in medical and pharmacology has increased surgical survival rates for transplant recipients. Therefore, post-transplant care is critical and tightly connected with key focuses on the recipient's quality of life (QOL). Post-transplant QOL is multifaceted, encompassing morbidity and personal, social, familial and environmental support for recipients. Post-liver transplantation recovery extends well beyond returning home.

METHOD: Building on Wainwright's research (Wainwright, 2011a, 2011b; Wainwright, Jülich, Waring, Yeung, & Green, 2016), herself a liver transplant recipient, this article reports transplant recipients' perceptions and experiences after the first three years and discusses how they re-established function in everyday life as they adapted to their new normal to achieve QOL. The research employed interpretive description to interview transcripts and field-notes of 17 liver transplant recipients. Data were evaluated according to inductive thematic analysis. Eschewing the health-related QOL measure for its rigidity and lack of qualitative data, this research captured the lived experiences of liver transplant recipients unlike clinically focused studies.

FINDINGS: The results showed that, although transplantation can make positive changes in their lives, recipients continued to be influenced subtly by illness which can alter their re-conceptualisation and re-definition of QOL and normalcy. The success of a liver transplant does not depend only on the physical care given; to the recipients as the spectre of future ill health and transplant failure continue to be perceived as a constant risks. Ongoing support from family, friends, and healthcare professionals are none-the-less fundamental in the post-transplantation journey.

KEYWORDS: social work and health care, quality-of-life, chronic illness, normalcy

Liver transplantation is a relatively recent medical intervention available to clinically assessed, selected patients with acute or chronic liver failure, or small hepatocellular carcinoma (Gane et al., 2002). The development in this field is reflected in its associated body of literature in that it has been dominated by clinically focused research articles (Forsberg, Bäckman, & Möller, 2000; Robertson, 1999). In the early days of liver transplantation, recovery meant simply going home (Lumby, 1997) and little was known about the quality of life (QOL) for recipients as they moved beyond recovery, returned to their families and communities and resumed their lives. There are various definitions of QOL depending on the associated paradigm (Walker & Lowenstein, 2009), but the general concept of QOL includes dimensions of people's

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lives ranging from their social connections to adequacy of income. In recent years, several dimensions of QOL have been discussed in the literature on transplant recipients, including physical health and employment (Dhooper & Wilson, 1989; Simmons & Abress, 1990), psychosocial wellbeing and life satisfaction (Paris et al., 1997).

While improvements in QOL in post-transplant recipients are evident and verified in quantitative research studies to provide objective physical parameters, if recipients' care is to be improved, it is important to note their perspectives on any pertinent aspects of QOL that cannot be statistically quantified (Sargent & Wainwright, 2007). The emergence of research focussing health-related QOL continues to be underpinned by the clinical paradigm. This approach has been criticised because rigid methodological approaches can exclude phenomena that are difficult to define or measure (Åberg, Isoniemi, & Höckerstedt, 2011; Dudley, Chaplin, Clifford, & Mutimer, 2007). While a review of the quantitative literature on post-transplant indicated significant associations with QOL (Dew et al., 1997), understanding of patients' QOL experiences and their journey to regain normality is still lacking. The first author of this article, herself a liver transplantation recipient, found that clinically based QOL instruments, such as the Medical Outcomes Study 36-Item Short-Form Health Survey (SF-36) (Hill, Harries, & Popay, 1993; Wainwright, 2011a), did not sufficiently address the characteristics of post-operative wellbeing that were significant to her. Other researchers (Blanch et al., 2004; Littlefield et al., 1996; Lumby, 1997) have noted that generic measures do not necessarily capture important transplant-specific domains based on the lived experience of liver transplantation recipients.

There is limited research on the journey of recipients as they return to the activities of daily life and reconnect with valued roles previously relinquished because of chronic illness (Åberg et al., 2011; Akazawa, Nishizono, Yamamoto, Teraguchi, & Hayashi, 2013; Scott & Brown, 2012). Dew, Goycoolea, Switzer, and Allen (2000) found that most recipients, over time, experience an improvement in physical health QOL followed by cognitive and social role functioning. Similarly, van der Mei et al. (2007) studied social participation among kidney transplantation recipients investigating the actual time they spent on such activities as household tasks, social relationships, and community activities. Scott (2010) argued that "an important component of social functioning is the ability to fulfil a variety of life roles" (p. 517). People perform a variety of roles in their daily lives – how they relate to others, or their inability to do so, impacts on self-esteem and thus QOL.

McKenna, Liddle, Brown, Lee, and Gustafsson (2009) investigated role participation and life satisfaction by comparing older people with and without experience of stroke with the use of two measures, the Role Checklist (Oakley, Kielhofner, Barris, & Reichler, 1986) and the Life Satisfaction Index-Z (McKenna et al., 2009). For both groups, the most valued roles were family member, friend, and home maintainer. In her study of liver transplantation recipients some five years after transplant surgery, Scott (2010) found that the most valued roles included family member, home maintainer, friend and the additional role of worker. Given that almost 75% of Scott's sample of participants was under the age of 65 years, it is not surprising that the valued worker role was included. Home maintainer was also valued more highly than friend by liver transplantation recipients than the older cohort of stroke victims in McKenna et al. (2009) which may reflect the age-span between the two cohorts and more dependent children or partners in Scott's sample. Scott's (2010) and McKenna et al.'s (2009) studies both indicated that those who participated in a higher number of valued roles reported higher levels of QOL. However, some people returned home and struggled with physical and psychological recovery (Scott & Brown, 2012), which impacted on their ability to resume valued roles. Before these can be resumed, the liver transplant recipient needs to recover from surgery and come to terms with the limitations this might entail. They need to regain their independence before they can reconnect with previously relinquished valued roles. This requires support in all domains of their lives from family members to community agencies and government-funded organisations.

With the rising success of liver transplantation compared to non-surgical treatment, gaining patients' perceptions of QOL post-transplant and how these perceptions change over time is essential to describe the uniqueness and breadth of transplant recipients' experiences with complex chronic care management that is not normally accessible through quantitative research (Tong, Chapman, Israni, Gordon, & Craig, 2013). Research inclusive of recipients' voice is rare across the transplantation body of knowledge (Akazawa et al., 2013), and is most commonly located in memoir or biographical writings (Casey, 1996; Hagman & Gold, 2001; Maier & Maier, 1991). A recipient-driven approach to researching the lived experience of liver transplantation is absent in the Aotearoa New Zealand context. To address this deficit, between 2008 and 2010 Wainwright (2011a, 2011b), the first author of this study, completed such research. Wainwright passed away on December 2010 and her research has been continued and supported by the remaining authors (Wainwright et al., 2016) to explore how liver transplant recipients dealt with the first phase of post-transplant recovery in returning to their own homes. Results from the previous study indicated that the early stage of post-transplantation requires healthcare professionals to facilitate effective clinical pathways that include timely patient education from pre-admission through to discharge into the community.

Building on the research published in 2016 (Wainwright et al., 2016), it is clear that post-liver-transplantation recovery extends well beyond returning home. Existing research indicates that, although transplant recipients are typically discharged from hospital three to five weeks post-surgery and undergo intensive follow-up treatment in outpatient clinics for four to six months, support of patients through the post-transplant process is complex and multifaceted (Graarup, Mogensen, Missel, & Berg, 2017). It often takes years for patients, families, and relatives to fully adjust to their new lives and some research has described the first post-surgery phase as a period of naiveté as recipients tend to feel immune to transplant-related complications (De Vito Dabbs et al., 2004). To achieve successful recovery, patients require regular information and support with post-transplant guidelines, ongoing support from healthcare professionals as well as families, employers, and society in general (Ivarsson, Ekmehag, & Sjöberg, 2012). The current article extends Wainwright's previous work (Wainwright, 2011a, 2011b; Wainwright et al., 2016) which explored liver transplant recipients' perceptions and experiences after the first three years, and discusses how they re-establish function in everyday life as they adapt to their new normal to achieve QOL. It is important to note that the current research topic was selected because of the first author's own lived experience of liver transplantation (Wainwright, 2011a).

Methods

Study design

This qualitative study used Thorne's (2008) interpretive description methodology, widely used in the applied health disciplines. Interpretive description adopts a constructivist and naturalistic research orientation and was chosen for its ability to inductively describe the sensitive subject of liver transplant recipients' experience of care and what matters most in their QOL post-recovery through an interpretive lens. As the experience of human health and illness is influenced by multiple phenomena, health and social welfare professionals such as social workers can gain a deeper understanding on how people experience their health and illness and what they can do to make a difference (Thorne, Kirkham, & MacDonald-Emes, 1997). This method can reveal common subjective associations, relationships and patterns found under shared conditions to generate an interpretive explanation while exploring variations among individuals (Hunt, 2009).

Ethics approval was granted by the Auckland University of Technology Human Ethics Committee (AUTEC 08/81) in June 2008. Informed consent was obtained from all study participants.

Sample/participants

The first author undertook all participants' recruitment and conducted all the interviews. The recruitment and selection of liver transplant recipients have been reported elsewhere (Wainwright et al., 2016). In brief, participants were sourced through the New Zealand Liver Transplant Unit (NZLTU) where the staff applied three main eligibility criteria to the database of recipients. They were: (1) recipients who had received a liver from a deceased donor between 1998 and 2005; (2) English-speaking adults; and (3) residents in New Zealand. The rationale for recruiting recipients who received their first liver transplant between 1998 and 2005 was, prior to 1998, New Zealanders had to travel overseas for liver transplants or died without transplant. The end-point of 2005 provided recipients with distance from the transplant to enable reflection without the influence of the initial mix of euphoria and depression, a phenomenon documented in the literature (De Vito Dabbs et al., 2004) and known to the first author from her own transplant experience. All participants in the current study had at least three years' post-transplant experience at the time of interview.

A total of 182 potential participants were identified for recruitment. Candidates for interview were initially selected by NZLTU staff who mailed information packs including a consent form to 20 of this group, which first generated seven responses – a 35% response rate. So that a 10% sample of the total eligible number could be interviewed, direct contact with eligible participants by the NZLTU resulted in an additional four participants, and a further six were found through the first author's networks of fellow patients. The final group of 17 who were successfully interviewed face-to-face were located across New Zealand.

Among the 17 recipients who participated in the interviews, nine were men and eight were women. Eleven participants described their ethnicity as New Zealand European/ Pākehā, followed by four Māori (Indigenous people in New Zealand), and two identified as other ethnicities. Five participants lived in the South Island of Aotearoa New Zealand. Twelve reported they lived in the North Island, with seven of them living in Auckland (the most populous urban area in New Zealand). Half of the participants reported being in the 20–50 age group , while the other half was older. This group reflected the ratios of liver transplant recipients in relation to gender, ethnicity, and geographic location in the transplant database as reported by the hepatologist at NZLTU (Wainwright, 2011a).

Data collection

Data were collected between 2008 and 2010. On receipt of signed consent forms from eligible recipients, arrangements were made by the first author to interview participants face-to-face at a convenient time and place. All interviews were recorded digitally and transcribed verbatim. The interviews usually lasted between 45 minutes and three hours. Aside from being asked to articulate their pre-transplant experiences (these stories set the scene for a discussion of their post-transplant experiences), participants were also encouraged to raise issues relating to wellbeing and QOL. To achieve this, neutral, non-directive probes were used as appropriate.

Data analysis

All transcripts were first compared with the audio-recordings for accuracy. Inductive thematic analysis was conducted and maintained in a holistic, contextualised perspective to view the data by using broad questions, for example, "why is this here?"; "what does it mean?" (Thorne, 2008). Constant comparative analysis and ongoing engagement with the data were used to confirm and explore conceptualisation. The transcripts were read and summarised independently by the first two authors, focusing on inductive rather than deductive analysis. These were then discussed with the third author to achieve investigator triangulation (Denzin, 1978; Thurmond, 2001) to reach points of convergence while acknowledging different interpretations and perspectives. The first author used field-notes and audio-recordings to ensure concepts derived from the data were identified and developed throughout the research process. NVivo version 8 software (QSR International Pty Ltd. 2008) was used to store, code and organise all interview data. Text fragments were coded and after comparison between the first two authors, the codes were renamed and categorised into a list of emergent themes. To maintain a rigorous analysis process, analysis of the data was only deemed complete when there was consensus within the research team regarding major themes.

Results

The two emergent themes related to QOL post-surgery on the resumption of valued roles and the description that was common to all participants in the current study as they described this period of their lives: shifting priorities and reclaiming independence and normalcy. To enrich the experience expressed by the participating liver transplant recipients on their QOL post-recovery, direct (anonymised) quotes have been used. From here, we refer to those who participated in this research as *recipients* or *transplant recipients*.

Shifting priorities

In her first publication, the first author (Wainwright, 2011b) reported that transplant recipients had significant changes in outlook and priorities. Although some changes to priorities were imposed, for example, changes in diet, lifestyle choices and the like, it appeared that liver transplantation had a catalysing effect on female recipients. They tended to make more changes in their lives post-transplant than recipient males. The joy of these changes and being able to re-engage in everyday tasks that are a feature of healthy people's daily lives seemed related to having suffered physical limitations pre-surgery. One female recipient commented on changing priorities:

> My priorities have changed a lot … when I realised that I would have been dead without the transplant … I've just let things slide that would have really upset me in the past, I sort of feel it's just better to let them go and be happy, and just be a bit more relaxed about it all. And that life doesn't have to be a huge struggle, trying to do this and trying to do that. That maybe it's alright just to smell the flowers…

Irritations became less important. Wainwright (2011a) reflected that things such as rush hour traffic in Auckland did not bother her anymore, she appreciated being well enough to drive in it. Another female recipient commented on focusing on big dreams, not small issues, "It's given me a completely different outlook on life, … don't sweat the small stuff … if you want to do something, do it … it's possible." Another noted that her awareness of, and empathy for, people in need grew, "I've just got more tolerance and more patience … more understanding … more empathy. I'm a lot more interested ... I gravitate towards people that may have issues."

The anniversary of the surgery is highly significant for recipients. It is a second birthday, a second chance at life, and it was likened to a birth, an opportunity to begin life again. Indeed, almost all recipients commemorate this date and on special anniversaries (five and 10 years), some send cards to the NZLTU.[1]

For the following two male recipients, this event had different importance. For the first, it was likened to a blip in life:

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[1] Personal communication May 13, 2016 with the NZLTU Nurse Practitioner.

> So that's why I say to people, if you're told you need an op., a major operation … and it's going to make you better – take it. But keep your mind active, keep your mind on the fact that … it's just a little blip while you're in, back to what you were doing before!

The other viewed it as an adventure to be embraced, "I was on an adventure, is the way that I've always felt about it … the whole thing's been an adventure, and I've always felt very positively about it. Never worried about the outcome." All recipients acknowledged guilt at feeling relieved to be receiving the gift of life, while at the same time another family was grieving the loss of a loved one. This was particularly poignant when also considered from a cultural perspective.

> I haven't gotten over that feeling of guilt … Do I deserve this? Do I actually deserve to live, because somebody else had died, or to receive somebody else's liver? But … also because I'd grown up in a culture where stories are told about evil spirits, and people coming back after death, and ghosts … I was also really, really scared, that these things might happen.

While shifting priorities may imply recipients experiencing gratefulness for having been given the chance to have a better life, this was accompanied by concerns about rejection, feelings of guilt and disillusion about the new life and possibilities. They also noted the help they received from other recipients, the need to feel in control of minor things, to focus on life minute by minute and their dependency on others.

Reclaiming independence and normalcy

All recipients were dependent on family members or close friends for support in most facets of their lives. One recipient described this lack of independence as profound. She said she felt she had no control over her life or her destiny, that she was dependent on other people for everything. Family responsibilities were handed over to other people; control over, property, and finances was in the hands of others. Another recipient appeared to welcome dependence and less responsibility. For her, detachment from life appeared to be a coping mechanism and that regaining independence was a conscious effort.

All transplant recipients spoke about the support and assistance family members continued to provide when they returned home. They acknowledged and described the significant impacts on their families, both nuclear and extended. Recipients were torn between accepting support and establishing independence. Elderly parents had their own health challenges and some recipients indicated that they felt guilty asking their parents for help and support. As Rachael said, by wanting to be "thoughtlessly independent" it appeared her parents had felt excluded and that she had unwittingly hurt them by not asking them to accompany her to appointments.

Ruth said that as soon as her husband and mother-in-law saw her doing small chores around the house, they told her to go and sit down and do nothing. Dennis said that his wife would not leave him alone for his first two or three weeks at home. Elizabeth noted it was all very well having the attention, but it made her feel sorrier for herself. She said, "Why are they all fussing about me? You know, I am fine, I'll be fine, maybe I am not fine?" She went on to say that this attention created some conflict between her mother and her partner that she felt she had to manage. Both wanted the responsibility of looking after her. While all recipients appreciated support and were very grateful, they were also anxious to resume normal lives.

Transplant recipients spoke of cooking as a normal activity indicating that they were becoming more independent. Annette said, "My first major breakthrough was cooking a very light meal." She was so elated she called friends and told them. She said it was "utterly major." Walter, living outside of

Auckland, said he started cooking "fairly soon" after leaving hospital. He said, "I went across to the butcher … and got the [meal] cooking." Tom, also, commented on cooking a meal as regaining his independence. He said that once he had done that, his auntie said they can leave him alone now, and they did. Ruth said that for a long time she felt as though she did not belong. She felt unable to discuss this with her husband because he was exhausted working full-time and looking after the children. She commented that, if she was unable to do anything, what was the point of her being there? This feeling changed once she started cooking for her family. She said that when she could do things for her family again, she felt as though she belonged. An activity that many take for granted took on heightened significance in this journey towards independence.

Meanwhile, the ability to begin driving provided an additional sense of accomplishment and independence. Developing the confidence to drive takes time; in the early days following liver transplantation, recipients were driven by others. Some were worried about protecting the scar from the seat belt, for others wound protection was reliant on the awareness and skills of people driving them. Beth noted that initially, she used a pillow between the scar and the seat belt. Tom said that he felt his aunt was driving too fast. He had no perception of speed and was afraid that she might hit something and he would move forward and damage the operation site. He was so concerned he opted to use public transplant to gain some sense of independence.

Liver transplantation recipients might have been nervous at being driven, but they were keen to get back driving themselves to regain elements of control. Karen explained she was initially really scared of driving and worried about it. She said, "I was just too weak to turn the steering wheel … It took me so long to be confident … in the car." She said it was a big thing for her "getting back to driving and going back home." Regaining normalcy also means shifting people's expectations. Helen talked about people at work who were over-protective:

> I got back to full-time [work] and they found it hard to give me, you know, like, I needed more from them, sort of work wise … one set of people were always getting the extra jobs that would advance their careers and stuff like that … I actually talked to my manager about it and she said: "Oh well, you know, it's hard for us to realise that you're well now." You know? And … "Oh we've probably been treating you a little bit different because you've been sick." And I said to her: "Well, I'm not sick anymore. I'm normal. I'm quite healthy." And it took them a little while to realise that.

Resuming previously held roles and responsibilities can be viewed as a spectrum with wide variations between transplant recipients. At one end of the spectrum, the role in the family was still open and recipients were expected to return and perform. At the other end recipients felt they had to fight their way back to retrieve their roles. This aspect of role changing and dynamics have been documented by Xu et al. (2012), who reported both positive and negative emotions in recipients and their families on carrying out social and family activities. This is exemplified by Charlie who said, "I'm very grateful to my [spouse], my [child], and my sister-in-law, and the two kids, well. When I went home, Gawd they were getting all over me like a blue-ass fly, you know? And I hate that." Similarly, Ruth commented:

> …[spouse] come home: "What are you doing?" "I'm just sweeping a little bit here." "No, don't do that, go inside and sit down. Don't do anything." It was a sense when I felt that I could do things for us as a family again, I felt I belonged.

Discussion

This study explores liver transplantation as a lifesaving intervention from the perspective of Aotearoa New Zealand adult recipients and has implications for future research and practice of healthcare professionals such as social workers. Waiting for a liver transplant can be socially isolating. Much of the rhetoric focuses on liver disease, transplantation, and other health, or illness, related topics. The loss of independence is profound and permeates all aspects of recipients' lives. All transplant recipients in the study were impressed by the level of support and assistance they received from those helping them, particularly family members. This finding is consistent with a study on bone marrow transplant patients (Molassiotis, Van Den Akker, & Boughton, 1997) that social support networks consisting of close and extended family members are essential to help with post-transplant patients' journeys. Regaining independence is not only an important QOL indicator but also it is an important recovery indicator. Notably, regaining independence enables liver transplantation recipients to resume previously relinquished valued roles, such as driving, and incorporate the organ as part of themselves. The transition from hospital-based to community-based services, for the most part, seemed to work well for recipients. Their responses suggested that health support for their specific needs was close and accessible. Notably, their comments highlighted the importance of individualised support assessments. While it is both crucial and appreciated, support means different things to different people. For all recipients fitness was an issue: either they wanted to regain their previous levels of fitness or be sufficiently fit so that they could move up and down stairs comfortably and resume some roles in the home that they deemed important. Research has identified the importance of social support during the recovery journey and adaptation to restore normal everyday living (Forsberg, Cavallini, Fridh, & Lennerling, 2016). Recipients in the current study tended to use positive refocusing strategies and reappraisal to adapt to changed circumstances, similar to Grady et al.'s (2013) study of people who had received an organ transplant. Such coping and adaption mechanisms may mirror Zare et al.'s (2015) study that transplant recipients did not try to make an upward comparison of themselves with their healthy counterparts which can lead to self-doubt and loss of confidence; hence the focus on gaining normalcy and control.

While the recipients' accounts here demonstrated resilience and positivity, the possibility to live as normal a life as possible can be constrained by the transplantation trajectory. Sanderson and colleagues (2011) described two common types of normality: *reset* and *disrupted* normality. Neither involved a return to a normal level of being illness-free. Living with a transplanted organ has forced recipients to reconceptualise values or definition of health and QOL. Research has indicated that it may be an oversimplification for transplant recipients to understand health as an absence of symptoms, or being disease free and being able to function normally (Fagerlind, Ring, Brulde, Feltelius, & Lindblad, 2010). Reclaiming normalcy may mean helping recipients to re-adjust to life (e.g., increasing tolerance of pain, fatigue, and disability) and redefining self (e.g., role and identity challenges) and health (e.g., the meaning of wellness) to reflect their own experiences.

All recipients were grateful for the transplant and commented on their determination to make it work; however, they also expressed concerns regarding uncertainty and the fear of rejection of the transplanted liver. This is consistent with Mantulak and Nicholas (2016) results of the existential experience of time and transplant vulnerability. Uncertainty during the post-transplant period can be related to the amount of time that has passed since transplant (Martin, Stone, Scott, & Brashers, 2009). Mantulak and Nicholas (2016) argued that the passing of "time since transplant" (p. 590) is an important element but not necessarily considered as a sign of success. Meanwhile, existing research reports emotions such as gratefulness after transplantations (Neukom, Corti, Boothe, Boehler, & Goetzmann, 2012).

Yet, Schipper et al. (2014) have further illustrated that those high expectations of post-transplant may force recipients to change gratefulness into guilt because they are not allowed to be disappointed. Despite the facts of normalcy and expressions of desirable goals for a new life, half of the transplant recipients in the current study expressed difficulties in adhering to the requirements of life post-transplant. The importance of adherence to the requirements of post-transplant life is well documented (Seiler et al., 2016) but remains a huge challenge. We observed from the recipients' narratives that they expressed a deep fear of rejection of their new liver and a sense of uncertainty about their future even years post-transplant. Research has argued that, despite their good intentions, the influence of healthcare professionals may have instilled this fear and uncertainty because they emphasised compliance that can lead to distress and anxiety in recipients as they may feel personal responsibility for the success or failure of their new organ (Flynn, Daiches, Malpus, Yonan, & Sanchez, 2013). Regardless of recipients' best efforts to take their medications consistently, attend regular check-ups and follow the instructions of healthcare professionals carefully, they will always face a unique transition from living with liver failure to living with a new liver and some levels of medical uncertainty such as medical regimens, organ rejection or recurrence of liver disease. This paradigm shift may be associated with new or worsening physiological and psychological symptoms over time, as recipients face mastery of a complex medication and surveillance regime, and changing expectations of family and friends (Doering et al., 2017). Therefore, it to be expected that they are constantly mindful of their new, transplanted organ. Existing studies indicate that, for a patient who is newly transplanted, life was usually described with a sense of hope, freedom, rebirth, and optimism (Graarup et al., 2017; Rosenberger, Dew, DiMartini, DeVito Dabbs, & Yusen, 2012). Nonetheless, this study further highlights that the road to recovery, QOL, and normalcy among liver transplant recipients who continue to survive is not straight forward.

Implications for practice

In both the Aotearoa New Zealand and international contexts, social workers are involved with transplant patients throughout the transplant and donation process, including short- and long-term follow-up. They are well positioned to assist transplantation recipients to gain access to government-funded assistance. It is likely that, on home discharge, transplantation recipients do not have the same access to a hospital-based social worker as they might have had in the time leading up to the transplant and while they were hospitalised. Returning home and moving beyond the initial recovery phase could be a vulnerable time for transplant recipients, as they move from hospital- to community-based services. Current research highlights that transplant recipients have high informational needs that are not restricted to medical issues at various time points post-transplantation (Ko, Lee, & Muehrer, 2016; Ryu, Kim, & Kang, 2003). With organ transplantation providing a positive clinical outcome and heightened life expectancy, regaining normalcy is also concerned with the recipient's QOL (Monroe & Raiz, 2005).

Close family members gave willingly of their time, and from the recipients' responses they could be in competition with each other for the role of primary caregiver. Notably, too much support could undermine recipients' confidence in their capabilities. Attempts to regain independence over some areas of their lives were interpreted differently by caregivers and this can be construed as exclusion. Although recipients were appreciative of the support and assistance provided by caregivers, it created another stressful dynamic to the complexity of recovery that perhaps was not anticipated. Indeed, Scott (2010) noted that household roles which were taken on by others during the transplant recipient's treatment and recovery may not be relinquished willingly when the recipient has recovered.

Zilberfein, Hutson, Snyder, and Epstein (2002) reported that social workers can provide family counselling for issues such as being a caregiver, marriage dynamics, and balancing employment role reversal changes in the family, particularly when the breadwinner can no longer support the family. They noted that recipients and their families may gain a new sense of life. However, the euphoria of post-transplant can dissipate once the reality of the side-effects of life-long medications and transplant rejection becomes apparent. Both recipients and their families will need support to deal with any such ramifications. Given the rapport and connection already established between recipients, families and the social worker pre-transplant, it would be beneficial to have the same social workers assisting them in the post-transplant journey. This study has reflected a greater need for post-transplant support service provision for both recipients and their families. Social workers in health care have the skills to go beyond medical conditions to engage with the needs of transplant recipients and their families through thorough assessments from a biopsychosocial perspective to ensure best practices. This underscores the value of a continuity of care model of practice to manage a transition process that supports transplantation recipients to resume a greater number of valued roles.

While the notion of normality achieved can vary for different conditions among recipients, the journey to establish and re-establish a new form of normalcy is a very personal construct, shaped by age, gender and a range of other contextual factors (Boaz & Morgan, 2014). Social workers have the skills that involve both the patient and their social system whereas other professionals may look for more specific outcomes such as recovery from a medical condition or improvement in a particular function. For example, Siminoff and Chillag (1999) argued that recipients often experience intense and undue stress through many healthcare professionals emphasising the *gift of life* metaphor to influence patient behaviours. Replacing failing livers with functioning onesmust be considered much more complex than a bio medical and technical life-saving procedure. The social worker's ability and critical knowledge on focusing the rights of the patients rather than just their needs can contribute further in transplant recipient–caregiver relationships by emphasising more on transplant-specific self-care and important areas that enhance QOL.

Limitations

Some limitations need to be considered when interpreting the findings. The current study had a small sample size; hence, the results are not generalisable to all liver transplant recipients' experiences. However, the first author with her own lived experience offers insider insight that helps triangulate the data from the transplant recipients, particularly to examine key issues that have not been adequately addressed by the support and understanding of transplantation recovery. This research conducted by Wainwright between 2008 and 2010 was the first of its kind in New Zealand and has sought to provide a fuller perspective of the lived experience of transplant recipients as they move beyond recovery and return to a new normal. Although the study was at least seven years old, to our knowledge this remains the first Aotearoa New Zealand based study on liver transplant experience conducted by a recipient that was recipient-focused as opposed to clinically focused.

Conclusion

Quantitative studies have indicated that patients with liver transplant achieved better QOL 10–30 years after liver transplantation than pre-surgery, yet the enhanced QOL for recipients does not always return to normal after transplantation (Desai et al., 2008; Duffy et al., 2010). This research provides further novel insights through phenomenological understanding of post-transplant recipients' experiences to examine the emergence of factors that, if understood and sensitively addressed, can lead to a realistic look at the journey across the transplantation trajectory and life-long recovery. Successful transition from hospital to home and moving beyond the initial recovery phase is not only dependent on family support but also depends on community services. Moving beyond recovery requires resumption of valued roles, reconceptualisation of health and wellbeing, re-transformation of a sense of self, and redefining the notion of normalcy. Re-establishing roles and responsibilities play a significant part in the journey towards reclaiming QOL post-transplantation. It is clear that QOL after transplantation encompasses much more than immunosuppressive treatment and physical functioning. Liver transplant recipients, as do other marginalised groups in our communities, need access to advocates such as social workers or health/patient navigators to ensure they are receiving support to which they are legally entitled. The social work profession has important contributions to make in the field of organ transplantation. Its role in emergency medicine, chronic illness management and working with trauma patients and their families has been highly recognised (Bright, Craven, & Kelly, 1990; Carosella, 1984; Dhooper & Wilson, 1989). The social work professional can provide a holistic perspective in medical care by putting the illness experience of individuals in the wider context of emotional, social, familial, economic and cultural landscapes, rather than a one-size-fits-all solution.

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Lifting the veil on the government's regulatory agenda for the social work profession in Aotearoa New Zealand

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ABSTRACT

INTRODUCTION: The article discusses the two contrasting agendas evident when statutory registration for social workers in Aotearoa New Zealand was introduced in 2003 – that of the professional association and that of the government.

METHOD: The approach taken draws on a longitudinal research study of the aspirations for statutory registration held by a sample of members of the Aotearoa New Zealand Association of Social Workers (ANZASW). In addition, the motives behind the professionalisation strategy introduced by the principal government social work service are examined and analysed applying Foucault's concept of governmentality.

FINDINGS: The qualitative analysis of the data shows that the profession, although aspiring to having some role in statutory registration, also held concerns about its implications. By way of contrast, the professionalisation strategy adopted by the government social work service shows it was driven by public service performance, fiscal and risk management imperatives.

CONCLUSIONS: The application of the Foucauldian theory of governmentality to the data and findings shows that the introduction of statutory registration is a manifestation of the managerial and statutory controls adopted by government and a means of governmentality. This has resulted in the government holding the upper hand in providing public accountability for social work practice thereby perpetuating its hold over the profession with the risk that the ANZASW is left in its wake.

KEYWORDS: social worker, statutory registration, profession, governmentality, regulation, risk management

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This article examines, from three different perspectives, the context in which statutory registration for social workers was first introduced in 2003. The first is that of a sample of members of the New Zealand Association of Social Workers Inc. (NZASW, later ANZASW) whose views and aspirations for statutory registration were obtained prior to its introduction and their subsequent reflections 18 years later. The second perspective accounts for the imperatives that had arisen for the credentialing of social workers in the New Zealand Children and Young Persons Service (NZCYPS), a government social work service. These imperatives became instrumental in statutory registration being introduced, made possible through the political sponsorship of the New Zealand Labour Party (NZLP) in forming a new government in 1999. Thirdly, the

Foucauldian socio-political explanation of governmentality and other insights are offered as a basis for examining the motives and agenda held by the government regarding statutory registration for social workers. The article concludes by examining the consequences of statutory registration, the government's tight rein on social work practice in Aotearoa New Zealand and reflections on what this means for the social work profession.

The professional association and statutory registration

The assertion was made at the inaugural conference of the NZASW in 1964 that "there is now a recognised body of practice and theory that constitutes the profession of social work" and that "social worker" had become an acceptable designation (McCreary, 1964, p. 3). This signalled the advent of the NZASW as the professional body for social workers in Aotearoa New Zealand with membership based on meeting the criteria of working in a social work role for an approved social services agency, working in an approved category of employment or having completed an approved course of professional social work training (NZASW, 1964, § 7). This remained the basis for full membership for the following 25 years. By 1989, with competency certification introduced, the basis for gaining full membership of the association finally became standardised with core practice competencies identified that reflected adherence to its code of ethics and consistency with the bicultural identity for social work in Aotearoa New Zealand (Interim Board of Competency, 1990). And so a process of professional self-regulation (1990) was established. Within those 25 intervening years members had hotly debated the pros and cons and implications of professional status, elitism, and whether membership should be determined on the basis of educational qualification or some other criteria as well as the ramifications for social work should the status of registration be sought (Fraser & Briggs, 2016; Hessey, 1983; Hunt, 2016; C. Jones, 1979; P. Jones, 1974; NZASW, 1976, 1978, 1981a, 1981b, 1984;).

However, despite the polarisation amongst members, the association emerged with its professional identity intact and its widely accepted and recognised system of self-regulation became the cornerstone for its lobbying for statutory registration in 2000 (Beddoe & Randal, 1994; Corrigan et al., 1999; Randal, 1997).

The longitudinal study, 1996-2014

In 1996, as part of a University of Otago approved research project, a sample of members of the association had been interviewed regarding the prospect of statutory registration being introduced and the role the association might have in that. University of Otago research and ethical approval, including consultation with the University of Otago Ngāi Tahu Research Consultation Committee, was subsequently granted in 2014 for the qualitative data gathered in 1996 to become the foundation of a longitudinal study and a sampling frame drawing on the original sample. This involved re-interviewing the reconstituted sample for their reflections on the consequences of the introduction of statutory registration in 2003. In addition, the government minister, who sponsored the introduction of the legislation, and the manager of a project undertaken by the Ministry of Social Policy to provide a discussion paper on statutory registration, were also interviewed. A qualitative analysis, using NVivo (QSR International) software, was conducted of the semi-structured interviews of all respondents interviewed in 1996 and 2014. An iterative process was used to identify and code the emergent key themes within the two sets of data collected, thereby providing a unique longitudinal and historical view of the introduction of statutory registration from the perspective of a sample of association members. This provided the primary data for a research study completed in 2017 (Randal, 2018). The opportunity was taken to consider the data at a broader theoretical level given the purpose of statutory registration to regulate the behaviour of a professional through instruments of assessment, monitoring and accountability established by a statutory authority. A theoretical framework was developed for this purpose. Underpinning this was the premise that there were significant implications for both the profession and the professional when their previously self-regulated profession became subject to statutory regulation. The writings of Foucault in relation to governmentality (discussed later) became central to forming this framework including the subordination of a profession to the state through statutory registration and, in particular, how this transcends the role of social work with communities, families and individuals (Chambon, 1999; Gilbert & Powell, 2010; Healy, 2000; Nadesan, 2008; Pitt, 2005; Powell, 2014).

The prospect of statutory registration, 1996

The aspirations and reservations expressed by the sample of association members in 1996 about the prospect of statutory registration varied. On the positive side was the consistency and accountability it was believed statutory registration would offer in respect of the protection of clients against poor practice. It could also make compulsory for social workers everything that the association already provided through its self-regulatory processes – adherence to a code of ethics, regular assessments of competency to practise and procedures for addressing complaints about a social worker's practice. This would thus strengthen social work's professional standing, identity and reputation in an environment where greater importance was becoming attached to credentialing, accreditation and certification. The view was also put that social workers felt uncomfortable not being a registered profession or not required to hold compulsory membership with a standard-setting body (Randal, 2018).

There were also concerns expressed regarding the possible impact statutory registration could have for Māori and being marginalised by the process. And just as it had been aired through the years of earlier debate within the association, concern continued to be expressed that statutory registration would foster social work's identification with professional elitism, further distancing social work from the best interests of its client community. There was also one forthright assertion against any form of statutory power being exercised over the profession (2018).

> I'm not for a statutory registration. Why? Power. The minute the State authorises a group to be, it gives it the power and it backs the power by statutory authority of an Act of Parliament. I do not believe that one should ever define in law who a social worker is and that it should deny anybody the right to use the term should they choose to do so. (D, 1996)

For some, statutory registration also raised the possibility of it *gate-keeping* entry into the profession, the inherent self-interest that signals, and the risk of social work becoming the antithesis of what it stands for. Options of statutory registration being embedded as a regulatory arm of the association or, alternatively, as a separate and independent entity so as to not prejudice the association's professional independence, were considered (Randal, 2018). Regardless, it was assumed that association membership would become a precondition for statutory registration as should competency assessment, adherence to its code of ethics and evidence of continuing professional development. Not all believed a recognised qualification was essential. Concerns expressed included the displacement of the association's professional custodianship to a government-appointed legislative body that would be subject to political influence and would work to an agenda not necessarily shared by social workers (Randal, 2018).

The sample of members interviewed in 1996 was clearly not unanimous on the prospect of statutory registration and its possible form, let alone what might be the government's agenda. In many respects the views were in the same league and mirrored the arduous and often heartfelt, but worthy debates the association had witnessed and facilitated over the preceding 30 years (Randal, 2018). History, of course, now tells us that the association ultimately supported the introduction of statutory registration (Beddoe & Randal, 1994; Corrigan et al., 1999; Randal, 1997). For most of those interviewed in 1996 it was expected that this would signal the association's completion of the process begun in 1964, finally becoming a fully-fledged regulating body sanctioned by government, and thereby a typically regulated profession (Balthazard, 2016).

However, the reality was that, around that time, membership of the ANZASW numbered only 698 (Blagdon, Taylor, & Keall, 1994) and represented only a small proportion of those who identified as social workers. Whereas the pursuit of statutory registration by the ANZASW can be seen as a natural aspiration for a professional body as it seeks to embody the multiple functions in achieving professional status (Balthazard, 2016; Matarazzo, 1977), different logics apply in respect of a government department seeking the same ends.

NZCYPS and its professionalisation strategy

The ANZASW was not alone with a vested interest in the status of social work as a profession and the desire to have in place measures that provide assurances and protection regarding practice. As the predominant employer of social workers in health and welfare ministries, the government also had a significant role.

In 1989, the government agency responsible for providing social work services for children and young persons, NZCYPS, faced greater public scrutiny and accountability as it implemented new legislation aimed to devolve services to iwi and community (Children, Young Persons, and Their Families Act, 1989 [CYPF Act, 1989]). As a business unit of the Department of Social Welfare (DSW), NZCYPS was driven by doctrines of risk management and fiscal responsibility typical of the new public management model (NPM) applied to the public service (Hood, 1991). NPM emerged as an administrative doctrine in the 1980s with new business ideas and management models borrowed from the private sector introduced to the public sector to have it more accountable, results-oriented and therefore, supposedly, more businesslike. It also emphasised the centrality of citizens as *customers/clients* of public sector services (Harris, 2003; Hood & Scott, 2000). The doctrine of NPM was clearly evident in *Te Ara Hou (The New Path),* the Social Work Development Plan developed by the Principal Social Worker Unit of DSW to prepare NZCYPS social workers as they adapted to the new Act (Keall, Te Kowhai-Rennie, & Quivooy, 1989). The plan laid down the accountabilities of social workers to their managers, the practice standards expected of them to ensure accountability to clients under the Act and the corporate tasks and outputs set for management to raise the practice standards of social work in NZCYPS (1989, p. 9ff). As a very management-centric document there was no hint of fostering professional aspirations for social workers, let alone supporting their affiliation to their professional body. Some therefore regarded NZCYPS social workers in a less-than-professional light.

> They [NZCYPS] aren't "social work" and they need to be told that very firmly that they're not. If we, social work, the profession gets captured by one agency we're done for, in terms of any independence, any sort of social justice. If we get overtaken by basically an instrumentalist bureaucratic model then we're finished. (M, 1996)

Commentators on the professions, such as Howe (1980) and Anleu (1992), have reflected on the reduced autonomy of professionals employed within the public domain, the bureaucratic bias of their supervision and the inevitable tension arising from their dual duty of care to clients on the one hand, and their duty to the state as public servants.

In 1990, at the behest of the government, the role and performance of NZCYPS became subject to a review as part of the wider ministerial review of the CYPF Act 1989. The resultant report identified critical deficits in the overall professional capacity of departmental social workers, relative to competencies, qualifications and training (Mason, 1992). An analysis of the development of the CYPF Act 1989 was also undertaken by Cockburn (1994) regarding the "enormity of the value shift that took place" (1994, p. 86) between it and "the former monocultural Children and Young Persons Act, 1974" (1994, p. 86) and, at the same time, noting the impact and expectations that the new State Sector Act 1988 and Public Finance Act 1989 placed on social work management. The Mason Report (Mason, 1992) prompted the government to better resource the CYPF Act 1989 specifically to up-skill social work staff to meet the objects and principles of the Act (Cockburn, 1994). In response, NZCYPS introduced a professionalisation strategy that required departmental social workers to attain a social work qualification and undertake regular competency assessments. This strategy was subsequently evaluated for its return on investment to the government (Coopers & Lybrand, 1995). The fiscally driven evaluation also alluded to the relatively low professional status of social workers when compared with other professions. The evaluation commented on the fact that there was no independent statutory body overseeing social workers, no formal educational criteria set and no statutory limit on who might practise as a social worker (1995, p. 1). Noordegraaf (2007) would view such a professionalisation strategy as being driven from a neoliberal platform of management that is ultimately measured primarily in terms of its value for money, just as Coopers & Lybrand did. The original professionalisation strategy, which was subsequently revised as a result of the evaluation, was devoid of any significant input from the profession. Rather, it reflected a preoccupation with management and service needs for evidence-based performance and accountability measured in outcome/output terms. However, the subsequent evaluation did set the scene for the eventual push by NZCYPS for statutory registration and research into the implications for NZCYPS (Ministry of Social Policy, 2000; NZCYPS, 1996). The motives of government for the statutory registration of social workers were derived from managerial and political imperatives that had been initially cloaked as a professionalisation strategy (NZCYPS, 1996).

The political sponsorship of statutory registration

By 1999, a momentum for statutory registration had emerged from separate agendas: the profession, through the inexorable march of the ANZASW with its aspirations for formal statutory recognition built upon its creditable system of self-regulation (Randal, 1997); and that of a government department, NZCYPS (1996), being nudged, under the oversight and direction of NPM, to shape up in terms of its practice standards and results. For statutory registration to become a reality, political sponsorship was needed for the requisite legislation to be introduced. This arose, courtesy of the NZLP (1999) in its party manifesto to "establish a system of professional registration for social workers that will cover the public and private sector" (1999, p. 509), and by subsequently being elected to form the New Zealand government in 1999. The NZLP's objective was brought into sharper focus by the recommendations of yet another review, this time of the Department of Child, Youth and Family Service (CYFS), (which had replaced NZCYPS). The ensuing report (Brown, 2000) was openly critical of NPM to which it assigned some responsibility for the continuing plight of CYFS social work services. The report cited the critique of Duncan and Worrall (2000) that attributed the undermining of the social work profession to managerially nuanced controls and expectations just as those documented in the 1989 Social Work Development Plan. The recommendations of the Brown report therefore became the catalyst for creating the legislative platform to honour the NZLP's manifesto proposal to introduce statutory registration. As the former Minister of Social Services and Employment recalled:

> Judge Mick Brown's report did a very good job and highlighted a lot of the things, I guess, we are talking about here. So, yes, it gave us a pretty solid base to be saying, along with other things, arising from his report to say that there's something wrong here and we should be moving towards a more registered professional environment. (Interview in Randal, 2018)

The minister's concern had been with the growth in numbers of untrained and, as he saw it, unprofessional, social workers.

> Social workers in the public sector had a pretty rough ride from the '80s onwards in the sense that they were constantly attacked, badly organised and felt very bad about the profession that they were in. (Interview in Randal, 2018)

The minister's personal commitment to foster the introduction of statutory registration as a vehicle to lift the status of social workers should also not be underestimated as a key factor in the enactment of the SWR Act in 2003. However, this should not be taken to imply that he regarded social workers as true professionals (Randal, 2018).

> They [social workers] don't actually have all the bits and pieces and place to be a profession … that's certainly true of social workers. They're still migrating towards that. And may not ever get there because they do include a large workforce of people … that think of themselves as involved in this but aren't really ... they're not professionally involved. (Interview in Randal, 2018)

Reflections on the enactment of statutory registration, 2014

It would be excusable to assume that the ANZASW and the government were agreed regarding the desire for statutory registration for the social work profession. However, from the sample of association members who were re-interviewed in 2014 (Randal, 2018), the move to place social work in a regulatory context had both foreseen and unexpected as well as positive and negative consequences for the profession. Some had expected the ANZASW to be given a designated role in statutory registration or, at the very least, that membership of the association would be formally recognised somehow as a requirement for becoming registered. There were some misgivings that this did not occur. One interviewee stated:

> I'm not clear that the Social Workers Registration Board have accorded the Association the mana that it deserved. I think the Social Workers Registration Board could have gone some way towards making it very highly desirable that you have your membership [as a requisite for statutory registration]. (R, 2014)

Others saw it as a lost opportunity for the ANZASW and the Social Workers Registration Board (SWRB) to work together and promote social work in Aotearoa New Zealand. A consequence, seen by some, was a fractious relationship between the two bodies and the association displaced by the SWRB as leader of the profession. As foreseen, the concern was that the professional custodianship over social workers now lay with a statutory board bound to a political agenda and directly accountable to a minister of the Crown. The focus on economic rationalism, efficiency and risk management that such accountability could imply was regarded as being in tension with social work's value base of social justice and human rights.

> I think you're right when you say there's "a new kid on the block". But this kids got

> huge backing, you know … we've had to develop our sense of responsibility inside the profession. I think that that's ours always but I don't think we've got the same critical teeth. (H, 2014)

A particular concern, and unanticipated consequence, was that social workers were confused about the respective roles of the SWRB and ANZASW and, given the choice, would choose the accountability offered through statutory registration rather than membership of the association.

In 2013 an issue of the ANZASW journal was devoted "to provide some food for thought about the past decade and the changes that have occurred with social workers' registration" (O'Donoghue, 2013, p. 1). The reflections of a former president on the effects of social worker registration upon the ANZASW (Henderson, 2013) echoes some of the observations and sentiments expressed in the findings. These included "'thinking that the professional body would be a key driver and key part of state regulation" (2013, p. 60) and "there continues to be blurring of roles of the professional body and the regulatory authority" (2013, p. 67).

Given the twin commitments of both the ANZASW and the SWRB to fostering the professionalism of social workers, there was, nonetheless, the sense that the standing of, and confidence in, the profession had been raised. Apart from this, however, the consequences of the introduction of statutory registration, as viewed by the sample of association members, were mostly negative with the association seen as becoming sidelined, even overridden, as the leader of the social work profession in Aotearoa New Zealand (Randal, 2018).

The theory of governmentality

Foucault uses the term *governmentality* as a vehicle for describing how power is exercised, as an ensemble of institutions and procedures that are applied through the formation of government apparatuses and development of know-how and knowledge. It is, in some respects, a subtle process applying forms of expertise from a distance with the effect of fostering ways promoting new senses of security, welfare and self-responsibility. Governmentality is achieved through the reinforcement and augmentation of existing technologies (Foucault, 1991; Gordon, 1991; Peters, 2001). In respect of the statutory registration of social workers governmentality can be evidenced in a number of respects.

The role of statutory social work includes practice assessment, social inquiry, surveillance as well as applying correction and discipline. With their statutory authority as public servants, social workers extend the state's capacity for governance – thus enabling the modern nation-state to govern the population (Webb, 2006, p. 51). Social work's role in policing families (Donzelot, 1980) and, in applying some of the "technologies" of government (Parton, 1999) gives weight to why a government agency would see the mantle of statutory registration as enhancing the identity and status of social workers as experts in their field (Parton, 1999) giving them further legitimacy in the eyes of other professionals and the public (Chambon, 1999). This also aligns with Wilson's (2009) observation that neoliberalism reinforces such a process with its push for personal/professional responsibility in meeting standards set by a regulatory body. Statutory registration attaches another source of authority to that derived by virtue of employment (Thibaud, 1972, as cited in Chambon, 1999, p. 91). Governmentality or the "conduct of conduct" is "to shape or regulate people's conduct according to certain principles or goals" (Parton, 1999, p. 104) and is, in a very practical sense, an aim of occupational regulation and statutory registration, to set the standards and ultimate accountabilities for engagement of the social worker with their client. Therefore, whoever sets the principles or goals for the practice of social work is integral to its governmentality (Randal, 2018).

Risk management can also be viewed as being in accord with Foucault's governmentality (Foucault, 1991). Social work had always held a central expert mediating role (Chambon, 1999; Webb, 2006) between society and state in the administration of the welfare state often with prescribed statutory responsibilities. Social work was the broker between needs/clients and social resources/services. But with the gradual introduction of managerialist doctrines under NPM (Harris, 2003; Hood, 1991; Hood & Scott, 2000) government social work services were compelled to become far more focused upon performance and accountability. So in addition to improving financial efficacy, there was also the need to minimise any embarrassing consequences at practice, management and policy levels – to cover and account for dangerous situations, perceived practice failure and the unpredictabilities sometimes encountered. Described as "actuarial governance" (Webb, 2006, p. 5, 134ff) the responsibility was placed on the practitioner to ensure that risk was covered, or at the least, monitored and explainable through reporting and audit associated with the prevailing "performance management and audit culture" (2006, p. 180). Therefore, the introduction of statutory registration can be viewed as part of the government's risk management strategy that holds social workers to account for their practice (Webb, 2006).

Applying the theory of governmentality

The form of regulation applied to the statutory registration of social workers is also illustrative of the application of governmentality from a distance with the SWRB effectively shaping the professional behaviour of social workers through the criteria, processes and oversight set for social workers. This fulfils one of the three general characteristics of regulation of public sector services (Hood & Scott, 2000). Secondly, there is an arm's length separation between the SWRB, as a Crown entity (New Zealand Treasury, 2014), and the body of social workers subject to regulation; and thirdly, the SWRB has the statutory authority and mandate to assess and maintain the statutory register of social workers (Hood & Scott, 2000; Webb, 2006). As a mechanism of the regulatory state, statutory registration sets the rules for acceptable social work practice. Furthermore, it monitors and enforces the rules almost as if all social workers are members of the public service. Despite the arms-length separation between the regulator and the regulatee (the social worker) by virtue of the Crown entity status accorded the SWRB, the relational distance between the regulator and regulatee is otherwise close (Hood & Scott, 2000). The SWRB includes six registered social workers. It is claimed that regulators and regulatees from the same milieu would lead to more effective regulation – applying the adage "former poachers make the best gamekeepers" – as they talk the same language and "know where the bodies are buried" (2000, p. 10). This illustrates a subtle application of governmentality, using the *subjects* of statutory registration (registered social workers), to also form and enforce its rules. The six social workers appointed by the minister to the inaugural SWRB held significant roles in the ANZASW. This was observed by some as a conflict of interest and their appointments to the SWRB as a generous endowment by the association (Randal, 2018). Working relationships between those appointees and the association, particularly at the outset, were recalled as being at times fraught, even adversarial and antagonistic, and contrary to expectations that the relationship would be collegial (Randal, 2018).

While a close relational distance between the regulator and regulatees is expected to result in more effective regulation, clearly this does not always guarantee a smooth relationship at organisational and personal levels, especially where one, the ANZASW, is regarded as having generously endowed the other, the SWRB, with personnel and processes. Governmentality plays out in many ways.

The government agenda, 2017

Underlying the government agenda is that, as the main employer of social workers in services for children and families, and in health and education, it can claim a legitimate interest in "providing mechanisms to ensure that social workers are competent and fit to practise and accountable for the way in which they practise" (SWRB, 2017a, 2017b). Thus, the stance that the government takes in respect of statutory registration is as an employer. Its agenda was also grounded in the ethos and thrust of public sector reform related to the managerial control of professional work (Uttley, 1994). Not all Ministry for Children Oranga Tamariki (MCOT; previously CYFS) social workers belong to the association and thereby able to claim the representation that a professional association offers and be accountable to particular standards and ethics that enhance professionalism (Noordegraaf, 2016). As a public profession, they have very little wherewithal to fall back on to resist the managerial frameworks and scrutiny foisted upon them (Randal, 2018).

Recent developments now see the wider profession in conflict with the government over what constitutes "social work." In 2017 a Social Workers Registration Legislation Bill (the SWRL Bill) was introduced into parliament aimed at continuing to enhance the professionalism of social workers by extending existing legislation to make statutory registration mandatory (SWRL Bill, 2017, p. 2). However, in its present form the Bill has been described by the Public Service Association (PSA), an industrial union representing many state social workers, as "an assault on the profession" and "an arbitrary and ineffectual protection of title and role" given that the Bill fails to define social work in terms of a defined scope of practice (PSA, 2017, p. 6). Instead, the SWRL Bill seeks to have the determination of social work rest on the position descriptions ascribed by employers for any positions titled "social worker" (SWRL Bill, 2017, §§s 6AAA, 6AAB). Ross (2017, p. 1) contends that this "embeds long standing misunderstanding of and disrespect for social work as a unique and skilled profession". The ANZASW has indicated its intention to "work to protect the profession of social work" and address its concerns that the Bill only seeks to register the title "social worker" (ANZASW, 2017a, 2017c, p. 10; Sandford-Reed, 2017). The SWRB shares similar concerns about the proposal (SWRB, 2017b, p. 13; Walker, 2017). The fact that the PSA, the ANZASW and the SWRB view the SWRL Bill similarly and have separately expressed their concerns forcefully and publicly points to an intriguing new phase for the profession and its relationship with the state.

By February 2018 the parliamentary Social Services and Community Committee had received 60 submissions regarding the merits of the SWRL Bill. In particular, the majority of the submitters found § 6AAB of the Bill problematic in that defining "practising as a social worker" is determined by the employer. According to one submitter, an unintended interpretation of § 6AAB (d) was that it could make registration mandatory for all members of ANZASW, given that they are members of an organisation that is described using the words "social worker." The strong recommendation from the majority of submitters was that the definition instead be based on the specific scope of social work being defined (SWRL Bill, 2018).

Given the views held in the sample of ANZASW members in respect of the original legislation, it would appear that the government's current views and agenda for the social work profession remain unchanged; this seems premised on an inherent lack of confidence and trust in the profession. The government seems determined to continue to control the profession by not respecting the globally accepted definition of social work (IFSW, 2014) as the basis for statutory registration "to protect the safety of members of the public" (SWRB, 2017a). Rather, the government prefers, as intimated in the SWRL Bill, to leave this to the various position descriptions for social workers, the majority of whom are employed in government social work services or in non-government organisations (NGOs), most of which have ties to government funding contracts. Of 6,472 registered social workers (as at September 2017), 51% were employed in public (government) social work services (MCOT, District Health Boards, Education), 27% employed in NGOs, 18% were Not Practising and 4% were Self Employed (SWRB, 2017b, p.10).

Conclusions

The foregoing analysis of what led to the introduction of statutory registration for social workers in Aotearoa New Zealand contrasts the different aspirations, expectations and outcomes sought. On the one hand, and as sought, the government has achieved a means for providing added assurance in respect of the quality of social work practice undertaken by registered social workers through the identification of practice standards and qualifications, the periodic assessment of competence and the means for complaints to be dealt with. On the other hand, in supporting the introduction of statutory registration, the ANZASW has enhanced opportunities for the social work professional to gain another string to their bow should they choose to be registered *and* a member of the association. The ANZASW has also maintained its absolute independence as a professional body avoiding any contamination should it have become formally associated with the process of statutory registration in some way. The whole process, as it has played out, has served to exemplify, however, the extent to which the state, through its government ministries, has exercised its power through and over the social work profession and thereby given strength to its overall governmentality. "What this effective monopoly means is that Parliament – which has demonstrated that as a body it has a quite limited view of social work as an independent profession – is entirely in control of the present and future of social work" (Henrickson, 2018, p. 1).

There have been gains and losses. A cynical analysis could be made of the early gains made in support of the implementation of statutory registration at the expense of the ANZASW. Clearly, the initial close relational distance between the SWRB and the association provided statutory registration with an initial stamp of professional integrity. This endowment carried through to the adaptation, utilisation and initial reliance upon processes, such as competency assessment, that had been initiated by the ANZASW. The association also lost its role in the accreditation of social work educational qualifications. There has also been an impact on ANZASW membership. Choosing to opt for statutory registration through the SWRB has been a commonly cited reason for resignation from the association (ANZASW, 2017b). Membership of the ANZASW has a lower priority for social workers employed by MCOT. In September 2017 there were 1,445 registered social workers employed by MCOT (SWRB, 2017b, p. 10). At the same time there were 818 MCOT social workers who were members of the association (ANZASW, 2017c, p. 9).

The fear must be that the introduction of new legislation (SWRL Bill, 2017), in the name of enhancing professionalism and making statutory registration mandatory, will only perpetuate the government's hold over the profession with the risk of the ANZASW losing ground as the professional custodian of social work practice in Aotearoa New Zealand.

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ORIGINAL ARTICLE

QUALITATIVE RESEARCH

“We barely survived”: Social work students’ mental health vulnerabilities and implications for educators, universities and the workforce

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ABSTRACT

INTRODUCTION: Evidence is mounting that poverty and psychological stress among university students are common and the mental health of university students is a topic of increasing attention.

METHOD: In late 2015, 2,320 social work students from 29 Australian universities completed an online survey on the impact of low income on students’ daily lives and study success.

FINDINGS: Overall, students revealed financial hardships and a precarious balancing act of study, limited finances, paid work and family. Some students revealed the impact of these hardships on their mental health and wellbeing. Undertaking compulsory field placement increased students’ financial stresses and exacerbated mental health vulnerabilities.

CONCLUSIONS: The qualitative findings reported here draw on students’ responses within the larger student survey data set where mental health impacts were reported. These findings have implications for universities, social work education, field placement preparation and the health of the social work graduate workforce within, and beyond, Australia.

KEYWORDS: university studies, social work, mental health, wellbeing, poverty

A social inclusion agenda, widened access to university and a growing market economy in higher education have led to increased diversity in contemporary university cohorts. Students from a range of backgrounds, with different abilities and needs are advancing their skills to meet labour market demands and career opportunities through tertiary studies, including in social work.

Australian universities have well established student welfare services, and it often may be assumed that students from diverse backgrounds can make the required academic transitions to degree completion and aspired social mobility (Gofen, 2007; Haveman & Smeeding, 2006). However, government income support for tertiary students is decreasing, and this may contribute to significant financial and study stresses for students (Bexley, Daroesman, Arkoudis, & James, 2013; Landstedt, Coffey, Wyn, Cuervo, & Woodman, 2017; Storrie, Ahern, & Tuckett, 2010). It has been identified that juggling study, paid work and family commitments can put students at risk of mental health stresses

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without adequate supports (Agllias, Howard, Cliff, Dodds, & Field, 2016). Paradoxically, the individualised nature of mental health stigma may deter students from seeking help during their studies (Gulliver, Griffiths, & Christensen, 2010; Newcomb, Burton, & Edwards, 2017; Stallman, 2010). A recently released report identified clear deficits in current knowledge about Australian tertiary students' mental health (Orygen, 2017).

Working-class, first-generation, Indigenous and mature-aged students, students with a range of disabilities, and those with family responsibilities collectively comprise a growing proportion of higher education enrolments in Australia (Devlin & McKay, 2017; Haveman & Smeeding, 2006; Martin, 2009). These students may already be under financial and social stresses in many aspects of their lives, often due to structural and social disadvantage, over-indebtedness, material hardship, welfare cuts, and modest available income (Byron, 2017; Krumer-Nevo, Gorodzeisky, & Saar-Heiman, 2016; Tones, Fraser, Elder, & White, 2009). There appears to be limited structural analysis in the higher education literature highlighting the everyday implications of low income for students who are members of these newer cohorts.

The purpose of this article is to report on specific findings from a larger national study on the impact of low levels of income on study success of Australian social work students. The study was informed by findings from a smaller study in 2014 of student members of the Australian Association of Social Work (AASW) that revealed high rates of student poverty when compared to Universities Australia's (UA) national study of tertiary students (Bexley et al., 2013). The unique focus of this article is on how students' limited finances (as linked to undertaking university studies) impacts their mental health and wellbeing.

Mental health of tertiary students

Growing evidence indicates that university students may represent a high-risk population for psychological distress and mental health issues (Martin, 2009; Reid & Poole, 2013; Orygen Report, 2017). According to Landstedt et al. (2017, p. 340), definitions of mental health often "are broad and complex" but can include psychiatrically defined conditions, psychological and emotional distress and "the more socially framed term mental wellbeing." The recently released Orygen Report (2017) identified ongoing deficits in current knowledge concerning young Australian tertiary students' mental health and wellbeing, while the mental health of more diverse, mature-aged cohorts appears equally under-researched. The Orygen Report identified that students may not seek help for psychological distress due to the stigma associated with mental illness.

Equally, Martin (2009) and others have reported that, increasingly, tertiary students may have a pre-existing mental health condition upon enrolment into higher education that, without adequate support, could hinder their studies. However, they confirmed that many students experienced the onset of mental illness after the commencement of their university studies, because undertaking their studies generated significant mental health stresses (Martin, 2009; Storrie et al., 2010).

Further, it has been identified that the stigma and shame of mental illness, and fears of discrimination following students through their studies and into the workplace, constitutes a powerful disincentive to revealing mental health issues and seeking help (McAuliffe, Boddy, McLennan, & Stewart, 2012). Martin (2009) argued that "many students went to considerable efforts to hide their mental health matters and in doing so struggled to meet university study requirements" (p. 259). It also has been suggested that early adversity may be a factor in some students' mental health vulnerabilities (Karatekin, 2016). Interestingly, Martin (2009) found that students who disclosed details of their mental health concerns to university staff reported improved outcomes.

The Orygen Report (2017) identified that tertiary students experiencing mental health issues were more likely to exit their course before completion and they highlighted that non-completion was a costly loss for students, families, universities and the professional workforce. “High risk” groups listed by the Report (2017, p. 14) are international students, students from rural/regional areas and low socioeconomic backgrounds, students studying law and medicine, first-generation students, Aboriginal and Torres Strait Islander students, and students with a physical disability. While the Orygen Report focused on younger university students, Stallman (2010) found female students with financial stresses, aged under 34 and in a subsequent year of their degree were at higher risk of psychological distress than other students and the general populations. Stallman (2010) argued that, without support and intervention, these students were at risk of severe mental illness. Earlier research by Lo (2002) similarly identified a combination of inadequate finances, study requirements, family, and health concerns as impacting some student cohorts.

Inadequate student finances

In Australia, the government income support system predominantly is allowances distributed through Centrelink to eligible recipients. In 1997, the payment rate for the unemployment allowance was 92% of the Aged/Disability Pension rate. By 2013 the rate was 67% of the pension rate and declining (Klapdor, 2013). Youth Allowance and Austudy/Abstudy allowances (allowances for youth, and non-Indigenous and Indigenous students) are paid at lower rates than the unemployment allowance. At the time of writing, Youth and study allowances were the equivalent of 54% of the pension rate. This minimal rate of available government income support for eligible tertiary students helps to demonstrate the context for current students’ lived experiences of trying to juggle paid work and study.

The UA’s student finances study (2012) reported that, among the 80.6% of domestic full-time undergraduate students in paid employment, the average hours worked had increased over the previous four years, and 50% of students indicated that their paid work adversely impacted their studies. UA also found that 18.2% of full-time domestic students reported regularly foregoing necessities including food and required medications (Bexley et al., 2013). Elsewhere, much higher rates of food insecurity are reported in tertiary cohorts than in the general population (Gallegos, Ramsey & Ong, 2014).

Australia’s attrition rate is comparatively low and re-enrolment data identify that university students who withdraw from studies frequently re-enrol; however, low-socioeconomic students and first-generation students are least likely to return to studies (Cardak & Vecci, 2016; Harvey, 2017; Spiegler & Bednarek, 2013). Equally, students are aware of the “rising bar” of competitive employment and labour market demands, where a tertiary degree increasingly is required to gain entry to, or maintain employment (Orygen, 2017, p. 22, cited in Vic Health and CSIRO, 2015). Overall, it seems that a range of issues, including social and structural disadvantage, financial constraints and study requirements may contribute to mental health stresses for tertiary students.

Social determinants of health, wellbeing and social mobility

It is acknowledged that socioeconomic factors including low levels of education, employment and income, gender, age, cultural background, low-socioeconomic status, geographical location, and disability are important determinants of wellbeing and social mobility (Graham, 2000). However, Landstedt et al. (2017) argued that it remains difficult to unravel how social and structural conditions interact to impact students’ mental health, and their recent research suggests students from middle-income backgrounds may be more vulnerable. Nevertheless, Landstedt et al. (2017) acknowledged that a combination of study, work and financial hardship, particularly if hardship continued over several years, could contribute to poor student mental health, with students who support themselves and who have inadequate finances being at most risk.

Neoliberal influences

Neoliberalism has been identified as a set of political beliefs, values, and practices informing heightened regulation, accountability and competition, greater justification of public expenditure, the extension of business strategies across public, social welfare and educational sectors, and increased assertion of individual rather than state responsibility (Strauss & Hunter, 2017). The collision of unprecedented expansion of higher education, a restructured higher education sector, neoliberal values influencing social policies, and widened access to adult education, may have rendered some students vulnerable and without adequate ongoing support (Pitman, Roberts, Bennett, & Richardson, 2017). Layton (2009) identified that the corporate culture espoused by neoliberalist ideology promotes superficiality and a denial or minimisation of the structural positioning and wellbeing vulnerabilities of some individuals. Other authors have cautioned that social work education and practice have not escaped the impacts and implications of neoliberalist thinking (Morley, 2016; Wallace & Pease, 2011).

Social work students, emotional exhaustion and mental health

Some studies have looked at the specific experiences of social work students juggling paid work and studies. Collins, Coffey, and Morris (2010) identified a relationship between emotional exhaustion experienced by UK social work students and necessary employment in part-time jobs, although they reported that students with family commitments appeared to be coping with multiple demands. In a similar, Australian, study by Ryan, Barns, and McAuliffe (2011) across three social work programmes the researchers found that, while the benefits of paid work were acknowledged, 76% of students identified fatigue and reduced time for study. In a more recent Australian study, and in contrast to the earlier-noted UK study, Agllias et al. (2016) identified that many social work students struggled to balance studies, work and family commitments, with the situation being more precarious during field placement. Elsewhere, Reardon (2012) identified that the stressful balancing act for social work students of juggling studies, job and family may trigger or exacerbate mental health issues, while Ying (2011, p. 280) argued that tertiary study "exacts a cost" on social work students' mental health (p. 280), including a "disequilibrium" during field education that may not be restored by graduation (p. 288). Johnstone, Brough, Crane, Marston, and Correa-Velez (2016) called for urgent collaborative efforts from multiple key stakeholders to help address the hardships that can make students more vulnerable to psychological stresses.

Of interest, Ketchen Lipson, Zhou, Wagner, Beck, and Eisenberg (2016) suggested that social work students may be more likely than engineering or business students to seek help for mental health stresses. However, highlighting the complexities, Newcomb et al. (2017) found that, while some social work students were motivated to study because of their service user status or lived experiences, they feared disclosing their own use of services due to perceived shame and stigma.

Similarly, research by Rubio-Valera et al. (2016) revealed almost one third of social work students participating in workshops on mental health stigma had experienced mental health concerns themselves. Yet Covarrubias and Han (2011) identified that many students entering social work programmes held stigmatising attitudes toward people with mental illness. McAuliffe et al. (2012) highlighted further complexities for social work educators who sought to value students' lived experiences of mental ill-health and encourage students to access support services, yet who needed to uphold the profession's duty of care to ensure graduates are fit to practice.

In relation to facilitating a mentally healthy workforce, Newell and Nelson-Gardell (2014) identified gaps in social work programmes regarding instruction on self-care. Similarly, research by Robins et al. (2017) identified burnout as increasingly evident in tertiary student cohorts. They undertook research with nursing, psychology, occupational therapy and social work students and identified student burnout as a predictor of burnout in the workplace. They call for urgent intervention for a healthier student body who would graduate to become a resilient workforce.

In this article, specific findings from a large national survey on the financial and study circumstances of Australian social work students are reported. While broader findings have been published elsewhere (Baglow & Gair, 2018; Gair & Baglow, 2017), here the impact on students' mental health and wellbeing of studying with insufficient income is revealed, and strategies for change are recommended.

Design and method

The primary aim of the larger study, from which the mental health data reported here were drawn, was to explore the impact of low or insufficient income on the lives and study success of Australian social work students. At the time, no previous large national study of social work students' experiences was identified. The study proceeded as a partnership between the AASW and a regional university. The research design comprised a national web-based survey. Data collection occurred during the second semester of 2015. The survey enabled the collection of both quantitative and qualitative data (Creswell, 2013).

The survey consisted of 23 questions covering demographic information, government allowances received; hours of, and reasons for, paid work; and whether students' families supported them financially. Other questions sought to ascertain the impact of insufficient income on students' lives and studies; the experience of studying while meeting family responsibilities; hours spent studying; income; savings; and any added impact of compulsory field placements. The study received University Human Ethics Committee approval and was overseen by a national reference group. To participate, students read online information about the study and then progressed to voluntarily complete an anonymous online survey. A total of 2,320 students completed the survey, constituting approximately 25% of all enrolled social work students at the time.

Respondents

In all, 87% of respondents identified as female and 13% male. Of these, 31% were under 25 years of age, 33% were aged between 25 and 34 years and 36% were over 35. These figures reflect, in general, the gender and age profile of social work students in Australia. A total of 75% of students indicated that they had a full-time study load, 14% had a part-time load and 9% identified they were studying externally by distance education. A majority (64%) of students lived in a metropolitan area, 27% in a regional area and 9% in a rural area. All Australian states and territories were represented in the study. Some 4% of respondents identified their cultural background as Aboriginal and/or Torres Strait Islander, representing a higher rate than population percentages. A total of 47% of students received government financial assistance in the form of allowances or pensions. Respondents were drawn from the 29 Australian social work programmes accredited at the time of the study, and represented multiple year levels within Bachelor and Masters Qualifying programmes.

Data analysis

The quantitative data analysis and findings, and specific qualitative findings are presented elsewhere. Three questions on the survey that enabled both quantitative and qualitative responses specifically focussed on financial hardship impacting studies. Question 5 asked about *insufficient finances for necessities whilst studying* (see Table 1). This question attracted 829 qualitative responses. Question 7 asked *how their studies were impacted* by lack of sufficient financial support. This question offered multiple options and attracted 330 qualitative responses. Question 11 asked students about *juggling student placement and paid work*. This question attracted a total of 614 qualitative responses. No question on the survey asked students to comment on mental health concerns or experiences. However, as revealed below, the qualitative data analysis process provoked further, specific analysis in relation to this topic.

During the broader, qualitative data analysis process, responses were read multiple times and recurring patterns and concepts were documented. Themes were named and then renamed during a process of sorting and synthesising until a point of saturation was reached with key themes linked back to questions asked (Liamputtong, 2009). However, after a primary level thematic analysis of the qualitative data, it seemed apparent that mental health may be a unique and important code, and further analysis could assist in illuminating it.

Liamputtong (2009, p. 282, cited in Miles & Huberman, 1994) identified several reasons for "counting" within a qualitative analysis, including "to see rapidly what you have in a large batch of data". Liamputtong argued that identifying the number of times concepts appear across the data can add to meaning-making and take the researcher into "unforeseen areas" (2009, p. 282, cited in Altheide, 1996, 2004). In this instance, a specific, content analysis component within the larger qualitative analysis process was used primarily to help render visible a new code for further focussed thematic analysis within the large volume of textual material.

As noted, no question on the survey asked students about *mental health issues*, *mental illness, stress, anxiety* or *depression*. Yet it was evident that, for some students, these were important concepts – a word-use frequency count revealed 317 instances where these terms were used. This step helped researchers capture important common threads in some students' narratives around mental health. The thematic analysis process resumed. Responses containing the identified concepts were read multiple times and a synthesising process of identifying and naming patterns resulted in four key themes. It is these specific findings in relation to mental health and wellbeing that are presented here.

Results

In the following section, brief quantitative data from Question five from the national survey provide a contextual backdrop for the qualitative data reported here. Table 1 illustrates quantitatively the range of ways a lack of finances was impacting many students' lives.

Table 1. As a Student Have You Had at Any Time Insufficient Money for Any of the Following?

	Percentage of students answering in the affirmative	Number of students answering in the affirmative
Food	33%	760
Clothing	39%	902
Accommodation	30%	625
Educational Resources	54%	1263
Transport	36%	825
Medication	29%	675

Students were asked in Question 5: *As a student have you had at any time insufficient money for any of the following?* (Food, clothing, accommodation, educational resources, transport, medication). Students' responses indicated they had experienced difficulties securing necessities during their studies, including 675 students who nominated that they had insufficient financial resources for medication. That point is further illuminated later.

Qualitative data

The themes below represent dominant patterns and sentiments in the qualitative responses related specifically to students' mental health. These themes are: i) financial hardship impacts mental health and wellbeing; ii) forced decisions to gain necessities; iii) insufficient funds hinder mental health management; and iv) field placement increases ill-health/ burnout. Given the complexity of the topic, some longer quotes help capture the multi-faceted dynamics.

Financial hardship impacts mental health and wellbeing

Many students in this study identified how financial constraints impacted their everyday survival while studying. As exemplified by this student and their partner, studying part-time was taking a mental health toll:

> …my partner and I were studying full time via distance education, no support from parents… we're on Centrelink benefits. We barely survived. After those six years, we could no longer cope with living in poverty as it had a significant impact on our health, mental health and general wellbeing.

For the next student, and many others, affording medication, food, fuel and secure accommodation was difficult, and going without these items impacted their health, study results and mental health:

> I … had to get medication … and owe pharmacies for scripts, eat toast for days, borrow money for petrol etc, postpone specialist appointments … trawl through op shops for clothes appropriate for work, go … without textbooks … and my mental health and grades have suffered as a result. For the first three months of semester one this year I was couch-surfing until I could find affordable stable accommodation.

Equally, this student identified that financial constraints across their whole degree had impacted their health:

> I have struggled financially throughout my entire degree... At times I have been incredibly ill and have not been able to afford a doctor's appointment, medication … and have still been required to work to sustain an income.

Many students identified that study requirements meant a reduction in part-time work hours. This student described how reduced work hours increased financial and mental distress:

> I have gone down from about 20 hours per week to 10-15 hours per week which causes me a lot of mental anguish because 10 hours of work equals my rent and electricity bills per week, which does not leave me with anything else.

As noted earlier, Landstedt et al. (2017) identified that a combination of study, work and financial hardship, particularly if hardship continues over several years, contributed to poor student mental health.

Forced decisions to gain necessities

This second theme gives further depth to the daily juggle evident in the first theme. The students provide examples of their need to choose between necessities or make reluctant decisions so necessities can be secured.

This student revealed how a financial shortfall forced them to make choices between essentials that, in turn, aggravated their mental health circumstances:

> Often I must choose between food or transport, frequently late with rent payments and have had to forgo my medication I take for depression and anxiety to get food, fuel etc which serves only to exacerbate the situation and my condition.

The below student identifies how they reluctantly borrowed from friends to afford necessities including food, medication and textbooks:

> I am a type 1 diabetic with depression and anxiety. I have … been incapable of buying medical supplies, textbooks, food and clothing … I have borrowed from friends but I feel like a burden.

Equally, this student felt compelled to move back home with parents to finance their studies and help juggle paid work and mental health:

> I had to move back in with my parents… on top of this, I am doing my second degree currently, and so Centrelink will only cover 1.5 out of the 5.5 years … so I have been saving as hard as I can for the last couple of years and will have to keep living with my parents until I finish the degree (I'll be 31 then). I have been very lucky to find a job that works around my uni timetable ... while maintaining my (fragile) mental health. I have struggled to afford medical expenses in the past … as I have a chronic medical problem.

These narratives serve to exemplify social work students' experiences expressed in multiple qualitative responses concerning ongoing financial hardship that for some, impacted their studies, health and mental health.

Insufficient funds hinder mental health management

Previous themes identify a complex balancing act for students of study, paid work, securing necessities and maintaining mental health. This theme specifically highlights how personal management of mental health was constrained by students' financial realities. This student identified struggling to afford mental health appointments while studying:

> … at times [I] had insufficient funds to access my regular psychologist sessions and am unable to afford access to a psychiatrist.

Similarly, this student prolonged the time between appointments beyond what was desirable because they were unaffordable.

> I regularly attend appointments to help manage my mental health, sometimes I will cancel them because I can't afford to go. I find myself spacing them out more than I would like to, just so I can afford to get some help.

Mental health medication was a requirement that could not always be prioritised, as this student explained:

> There's times where I go without so at least my children are taken care of in relation to food and medication. I have refrained from buying some of my medication or even following up on specialist appointments for myself as I live with a mental illness and severe arthritis. However, I always make sure my children have their medication and required treatment.

As noted earlier, UA found a growing number of full-time domestic students regularly going without food or other necessities including required medications (Bexley et al., 2013).

Field placement increases ill-health/burnout

Social work field placements provide the vital link between classroom learning and real world practice. Students enrolled in accredited Australian programmes undertake a total of 1,000 supervised hours of placement, most commonly in two, 15-week blocks (AASW, 2012, Guiding principle 1.2). Across the entire data set, students repeatedly identified how the financial and personal burden of placement contributed to hardship, and for some, declining mental health:

> In order to achieve 500 hours of placement, where my current job requires me to work two days a week, my placement happened over three days a week. This was very mentally exhausting… my mental wellbeing deteriorated … my circumstances meant I needed to continue employment, no matter how tough and unbalanced my life became.

Some students saw emerging signs of mental distress on placement, implicating a lack of designated time for reflection and self-care – as this student articulated:

> Lack of time to properly reflect on my placement and work experience, always working at placement or paid job, not enough time for self-care, starting to notice impacts on my mental health.

Similarly, this student outlined her thoughts that current placement arrangements did not facilitate self-care:

> … it is unreasonable to expect students not to need days off for sick leave or life events ... no ordinary working conditions prohibit time off for illness and life events … On both placements I have been at the office more often than staff members, ... I don't think students are … enabled, to practi[s]e [self-care] during placement.

For the following student, burnout was the result of trying to juggle paid work, family and placement:

> Working part-time as well as family commitments while on placement nearly killed me. Even doing a part-time placement was hellish … and I was totally burnt out at the end of each one.

Students' experiences on placement reflect previous research findings (Hemy, Boddy, Chee, & Sauvage, 2016; Johnstone et al., 2016) that students endure severe hardship juggling studies, paid work and field placement, while Robins et al. (2017) identify student burnout as a growing workforce concern.

Discussion

Some 20 years ago, Ife (1997) asserted that legitimising the voices of marginalised groups is an important, perhaps the *only* way, to challenge existing structures and develop an alternative based on social justice. In this article, we sought to raise the voices of social work students as a marginalised group. The findings presented here align with the assertion by Landstedt et al. (2017) that a combination of study, work and financial hardship, particularly if hardship continues over several years, contributes to poor student mental health. Although the student survey did not ask students about mental health impacts, respondents identified they had insufficient financial resources for necessities including textbooks, food, fuel, accommodation and required medications that, for some students, in turn impacted their mental health.

Poverty, a feature of many of the students' accounts, is an example of structural injustice. Such injustices are considered difficult to correct, because government system change is needed, as well as individual and institutional action to agitate for and support change. Increasingly, writers highlight the influence of neoliberal ideologies (Morley, 2016), yet critiquing neoliberalism alone will not facilitate strategic future direction.

It seems evident that universities, social work academics, and relevant professional associations, all of whom have greater privilege and power in the higher education sector than students, have a compelling responsibility to undertake collective advocacy for struggling students. The quantitative (discussed elsewhere, Baglow & Gair, 2018) and qualitative data from this study provide evidence for reconsideration of the minimal level of government financial support currently provided to tertiary students (also see Gair & Baglow, 2017). A louder call for structural reform is needed, to correct the injustice of inadequate government financial support currently available for tertiary students and help remove financial barriers that currently impact heavily on students' studies, health and mental health.

A key professional social work body in Australia is the AASW. The association has undertaken action over time through submissions to government on behalf of tertiary students, calling for increased financial support. Collective, whole-of-industry political advocacy will support those previous submissions, by calling for increased investment in tertiary students, particularly for students who come to university studies already disadvantaged. This cost-effective measure can contribute to a healthy, diverse, future industry workforce. The specific data reported here identify the fragile mental health of some students. As noted by Robins et al. (2017), student burnout may be a predictor of workplace burnout.

With such national political action as its underpinnings, processes to reduce student stressors at a local, university level can be implemented to contribute to students' individual wellbeing. Reid and Poole (2013, p. 208) recommended peer support groups for students with mental health concerns, accessible one-to-one counselling, and the appointment of mental health advocates, including academics and administrators, who would stand alongside students experiencing mental health issues. These strategies could be easily implemented at universities nationally.

As noted, Rubio-Valera et al. (2016) revealed almost one third of social work students participating in workshops on mental health stigma had experienced mental health issues themselves, while Covarrubias and Han (2011) identified that social work students may enter their programmes with stigmatising attitudes toward people with mental illness, and Newcomb et al. (2017) reported social work students' reluctance to disclose their past service-user status. Taken together, this literature suggests that many students may understand the lived experience of mental ill-health, and training can equip them with skills and knowledge to recognise, and work to reduce, mental health stigma for service users. However, such awareness may hinder their own help-seeking behaviour for fear of discrimination that, in turn, may jeopardise their study success, professional aspirations and future career opportunities (Orygen, 2017).

Equally, it could be speculated that, if fear of discrimination within the tertiary context prevailed, and social work students failed to disclose their mental health status and therefore failed to receive adequate support then, at the very least, their lived experiences may inform their own professional social work practice in uncritical ways. Fostering an informed, safe tertiary environment for confidential disclosures could assist students to gain necessary organisational and professional support. Equally, advocacy around the structural origins of poverty that can impact individual mental health and wellbeing, are core elements for social work education and critical practice. The findings of this study suggest that Australian social work educators may need to further engage in real dialogue with students in classrooms and online learning spaces about mental health, and model authentic conversations that begin from students' analysis of poverty and mental health stressors including reflecting on their own experiences and needs.

Regarding self-care, Bamonti et al. (2014) called for early intervention and safeguards that promote students' wellness to help reduce the risk of mental health impairment in their future careers. While some students may be familiar with the concept of burnout, other students, educators, graduates and practitioners may not adequately be alert to the early warning signs. Robins et al. (2017) recommended early interventions for university students, including increased supervision, peer mentoring, and resilience-building curricula. Early intervention may help optimise student fitness for professional practice, prevent costly workforce burnout, particularly early career burnout, and help build a resilient, mentally healthy workforce (McAuliffe et al., 2012; Robins et al., 2017). What is *not* recommended is action limited to the promotion of individual self-care and responsibility. Without lobbying for, and implementing, integrated reform to ensure tertiary students have sufficient income and organisational support, an individual focus alone would merely echo the notion that the *person is the problem*.

In the wider context, Australia is a signatory to the United Nations Convention on the Rights of Persons with Disabilities, including mental illness. It upholds people with disabilities as equal citizens with rights to an inclusive education and lifelong learning. As such, universities have an obligation and responsibility to support students' mental wellness (Martin, 2009). The social inclusion agenda and widened access to higher education has heralded welcome diversity to university campuses and to many helping professions including social work – but only if diverse cohorts complete their courses and enter the workforce fully able to engage in demanding professional practice. While interventions focussed on youth mental health are emerging, these study findings suggest diverse student cohorts may have different support needs and social work students might be another group to add to the abovementioned "at risk" list (Orygen Report, 2017, p. 14). It seems clear that further research is needed regarding social work students' mental health.

Overall, these findings align with evidence elsewhere in the literature that collective action by all stakeholder bodies is needed to help ensure students succeed in their tertiary studies (Johnstone et al., 2016). Equally, representative stakeholders, including the higher education sector, professional associations, human service organisations and social work educators can increase their investment in a more positive mental health and wellbeing culture, recognising the many stressors students are juggling. Students may then feel more enabled to seek help when required.

Limitations of this study include that the focus of the larger study was exploring the impact of low levels of income on students' study success. Therefore, students with manageable study circumstances may not have felt prompted to complete the survey or comment on levels of income and impacts on their daily lives. It is acknowledged that from these findings it cannot be argued that all tertiary students would report similar circumstances to those discussed here, or that social work students necessarily have unique study circumstances. Further research is recommended.

Conclusion

These findings help confirm evidence elsewhere in the literature that juggling financial hardship and tertiary course requirements can impact students' study experiences, wellbeing and mental health. There appears to be an urgent need for universities, the sector and professional associations to be more receptive to acknowledging that many students may be experiencing precarious mental health. A united approach seems called for in advocating for reform, including increased government financial support and targeted early-intervention strategies that contribute to a mentally healthy student body and professional workforce. Further research may illuminate unique study circumstances for social work students. Equally, current findings may have implications beyond the Australian context and social work student experience, to a national and international professional helping workforce.

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"If you could change two things": Social workers in schools talk about what could improve schools' responses to child abuse and neglect

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ABSTRACT

INTRODUCTION: Given recent legislative changes to the child welfare system in Aotearoa New Zealand, it was deemed timely to examine the challenges faced by school-based social workers and other school professionals in responding to child abuse and neglect (CAN).

METHOD: A qualitative study of school professionals' responses to CAN included 20 semi-structured interviews with school-based social workers. The participants were asked to describe two things that, from their perspective, would improve schools' responses to CAN. This article reports on this aspect of the study.

FINDINGS: Four main themes were identified in social workers' responses: the necessity for improved training for teachers on CAN; better support for teachers; a more holistic approach to child wellbeing; and enhanced understanding of child welfare.

IMPLICATIONS: These findings pose challenges to both initial teacher education and cross-agency child protection. School social workers use their relationship skills and knowledge to act as bridges between teacher education, school leaders, teachers and the Ministry for Children Oranga Tamariki and believe they can do more.

KEYWORDS: social workers in schools; child abuse and neglect

Thirty years have passed since the initial pilot of the "social workers in schools" (SWiS) programme and, given the proposed legislative and impending structural changes to the contracting body, and child protection in general in Aotearoa New Zealand, it is worth examining both the nature of the work and the experiences of school social workers. New legislation in 2014 (the Vulnerable Children Act) positioned teachers, along with other professionals in the children's workforce, as significant in a collaborative response to CAN. This legislation has generated a wider emphasis on an expanded group of professionals and organisations, including teachers and schools, to take a role in noticing and responding to child abuse and neglect. Social work is a core part of that effort in schools which have social work input as part of their pastoral care provision.

This article reports on findings from interviews with 20 school social workers and focuses specifically on their responses to a question about how schools' responses to children in need might improve. A brief

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overview of school social work in Aotearoa New Zealand is provided first, followed by a consideration of some themes emerging from the international literature.

After a successful pilot in 1999, school social work in Aotearoa New Zealand was launched as a government-funded service in selected schools (Ministry of Social Development [MSD], n.d.a). The programme is currently managed by the state child protection agency, Oranga Tamariki - Ministry for Children, and has had successive increases in funding and scope over the last 20 years. The services themselves are managed and run by social service organisations, including iwi, church-based and non-government providers, who contract to the MSD. The programme is geared towards provision within schools in lower socioeconomic areas and “recognises the special needs of Māori and Pacific children and families within these schools” (MSD, n.d.a). It is important to note that the provision of such services is also based on student numbers, and one social worker might be required to work across a few different schools rather than being based in one – thus SWiS workers may find themselves working within several different communities. Some school-based social workers are employed under contracts with other organisations.

The programme was set up recognising that “schools are sites for social work interventions because they provide a non-threatening point of access for most families” (Belgrave et al., 2002, p. 8). Internationally, it is recognised that schools, particularly primary schools, are like a second home for children, and that, given school staff, after families, generally have the most contact with children, they are ideally placed to monitor children’s behaviour and any changes that might indicate child maltreatment and neglect (Buckley & McGarry, 2011; Scannapieco, 2006). More importantly, it has been recognised that, although schools’ main focus is academic, it would be foolish to ignore the impacts other environmental influences have on the ability of a child to learn (Scannapieco, 2006). Whilst the SWiS programme was not set up with the exclusive aim of helping detect and prevent CAN, referral and support for families where abuse and neglect may be occurring is one of the core roles for SWiS workers (Belgrave et al., 2002). The SWiS role also involves helping children and their families manage financial difficulties, address grief and loss, family violence and behavioural challenges. In summary, the role encompasses anything that could impact on a child’s learning and emotional wellbeing where the support of social services is needed (Ministry of Social Development, n.d.b).

Given the political volatility and breakouts of politically generated moral panic over child abuse in Aotearoa New Zealand and other countries (Beddoe, 2015), an examination of schools’ activity in this regard is timely. School-based social workers engage with various stakeholders – parents, children, principals and schools, contract providers, the community and statutory agencies– in response to CAN concerns. In the present study we have explored SWiS’ perceptions of school professionals’ (principals, teachers and, sometimes, health or specialist staff) recognition of and response to CAN within their schools. We were interested to find out how SWiS manage relationships within the school to achieve positive outcomes for children experiencing maltreatment and neglect. This latter focus is particularly relevant given SWiS operate in a space *between* school and welfare systems and are often isolated in their work (Beddoe, 2017). They are not teachers, yet are expected to operate in an environment which essentially has different motivations and aims to social work (Isaksson & Sjöström, 2016; Phillippo & Blosser, 2013; Sherman, 2016). While research has been conducted on school social work in Aotearoa New Zealand, it is also important to examine international research in order to explore what themes might be *local* and those which may resonate with school-based social work elsewhere.

Our findings identify improvements that can be made to school responses to child abuse and neglect and pose challenges to both initial teacher education and child protection agencies to ensure that teachers have good information about CAN and are supported to work proactively. We argue that SWiS identify the need for more education for teachers and greater support for their role in strengthening the bridge between teacher education, school leaders and the new statutory agency, the Ministry for Children Oranga Tamariki.

LITERATURE REVIEW

School social work in Aotearoa New Zealand

As already mentioned, social work in schools in Aotearoa New Zealand has a relatively short history. To date research data has been generated from the programme evaluation work carried out for government (Belgrave, 2000; Belgrave et al., 2002), and an examination of the role of Māori school social workers within the system (Hollis-English & Selby, 2014; Selby, English, & Bell, 2011). As a consequence, there has yet to be a detailed examination of many of the issues that have been comprehensively covered by researchers in countries where school social work has a far longer history. A brief review of local and international literature identifies challenges, some of which are specific to the Aotearoa New Zealand situation where SWiS are employed by social service agencies, not schools.

It was noted that, in creating the SWiS programme, different models of "employment" were considered. Crucial to the programme was the fact that school was viewed as "a site for social work intervention" (Belgrave, 2000, p. 10) which stands in contrast to the US where school social workers are seen as working for schools rather than independently working for children and families. SWiS are expected to work alongside schools, as an intervention and detection service, but the primary client is the child. School social workers might be less able to act as mediators between the school and the child when the school is the employer.

A set of specific programme issues were reported in the evaluation *"Social workers in schools: Expansion evaluation"* (Belgrave et al., 2002):

- There was confusion about the SWiS role, where some managerial tasks, meant to be undertaken by the contract holders were left for SWiS to do, creating workload pressure.
- Principals were found to be gatekeeping referrals assuming that some issues were too trivial for the SWiS worker. However, a higher level of trust made it more comfortable for principals to leave it to the SWiS worker to assess referral appropriateness. It was noted that the danger in this gatekeeping is that education staff were not specifically trained in social work assessments and might miss crucial information.
- Most schools found that the presence of a SWiS freed up education staff to concentrate on other areas rather than spending time meeting with social service providers.
- Key strengths of the programme were identified as the voluntary nature of involvement for families, the independence of social workers, and their ability to access a wide range of resources.

The expanded Aotearoa New Zealand programme includes a strong presence of iwi providers with input from Māori practitioners. This has meant that a Māori worldview has been incorporated into many SWiS programmes, although not all, and the strengths offered may produce different experiences than those of social workers in other countries (Hollis-English & Selby, 2011).

In a discussion of the SWiS programme from the point of view of the Māori school social workers, Hollis-English and Selby (2014) and Selby et al. (2011), have noted that because SWiS were community-based, they were both accountable to and supported by the elders of the area. This was part of creating kaupapa Māori practice – best practice for working with Māori – embracing and re-centring "interdependence with one's extended family" (Hollis-English & Selby, 2014, p. 8).

Two professions – challenges of working with teachers on child welfare concerns

In the international literature, aspects of relationships between social workers and teachers and principals feature prominently. Individual practitioners often feel caught between two professions and, due to their relative isolation from social work peers, may feel marginalised within the school environment (Sherman, 2016). There were many challenges mentioned in the literature about these relationships and a brief overview of research follows.

A frequent theme in the literature is that teachers often misunderstand social work (Altshuler & Webb, 2009; Belgrave, 2000; Belgrave et al., 2002; Corbin, 2005; Dupper, 2003; Minnich, 2014; Peckover, Vasquez, Van Housen, Saunders, & Allen, 2012; Poppy, 2012). There is role ambiguity, and in response, school social workers are advised to spend more time advocating for themselves to education staff (Garrett, 2006; Goren, 2006) and offering staff education (Allen-Meares, 1994; Minnich, 2014; Phillippo & Blosser, 2013) in order to reduce misunderstanding. Role ambiguity is thought to feed into role diffusion and confusion about what school social workers do (Altshuler & Webb, 2009; Poppy, 2012). Misunderstanding of the social work role and contributions can result in a lack of respect from educational staff, particularly when compared to other non-teaching professionals such as counsellors and psychologists (Altshuler & Webb, 2009; Dupper, 2003).

As a corollary to the theme addressed above, it is often noted that school social workers, in order to build relationships with other school professionals, must spend time learning about the education system and the specific bureaucracy it uses (Beddoe, 2017; Jarolmen, 2014; Kelly, Frey, & Anderson-Butcher, 2010; Pawlak & Cousins, 2006; Poppy, 2012). While this is felt to be a proactive positive move it may also be a defensive strategy to ensure school social workers do not "alienat[e] the very system of which they are a part" (Staudt & Kemp Powell, 1996, p. 442).

The literature also reports a lack of agreement about the social work role. While there is considerable agreement about what sort of tasks school social workers should be doing, there are significantly discrepant areas between them and senior school administrators. Differences have been noted about what constituted reporting (social workers rated informal conversations as an example of this but administrators did not), and the desirable level of parental involvement (Bye, Shepard, Partridge, & Alvarez, 2009). As the authors have noted elsewhere (Beddoe & De Haan, 2018), in New Zealand considerable variation in the role of making formal notifications of concerns has been reported. In some schools, SWiS made all the notifications, in others, none, while others were inconsistent in their processes. Inevitably, perhaps in the fraught territory of reporting concerns, agreement may be difficult to achieve. Factors which may impact are heightened emotions about child abuse and, significantly, differences in CAN reporting thresholds (Levi, Crowell, Walsh, & Dellasega, 2015; Levi & Portwood, 2011).

The prevalence of child maltreatment is often hard to measure due to the hidden nature of occurrences and confusion around what actually "counts" as CAN in the eyes of the potential reporter. Researchers have noted that definitions can be difficult to apply and can cause doubt and confusion to anyone detecting and reporting (Daniel, Taylor, & Scott, 2010; Levi & Portwood, 2011; O'Toole, Webster, O'Toole, & Lucal, 1999; Schols, de Ruiter, & Ory, 2013). Further, with regard to neglect, a "narrowing in definitions [occurs] the closer the child comes to professionals" (Daniel et al., 2010, p. 252). In practice, this may mean that a layperson may define abuse and neglect more broadly than does a teacher, whose definition is wider than a non-statutory family violence agency, whose definition will be broader than a statutory agency. These definitional concerns may provide the conditions for frustration felt by teachers when statutory child protection does not act on their concerns. As a consequence, discussion with school professionals about reporting thresholds is important for school social workers when a clear protocol is not in place.

Social workers frequently describe teachers as often only seeing the academic side of children, rather than seeing the child positioned within their kinship group and community (Hollis-English & Selby, 2014; Minnich, 2014; Peckover et al., 2012; Whittlesey-Jerome, 2013). The absence of an ecological model (Ungar, 2002) results in a "deficit view" that "reduces the social complexity of problems" (Isaksson & Sjöström, 2016, p. 8). School professionals may become focused on "quick fixes" in the complex family problems that social workers address. Small gains, made via longer term changes, often school-wide or even community-wide and individual change in family systems, may not be recognised (Altshuler & Webb, 2009; Isaksson & Sjöström, 2016). Relationships with families are crucial from a change-oriented ecological social work perspective. In a US study, school social workers believed that liaising with parents was a much more fundamental part of their role than liaising with school staff (Kurtz & Barth, 1989). A decade later, Bye et al. (2009) found that 83% of the school social workers surveyed wanted increased parental involvement in their cases, while only 50% of administrators wanted parents more involved in school social work. This then perhaps speaks to the differing professional frameworks – for social workers, keeping wider eco-systems clearly in view is crucial, for teachers, this emphasis is not as critical.

Recent focus on the teacher's role in child protection is predicated on their close daily contact with children and abilty to identify changes in children's physical and psychological wellbeing (Buckley & McGarry, 2011). This is especially true for the teachers of New Zealand primary school children (aged 5–12), where it is the norm for a child to spend the majority of their time with one dedicated teacher, or in the case of the newer collaborative classrooms, two teachers. Child abuse and neglect can have a significant impact on a child's ability to fully participate in primary school life with the ramifications of undetected of unreported CAN might have ripple effects which can last years (Klika & Herrenkohl, 2013; Romano, Babchishin, Marquis, & Frechette, 2015). Researchers in this field have noted the critical role of teachers in detecting and reporting CAN. Accordingly, much research has been undertaken in Australia (Walsh, Mathews, Rassafiani, Farrell, & Butler, 2012), the United States (O'Toole et al., 1999; Webster, O'Toole, O'Toole, & Lucal, 2005), the United Kingdom (Baginsky & Macpherson, 2005; McKee & Dillenburger, 2010; Webb & Vulliamy, 2001) and other countries (Buckley & McGarry, 2011; McGarry & Buckley, 2013; Schols et al., 2013). Aotearoa New Zealand research on professionals' reporting behaviour has however, been limited and the most recent data were collated by Rodriguez (2002) who reported that, in the absence of legislated mandatory reporting, teachers and other professionals make decisions about reporting child abuse concerns based on subjective judgment and knowledge of situational factors.

Against this backdrop of research, it is surprising that little is known about how social workers and school professionals work together to address matters of child welfare. This article reports on aspects of a sequential qualitative study, with a particular focus on school-based social workers and their beliefs about what needs to change to improve school processes of addressing child welfare concerns.

METHOD

A qualitative study comprising three phases over several years has been conducted, involving SWiS, (reported in this article), school principals and early career teachers (to be reported elsewhere). A qualitative approach was selected to allow investigation of under-researched school practice. The selected method of semi-structured interviews enables researchers to explore people's opinions and examine the underlying rationale for perceptions. The qualitative research process begins with "conscious and unconscious questions and assumptions that serve as a foundation for an epistemological position" (Nagy Hesse-Biber & Leavy, 2004, p. 2). In this study, an assumption was that school-based social workers would have a unique perspective on the organisational context in which they act as bridges between education and welfare systems.

The study received ethical approval from the University of Auckland Human Participants Ethics committee. Social workers received an invitation to participate sent out by their main professional association, the Aotearoa New Zealand Association of Social Workers. The initial response was very swift and positive. All those offering to participate received an information sheet and consent form prior to the interview. Sixty social workers requested further information and 40 offered to be interviewed; however, not all returned the consent forms and of those who did, 20 were able to participate in an interview during the time available. Twenty semi-structured telephone or Skype interviews of between 30 and 90 minutes' duration were conducted. The questions were driven by the main research focus of the larger study, along with some questions designed to explore school-based social workers' particular experiences, and the challenges and opportunities afforded by their roles. Saturation was noted at 20 interviews, with clear, consistent narratives developing in the interviews.

Of the 20 interview participants, 11 identified as NZ European, five as Māori and four as other European. Fifteen were female and five were male. The age range was: 31–40 N= 4; 41–50 N=8; 51+ N= 8. All interview participants held social work qualifications and all were registered, 16 holding full registration while four new graduate participants held provisional registration. Efforts were made to recruit younger social workers and those from Pasifika ethnicities but these did not generate more interviews within the timeframe for data collection.

A significant aim of this part of the research was to understand what it was like to be a social worker in a school setting and to explore how professional dynamics might influence school responses to concerns about CAN. The interviews explored four broad topics: participants' perceptions of their readiness to work in a school environment and the knowledge and skills needed; the strengths and challenges of practising social work in a school setting (reported in Beddoe, 2017); the processes the participants' schools followed when concerns were raised about a child; and the social workers' beliefs about what they would like to change in how schools respond to CAN. The latter question was phrased as a kind of *miracle question*, as the first author has found such questions, borrowed from solution-focused therapy, to be useful in qualitative research as a means of eliciting future-oriented ideas and aspirations, freed from the constraints of *now*. Each participant was asked: "if you had power and resources and could how your schools respond, what would be the two things that you would like to change?"

The interviews were audio-recorded and transcribed. The interview data were coded using NVivo11 (QSR International). An initial coding augmented by text searches generated 50 nodes. Consecutive reading of node reports contributed to further understanding and reduction of the data as repetitive patterns were identified. These patterns, based on multiple participants describing very similar experiences were then collapsed into the themes outlined above. The findings reported here have been mainly drawn from answers to the question: "If you could change two things…" Pseudonyms are used for participant quotes. Potentially identifying information has been removed.

FINDINGS

The four most frequently coded themes identified in social workers' responses to this particular topic were: improved training on CAN for school staff; better support for teachers; a more holistic approach to child wellbeing; and improved understanding and relationship with the statutory child protection authority. It is to be noted that SWiS recognised the demands on classroom teachers and were sympathetic to the limits of their ability to respond to concerns.

Improved child abuse training for school staff

A consistent aspiration was that the whole school workforce would be well prepared and equipped to address concerns about CAN and that teachers would "see themselves as a key part in that process. Not the only part, but a key part in that process" (Sam). Chrissie wanted signs of child abuse and ways to respond to be a "mandatory part of their training, part of the schools" and for there to be policy and procedures in place that teachers were trained in. "Teachers' understanding the process of how to proceed with the next steps, where to from here" (Chrissie). A focus on training for teachers was echoed by others:

> But if they actually had training around that, you know, this is what neglect looks like, you know, these are the signs, then they can be more confident in following the schools process of how to report. (Cindy)

> Well, timeliness in terms of really being able to identify early, early signs of something not being right. (Debbie)

> Yeah, and all teaching staff on the frontline and principals and teacher aides having first response child protection training. (John)

Jen expressed clearly a common concern that often teachers do not have CAN at the front of their minds: "They don't think about it and I don't know whether it is because they get used to it or yeah whether they don't know to look for the signs." Because of this concern, Jen really valued school staff working together with other professionals to ensure that a team approach might contribute to better understanding of a family, an example being:

> …because the public health nurse has been called in by the school to have a look at a child who has got sores and haven't been healing…and I don't know about that and I'm working with them on some other issues, [say] parenting. Maybe I'm not even working with the child, I'm working with the parents, because that can often happen, you know. [Working together] actually paints a picture of what's going on, the problems that that family is experiencing. (Jen)

Teachers need training in CAN because, "you know, they're seeing kids every day and often have the most information out of any professional that's involved with them" (Patrick). Teachers need to understand child abuse and how it affects children and "the way schools and social workers hold hands and work together" to address it (Jackie).

Teachers being able to join the dots was vital in Jen's view as they are in a position to observe possible signs for concern over time:

> …it is the things that underline it, they think about the child being absent from school, a few days a week, and, if this is a regular occurrence and if they are not

> wearing the appropriate clothing to school and if they don't brush their hair, or their skin looks…, or [she]becomes withdrawn, you know. There's all these little clues that can [signal] neglect. Often, they actually don't tie that all together. (Jen)

There was also a strong emphasis on training to ensure that processes were clear when concerns were noted and action was needed. There were two main elements to this, firstly making an appropriate first response, as also noted by John above, the second about clarity of role, an issue noted previously in literature. "So, everyone gets each other's role and how to collaborate" (John).

Jessica wanted to see a common understanding of how to address concerns: "But … it's not going in like a bull in a china shop. There's still got to be a level of respect with all families that we work with no matter what is happening." She recognised this was difficult work: "it's the hardest thing to sit across from someone that has sexually abused a child and let them know what you are going to do without going 'how could you do this,' you know, you can't" (Jessica).

> Elsie wanted teachers to have refresher training each year on the signs of abuse:
>
> …the teachers that sometimes need it the most are the teachers that have been there the longest. Sometimes they're the ones the most reluctant…. The newer ones coming in are more open to the learning, this is just my impression, is they are open to the learning but they actually know a lot as well. They see the confidence building. (Elsie)

Many of the participants' apprehensions were about mis-understanding of how social workers practice when dealing with CAN and the potential for unrealistic expectations of the child welfare system. It was important for school professionals to understand there is insufficient capacity to provide instant responses, "you know, there's not enough people. So, I would change that first." (Jessica). To counter this, John wanted every school to have a social worker regardless of decile (school socioeconomic rating):

> …because you know…smaller schools get half a social worker [on a head count basis]. So, what you've got of course is decile 1 school with small rolls being absolutely full of issues. (John)

Sorting out responsibilities and processes for notifications to the then-named Child, Youth and Family service (CYF) was vital to ensure consistent approaches: "I think often it is there are not any really clear processes and maybe it is just down to teachers not knowing what the processes are" (Patrick).

Better support for teachers

The school social workers were unanimous that teachers needed more support. They were very clear that teachers' roles were pivotal, as expressed clearly by Sam:

> Because when I talk to children, at times teachers are a key people within their life, key people and when I talk to older people and they reflect on what was it that helped them achieve the level that they achieved most of them go back to one or two other people as well, but [at least] one or two teachers that were absolutely in their corner. (Sam)

There was strong support for SWiS having more time to support and work with classroom teachers and to offer consultation about children where the teacher held concerns. Elsie argued that if she was in charge she "would have a trained social worker that they can consult with if they were concerned. I think just providing that level of support for them would help alleviate anxiety that they may take home with them" (Elsie). A social worker might even cover 10 schools but could be available to be contacted by any school to run through anything in terms of: "I'm worried about this child because I don't know if there is something going on can you come in and have a chat with them."

Comments were made about levels of support for teachers to manage concerns, especially when one classroom might have several children of significant concern. Reduction of class sizes and the employment of more trained ancillary staff to ensure support of students in a variety of different ways and more opportunity for observation. Stuart saw very stressed teachers and on his "wishlist" were the following:

> …more emotional support for staff… more opportunities to have time out of the classroom to talk to other professionals. I know that the teachers at some of the schools I've worked in… if they had more time they would spend more time having these conversations with myself or with the guidance counsellor or the school nurse. (Stuart)

Linda felt that teachers needed time to think about their observations when alarmed by what they see and needed to feel ok to communicate with the principal and have "time out from their classroom even to process it...to have debriefs. That is some of the stuff that doesn't happen because they are so busy and schools are such structured places and I think teachers get stressed about kids" (Linda).

Like Stuart earlier, Linda thought SWiS workloads and splits across schools meant that they did not have time to do all they could to support teachers. Linda argued that SWiS had a great deal to contribute to the school environment:

> …creating environments and creating systems and having that advisory role consultancy role with school staff. That sometimes happens on the hop on the run and yeah particularly if you are hopping between schools, yeah. A whole lot more value could be added to those roles. (Linda)

A more holistic approach to children

Echoing the international literature, the SWiS participants interviewed wanted the culture and resources to ensure a holistic approach to child welfare in their schools, offering ideas about how a child-centred approach would ensure better outcomes. For example, Sam noted that, from a child's perspective where abuse was confirmed and they needed to be removed, it might be very important that they could maintain a relationship with their school in some way. Timely and comprehensive processes to address child abuse and encompass the whole situation and support to make things better for children would also impact on their academic learning. Marie commented on the importance of wraparound support:

> Because sometimes I feel that things are still being a little bit too separate as well as educational or social whereas if you work on the one thing the other thing will improve as well. So that whole wraparound idea of helping and supporting children and families from all different angles.

Marie was from a European country and noticed that practice in Aotearoa New Zealand "is still moving towards being child-focused and I think that having a social worker in school definitely contributes to that [ideal].". Advocacy for a more holistic and child-centred approach was a "very, very positive thing and as a social worker in schools I think you be very child focused in your work…and give children a stronger voice now and then" (Marie).

For Jessica, a critical issue was understanding and respect for tikanga and kaupapa and seeing the child also within their wider cultural context. Alison recognised that she adapted her assessment tools depending on the nature of the school:

Being Māori I naturally came with assessment tools that sort of looked holistically at the tamariki and to adapt those to suit Catholic schools, to suit kaupapa Māori [and] to suit mainstream, where there were perhaps more predominantly Pacific Island or Middle Eastern children.

Linda wanted teachers to move beyond just seeing children as 'an emotional being, a learning being, and a social being' to seeing that they are also part of whānau, hapū and iwi: "they are not seeing the spiritual dimensions of that child and teachers tend to work from that, you know, that cup half full half empty thing rather than the cup being full."

Improved relationships with statutory child protection

SWiS expressed concerns about teachers' and schools' attitudes towards statutory services and were unanimous that they could, and did, offer their skills to improving relationships. Chrissie felt that she needed to be an advocate for CYF social workers because she observed a lack of understanding around the limitations of the legislation that statutory social workers work within. Debbie also felt that this advocacy was a big part of the SWiS role: "advocacy for children, and that often puts you in a kind of adversarial position within the school" (Debbie). These dynamics led to an *us and them* approach to statutory social work, with school professionals becoming protective towards the family and believing that they could solve the problems themselves:

> [It is important] that the schools are not overly protective…because there are some things that just need to go to CYF and you can't fix it. The principal can't, you know…fix that issue and I've seen that many a time that staff and the school end up taking on the family, the families are raruraru[i] and it doesn't sit with schools, it needs to sit with the right professions. (Alison)

Most participants believed that there needs to be closer communication systems developing between the local child protection office and schools. Participants believed it to be vital that school professionals understood the significant differences between what statutory social workers and SWiS can do in child protection. Reports of concern processes and outcomes were sometimes a source of conflict (reported in more detail in Beddoe and de Haan, 2018).

The lack of effective communications was a significant issue, SWiS having relationships with both systems, often heard about the problems, as this could be two-way critique:

> Yeah, I think there's a real frustration between, you know, lack of communication. And I did notice when I worked at CYF there were some schools that were great at welcoming you and other schools were like it doesn't happen in our school. You are not made to feel welcome, you know. (Kate)

Better communication between a local CYF office and the school and the provision of training about statutory processes might reduce the potential for misunderstandings about timeframes and practices:

> [When it is a] critical seven days, a '14 days' and when it's children under five you've got so many days to make a decision, you know. So, this is maybe why you don't hear back. I think, you know, I just think there is a big gap there that is not helping. (Kate)

Finally, there were clearly expressed aspirations for improved pastoral resources for schools: with Allison saying, "if I could change two things one would be to include a SWiS or a social worker in the process" of addressing all CAN concerns. Teacher aides were recognised as doing "the hardest job" and they needed to work with SWiS to liaise with "usually pretty tricky families" and the child and teachers: "I think I'm not sure we are valuing that position enough" (Jack). Jack called for much greater integration of efforts for children at risk:

> I would look at writing some form of alternative education within the primary school sector…I think schools and teachers probably need to be allowed to

be more flexible to respond to the needs in their school.

DISCUSSION AND CONCLUSIONS

The article reports on phase one of a qualitative study which has explored the role of schools in responding to child maltreatment. School-based social workers have reported that they hold a key role, working closely with school principals, in responding to potential CAN. The findings are well aligned to the themes from the literature cited earlier. There is considerable agreement with earlier research, especially in relation to reporting processes (Rodriguez, 2002); the contributions of and regard for social work (Altshuler & Webb, 2009; Belgrave et al., 2002; Dupper, 2003; Minnich, 2014), and the importance of a holistic perspective of the positioning of children within kinship and community (Hollis-English & Selby, 2014; Selby et al., 2011).

In particular, participants in the study confirmed the need for greater role clarity about the different parts that school professionals, statutory services and school-based social workers play in child welfare, suggesting that some long-standing troublesome elements of the programme remain. Many of the issues identified by Belgrave et al. (2002) and summarised earlier in this article remain unresolved. Misunderstanding of professional roles and limits to power, concerns about *quick fixes*, a lack of a holistic view of children, as members of whānau and community featured in the earlier discussion. Of greatest significance was the desire to see much improved communication between schools and statutory social services, with a focus on reducing the potential for frustrations and misunderstandings. Social workers were conscious of their bridging roles between systems, necessitated by the emotional politics and anxieties associated with child abuse and child protection (Warner, 2015).

Teachers' need for education and support was a significant theme. School-based social workers were largely very sympathetic to the challenges faced by teachers and recognised the stresses in the education system and felt they had a great deal to offer if better resourced. Critically, improved understanding and relationships between schools and statutory services might lead to more effective response, and consequently impact on how efficacious a school social worker feels in fulfilling their obligations.

This is an exploratory study and reflects only the perceptions of the social workers interviewed. We note the absence of Pasifika perspectives and future research would need to take steps to include Pasifika voices. The views of school principals and teachers are being sought in another phase of the study. These findings do, however, pose challenges to both initial teacher education and statutory child protection to ensure that teachers have sufficient knowledge about CAN to act when needed. The respectful concern expressed by the SWiS participants suggest that teachers do need opportunities to discuss their concerns and fears with knowledgeable and supportive social workers. The SWiS programme has considerable capacity to further empower social workers to act as bridges between ITE, school leaders, teachers and statutory child protection.

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Endnotes

[i] To be in difficulty, perplexed, troubled. Māori Dictionary (http://maoridictionary.co.nz/).

RESEARCH BRIEF

QUALITATIVE RESEARCH

Addressing concerns about child maltreatment in schools: A brief research report on social work involvement in reporting processes

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ABSTRACT

INTRODUCTION: School-based social workers (SWiS) in Aotearoa New Zealand work alongside teachers and principals to improve child wellbeing. The SWiS experience in addressing concerns about possible child abuse and neglect (CAN) is under-researched.

METHOD: In the first phase of the project, the authors undertook semi-structured interviews with 20 SWiS to explore their experiences of how school professionals addressed CAN.

FINDINGS: Some considerable variation in making formal notifications of concerns to the statutory agency was found. In some schools SWiS made all the notifications, in others none, and in some schools the process was variable. Stigma associated with child abuse was reported as a factor in attitudes towards reporting. School-based social workers reported the need for better education and policy to guide schools to address CAN.

IMPLICATIONS: More joint education is needed to ensure a common knowledge base and better interprofessional work. There is potential for SWiS to support this work if better resourced.

KEYWORDS: child abuse and neglect; school-based social work; reporting child welfare concerns

More than three decades have passed since the initial pilot of the "social workers in schools" programme (SWiS) (Belgrave, 2000; Belgrave et al., 2002; Hollis-English & Selby, 2014; Selby, English, & Bell, 2011). At the time of writing there are significant proposed legislative and structural changes to the statutory child welfare system, and child protection in general in Aotearoa New Zealand. Given these changes, it was deemed useful to examine the nature of the work and resultant successes and challenges that SWiS are encountering. New legislation in 2014 positioned teachers, along with other professionals in the so-called children's workforce, as significant in a collaborative response to CAN (Vulnerable Children Act 2014).

Little research on schools' approaches to concerns about CAN has been carried out in Aotearoa New Zealand. Rodriguez (2002) reported that, in the absence of mandatory reporting laws, Aotearoa New Zealand teachers and other professionals make decisions about reporting based on subjective

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judgment and knowledge of situational factors, often reflective of negative attitudes towards mandatory reporting. Discussion of thresholds for reporting is noted in literature as a significant concern (see for example, Levi, Crowell, Walsh, & Dellasega, 2015; Levi & Portwood, 2011). There is a notable grey area between the responsibility to report and the perceived absence of reasonable grounds, giving rise to confusion and ambiguity. Professionals feel that "concerns about the extensive financial and emotional costs of unsubstantiated claims must be weighed against the value of protecting the lives of countless children in danger" (Rodriguez, 2002, p. 321). Beliefs about the relative likelihood of disruptive social service involvement, inferior social work services, or harm to the family as a result of reporting were also found to play a significant role. Rodriguez (2002) recommended that training should focus particularly on neglect, and research should examine the actual impact of child protection notifications on families, given teachers' preoccupation with the potential for negative impacts. However, change has come without substantial training or new resources and the role of schools remains under-researched.

This brief research account reports on one aspect of a larger study of school professionals' approaches to child maltreatment, one which includes interviews with school principals (to be reported elsewhere). The article focuses on the experiences of SWiS in relation to schools reporting concerns about CAN.

Given the brevity of this research report format, the extant literature cannot be reported in any depth. Readers are referred to Beddoe, de Haan, and Joy (2018) for further detail.

METHOD

A qualitative study design was selected as an appropriate approach to allow the under-researched aspects of schools' roles in responding to CAN to be explored in detail. The selected method of semi-structured interviews enabled the researchers to explore the experiences and perceptions of SWiS about schools' responses to CAN. The study received ethical approval from the University of Auckland Human Participants Ethics committee. Social workers were invited to participate via an invitation sent out by the Aotearoa New Zealand Association of Social Workers. All those who responded received an information sheet and consent form prior to the interview. Twenty telephone/Skype interviews of between 30 and 90 minutes' duration were conducted using a semi-structured interview method. The interviews traversed four broad topics: participants' perceptions of their readiness to work in a school environment; their views about the knowledge and skills needed; the strengths and challenges of practising social work in a school setting (Beddoe, 2017); and the processes followed by the schools when concerns were raised about a child. Saturation was noted at 20 interviews, with clear, consistent narratives having been identified. Interviews were transcribed and coded using NVivo11(QSR International). Analysis was driven by the main questions, with developing themes then explored across the whole data set for linked concepts.

Of the 20 interview participants, 11 identified as NZ European, five as Māori and four as other European. Fifteen were female and five were male. The age range was: 31–40, n= 4; 41–50 n=8; 51+ n= 8. All interview participants held social work qualifications and all were registered, 16 holding full registration while the four new graduates held provisional registration. Efforts were made to recruit younger social workers and those from Pasifika ethnicities but these did not generate more offers. The social workers practised in a mix of rural and urban schools across Aotearoa New Zealand. Pseudonyms are used to identify participants and potentially identifying information removed.

The focus of this article is the social workers' perceptions of, and involvement in, the reporting of concerns about CAN. Given our over-arching interest in schools' responses to CAN reporting of children for whom concern was felt about their wellbeing, the main questions asked were:

- In school settings what processes are typically in place for action when a classroom teacher has concerns a child is experiencing abuse or neglect?
- What was/is your role when this happens?

FINDINGS

In response to our question about typical processes when concerns were raised, we found some considerable variation in the role of making formal notifications (reports) of concern to the Ministry for Children Oranga Tamariki (MCOT). In some schools SWiS made all the notifications, in others none. Some schools varied on a case-by-case basis. School-based social workers reported the need for better education and policy to guide schools to address CAN. Significant issues gleaned from the analysis were the variability of reporting processes, misunderstanding of the role of SWiS in reports of concern about CAN, and the presence of some aspects of stigma associated with CAN referrals and the perception of negative outcomes.

Reports of concern

Alison described three distinct responses when school staff held concerns about CAN. She provided an excellent summary of what we found in the responses to our question about reporting process. In summary (and in her words) these are:

1. There are few schools that have very good pastoral care systems that do really kick off with all the services that they have in the school and they allocate [which professional] will address the situation.
2. There are more schools that I know of where it all just sits with the principal or the DP and they make the decision. Not always do they consult with the social worker, sometimes they think that every case needs to go straight to Child, Youth and Family (the statutory child protection agency, CYF) and they do that immediately.
3. They don't [refer] because they've had such bad experiences. In their view, the experience with CYF hasn't been favourable for the child. (Alison)

Principals in schools were often gatekeepers and this at times created some interesting dynamics. The protocol in most schools meant that teachers had little autonomy and were obliged to "go through the hierarchy," although Debbie felt there was a distinction where "older teachers or the more experienced teachers would talk directly to the SWiS [who would then] fill out the referral form with them and then take it from there."

Barbara found that some teachers would talk openly to her, in preference to going to the principal. Their rationale was that "that way if the principal doesn't allow it to go further they know they've raised their concerns with me." Barbara formalised the process that teachers could talk to her openly, because some teachers had earlier been ringing her with their concerns at home in the evening "and I needed to nip that in the bud." The SWiS participants favoured some level of consultation as it avoided teachers taking on "pastoral responsibilities…without the adequate training that social workers have" (Elsie). Having the option to have an informal conversation with a SWiS "kind of relieves that pressure from the staff….and allows that checking in point that actually addresses concerns about 'am I doing the right thing?' or 'I am a bit worried about this child'" (Elsie).

SWiS often have a relationship with three or more schools and report variability in decision-making across different schools, and in one case, even within a school. Chrissie felt that the relationship with the family was pivotal: "The better the relationship the less likely they are to make a report of concern."

If the child concerned was not currently on her caseload then principals would generally not typically choose to involve her.

Some SWiS had little involvement in notifications by choice, because they did not want to become scapegoats for involving CYF:

> I will help the principal do it because we sometimes get used as a scapegoat and I won't tolerate that because that's not fair on me and my families or my role because, for instance, people will see something and then they will say, "oh can you put in a notification?" And I go, "ok I said I don't know whether you realise it but you have a legal obligation because...you are telling me and there are some serious allegations here but I haven't seen any of it [myself] so it is all hearsay", but what I then do is help with the [referral] and follow up to see how the child is. (Cindy)

Jackie also felt some resistance to making all the notifications herself: "you know, I might not have been involved that much and actually the school could offer more information to CYF" (Jackie).

In Jessica's school, teachers had been fearful of making notifications because of the fact that "reporting is going to create additional stress for families: 'I get that as a SWiS…it is hard to make that call to put that family inside the CYF system, you know, but they know it's necessary…. Teachers, I think they are getting better, but I think the hesitation has been around fear" (Jessica).

Misunderstanding the social work role

Participants commonly reported that not all school professionals have a good understanding of the child protection legislation and how statutory services work. SWiS often find themselves brokering the relationship between the school and CYF, for example, why some notifications are actioned and others not. Cindy felt that an important aspect of the role is explaining the process of reporting in order to avoid teachers becoming involved in processes they do not understand and find uncomfortable, for example: "[some] don't want anything to do with it because, you know, they are working with these children day in and day out." Raising teacher awareness of the legal process and, indeed, the social work process was vital to the SWiS role and Debbie noted an "undeniable tension between education and social work models," going on to say "I don't know whether that is resolvable. But I certainly tried." One of Debbie's main strategies was to ensure she went to staff meetings:

> [I talked] about some of the successes, some of the things that were happening in the social work world, some of the processes that needed to happen. I also talked about the legislation, [our] code of ethics, and they weren't particularly interested, but I needed to…say "look this is what defines how I do what I do. I don't arbitrarily make a choice as to whether I'm going to take this course of action."

When it worked well there was open communication between the principal and the SWIS and both parties were aware of the work being done and my involvement of statutory child protection. Problems arose when this was not the case. June reported a recent incident where the principal had given her the information available about a child and asked her advice: "I thought, so 'yay finally you are getting this.' But [then] I bump into someone from CYF because I used to work there and they will say 'oh we saw your principal the other day because we were visiting [child]' and I didn't have a clue." Marie also reported the same problem: "I haven't always been told when school was approached by CYF…I only found out later which I see as a missed opportunity to work together" (Marie). SWiS concerns about these and similar incidents underlined the potential undermining of their relationship with the families they were working with, when they were unable to prepare families for referral. In addition, not being consulted, or at least informed, of notifications reduced effective working relationships between CYF and the school.

Need for better knowledge of abuse and violence

In a study of health professionals and teachers in the Netherlands (Schols, de Ruiter, & Ory, 2013), participants recognised that social and cultural norms influence working definitions of normative behaviour and therefore what constituted abusive behaviour. Thus, definitional understandings of what constitutes abuse and neglect can be ambiguous. While professionals were cognisant of the different types of abuse, this did not correspond to knowledge about signs, rates, and impacts of these types of abuse. Risk to children was often underestimated, and individual situations were justified or explained depending on familiarity with the child and family, frequently resulting in inaction. In this present Aotearoa New Zealand study, the SWiS noted both minimisation and ambivalence (see also Beddoe et al., 2018). Chrissie, for example, had encountered several different attitudes towards possible maltreatment:

> sometimes it is not recognising it, sometimes it will be “it is not our business,” sometimes it will be “well if they are turning up to school being fed and clean clothing and they are clean that’s all we need to know about” or “well it’s not our job we’re here to teach.”

Resistance to being aligned to CYF work features also:

> a principal said “we would be doing CYF’s job if we contacted them, you know.” One example was there was quite an awful domestic violence situation and mum kept going back to dad and CYF just said “look please contact us if you get wind of mum going back to dad” and the comment was from the principal was “well we’re not doing their job” and “Oh I’ve met him and he’s quite a nice guy.” Well maybe he is when you meet him but he is not a nice person when he’s being domestically violent to his partner. (Chrissie)

Jen provided an example of a new teacher who had a child in his class who was coming to school every day without any shoes or appropriate clothing. Instead of talking to the principal or the SWiS, the teacher began buying shoes and books, and had not considered whether there might be other underlying factors in play.

There were challenges for SWiS in knowing that there were children who were facing major problems but there were school staff who were not willing to acknowledge that. Linda noted that, rather than providing wrap-around support, teachers, “just went ‘nah, they are just bad, they are just naughty.’” Another example related to a situation where children were punished for sexualised behaviour, seeing it as bad behaviour rather than as a potential sign of abuse. Sal recognised that this was complex:

> there is a fine line between them being able to recognise that these behaviours are not just naughty there’s obviously something going on…where is the line [between] “ok I can deal with this or do I refer it to the social worker.”

Knowledge about appropriate process was also an important component of the SWiS educational role in schools. This might involve discouraging school professionals from interviewing children: “knowing how much you need to know and where the line is and you stop interviewing and stop questioning is really important.” Debbie suggested that school professionals need education about how to deal with abuse disclosures because of potential problems with how evidence was gained.

Impact of child abuse stigma

Webster, O’Toole, O’Toole, and Lucal (2005) reported that, when teachers described problematic relationships with statutory agencies, teachers' attitudes about reporting and their consequent use of professional discretion differed. Where child protection services were poorly regarded teachers often used discretion rather than automatic adherence to mandatory reporting requirements. Stigma associated with the presence of child maltreatment in a school emerged as a potential problem. For example, participants noted that some schools were resistant to having a SWiS because they wanted to be seen as a very successful school and "they didn't want anyone to know that there were children at risk or that they made notifications to CYF" (Kate).

Alison noted that the "biggest shadow that SWIS carry around" is that they are social workers – "don't talk to them, you know," – so it was part of the job to build relationships with the school and the wider community to change this negative perception, when in reality school social workers are not automatically involved in formal notifications, or even the decision to report. Sam felt that SWiS social workers were often disadvantaged because, "historically many schools have had a fairly negative unsatisfactory relationship with CYF." In his view involving managers or liaisons from CYF has helped break down some of the barriers between the school and CYF and as a result they realise that they can also discuss "worries" not just notifications:

> …it is really an educational thing that CYF are doing which I think is really important because there is a fair bit of stigma attached which needs to be changed and schools to feel really comfortable and readily contacting CYF. (Sam)

Sometimes the resistance was based on a concern that having a school-based social worker was signalling that the school had undesirable social problems:

> …in the first school that I was in there was quite a lot of resistance to having a social worker and I think a lot of teachers felt…that their school was seen as a bad school or that we would be uplifting kids and intruding on their teaching. (Patrick)

CONCLUSIONS

The findings of this study are consistent with international literature which has noted challenges posed by differing thresholds for reporting and stigma-based ambivalence about involving statutory child protection. Stigma about child abuse in schools and the involvement of social work and potentially, statutory intervention is potentially problematic if it leaves children at risk. Ambivalence and lack of clear understanding of thresholds for reporting are complicated by the nature of schools' knowledge of families. Familiarity with the family seems to influence whether they monitor before reporting, and for how long. A prevailing theme is the antipathy of some school professionals towards statutory child protection. This reported stigma is likely a consequence of the generally class-riven, surveillant nature of child protection discourse in wider society. The association with poverty, criminality and "dysfunction" (Hyslop, 2017) likely contributes to school ambivalence and is regularly bolstered by government policy which emphasises the surveillance of the vulnerable (Hyslop, 2013). The extent to which this stigma influences school decision-making about reporting concerns is an important area for further study and subsequent recommendations for amelioration.

While this is a small study and the interviews conducted during a time of great uncertainty in the sector, there is clearly work to be done to build relationships between parts of the child welfare system. SWiS practitioners recognised these dynamics as potentially harmful and were in general agreement with Webster et al. (2005) that the focus should be on improving cooperative efforts between schools and child protective services, as this is more viable in the current economic climate than intensive improvement of the child protection system.

While the 2014 legislation requires greater responsibility for vulnerable children across education, health and welfare, it seems that, at the very least, some joint education for teachers and social workers is needed to ensure a common knowledge and language base (Levi & Portwood, 2011) to enable better interprofessional work. SWiS are in a good position to offer education about child protection processes and to act as consultants for teachers (Beddoe et al., 2018). Poor relationships between parts of the sector are more than unfortunate and recognition of the huge potential for SWiS requires action and resources.

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Changing research methodology: Two case studies of critical realism informing social work doctoral research

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ABSTRACT

INTRODUCTION: Critical realism (CR) has much to offer to social work research because of its recognition of the existence of objective and subjective realities. Bhaskar (1978) classifies these levels of reality as the empirical, the actual and the real. Empirical realities emerge from our experience of the world and include our subjective constructions. The underlying *real* reality is seen as a productive force, causing the empirical to appear. Researchers using CR methodology can employ an analytic process called *retroduction*. This approach involves moving back and forth from the empirical to the real to identify causal mechanisms that drive the empirical to manifest.

APPROACH: This research brief is the outcome of a research methodology literature review undertaken by two doctoral students who employ CR perspectives. Their research proposals have been used as case studies to demonstrate the usefulness of CR in informing social work research. These findings were presented at the ANZSWWER international symposium held at the University of Auckland in New Zealand.

FINDINGS: CR uncovers the epistemic fallacy of reducing ontology to the realm of epistemology. The totalising truth claims of both objectivism and subjectivism are replaced with an alternative conception of stratified forms of reality – the real, actual and empirical. Reality exists both objectively and subjectively. This enables researchers to bridge social constructionism and structural causation. It allows for study that explores the subjective considerations of respondents while examining the objective existence of causal mechanisms such as social structures, systems or processes.

CONCLUSION: CR offers an alternative that social work researchers have long been searching for: to engage meaningfully in studies that examine perceived realities at the empirical level and the causal mechanisms that lie behind them.

KEYWORDS: Critical realism; research methodology; social work research

Introduction

Social work researchers have long been constrained by an ontological binary – by the lack of a methodological approach that allows them to engage in research without aligning it to either an objectivist or a subjectivist stance. Although social work is interested in what matters to people and how and why certain things matter to people (Houston, 2001; Sayer, 2011), both positivist and constructivist perspectives fail to truly engage in the

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complex interplay between "*fact* and *value*, between the *is* and the *ought*, between the *positive* and the *normative*" [original emphasis] (Longhofer & Floersch, 2012, p. 501). Critical realism offers a means of moving from "surface" to "depth" in social work practice and for developing empirically based theory about why certain empirical events arise from intervention in a specific social situation (Houston, 2001, p. 853).

CR, as proposed by Bhaskar (1978, 1979, 1989, 1998), proposes that both positivism (objectivism) and constructivism (subjectivism) are both subject to what is termed the *epistemic fallacy*: that the nature of reality is reduced to human knowledge (Bhaskar, 1998, p. 27). Positivism acknowledges the existence of a real world that exists independently of our beliefs and constructions. However, the nature of reality is reduced to what can be empirically investigated through scientific experiments. On the contrary, constructivism denies the objective existence of reality and regards reality as entirely constructed through and within human knowledge or discourse. This approach also reduces reality to our knowledge of reality. As Bhaskar (1998) identifies, the problematic reduction of ontology to epistemology happens in both approaches. CR posits that one can only ever attempt to come closer to the real reality and not capture it fully.

CR presents reality as stratified into three levels, or "ontological domains" (see Bhaskar, 1978, p. 56). The surface level is *empirical reality* which we can experience and observe. Thus, empirical reality is mediated through the lens of human experience and interpretation. The middle level is *actual reality* where no filter of human experience exists and hence events happen whether we experience them or not. The third level is the *real level* of reality that consists of the causal forces which produce events at the empirical level. In CR ontology, the real level of reality is a central concept. The primary goal of CR is "to explain social events through reference to these causal mechanisms and the effects they can have throughout the three layers of reality" (Fletcher, 2017, p. 183).

This schema potentially raises an epistemological question as to how the real level of reality can be identified. Bhaskar (1979) argues that, unlike the natural world, social worlds are social products that can only manifest through social events or phenomena. The causal mechanisms in the social world "exist only in virtue of the activities they govern and cannot be empirically identified independently of them" (p. 48). It follows that causal mechanisms can be explained ultimately through phenomena at the empirical level. However, the social world is a dynamic and unpredictable open world in which potentialities inherent in causal mechanisms enable or constrain it from acting in certain ways (Bhaskar, 1979). Accordingly, in CR research, researchers engage in a retroductive reasoning process to identify certain social conditions for the actualisation of causal mechanisms in a real level of reality (Bhaskar, 1979).

What is most useful about CR for social work is its recognition of generative mechanisms that cause specific observable phenomena to manifest and the possibility of making changes to those mechanisms that could lead to the manifestation of different phenomena. For example, if some unjust social structures or systems cause undesirable emergent social practices, identifying and changing those structures and systems could lead to the manifestation of more desirable outcomes. In the example of Case Study One in the next section, it would mean examining the structures, systems or processes that impede or promote effective transition of transnational social workers into New Zealand and, in Case Study Two, it would mean identifying the causal mechanism in the settlement process and its impact on the perceived and practised meaning of trust among Korean-ethnic migrants in the context of New Zealand.

The following is a discussion of two doctoral research proposals that are taken as case studies to illustrate the usefulness and significance of CR in informing social work research. Both studies are being pursued at the University of Auckland and conducted in the New Zealand context.

Case Study One:

The Project

Case study one refers to a doctoral research proposal that examines the strategies and mechanisms in place in receiving countries to facilitate the transition of transnational social workers. A transnational social worker is defined as a "professional who undertakes professional practice in any other country than her home country or the one in which she received her training and qualifications" (Peter, Bartley, & Beddoe, 2017, p. 2). Their unassisted transition can engender unintentional harm to both the transnational social workers themselves and to their service users. However, a profession-wide response to this potential problem is not reported to date in social work, although other professions such as nursing and teaching do have some form of profession-wide responses (Peter et al., 2017).

The study explores the perspectives of stakeholders and considers causal mechanisms such as structures, systems or processes that impede or promote transition. This lends itself well to a theory that recognises the existence of an objective reality (the influence of social structures irrespective of what people perceive them to be) and which also acknowledges people's subjective construction of their own reality. CR recognises individual meaning-making and its correspondence to an external reality. According to Houston (2010) critical realism perceives social structures as having "durable enduring patterns of behaviour, social rules, norms and law-like configurations" (p. 75) that have real effects on the lives of people. Bhaskar (1989) points out that "we will only be able to understand – and so change – the social world if we identify the structures at work that generate those events and discourses … These structures are not spontaneously apparent in the observable pattern of events; they can only be identified through the practical and theoretical work of the social sciences" (p. 2).

Case Study One:

Methodology

A major criticism of CR is that it does not offer a clear research methodology or data collection methods. Some have pointed out that CR "is not aligned with or easy to translate into a given methodology" (Craig & Bigby, 2015). However, CR has been applied in qualitative research (see Fletcher, 2017) and with a grounded theory approach (see Craig & Bigby, 2015). Yet another approach used by researchers is combining CR with pragmatism, a compatible philosophical position (see Johnson & Duberley, 2000). The present study uses a qualitative strategy and insights from a pragmatic theoretical perspective are utilised to explain methodological positioning:

> Being pragmatic allows one to eschew methodological orthodoxy in favour of *methodological appropriateness* [emphasis in original] as the primary criterion for judging methodological quality, recognizing that different methods are appropriate for different situations. (Patton, 2002, p. 72)

Linking a CR view with the pragmatic approach, Johnson and Duberley (2000) suggest that a pragmatic view of truth "challenges any quest for certainty" and acknowledges its fallibilistic nature as "any knowledge claims, at any given time, may be wrong and all beliefs are thus revisable" (Johnson & Duberley, 2000, p. 14).

According to critical realism, the social world (unlike the natural world) is "an outcome of human action and therefore there is always the potential for changing existing relationships through action. If social reality consists of causal structures it must be possible to intervene and manipulate that structure [sic]" (Johnson & Duberley 2000, p. 16). In the context of the proposed research, this allows for the possibility of identifying and acting upon social structures in a way that may promote or impede transitional assistance to transnational social workers (TSWs).

Case Study One:

Empirical data & analysis

Focus groups with stakeholders (TSWs and employers of TSWs) will be used for data collection. Data analysis in CR can be conceptualised as a process of coding, abduction and retroduction. Coding is the process of identifying *demi-regularities* (see Fletcher, 2017) in the observable empirical realm of reality. At this stage, researchers look for patterns or tendencies (see Danermark, Ekstrom, Jacobsen, & Karlsson, 2002) that can be listed as codes. Abduction is the second step after coding of the empirical data has been completed. Abduction is a process which is also known as theoretical re-description "in which empirical data are re-described using theoretical concepts" (Fletcher, 2017, p. 188). Theories on new migration trends such as *transmigration* will be applied in the process of *abductive reasoning*. The transitory nature of migration and how that impacts on service provision will be examined (see Peter, 2017). Danermark et al. (2002) define abductive reasoning as "inference or thought operation, implying that a particular phenomenon or event is interpreted from a set of general ideas or concepts" (p. 205). As Fletcher (2017) points out, "Abduction raises the level of theoretical engagement beyond thick description of the empirical entities, but with an acknowledgement that the chosen theory is fallible" (p. 188).

Retroduction is the final stage of CR analysis in which the researcher attempts to identify causal mechanisms and conditions that drive the manifestation of empirical reality.

> The goal of retroduction is to identify the necessary contextual conditions for a particular causal mechanism to take effect and to result in the empirical trends observed. (Fletcher, 2017, p. 189)

Bryman (2012) defines retroduction as "a form of reasoning that entails making an inference about the causal mechanism that lies behind and is responsible for regularities that are observed in the social world" (p. 715). At the retroduction stage, researchers engage in a reasoning process that moves from "the manifest phenomena of social life, as conceptualised in the experience of the social agents concerned, to the essential relations that necessitate them" (Bhaskar, 1979, p. 32). It is this aspect of CR that makes it *critical.* According to Bryman (2012), this is because "the identification of generative mechanisms offers the prospect of introducing changes that can transform the status quo" (p. 29).

Case Study Two:

The project

Case study two refers to a doctoral research project that aims to explore the social and cultural effects of migration as it relates to conceptualising the notion of trust. Even though trust is a universal phenomenon, the way in which people conceptualise and utilise trust is culturally constrained (Doney, Cannon, & Mullen, 1998). The concept of trust has been a focus of the migration research community as one of the indicators of social capital in affecting migrants' life satisfaction (Helliwell & Wang, 2010; Laczko & Appave, 2013; Wagner, 2014). However, there has been little discussion of how trust is conceptualised and utilised by migrants during their transitional process in their host country. This study examines the impact of the settlement process and the effect it has on the conceptualisation of the meaning of trust and explores how Korean migrants perceive and practise trust during their transitional process in Aotearoa New Zealand.

This research requires a perspective that acknowledges the existence of an objective reality (the influence of social structures or processes regardless of the way people perceive or experience them) while also recognising the presence of a subjective reality constructed through human knowledge or discourse. A CR approach enables insight into both the way that people interpret and give meaning to their experience and how this perception corresponds to enabling and/or constraining the effects of objective social structures (Houston, 2010). To provide a more detailed explanation of the process involved in conducting CR research, the present study follows the methodological guidelines suggested by Fletcher (2017). The following section explains the planned process of the applied CR analysis.

Caste Study Two:

Process of applied CR analysis

Research inquiry adopted by existing theories. As a starting point, CR research begins with an inquiry that has been guided by existing theories. The present research inquiry is prompted by existing research in which four trust constructs such as trust, trustworthiness of beliefs, propensity to trust, and trusting behaviour are adopted to inform the influence of society and culture on the conceptualisation of the construct of trust (Dietz, Gillespie, & Chao, 2010). However, in keeping with CR epistemology, the initial theories can be supported, modified, or even rejected through a deeper CR analytical process, since the existing theories "can be more or less truth like" (Danermark et al., 2002, p. 10).

Data collection using extensive and intensive data. Social phenomena are observed or experienced at the empirical level of reality (Bhaskar, 1979) and the related data can be collected from two major sources: (a) data that show widespread trends, for example, statistical data; and (b) interpretive in-depth data from in-depth interviews or focus group discussions (Fletcher, 2017). For this study, extensive data is drawn from an internationally based trust survey and a domestic Korean study to identify certain tendencies. The intensive data collection source is comprised of 30 in-depth individual interviews and is followed up with five focus group interviews with three different generations of Korean migrants.

Data coding process of searching for demi-regularities. The cycles of the coding process follow a deductive and flexible theory "directed" coding process (Hsieh & Shannon, 2005, p. 1281). The data coding process for the current study is guided by provisional codes that draw upon the literature review and essential CR concepts. As described by Maxwell (2012), provisional codes consist of topic-based codes and prior theory-based codes. The coding phase of the present study consists of the re-organisation and integration of the codes into a CR-informed conceptual map that includes social structure and human agency. Throughout these coding cycles, the most prominent codes are used as a foundation to identify the demi-regularities of the empirical data.

Data analysis through abduction and retroduction. After identifying the tendencies of the data, a process of abductive reasoning follows to identify the social processes by engaging with the existing theories (Fletcher, 2017). Then Houston's (2010) domains of social life are applied to identify the mechanisms operating within the domains and how they interact with one another. This abductive reasoning aims to classify the causal mechanisms that go beyond the individual sphere and that influence the empirical phenomena in certain ways. The final stage of CR analysis aims to ascertain the context for the causal mechanism to take effect and to result in the tendencies observed from the empirical data. To identify the necessary contextual conditions, a retroductive reasoning process is applied by constantly moving between the empirical levels and the deeper levels of reality (Lawson, 1998). Houston's model (2010) is applied again to identify the specific context of the actualisation of the causal mechanism as it relates to the social structures.

Conclusion

The alternative theoretical perspective that CR offers to positivism and constructivism is potentially beneficial to researchers engaging in studies that examine structural problems and conditions that lie beneath the surface level of observable phenomena. The stratified levels of reality that CR puts forth allows researchers to design a study using qualitative strategies to investigate both objective and subjective realities. This, however, is a decision that researchers make discretionally in the absence of any specific methodology that can be identified with CR. The fact that the form of reasoning involved in CR is neither inductive nor deductive allows researchers to use retroductive reasoning while examining objective and subjective realities within a qualitative framework. This is particularly significant for social work researchers as it allows for the introduction of changes that can alter existing states of affairs. The two case studies of social work doctoral research proposals presented in this paper highlight some of the exciting possibilities CR offers to qualitative researchers.

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Professional identity and social work

Stephen A. Webb (Ed.), 2017
Routledge, Oxon, OX
ISBN 978-1-138-23443-7, pp. 246, paperback, NZD69.97

As the first of its kind in the field of social work, this insightful book, *Professional Identity and Social Work*, is certainly worth a place on the front line of the bookshelf whether it belongs to students, educators, practitioners, academic researchers, or associated professionals. As a previous practitioner and currently a PhD student, having a sense of "being professional" is an important and influential issue that I have tried to find an answer to this during a period of my own education and even during a period of my own practice in social work. However, heretofore there has not been a book that has focused exclusively on the topic of professional identity in the field of social work. This might be because of the conceptual ambiguity and complexity that are entangled in the range of values, contexts, and institutional locations and social work's culture. The editor, Stephen A. Webb, whom many readers know from his often cited book, *Social Work in a Risk Society* (2006), successfully answers the complicated question of how practitioners come to have a sense of being a social worker, by incorporating a wide range of essential topics from 18 knowledgeable and practical contributors from around the world.

Why professional identity is becoming a "matter" in social work? (p. 3). The reason for its mattering is because professional identity affects not only how practitioners identify themselves, it also affects how practitioners are recognised by the out-group including other professions, service users, and the public. Moreover, the formation of professional identity in social work is closely connected with various concepts and issues such as work performance, credibility, commitment, resilience, and job satisfaction as well as recruitment and retention. As discussed in the introductory Chapter 1, the notion of professional identity is a contestable concept due to its changeable and dynamic nature. With the emergence of more integrated, multi-professional organisational structures as well as rapidly paced economic and political changes, individual social workers experience multiple subject positions and shifts, and this adds a certain complexity to identifying what counts in the constitution of professional identity. In this regard, the meaning of professional identity can be somewhat different in different contexts as well as at different periods of time.

In responding to the request for social work to clarify its professional identity, the book comprises three, well-organised main sections. The first, *Key concepts and perspectives*, discusses the theoretical and conceptual matters that form around the issues of professional identity. There are four perceptive chapters in this section that provide a landscape that has to do with the key approaches and conceptual issues of professional identity as they relate to social work. For instance, Fran Wiles (Chapter 3) discusses the different ways of conceptualising the meaning of professional identity and highlights the importance of understanding the political and socio-economic nature of social work. Elizabeth Harlow (Chapter 5) exquisitely addresses the changed meaning of the *social* essential component of social work using a chronological approach and captures how the foundational concept of *social* provides a new understanding of professional identity in social work.

The second section, *Location, context and workplace culture*, concentrates on the significance of institutional context and its location, and the centrality of the workplace culture in the treatment of professional identity. As the longest section, it covers a wide range of contexts in social work and workplace cultural issues: the contextual aspects of child welfare (Chapter 7, 8); health care (Chapter 9); residential social work (Chapter 12); and inter-professional partnerships (Chapter 10) in the consideration of the formation of professional identity; the significance of the concept of *vocation* (Chapter 6) and *commitment* (Chapter 11) in helping to shape one's professional identity as a social worker.

The third and final section, "Professional education, socialization and readiness for practice," focuses more directly on the formation of professional identity and the impact of social work education on professional socialisation. This section addresses the following question: how do students develop a sense of *being professional* through professional education and socialisation processes? To depict the dynamic transitional process involved in becoming a qualified practitioner, Julia Wheeler (Chapter 13) examines the significance of practice fieldwork placement as a professional socialisation and Maura Daly and Martin Kettle (Chapter 15) captures the *fateful moments* in the formation of professional identity in an educational context. Interestingly, Jadwiga Leigh (Chapter 14) explores the darker side of being professional as a process of forming a credible identity by using empathic or tactical deception. The editor concludes the discussion by critically synthesising the various chapters using the lens of *matter of concern*.

This book aims to reach an international audience. Although the contributors are from Anglophone countries and the discussion is based on a westernised intellectual map influenced by western political and social-economic backgrounds, I could reflect on my past experiences as a practitioner in South Korea through the lens of professional identity and this book has given me the precious insights I hoped to find. I am looking forward to finding out if this book will be translated into other languages so it can reach readers from non-Anglophone countries too.

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Challenging the politics of early intervention: Who's saving children and why?

Val Gillies, Rosalind Edwards, and Nicola Horsley, 2017
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In announcing her ministerial line-up, Jacinda Ardern, our new Prime Minister, announced that "of course we support early intervention. What we want to do is see if that is truly what the investment approach was doing" (*New Zealand Herald*, 2017). Note, the efficacy of early intervention is not a concern, rather the question of whether that is what is being done. Gillies, Edwards, and Horsley (2017), challenge the taken-for-granted assumption that early intervention in children's lives is ideal, and detail the confluence of science, policy and neoliberalism that has informed the booming early intervention industry in the United Kingdom. They detail both how we have come to see early intervention as pivotal, and the results of research into what social workers think about such interventions.

Gillies at al., problematise the idea that certain forms of parenting, particularly those associated with *lower classes*, have a biological impact on children; can literally *shrink their brains*. In examining the provenance of this idea they question the science, and the resultant policy. With reference to the past, they demonstrate that biologised accounts of poverty follow a depressingly similar trajectory to the spread of eugenicist ideas and ultimately serve to more firmly entrench the concepts of neoliberalism. It is important to note they are not saying that there are no negative outcomes from abuse and neglect, rather they are questioning the biologising of this relationship and the scope of the lens being applied.

Chapter One provides a summary of the aims of their book, referencing the now (hopefully) infamous Perry (2002) brain scans that purport to show differences between a *normal* and a *neglected* child's three-year-old brain. Without pulling any punches, they assert that claims of links between Romanian orphan studies and the childhoods of children living in poverty "might well be examples of scientific bullshit" (p. 14).

In Chapter Two, they chart the development of the early intervention discourse back to the 19th century and show the links between saving children and the interests of the state in creating a productive citizenry. Gillies et al., show that children are redefined as *potential human capital* with parents bearing responsibility for either actualising or squandering it. Such ideas make invisible the structural forces working against these families and form a powerful justification for state intervention.

Chapter Three details the more recent history in the United Kingdom with an examination of social investment, and what role prevention science has played in redefining parenting. They examine, and find wanting, "five key biologised assertions" (p. 48) that the science relies upon; critical periods of development, brain damage by "poor maternal attunement" (p. 51), the role of synaptic density, the damaging effects of cortisol, and the stunted brains of children who have been abused and/or neglected. This is the chapter I would recommend any social worker, or social work student reads, as it distils key concerns with the science into an easy to read summary with plenty of references to follow up if required.

Policy making is the focus of Chapter Four, by looking at who is influencing this, and why. Gillies et al. deftly show how business is gaining a foothold in the social sector in the name of *social investment* and thereby gaining lucrative contracts via a government keen to find market solutions. They note that this field is full of *philanthrocapitalists* "powered by a conviction that an application of market methods can save the world" (p. 75). Such philanthrocapitalists then shape policy through extensive personal networking with a vision to save society (and thus children) through the use of the evidence they have gathered and the money they have available.

Chapter Five then builds on the previous chapter by providing three case studies of the sort of organisations that Gillies et al. are critiquing; the "Wave Trust," "Family Nurse Partnerships" and the "Parent Infant Partnership UK." Through these case studies they demonstrate the intricate links between business, personal agendas and policy, and how these are reinforcing a certain narrative about parenting, particularly mothering, that situates it as the solution to all social ills at the expense of larger structural concerns.

It is perhaps Chapter Six that may be of key interest to the current practice of social workers in Aotearoa New Zealand. Here Gillies et al. report on their research, interviewing social workers about how they utilise these sciences in everyday practice. They note that they found two key ideas implicit in practitioner judgements about whether to intervene or not; that such interventions would somehow optimise both mother and child(ren), and that problematic attachment and deficit parenting is intergenerational. These two assumptions then justify the belief that children need to be "saved." Their findings demonstrated that many practitioners had an almost religious zeal about their work, and that the *science* was seen as buttressing their practice. Ideas of saving the public money, alongside saving the children, permeated their thinking with little to no thought given to examining the *truth* of these ideas. Gillies et al. were careful to allow the practitioners plenty of opportunities to question this rhetoric, as is demonstrated in their article (Horsley, Gillies, & Edwards, 2016); however, despite this, the practitioners interviewed did not demonstrate any awareness of the science being problematic.

Chapter Seven widens the lens and considers the structural issues that Gillies et al. consider to be absent in the discussion of early intervention. They demonstrate how this science-based policy differentially impacts on mothers, particularly those who are poor and/or are from ethnic minorities. They conclude that this use of science through policy "positions mothers as buffers" against wider concerns, and "asserts the effacement of social divisions at the same time as it embeds a range of inequalities" (p. 133). They also warn that with such discourses it is easy to conclude that inequalities become biologised, thus, "ethnic practices and racialized difference can become reified as biological difference rather than a socially designated and produced category" (p. 148). Such conclusions, relying on the concept of intergenerational transmission, can then lead to biologised conceptions about race and poverty that has eerie parallels with eugenics.

Fortunately, Gillies et al. conclude with a vision of what could be: they introduce an alternative vision, one that relies on a holistic view. They note that policy and practice need to centre *poverty*, not the individual family (or child). They add that this individualising, and even moralising discourse, allows us to ignore our collective responsibility, and that this ultimately, rather than serving those it should help, only really benefits the wealthy philanthrocapitalists.

In conclusion, this book provides an easy-to-read analysis of the state of policy, practice, and the science underpinning both, within the children's services of the United

Kingdom. Gillies et al. provide a well-referenced examination of the field at both micro and macro levels. There are lessons to be learnt here for Aotearoa/New Zealand, by social workers (both future and present) and policy makers alike as conversations about social investment continue, prevention science is used in practice, and the influence of philanthrocapitalists in Aotearoa New Zealand, in policy and politics, increases.

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