CONTENTS

AOTEAROA NEW ZEALAND
SOCIAL WORK

VOLUME 30 • NUMBER 3 • 2018

ISSN: 2463-4131 (Online)

Women in social work: Practice, policy and research

This issue of Aotearoa New Zealand Social Work begins with a special section of articles on the theme of women in social work. A second selection of articles with this focus will appear in a special section in the first issue of 2019.

Stephanie Wahab, Ben Anderson-Nathe, and Christina Gringeri write, in the introduction to *Feminisms in Social Work Research* (2015, p. 1), that "social work as a profession and academic discipline has long concerned itself with women and issues related to women and their social conditions" citing reproductive rights, labour rights, violence and poverty among the areas of concern. In 2018, women in Aotearoa and elsewhere still face challenges to reproductive rights, disadvantage in work and income, experience of violence and sexual harassment while Māori, Pasifika and other Indigenous women experience significant health disparities. Women are disproportionately high users of social services. They also provide a significant portion of care in their families and communities.

Gendered inequities also impact in the world of work. Women in social work are particularly affected by lack of equal pay for work of equal value while many enter professional social work with personal experiences of violence, trauma and poverty. Women also outnumber men in social work education and in the world of academia bringing with them the impacts of inequality in income, esteem and disproportionate caring responsibilities.

Social work is a profession in which women disproportionately contribute, and the concerns of women are often at the heart of social work practice—yet explicitly feminist writing has been relatively scarce in the Aotearoa New Zealand social work literature. Many commonly used Australasian social work texts do not include chapters on feminist practice. Feminist theory and practice is never far from my mind, my first published research article (Beddoe & Weaver, 1988) examined the counselling services provides under the 1977 Contraception, Sterilisation and Abortion Act. When writing a lecture recently I searched for new material and found one recent Australian book: *Contemporary Feminisms in Social Work Practice*. The editors note in their introduction that, while there is a wide acceptance of women's right to equality, in abstract terms the lived reality of women's experiences is not so rosy. In both professional and personal life, social practices "continue to be framed by unspoken, even unconscious, discourses about women, their rights and their responsibilities, as qualitatively different from those of men" (Wendt & Moulding, 2016, p. 2).

These discourses surface in the treatment of rape and intimate partner abuse, in double standards in sexual life, in work-based discrimination, pay inequality and in community and workplace sexual harassment and violence. A view of women's rights as less important than men's rights is implicit in the denial of safe, legal abortion healthcare and the increasingly draconian attempts to push back reproductive justice seen in the current climate of misogynist populism.

The articles in this special issue address some of these issues and are hopefully the starting point for some renewed enthusiasm for feminist writing about social work in Aotearoa New Zealand. An invited commentary, "Feminism and social work: Where next for an engaged theory

AOTEAROA
NEW ZEALAND SOCIAL
WORK *30(3)*, 1–3.

and practice?”, by Viviene Cree, from the University of Edinburgh, in Scotland provides a personal view of how feminism has shaped aspects of practice. Professor Cree, whose research includes feminism in social work education, asks the question: “is the decision to lay claim to feminism (or not) purely a matter of individual choice, or is there something about social work that is, or should be, fundamentally feminist?” This commentary interrogates these questions more fully, drawing from research on feminism and the lived experience of “living and breathing feminism”.

Social work education is the focus of the first article in the special section. In “Creating space for a critical feminist social work pedagogy”, Sarah Epstein, Norah Hosken, and Sevi Vassos explore the challenges faced by feminist educators within contemporary universities. Drawing on literature the authors examine the processes that might develop to co-create a critical feminist pedagogical practice.

Social work research post-disaster offers new insights on the roles women take in community recovery. In “Mothers as active contributors to post-earthquake recovery in Christchurch”, Angelina Jennings, Nicky Stanley Clark, and Polly Yeung report on a study of the post-disaster experiences of mothers from the two Christchurch earthquakes in 2010 and 2011. The article reports on the factors which both helped and hindered mothers’ recovery. Resilience, a constructive and proactive role in their community post-disaster and a sense of belonging were found to be key to post-disaster recovery.

Reproductive health and the right to reproductive justice is an important aspect of feminist social work. A significant aspect of reproductive rights is found in access to safe legal abortion (Averitt Taylor, 2014). Abortion services are delivered within a complex system which is shaped by various philosophical, political and economic discourses. In an example of practice-near research, Shelley Kirk and her supervisors, Liz Beddoe and Shirley Ann Chinnery, report on a study of termination of pregnancy service delivery in Aotearoa New Zealand. This research is very topical given the current proposals for abortion law reform being considered (Law Commission, 2018). This article reports on a mixed methods study of aspects of the counselling service for women seeking a termination of pregnancy. Recommendations are made for service changes to improve patient-centred care.

Many of the challenges that confront contemporary social workers today are not new—over the past century, social workers have addressed poverty, unemployment, threats to peace and the challenges of refugee resettlement. It is useful to revisit our history of women activists in social work. Therese Jennissen and Colleen Lundy, in “Radical women in social work: A historical perspective from North America”, explore the issues faced and strategies employed by five radical female social workers. These social workers were explicitly interested in social change that centred on social justice, women’s rights, anti-racism, international peace, and they worked closely alongside other progressive groups.

In a viewpoint article, “Family Violence—through the lens of reflective practice”, Amitha Krishnamurthi shares a practice reflection. Utilising a case study and her own reflections, she explores family violence work and, in particular, the phenomenon of victim blaming which, she contends, operates as a defence against institutional anxieties. Krishnamurthi explores this work through her personal lens as a migrant woman from the Global South.

In this issue’s Classic Book Review, Michele Jarldorn reviews Kris Olsson’s “Kilroy was here”. Jarldorn writes that this biography of an Australian woman, Debbie Kilroy, a former prisoner who survived the system and who is now a passionate advocate for prison reform. Jarldorn feels this book helped her consolidate the connections between theory, practice and experience.

Wendt and Moulding (2017) argue that feminism provides social workers with a sophisticated knowledge base from which to launch efforts for rights and recognition. As battles are being fought for adequate reproductive health care and freedom from abuse and violence, I must agree that "feminism has perhaps never been so relevant and necessary as it is right now" (Wendt & Moulding, 2017, p. 262).

We will continue to explore the themes developed in this issue, in part two of this special issue to be published in 2019. The editors of Aotearoa New Zealand Social Work would be very pleased to receive more submissions on the concerns of women in social work, in particular policy and practice research of importance to Māori and Pasifika women, to migrants and resettled asylum seekers.

General section

In "Surveys, social licence and the Integrated Data Infrastructure" Pauline Gulliver, Monique Jonas, Tracey McIntosh, Janet Fanslow, and Debbie Waayer examine the social licence for including survey data in Statistics New Zealand's Integrated Data Infrastructure (IDI) which is a central repository for researchers to access multiple government agency data. The authors recruited two convenience samples: first, participants in one of 10 focus groups; and second, respondents to pilot surveys for the 2018 Aotearoa New Zealand census or a population-based survey on violence experience. Whilst little prior awareness of the IDI existed, participants identified concerns and suggested safeguards that would address concerns. In particular, the authors note that active engagement with Māori is essential given the over-representation of Māori within government agency data, to reduce risks of further stigmatisation and marginalisation.

Steve Rogowski's article, "Neoliberalism and social work with children and families in the UK: On-going challenges and critical possibilities", discusses how the welfare state has gradually been dismantled and become more punitive and market driven, and on the way social work has been "de-professionalised and transformed into a narrower, more restricted, role" at the expense of relationship-based practice. Rogowski, a former children's social worker, argues that critical practice is ever more necessary and provides examples of what this might encompass.

Liz Beddoe

References

Averitt Taylor, J. (2014). Reproductive health policy affecting low-income women: Historical precedents and current need for social work action. *Social Work in Public Health*, *29*(2), 132–140. doi:10.1080/19371918.2013.775872

Beddoe, L., & Weaver, A. (1988). Ten years on: Abortion counselling services in New Zealand. *New Zealand Social Work*, *12*(3/4), 23–28.

Law Commission. (2018). *Alternative approaches to abortion law: Ministerial briefing paper*. October 26 2018. Wellington, New Zealand: Author. Retrieved from https://www.lawcom.govt.nz/abortion

Wahab, S., Anderson-Nathe, B., Gringeri, C. E., Taylor, Francis, & Gringeri, C. E. (2015). *Feminisms in social work research: Promise and possibilities for justice-based knowledge*. Abingdon, Oxon: Routledge.

Wendt, S., & Moulding, N. (Eds.). (2016). *Contemporary feminisms in social work practice*. Abingdon, Oxon, UK: Routledge.

Wendt, S., & Moulding, N. (2017). The current state of feminism and social work. *Australian Social Work*, *70*(3), 261–262. doi:10.1080/0312407X.2017.1314752

Feminism and social work: Where next for an engaged theory and practice?

Viviene Cree University of Edinburgh, United Kingdom

AOTEAROA
NEW ZEALAND SOCIAL
WORK *30(3)*, 4–7.

CORRESPONDENCE TO:
Viviene Cree
V.Cree@ed.ac.uk

Feminism has never been far from the public eye over the last 10 years or so. Love it or loathe it, it has been out there, fighting to be heard, challenging and, some would argue, reinforcing long-held stereotypes about what it is to be human and live in the world. But what does all this mean for social work and social workers? Is the decision to lay claim to feminism (or not) purely a matter of individual choice, or is there something about social work that is, or should be, fundamentally feminist? This article will interrogate these questions more fully, drawing on research undertaken on feminism and social work over a number of years and also my experience of living and breathing feminism for almost the whole of my life. I start, as all feminists surely must, with my personal story.

The personal is political

I grew up, the middle one of three girls, in an aspiring middle-class family in Scotland's fourth-largest city, Dundee. When we were small, my parents made the momentous decision to emigrate to New Zealand – to leave behind the none-too-warm climate and hopefully make a better life in a new land. But then my granny became ill, and they were not willing to leave her, so I never knew the highs and lows of emigration. My world remained firmly small-town, East coast Scotland, until I left home to go to university, with fees paid and a maximum grant, the first in my family to enjoy such a privilege.

There is so much that can be unpicked about this story…I could reflect on what it was like to grow up in the 1950s in a family of three girls, close in age, with all the delights of closeness and competition that were inevitably part-and-parcel of that childhood. I could think about my parents' decision *not* to leave, and what that was about, for my grandparents and for themselves. What were the repercussions of this decision, at the time and then years later? And I could consider the intersections of social class and gender and ethnicity in my story. However I try to make sense of my upbringing, the fact remains. Thanks to my parents, I grew up believing that we—as girls—should not be dependent on a man for our happiness. We should stand on our own feet and make our own successes in life, whatever they might be. We should also care for others—family, friends, community—we had a duty to each other (Christian teaching came to the fore here). And these values were demonstrated and, at the same time, undermined, in all the small and large contradictions and complexities that are inevitably part of growing up.

Leaving home, I found a language for the feelings of injustice that I experienced as a Scottish, grant-aided, female student now living and studying at an ancient university. The women's movement and the "broad Left" became my twin passions, and although my academic grades were never great, I learned a huge amount about life, love and the world. I went on to become a community worker and later social worker, taking with me into adult life all the mélange that had been my life to date. As the popular feminist slogan reminds us: the personal is political.[1]

Feminism and social work

Social work has had an uneasy relationship with feminism. In some ways, it has *always* been feminist, in that since its beginnings, it has been concerned with social justice and with the well-being and living conditions of those who have lacked power—and this has often meant women and children. So, in the late 19th century when social workers began to set up settlement houses at universities, housing projects in poor parts of cities, and visiting charities for the sick and elderly, their clients were often women, or women and children. And many of the early social workers were also women—upper- and middle-class women who found adventure in charity work, escaping the confines of their constrained lifestyles by engaging in "good deeds". But early social work was, in reality, far from feminist in its aspirations or value-base. The upper- and middle-class social workers saw no contradiction in exploiting the working-class women who looked after their households and children while they engaged in "good works". They also had no qualms about removing children from women who could not afford to look after them in order to give them what they judged to be a "better life".[2]

This story is a familiar one across the developed world, but it is the UK history I know best. As social work became institutionalised through government legislation designed to offer a measure of protection and welfare to individuals and families, so social workers became increasingly employed within local government agencies. At the same time, new voluntary agencies sprang up in the 1960s and 1970s, some, like Women's Aid and Rape Crisis, with an overtly feminist orientation. It is not surprising that, at this time, social work and social workers came under attack, accused by feminist sociologists and psychologists alike of neglecting the needs and rights of women. This was demonstrated in no uncertain terms by the sociologist Mary Maynard's (1985) analysis of social work case-files; she identified that social workers routinely minimised harm, encouraging women to remain in home situations that were often difficult and dangerous.

While social work was being accused by some in the 1980s of being anti-woman and anti-feminist, there were also many social workers at the time who were openly feminist; radical social workers and community workers who sought to bring about change, not only in their work with women, but also in social work with men. Much of the really innovative work happened in projects designed to support women. But criminal justice social work also sought to challenge and change men's negative behaviours, in group work settings especially. Meanwhile across the world, women got together to fight for women's rights, taking on issues such as rape, women's education and, more recently, female genital mutilation.[3]

Student social workers and feminism

I conducted research on social work students' views of feminism in Edinburgh, Sydney and Auckland in 2008 and 2009, and then again at six universities across the UK in 2013, with the help of my PhD student, Janan Dean. The research showed two prevailing attitudes towards feminism amongst students:

> "I'm not a feminist but ..." ("I support women's rights and believe that women should be treated fairly etc.") and "I am a feminist but ..." ("I am not anti-men, segregationalist etc."). (Cree & Dean, 2015, p. 907)

In reality, there was very little distance between the two sets of opinions; on the contrary, there was a lot of agreement about the issues (which included the importance of women's rights, equality of opportunity, challenging gender-based violence, etc.). The feminism which students identified with was a feminism that was very different to the "bra-burning" stereotypes of "second-wave" Women's Liberation; instead, it was diverse, contradictory, and allowed for individual choice. As one 25-year-old woman said: "There are as many feminisms as there are women. It's a really difficult concept to pin down" (Cree & Dean, 2015, p. 907).

Reflecting on this in a journal article published in 2015, Janan and I acknowledged that students and faculty members' experience of feminism may be very different, not least because of differences in age and background. We concluded that there was no single way of being a feminist, just as there was no single way of being a woman. We therefore needed to find ways of opening up conversations about feminism, exploring what a feminist understanding might bring to social work theory, policy and practice. We suggested that feminism offered opportunities to interrogate the everyday and to ground knowledge in experience (Harding, 1987); to question the taken-for-granted and disrupt "settled ways of thinking", to borrow a phrase from Connell (1989, p. xii) (Cree & Dean, 2015 p. 918).[4]

Recent challenges to feminism

Ruth Phillips from the University of Sydney and I have written about feminism more recently, firstly in a journal article published in 2014 and then again in a book chapter that will come out in 2019. In the first publication, we considered the place of "fourth wave" feminism in teaching social work, and did so, firstly, by locating the discussion in our *herstories*—our own autobiographies. These highlighted that, in spite of the geographical distance between us, our paths were very similar. We were, without any shadow of doubt, "typical" feminists: white, middle-class, middle-aged, colonising nation, Western women. We were (so we wrote), illustrative of "the hegemonic danger of the dominant second wave" (Phillips & Cree, 2014, p. 936). And yet, we had both lived our lives trying to challenge and change both ourselves and feminism. We had brought up sons to be pro-feminist men, we had sought opportunities to work with men and with women, we had conducted research with disadvantaged groups wherever they were located. And in all of this, we had sought to challenge essentialising discourses (which tell us that "women are x" and "men are y").

Our current book chapter takes this analysis even further. Here we argue that the global North may have lost its way in a deluge of identity politics; it has lost sight of what was, and is, important about feminism. We point out that real and persistent inequalities remain, but these can sometimes be obscured by a policy and practice agenda that seems to have embraced feminism—when male politicians from both the political Right and Left are willing to wear t-shirts that declare themselves to be feminists, what hope is there for feminism as a revolutionary force? We argue that feminism has been co-opted and commodified, at least in Western democratic contexts. Meanwhile, debates within feminism (often expressed through social media) threaten to fracture it completely; quarrels within feminism about emancipation, intersectionality, free speech, sex work, pornography, trans people's rights etc., etc., show no sign of abating. The #metoo movement which came to public attention in October 2017 and has remained viral ever since is one such manifestation, as women (and some men) highlight sexual harassment and assault while others argue that this campaign distracts from wider issues of power and inequality, and encourages ideas of women's vulnerability and lack of agency.

Ruth and I conclude that it is the global South that reminds us why feminism remains a vital force today. It is here that feminists are engaging on a daily basis with the consequences of the history of colonisation; here racism and sexism go hand-in-hand and here too we can see the emergence of intersectional, anti-racist and decolonising practices that are, we argue, indicative of good social work. We end by quoting the work of Saba Mahmood, who suggests that our scholarly practice should depart "not from a position of certainty but one of risk, critical engagement and a willingness to reevaluate one's own views in light of the Other's" (2001, p. 225).[5]

Finally, looking ahead

And so we come full circle. I hope I have demonstrated throughout this short article that, to grasp the potential for a feminist social work theory and practice in social work, we must first think about *why* we think this is a good idea, and for *whom*. What is it that we seek to challenge and change, and why? What is it about us—our personal biographies and backgrounds, our historical moment in time, our class, gender, age, ethnicity, sexuality—that leads us to embrace feminism, whatever we take this to mean? And while we are pursuing a feminist agenda, what are we *not* seeing? Whose stories are ignored or undermined by our analyses?

Looking ahead, I believe that we must all use the potential that feminism has to speak truth to power—to campaign for social justice and equality, to fight for the human rights of oppressed peoples, and this inevitably means for the rights of women and children. But in doing so, we must also always ask questions about things that we take for granted. In social work terms, this means we must interrogate the very ideas and practices that our profession holds dear, and challenge assumptions, both our own and those of others. This is a great place to start if we are to co-create a truly feminist social work theory and practice in the future.

Notes

[1] Another version of this story is told in an online blog posted in 2013.

[2] For a fuller account of the various waves of feminism, see Phillips and Cree (2014).

[3] The bibliography includes publications that demonstrate the interest in feminism in social work in the 1980s and 1990s.

[4] Both research studies are discussed in Cree and Dean (2015).

[5] Our chapter will be published in Webb's edited collection in 2019.

Bibliography

Brook, E., & Davis A. (Eds.). (1985). *Women: The family and social work*. London, UK: Tavistock.

Cavanagh, K., & Cree, V. E. (Eds.). (1996). *Working with men. Feminism and social work*. London, UK: Routledge.

Connell, R. W. (1989). Cool guys, wimps and swots, the interplay of masculinity and education, *Oxford Review of Education, 15*(3), 291–303.

Cree, V. E. (2013). “I’ve always been a feminist but …” [Blog post], *ESRC Moral Panic Seminar Series*, 2012–2014. Retrieved from https://moralpanicseminarseries.wordpress.com/2013/06/26/ive-always-been-a-feminist-but/

Cree, V. E., & Dean, J. S. (2015). Exploring social work students’ attitudes to feminism: Opening up conversations. *Social Work Education: The International Journal, 34*(8), 903–920. doi:10.1080/02615479.2015.1081884

Cree, V. E., & Phillips, R. (forthcoming 2019). Feminist contributions to critical social work. In S. A. Webb (Ed.), *Routledge handbook of critical social work*. London, UK: Routledge.

Dale, J., & Foster, P. (1986). *Feminists and state welfare*. London, UK: Routledge and Kegan Paul.

Dobash, R. E., & Dobash, R. P. (1979). *Violence against wives: A case against the patriarchy*. New York, NY: Free Press.

Dobash, R. E., & Dobash, R. P. (1992). *Women, violence and social change*. London, UK: Routledge.

Dominelli, L., & McLeod, E. (1989). *Feminist social work*. Basingstoke, UK: Macmillan.

Hanmer, J., & Statham, D. (1988). *Women and social work: Towards a woman centred practice*. London, UK: Macmillan.

Harding, S. (1987). Feminism and methodology. Social science issues. Bloomington IN: Indiana University Press.

Kelly, L. (1987). *Surviving sexual violence*. Cambridge, UK: Polity Press.

Langan, M., & Day, L. (1992). *Women, oppression and social work: Issues in anti-discriminatory practice*. London, UK: Routledge.

Mahmood, S. (2001). Feminist theory, embodiment and the docile agent: Some reflections on the Egyptian Islamic revival. *Cultural Anthropology, 16*(2), 202–236.

Maynard, M. (1985). The response of social workers to domestic violence. In J. Pahl (Ed.), *Private violence and public policy: The needs of battered women and the response of the public services*. London, UK: Routledge and Kegan Paul.

Phillips, R., & Cree, V. E. (2014). What does the “fourth wave” mean for teaching feminism in 21st century social work? *Social Work Education: The International Journal*, *33*(7), 930–943. doi:10.1080/02615479.2014.885007

Phillipson, J. (1992). *Practising equality: Women, men and social work*. London, UK: Central Council for Education and Training in Social Work.

Wilson, E. (1977). *Women and the welfare state*. London, UK: Tavistock.

ORIGINAL ARTICLE
THEORETICAL RESEARCH

Creating space for a critical feminist social work pedagogy

Sarah B. Epstein, Norah Hosken and **Sevi Vassos,**
School of Health and Social Development, Deakin University, Australia.

ABSTRACT

INTRODUCTION: The practice and teaching of western social work is shaped within the institutional context of a predominately managerial higher education sector and neoliberal societal context that valorises the individual. Critical feminist social work educators face constraints and challenges when trying to imagine, co-construct, enact and improve ways to engage in the communal relationality of critical feminist pedagogy.

APPROACH: In this article, the authors draw upon the literature and use a reflective, inductive approach to explore and analyse observations made about efforts to engage with a subversive pedagogy whilst surviving in the neoliberal academy.

CONCLUSION: While the article draws on experiences of social work teaching and research in a regional Australian university, the matters explored are likely to have resonance for social work education in other parts of the world. A tentative outline for thinking about the processes involved in co-creating a critical feminist pedagogical practice is offered.

KEYWORDS: critical feminist pedagogy; intersectionality; social work education; critical hope; imagination

Social work is a profession with a stated commitment to the principles and goals of social justice and human rights. Critical social workers take up these principles by casting a lens on the way that power is constructed, used and reproduced. Critical feminist social workers foreground women's diverse experiences of personal, cultural and structural injustice, aiming to make visible women's diverse lived experiences to form the core knowledge base from which to work towards socially just practice. Critical feminist social work pedagogy, shaped by these ideas of what social work is, commits to circulating knowledge about the effects of power. The goal is to enable an ongoing, mutual (re)construction and sharing of the knowledge and skills required to imagine and enact socially just practice. However, the practice and teaching of social work is not context-free, therefore, the profession at large is conditioned by the "social structures, discourses and systems in which it is placed" (Macfarlane, 2016, p. 326). As such, the current and dominant context in which social work education is conditioned are the standardising outcome-based measures of the neoliberal university system. The neoliberal paradigm regulates difference (Burke, 2015), obscures the particular and devalues process. These impacts leave social work education at risk of being complicit in a system that is not capable of accounting for the multiplicity of knowledge and diversity of lived experience, let alone the nuances of the pedagogical process. This article

AOTEAROA
NEW ZEALAND SOCIAL
WORK *30(3)*, 8–18.

CORRESPONDENCE TO:
Sarah B. Epstein
*sarah.epstein@
deakin.edu.au*

represents an attempt at non-compliance with neoliberal hegemony. We (the authors) choose to highlight the particulars of a critical feminist social work pedagogy that aims to make visible the relations of power that condition the lived experiences of educators, students and service users.

Based on an examination of relevant literature and use of a reflective, inductive approach, we explore and analyse observations made about efforts to engage with a subversive pedagogy whilst surviving in the neoliberal academy. The aim is to provide a way of thinking about the processes involved in co-creating a community of learning and practice situated in critical feminist social work pedagogy. The article is structured as follows. First, we introduce and locate ourselves as the collaborative authors of this article. Second, we situate the aims of this article within Australian and international critical feminist social work pedagogy and the ideology and practices of neoliberalism within the higher education context. We draw on anecdotal and structured observations from our learning and practice throughout the article to elucidate understandings of the constraints and challenges we have routinely faced in imagining, co-constructing, enacting and improving ways to engage in the communal relationality of critical feminist pedagogy.

Acknowledging and exploring the benefits of intersectionality

In positivist, scientific epistemology there is an emphasis on the importance of a neutral, objective stance as a method to eliminate subjective interpretations from the pursuit of knowledge. In contrast, feminist researchers, writers and academics generally contest the assumption that an objectivity free of social context is possible. Further, feminists assert this claim to objectivity often serves to conceal a privileged, dominant, white masculine bias (Smith, 1987). In line with other feminists, rather than striving for objectivity in this article and our work, we commit to practise ongoing critical reflexivity aiming to recognise, examine and understand how our own social locations can influence the construction of knowledge (Hesse-Biber, 2014).

As the three authors of this article, we locate ourselves within our contexts to provide the reader with this information in order to consider its relevance to our discussion and the arguments we make. We share some similarities: being non-Indigenous, Euro settler-background, middle-aged, mothers and social work educators who are living, teaching and learning on the lands of the first nation peoples of Australia, the Aboriginal and Torres Strait Islander peoples.

Following significant periods of direct service work, we each completed PhDs as mature-aged students and became social work educators. An interest in critical social work, feminisms, difference, collaboration, situatedness, relationality, complementarity, and survival in the university system, brought us together. We are curious and constantly seek to learn more about our differences across lived experiences of religion, spirituality, ethnicity, class, sexual orientation, health, socialisation, personality, knowledge and skill sets.

In the next section, we situate the purpose of this article, developing a tentative outline for thinking about the processes involved in co-creating a critical feminist pedagogical practice within an examination of relevant national and international literature. Following Wickramasinghe (2009, p. 112), the engagement with the literature is presented as a "distinctly epistemic project … a subjective process of knowledge production and meaning-making … reliant on the [authors'] …subjectivity and standpoint", rather than an account of all available scholarly research on the topics. Each discussion of a section of the literature is followed by reflective observations explaining how we engage with, and try to enact, the ideas from the literature.

Social work education within the neoliberal context

Academic life in the neoliberal university is fast paced and every move the academic makes must be tracked, measured and capable of fitting into standardised data sets and the allocated fields of numerous forms (Clegg & David, 2006; David, 2015; Hosken, 2017; Kovacs, Hutchison, Collins, & Linde, 2013; McKusker, 2017; Mountz et al., 2015). The neoliberal paradigm of competency-based outcomes focuses on measuring individual (teacher and student) outputs and standardising teaching outcomes (Clegg & David, 2006). The pedagogical relationship between teacher and student, as well as the learning relationships between and among class cohorts, are devalued and diminished (McKusker, 2017; Mountz et al., 2015). Within this context, it is increasingly difficult to make visible a pedagogical process grounded in the way that lived experiences (of teacher, student and service user) reflect the multiple systems of oppression and privilege. This is particularly important for the social work pedagogue who tries to embody socially just social work practice.

Feminist social work pedagogues argue that the current neoliberal paradigm represents the antithesis of critical pedagogies, including feminism. Critical pedagogies place priority on recognising the role that social locations and processes play in the ongoing production of knowledge and relations of oppression and privilege (Luke, 1996; Macfarlane, 2016; McKusker, 2017; Mountz et al., 2015). This matters to the teaching of social work practice because the focus of social work, whether it be traditional, radical, progressive, case management focused or grounded in critical theory, is that the client must be considered in light of the social, cultural, political, economic context in which they are positioned (Fook, 2012).

Without the ability or incentive to work with context, the joint social work and feminist goal of transforming society is replaced with the reproduction of "oppressive social arrangements" (Kovacs et al., 2013, p. 234). Feminist pedagogy aims to destabilise the status quo (Crabtree & Sapp, 2003) in order to work towards social change. This positions both the feminist educator and, potentially, her students in opposition to dominant and powerful structures and practices. Therefore, it is not in the best interests of the neoliberal university to support feminist pedagogical goals (Crabtree & Sapp, 2003). However, the authors of this article believe it is the responsibility of feminist social work pedagogy to work out ways to do so. Asserting the production of knowledges as the core business of university education, this article reveals the privileging of lived experiences as a core critical feminist social work pedagogy.

Lived experience pays attention to who determines which knowledges shape understanding and response in social work practice, and whose knowledges are reflected in the laws, policies and practices that restrict the lives of non-dominant groups including social work service users. The views from these standpoints of lived experience are not considered as pure windows to *truth* or *reality* but rather a place to start investigation (Smith, 1987). Smith's (2005) and Sprague's (2005, p. 52) reading of standpoint theory is adopted in this article as that "which builds strategically on contrasting social locations" to explore the implications of both material realities and *fluidities*. We aim to take up Collin's (2009, p. xi) challenge to "place the social structural and interpretative/narrative approaches to social reality in dialogue with one another". Feminist and Indigenist perspectives recognise that, by actively including, indeed *centring* or *foregrounding*, the experiences and knowledges of those who have been marginalised, we generate fuller accounts of knowledge. The greater the involvement of peoples who have been discriminated against, the higher the possibility that pedagogy and curriculum can include lived experiences, and other forms of knowledge. Pedagogy and curriculum that are inclusive of diverse experiences and knowledges improve how social work students engage in critical self-reflection, learn to work with others and contribute to democratising the generation of knowledge (Finn & Jacobsen, 2003).

Reflection: The need for imagination and community

Collectively our experience in the university has taught us that the measure of *success* in the neo-liberal academy is not determined by deeply thought through pedagogical decision making and practices of the academic. Nor is success measured by including diverse and collaborative co-constructions of knowledge. How well a teaching team talks to each other about what it is they do in the classroom and why they have chosen to do it has no subject line in a course review.

Instead, success in the academic system is determined via individual metrics of performance and achievement of standardised and universal outcomes. Attached to this are timelines for handing in cohort statistics and tracking percentages that require us to think about our students and ourselves as measurable units. In the meantime, using a calculator and spreadsheet to account for a whole term of teaching steals time from us.

The entirety of neoliberal policy, procedure and social relations conditions our work selves and our work lives closing down space for discussion and critique of the university (Blackmore, 2007; Hil, 2012; Hosken, 2017). Formal attempts to speak out about the impacts of neoliberalism that preclude the provision of considered, quality teaching have, as elsewhere (Bessant, 2014), been met with disregard, reprimand and ridicule.

We have been working together for over three years now and as the pressure built, we began talking, at first informally, off campus, over food and wine and by the sea. We needed the space to think deeply, to test ideas, to argue about feminism, about social work, about the best ways to reflect socially just social work practice inside the academy. We needed time to identify the social, cultural, political and economic context of the workplace, of the world in which our students lived and where their future clients come from. We met to make visible the particularities of who we felt we were and who we thought we wanted to become. We needed an environment where we could test out our own transformative potential before we could justify making these demands of our students. If we were to teach students to respect the similarities and differences in the lived experiences of clients' lives, we needed to immerse ourselves in a space where we bore witness to, and validated, each other's lives.

These informal meetings solidified the impetus to create a space where we could be immersed in context in order to work out how to change it, to work in ways that foster "critical hope" (Leonard, 1979, cited in Pease, Goldingay, Hosken, & Nipperess, 2016) and where we could imagine what collaboration looked like. Paying attention to each other's lived experiences of working in the university made us aware of the criticality of working out ways to do this not only with ourselves but also with our students and so we decided to come in from the margins. This mutual, critical *sociological imagination* (Mills, 1959) is subversive in countering the ideological rhetoric discourse of "there is no other alternative" to the individualism inherent in neoliberalism. Now, formally we meet, discuss, share, and develop teaching and research ideas and we have made ourselves visible as Critical Edge Women (CrEW).

Feminisms

Understanding what feminist pedagogy means in the higher education teaching and learning context starts with identifying what feminism means in the 21st century. Contemporary feminist analysis recognises that gender cannot be the sole analytical category if we are to truly recognise and understand the multiple social locations in which women are positioned (Gray & Boddy, 2010). However, the *personal is political* feminist statement remains as salient and useful as ever. This is because feminist analysis seeks to understand the complex cultural discourses and multiple structural systems that women interact with and through which women's lived experiences are shaped (Clegg & David, 2006).

The feminist cause is also about identifying opportunities for agency and equality at both the individual but also the social and collective levels (Dore, 1994; Clegg & David, 2006; Gray & Boddy, 2010). This is a key reason why feminist academics consider the learning and teaching context as a viable, legitimate and important location for activism. The integration of activism in pedagogical activity affords students opportunities to engage experientially with the practice of socially just social work with service users.

Reflection: CrEW as a space for feminist activism

As Critical Edge Women (CrEW) we meet formally on a regular basis in the university workplace. While gender is not the sole analytic category we employ to make sense of our lived experiences in the teaching and learning space, the personal as political is the starting point for identifying the complex discourses and structural systems that condition our academic selves. Ensuring that there are regular and substantial amounts of time allocated for critical collective discussion provides reprieve from the isolated siloing that is a function of the neoliberal paradigm. In this space, we are not sole practitioners making teaching and learning choices. Instead, we assume relational positions as critical friends in discussion with a view to supporting each other to sharpen our thinking and improve the depth and quality of our work.

Collectively we occupy different cultural, class and religious social locations. We have arrived at academia via different theoretical and feminist avenues. Our social work practice experiences come from health systems, community organisations, feminist collectives and the violence against women sector. Some of us work full time and one works part time. We live regionally and in urban environments. We are all carers with differently aged children in fluid stages of love, resentment and hope for the world, our partners, our children and our lives. We argue, and we rage, and we rely on our differences to hold each other accountable to our assumptions, partial understandings and biases. These discussions carry through into our wider interactions, the questions we ask, the curriculum choices we make and the shape of our interactions with students.

As a social and collective space, CrEW creates opportunities for us to identify potential for agentic activity; that is, what do we want to change, how are we positioned in ways to be able to enact change and what would this activity look like? The first step was to legitimate collective, formal space to take time back and create opportunity for understanding and co-construction of knowledge. Primarily, CrEW is an attempt to work out all of the ways the university as a teaching and learning space can be a location for our feminist activism.

Feminisms and social work

There is a strong argument for the place of feminism in social work education that is about more than the disproportionate over-representation of women in the profession and the service user populations (Morley, 2009; Payne, 2014). Feminist practice in Australian social work was first articulated in the 1970s and was an attempt to address the gender blindness of social work (Morley, 2009). Feminism and social work share fundamental principles and indeed reflect shared philosophies and goals (Dore, 1994). Both the Australian Association of Social Workers and the International Federation of Social Workers identify human rights and social justice as core values and objectives. Violence against women and girls, economic disadvantage and patriarchal culture and politics all pose a significant threat to women's human rights and obstruct social justice. Gender equity issues that impact on the lives of service users who identify as female is consequently core business for social work. Further, in the recent compilation of *Contemporary Feminism in Social Work Practice*, the editors assert that feminism is indeed fundamental to both social work ethics and values but also professional identity and practice (Wendt & Moulding, 2016).

Reflection: Collective nourishment to imagine, hope and be imperfect

In the CrEW discussions and space, we provided and felt the healing protection of loyalty and care in a community. This provided safety, nourishment and the "capacity to imagine something rooted in the challenges of the real world yet capable of giving birth to that which does not yet exist" (Lederach, 2005, p. ix). Inspired by Audre Lorde (2007), we longed for something different:

> The possible shapes of what has not been before exist only in that back place where we keep those unnamed, untamed longings for something different and beyond what is now called possible, and to which our understanding can only build roads. (Lorde, 2007, p. 121)

As we learned and explored more about each other's social locations we felt more knowledgeable. Ideas were shared for creating relational spaces with students where their lived experiences and diverse social locations become part of creating the pedagogy and content of the subjects we taught. Often, straight after the excitement of sharing ideas, we came up against the realisation that enacting this relational space with students would be invisible, unvalued and unpaid work in the academy; work that often stole time away from us and our families. We would oscillate between feeling hopeless and feeling critical hope (Leonard, 1979, cited in Pease et al., 2016). Encouragement and strength was gained from reading and sharing the works of other feminist academics about their efforts to resist neoliberalism, particularly by the calls for "collectivity" and "slow scholarship" (Mountz et al., 2015). Discussions about the inevitable imperfection of trying to embody the values and beliefs of feminist social work within the worst of neoliberal times made us sad, but also enabled us to be less judgemental about others and ourselves. Openness about our strategic, or just exhausted, complicity in neoliberal organisational values and practices allowed us to consider the material reality of the dominance of neoliberalism. Rather than setting ourselves up as heroic feminist social work activists, we allowed ourselves to imagine and imperfectly try to resist or transform, often in small ways. Humility came from awareness of the privilege of aspects of our own situations. This privilege included having a relatively high wage generating disposable income and good housing as compared to the lives of many of our female identifying students, and the service users they worked with on placement, as they lived in poverty, juggled demands of caring, and faced discrimination and micro-aggressions without the protections afforded by a secure income. These disadvantages we framed as human rights concerns and in the CrEW space we began to map out

> the gender equity issues and intersecting systems of oppression that faced both our students and their social work clients.

Critical feminist social work

Critical social work sits within the tradition of progressive social work and is informed by critical theory. Macfarlane (2016, p. 327) defines critical social work as:

> …A social work lens that acknowledges and addresses: structural inequalities and inequitable power dynamics; the impact of discourse on lived experience; the importance of diverse knowledge systems, social work values and ethics; and critical reflection for progressive practice.

In essence, this means that critical social work seeks to understand the way that power is constructed, used and reproduced. Some of the ways that critical social workers do this include: questioning assumptions about truth and knowledge that are taken for granted; seeking information from multiple sources to deepen understandings of lived experiences; recognising that the personal is political and our everyday actions are political in nature; and acknowledging that language is powerful in both reflecting and reproducing discourse as well as capable of introducing alternative discourses.

Critical social workers have a longstanding interest in the emancipation of the oppressed as well as an interest in the ways in which oppressed groups exercise agency and personal power. More recently, critical social work has turned the focus on relations of power towards the machinations of privilege in order to redress and understand the marginalising and othering effects of objectifying oppressed groups, communities, cultures and people (Pease et al., 2016). This attention to the behaviours of those who benefit from discrimination aims to re-distribute responsibility for change.

Critical social work has been influenced by feminist principles and goals (Allan et al., 2009). Many critical social workers argue that enacting critical social work practice demands consideration of gender inequality and the intersections at which clients who identify as women are positioned in ongoing ways (Allan, Briskman, & Pease, 2009; Fook, 2012; Pease et al., 2016). Critical feminist social work seeks to understand how women's experiences engage with other systems of oppression in order to understand discrimination and disadvantage at the intersections of race, class, culture, age, ability and sexuality (Briskin & Coulter, 1992; Shrewsbury, 1998; Webber, 2006). Critical feminist social work takes stock of what gender equality and social justice look like and considers the role that social work can play in achieving them.

A critical feminist social work approach suggests there are some unifying principles that are used to co-create a critical feminist pedagogy and practice which is informed by, and suited to, the local context. In Australia, critical feminist pedagogy has to be informed by the history and ongoing realities of colonisation, invasion and whiteness, and the need to foreground the works of Aboriginal social work academics.

Reflection: Interrogating the whiteness of Australian social work and foregrounding the works of Aboriginal social work academics.

Drawing on the work of Aboriginal and Torres Strait Islander scholars and their allies (Bennett, 2013, 2015; Bennett, Green, Gilbert, & Bessarab, 2013; Bennett, Redfern, & Zubrzycki, 2017; Green & Baldry, 2008, 2013; Land, 2012, 2015; Zubrzycki et al., 2014), we aimed to learn and prioritise the processes of problematising and decolonising ourselves and our teaching. Examples of this included contributing to efforts to increase the diversity of the social work teaching team to better reflect the demographic of social work students and service users. Another example is situating the works of Aboriginal and Torres Strait Islander scholars in positions of prominence in curriculum alerting students to the cutting-edge nature of this knowledge for social work, rather than Indigenous content being a discrete add-on topic at the end of units of study. We have built on the work of others to adapt and develop ways to engage with students in a process of exploring the intersectionality of oppression and privilege in our lives and social work practice.

Critical feminist social work pedagogy

The teaching of women's studies, the advent of self-identified feminist academics and the articulation of feminist pedagogy is approximately 50 years young (David, 2015). Despite this, feminist academics have been prolific contributors to both research and the scholarship of teaching and learning. Feminist pedagogy has come to be a priority for feminists in the academy (Baiada & Jensen-Moulton, 2006). However, there is not one singular approach as feminist pedagogy also reflects the diversity of the feminist academic cohort (Webber, 2006).

The feminist scholarship of teaching and learning offers a critique of traditional pedagogy (Cuesta & Witt, 2014). Overall, the feminist pedagogical project focuses on resistance to phallocentric knowledges (Luke, 1996; Ylostalo & Brunila, 2017) understanding gendered relations of power and making these power arrangements visible (Briskin & Coulter, 1992; Webber, 2006). Feminist pedagogues argue that traditional pedagogy and phallocentric knowledges obscure women's lived experiences, histories, achievements, concerns and entitlements. Feminist pedagogy is a driving force that shifts the focus of study towards understanding the lived experiences of women (Borshuk, 2017; Cuesta & Witt, 2014; David, 2015; Dore, 1994; Forrest & Rosenberg, 1997; Kovacs et al., 2013; McCusker, 2017; Shrewsbury, 1993; Chung, 2016). Gender and its intersections with race, class, culture, age, ability and sexuality, is the core analytic category that distinguishes feminist pedagogy from other forms of critical pedagogical theories (Briskin & Coulter, 1992).

Feminist pedagogy is complex because it is informed by, and interacts with, theory and practice connected to broader feminist struggle, therefore the pedagogical goal is concerned with contributing to change in gender relations on a societal level. Critical feminist social work pedagogy also bears in mind the service users' own gendered positioning. Further, it looks at pedagogical strategies for ensuring accountability to the client for the production of knowledge and descriptions of her experience that reproduce problematic categories of identity. In so doing, feminist critical social work pedagogy works with knowledges that reveal the personal, cultural and structural contexts within which the service user is positioned. It also privileges lived experience in efforts to bring her in from the margins and promote social work practice that does not *other* her. Critical feminist social work pedagogy aligns with the centrality of women's lived experiences in "understanding and the development of knowledge" (David, 2004, p. 103). This is the hallmark of feminist pedagogy.

Reflection: Bridging the gap through collective action

As early career academics, we have often felt overwhelmed by the publish-or-perish culture that permeates the neoliberal academy. Our ideal is to contribute well to social work scholarship in ways that align coherently with our critical feminist social work ethos. Our practical reality is the institutional push to continually demonstrate our *value* in terms of the number and impact of our research publications. The credibility gap between our ideal and our reality was often the main theme in our early discussions as the CrEW. Through these discussions, we started to become aware of how we had actively committed to a process of mutual engagement, at a level that was deeper than the professional relationships we had established in our work in other groups within the neoliberal academy. Most importantly, in line with our critical feminist values, we were continually negotiating issues of power, collegiality, competition and trust as part of our mutual engagement. We were starting to build a shared repertoire of practices, language and history that enabled a collective approach to meaning making. Ultimately, we were carving out a space within which we could start visualising different ways to respond to the neoliberal metrics defining our expected work outputs, whilst simultaneously resisting neoliberal ways of working.

The next step was to join up our individual work goals and position ourselves to capitalise on the power of collectivity. More specifically, we committed to joining as the CrEW in our research and advocacy work around women and social work pedagogy. At the time of making this commitment, we were all working on different research and writing projects individually. Although we each had a basic understanding of each other's work, it was not until the decision to join up around some of this work that we started to more fully appreciate the differences in our thinking models and approaches to the work in this space. We discovered that homogeneity of individual work goals is not a precondition for achieving a joined up approach to our work. Rather, we experience our differences as a productive force. It is the ongoing process of collective negotiation around these differences that propels our shared accountability and coherence as a community of learning.

We currently have three projects that we are working on. The first project is our reflection on the development of CrEW as a community of learning situated within a critical feminist social work pedagogy. The second draws together reflections on how we use critical hope and knowledge co-creation as pedagogical strategies to resist and disrupt the neoliberal discourses and regimes of the higher education system. The third is a mixed methods study that seeks to deepen understandings of the lived experience of social work students with caring responsibilities on placement. Our aim is to co-author all articles and co-lead the advocacy activities emerging from this joint work.

Conclusion

Social workers are in a privileged and unique position to bear witness to women's storied lives. Feminist social work pedagogues therefore have the opportunity to learn with and teach each other, and students, about the importance of these stories in order to understand the conditions in which women live. In this article, we have engaged with the literature and our own observations to sketch out some of the principles and process we are using to co-create practices situated in critical feminist social work pedagogy, from our social locations in the Australian context. Our work started with conversations that sought to place social structural and interpretative/narrative approaches to social reality whilst also acknowledging and exploring the benefits of intersectionality. These conversations fuelled the desire to create a space for community and collective nourishment to imagine, hope and be imperfect. During our conversations we continually acknowledged the normality of oscillation between feeling hopeless and feeling critical hope in the imperfect process of trying to resist the metrics of individualism within neoliberalism. We also interrogated the whiteness of Australian social work and foregrounded the works of Aboriginal social work academics. The work continued by joining up our work goals, collaborating and sharing our work efforts ultimately for the benefit of the students and service users we work with. The next step for us will be explicitly exploring with students how to improve our attempts at feminist pedagogical practice. We share these experiences, processes and principles as part of contribution to a conversation and, in the hope they may have relevance for others to adapt for other social locations and contexts.

References

Allan, J., Briskman, L., & Pease, B. (Eds). (2009). *Critical social work: Theories for a socially just world* (2nd ed.). Crows Nest, NSW: Allen & Unwin.

Baiada, C., & Jensen-Moulton, S. (2006). Building a home for feminist pedagogy. *Women's Studies Quarterly*, *34*(3/4), 287–290.

Bennett, B. (2013). The importance of Aborginal and Torres Strait Islander history for social work students and graduates. In B. Bennett, S. Green, S. Gilbert, & D. Bessarab (Eds.), *Our voices: Aboriginal and Torres Strait Islander social work* (pp. 1–22). South Yarra, Australia: Palgrave Macmillan.

Bennett, B. (2015). "Stop deploying your white privilege on me!"Aboriginal and Torres Strait Islander engagement with the Australian Association of Social Workers. *Australian Social Work*, *68*(1), 19–31.

Bennett, B., Green, S., Gilbert, S., & Bessarab, D. (2013). *Our voices: Aboriginal and Torres Strait Islander social work*. South Yarra, VIC: Palgrave Macmillan.

Bennett, B., Redfern, H., & Zubrzycki, J. (2017). Cultural responsiveness in action: Co-constructing social work curriculum resources with Aboriginal Communities. *The British Journal of Social Work*, *48*(3), 808–825.

Bessant, J. (2014). "Smoking guns": Reflections on truth and politics in the university. In M. Thornton (Ed.), *Through a glass darkly: The social sciences look at the neoliberal university* (pp. 463–516). Canberra, ACT: Australian National University Press.

Blackmore, J. (2007). Equity and social justice in Australian education systems: Retrospect and prospect. In W. Pink & G. Noblit (Eds.), *International handbook of urban education* (pp. 249–264). Dordrecht, Netherlands: Springer.

Borshuk, C. (2017). Managing student disclosure in class settings: Lessons from feminist pedagogy. *Journal of the Scholarship of Teaching and Learning*, *17*(1), 78–86.

Briskin, L., & Coulter, R. (1992). Feminist pedagogy: Challenging the normative. *Canadian Journal of Education*, *17*(3), 247–263.

Burke, P. (2015). Re/imagining higher education pedagogies: Gender, emotion and difference. *Teaching in Higher Education*, *20*(4), 388–401. doi:10.1080/13562517.2015.1020782

Chung, Y. (2016). A feminist pedagogy through online education. *Asian Journal of Women's Studies*, *22*(4), 372–391.

Clegg, S., & David, M. (2006). Passion, pedagogies and the project of the personal in higher education. *Twenty-First Century Society*, *1*(2), 149–165. doi:10.1080/17450140600906989

Collins, P. H. (2009). Foreword: Emerging intersections, building knowledge and transforming institutions. In B. Dill & R. Zambana (Eds.), *Emerging intersections: Race, class and Gender in theory, policy and practice* (pp. VII–XIII). New Brunswick, NJ: Rutgers UP.

Crabtree, R., & Sapp, D. (2003). Theoretical, political, and pedagogical challenges in the feminist classroom: Our struggles to walk the walk. *College Teaching*, *51*(4), 131–140.

Cuesta, M., & Witt, K. (2014). How gender conscious pedagogy in higher education can stimulate actions for social justice in society, *Social Inclusion*, *2*(1), 12–23.

David, M. (2004). Feminist sociology and feminist knowledges: Contribution to higher education pedagogies and processional practices in the knowledge economy, *International Studies in Sociology of Education*, *14*(2), 99–124. doi:10.1080/0962021040020121

David, M. (2015). Gender & education association: A case study in feminist education? *Gender and Education*, *27*(7), 928–946. doi:10.1080/09540253.2015.1096923.

Dore, M. (1994). Feminist pedagogy and the teaching of social work practice. *Journal of Social Work Education*, *30*(1), 97–106.

Finn, J. L., & Jacobson, M. (2003). Just practice: Steps toward a new social work paradigm. *Journal of Social Work Education*, *39*(1), 57–78.

Fook, J. (2012). *Social work: A critical approach to practice* (2nd ed.). London, UK: SAGE Publications.

Forrest, L., & Rosenberg, F. (1997). A review of the feminist pedagogy literature: The neglected child of feminist psychology. *Applied & Preventive Psychology*, *6*(1), 179–192.

Gray, M., & Boddy, J. (2010). Making sense of the waves: Wipeout or still riding high? *Affilia*, *25*(4), 368–189.

Green, S., & Baldry, E. (2008). Building indigenous Australian social work. *Australian Social Work*, *61*(4), 389–402.

Green, S., & Baldry, E. (2013). Indigenous social work education in Australia. In B. Bennett, S. Green, S. Gilbert, & D. Bessarab (Eds.), *Our voices: Aboriginal and Torres Strait Islander social work* (pp. 166–177). South Yarra, VIC: Palgrave Macmillan.

Hesse-Biber, S. (2014). *Feminist research practice: A primer* (2nd ed.). Los Angeles, CA: Sage Publications.

Hil, R. (2012). *Whackademia: An insider's account of the troubled university*. Sydney, NSW: NewSouth Publishing.

Hosken, N. (2017). *Exploring the organisation of social injustice in Australian social work education* (Unpublished doctoral thesis). University of Tasmania, Tasmania.

Kovacs, P., Hutchison, E., Collins, K., & Linde, L. B. (2013). Norming or transforming: Feminist pedagogy and social work competencies. *Affilia: Journal of Women and Social Work*, *28*(3), 229–239.

Land, C. (2012). *The politics of solidarity with indigenous struggles in Southeast Australia* (Unpublished doctoral thesis). Deakin University, VIC, Australia.

Land, C. (2015). *Decolonizing solidarity: Dilemmas and directions for supporters of indigenous struggles*. London, UK: Zed Books.

Lederach, J. (2005). *The moral imagination: The art and soul of building peace*, Vol. 3. New York, NY: Oxford University Press.

Lorde, A. (2007). *Sister outsider*. New York, NY: Crown Publishing Group.

Luke, C. (1996). Feminist pedagogy theory: Reflections on power and authority. *Educational Theory*, *46*(3), 283–302.

Macfarlane, S. (2016). Education for critical social work: Being true to a worthy project. In B. Pease, S. Goldingay, N. Hosken, & S. Nipress (Eds.), *Doing critical social work: Transformative practices for social justice*. Crows Nest, NSW: Allen & Unwin.

McCusker, G. (2017). A feminist teacher's account of her attempts to achieve the goals of feminist pedagogy, *Gender and Education*, *29*(4), 445–460. doi:10.1080/09540253.2017.1290220

Mills, C. (1959). *The sociological imagination*. New York, NY: Oxford University Press.

Morley, C. (2009). Using critical reflection to improve feminist practice. In J. Allan, L. Briskman, & B. Pease (Eds.), *Critical social work: Theories and practices for a socially just world* (2nd ed., pp. 149–159). Crows Nest, NSW: Allen & Unwin.

Mountz, A., Bonds, A., Mansfield, B., Loyd, J., Hyndman, J., Walton-Roberts, M., … Hamilton, T. (2015). For slow scholarship: A feminist politics of resistance through collective action in the neoliberal university. *ACME: An International Journal for Critical Geographies*, *14*(4), 1235–1259.

Payne, M. (2014). *Modern social work theory* (4th ed.). Basingstoke, UK: Palgrave Macmillan.

Pease, B., Goldingay, S., Hosken, N., & Nipperess, S. (2016). *Doing critical social work: Transformative practices for social justice*. Crows Nest, NSW: Allen & Unwin.

Shrewsbury, C. (1998). What is feminist pedagogy? In M. Rogers (Ed.), *Contemporary feminist theory* (pp. 167–171). Boston, MA: McGraw-Hill.

Smith, D. E. (1987). *The everyday world as problematic: A feminist sociology*. Toronto, ONT: University of Toronto Press.

Smith. D. (2005). *Institutional ethnography: A sociology for people*. Lanham, MD: AltaMira Press.

Sprague, J. (2005). *Feminist methodologies for critical researchers: Bridging differences*. Lanham, MD: AltaMira.

Webber, M. (2006). Transgressive pedagogies? Exploring the difficult realities of enacting feminist pedagogies in undergraduate classrooms in a Canadian university. *Studies in Higher Education*, *31*(4), 453–467. doi:10.1080/03075070600800582

Wendt, S., & Moulding, N. (2006). *Contemporary feminisms in social work practice*. New York, NY: Routledge.

Wickramasinghe, M. (2009). *Feminist research methodology: Making meanings of meaning-making*. London, UK: Routledge.

Ylöstalo, H., & Brunila, K. (2017). Exploring the possibilities of gender equality pedagogy in an era of marketization. *Gender and Education*, *30*(7), 917–933. doi:10.1080/09540253.2017.1376042

Zubrzycki, J., Green, S., Jones, V., Stratton, K., Young, S., & Bessarab, D. (2014). *Getting it right: Creating partnerships for change: Integrating Aboriginal and Torres Strait Islander knowledges in social work education and practice: Teaching and Learning Framework*. Sydney, NSW: Australian Government Office for Learning and Teaching.

ORIGINAL ARTICLE
QUALITATIVE RESEARCH

Mothers as active contributors to post-earthquake recovery in Christchurch

Angelina Jennings, Nicky Stanley-Clarke and **Polly Yeung,** Massey University, New Zealand

ABSTRACT

INTRODUCTION: An understanding of mothers as a subset of women who are active contributors to a recovery effort is crucial to building disaster resilience. This study explored the post-disaster experiences of mothers from the two Christchurch earthquakes in 2010 and 2011 to consider factors which both helped and hindered their recovery.

METHOD: This research was a qualitative study involving semi-structured interviews with six married mothers who were present during the 2010 and 2011 Christchurch earthquakes. Interviews focused on understanding the personal, environmental and psychological impacts of the earthquakes. Data were analysed using thematic analysis.

FINDINGS: Three key findings were established, highlighting: 1) Elements of resilience are essential for recovery; 2) mothers playing a constructive and proactive role in their community post-disaster; and 3) the importance of a sense of belonging to enhance post-disaster recovery.

CONCLUSION: While participants were affected practically and psychologically by the earthquakes, core characteristics of resilience such as positivity, hope, flexibility and adaptability were portrayed in supporting their post-disaster recovery. These mothers played an active role in the recovery of their community and felt a clear sense of belonging which enhanced their recovery.

IMPLICATIONS: Based on the findings of this study, social work skills such as utilising an emancipatory or strengths-based approach to intervention alongside a sound understanding of community participation can harness strengths through a sense of belonging, purpose and opportunity for pro-activity in disaster recovery.

KEYWORDS: mothers; disaster recovery; Christchurch earthquakes; resilience

Introduction

This article details the findings from a study that explored the post-disaster experiences of mothers after the 2010 and 2011 Christchurch earthquakes. The study occurred across 2015 and 2016 and considered factors which helped and which hindered the mothers' recovery in the aftermath of the earthquakes. The study was a supervised research project completed as part of a master's degree in social work. The research found mothers experienced and recovered from the earthquakes in different ways, embodying resilient characteristics including positivity, hope, flexibility and adaptability. They also identified that belonging and contributing to a community after a disaster were very

AOTEAROA
NEW ZEALAND SOCIAL
WORK *30(3)*, 19–30.

CORRESPONDENCE TO:
Angelina Jennings
angelinajennings@hotmail.com

important in rebuilding their wellbeing and ability to recover post-disaster. The findings of this study provide new knowledge about mothers' experiences and highlight opportunities for social workers to work alongside mothers in ways that further support and enhance their resilience and post-disaster recovery.

Resilience and motherhood in relation to disaster recovery

Resilience is regarded as a key basis for recovery after disasters. It can be an attribute of individuals, communities or collectives; embodied within a process or set of actions and interactions (Gordon, Sutherland, Du Plessis, & Gibson, 2014). Resilient people assist the recovery effort by having the ability to face reality with determination and being able to reframe adversity to make meaning and move on successfully. Those individuals who have previously managed adversity successfully learn skills, solutions and routines that allow them to repeat these actions in the future (Satici, 2016). The characteristics of resilience are protective factors in the aftermath of disaster. These characteristics support capacity building of people, communities and societies to anticipate, cope and develop from hazardous consequences, rebuilding and reconstructing their environment and ultimately facilitating recovery (Paton & Johnston, 2006).

With more disasters happening in Aotearoa New Zealand, such as the Christchurch earthquakes 2010 and 2011, the Kaikoura earthquake in November 2016, and the Port Hill Fires in 2017, it is important to explore the concept of resilience beyond recovery. Resilience incorporates opportunities to improve upon previous situations, circumstances and environments (Chandler, 2014; van Kessel, Gibbs, & MacDougall, 2015). To thrive in the face of adversity, individuals must have good problem-solving skills, self-confidence and self-efficacy. Resilience can involve people progressing towards a situation that has psychosocially and physically changed, rather than returning to a previous state and in the process reframing the situation from a negative experience to a positive one (Chandler, 2014). Some individuals, when facing adversity, demonstrate a capacity for growth, thriving and building on their strengths and resources to achieve positive outcomes. These individuals see opportunities for financial, business or social improvement and work hard with the resources available to them to make this happen (Nicholls, 2012).

Research has foregrounded women as strong-minded leaders of post-disaster recovery (Ariyabandu, 2009). They often take on many roles beyond the home environment and may embody strength, flexibility and resilience (Ariyabandu, 2009; Islam, Ingham, Hick, & Mancok et al., 2017; McManus, 2015). Women are often the primary caregivers, pre-and post-disaster and, as such, their mental and physical needs can get overlooked as the needs of their dependants take priority (Enarson, 2009; Norris & Wind, 2009). Studies have shown increased expectations felt by mothers to manage themselves and the needs of their children can lead to additional pressure on their mental and physical health as well as difficulties in sustaining recovery long term (Neria, Galea, & Norris, 2009; Norris & Wind, 2009).

Unsurprisingly, challenges that are inherent in motherhood become intensified after a natural disaster, which creates additional pressures for women who have responsibility for looking after others' needs alongside their own (Ariyabandu, 2009; Juran & Trivedi, 2015). Together, these studies argue that practical and environmental issues impact on a mother's ability to provide a stable, secure environment for her children and an inability to do so would affect her psychological wellbeing. After a disaster, a mother's key focus is often to re-establish a sense of normality for her children, gaining a sense of domestic routine within their family unit (Ariyabandu, 2009; Islam et al., 2017). This is often hampered by the physical realities of the post-disaster environment, for example, road and school closures. Crucial to re-establishing routines and supporting the social aspects of recovery is a community's ability to mobilise resources that aids with adaptive coping (Warchal & Graham, 2011).

A strong sense of attachment after a disaster can assist in recovery (Shin, Nakakido, Horie, & Managi, 2016). Aspects of resilience and sense of attachment to place, social relations and identity underpin a positive outlook to recovery (Chandler, 2014). Literature on social networks post-disaster highlights the importance of strong connections and belonging to a community (McManus, 2015; Paton, Selway, & Mamula-Seadon, 2013). Studies conducted in Christchurch have shown that people who could stay in their communities after the earthquakes described a cohesive, purposeful community with shared objectives (Gawith, 2011; McManus, 2015). Understanding a mother's sense of attachment to their community can offer an insight into how a relationship or connectedness to a location impacts upon their disaster recovery. This view is supported by Drolet et al. (2015) who stated that mothers who found themselves displaced and subsequently without social networks missed having the opportunity to build networks, have a sense of purpose and mingle with likeminded others. Christchurch was flooded with opportunities to engage with talking therapy after the earthquakes; however, it was reported that most women did not feel the need to relive their experiences; rather they wanted to focus on surviving and being purposeful (Gordon et al., 2014; McManus, 2015).

Research after the Christchurch earthquakes stressed the importance of cultivating a sense of belonging or affiliation to a group or community to recover successfully (Gawith, 2011; Maher & Maidment, 2013; McManus, 2015). According to research by Phibbs, Kenny, and Solomon (2015), for a community to recover from disaster it must not stagnate, but be proactive in focusing recovery efforts, including formulating community infrastructure and working together to organise practical support for vulnerable groups. In doing so, it provides an opportunity to recover and be successful in recovery during a future event.

After the Christchurch earthquakes, population movements threatened already established networks which were essential for resiliency and recovery (Paton et al., 2013). Due to this disruption, familiar bonds and networks were broken, individuals felt more displaced and in unfamiliar territory. It is during these challenging times that support is needed the most (McManus, 2015). Women often rely upon informal support networks such as friends and family for childcare, social interaction and peer support (Ariyabandu, 2009). The importance of stable, familiar relationships is key to recovery for women. These women can then identify and work together with like-minded individuals to support the recovery effort (McManus, 2015). The relocation of close family and friends consequently has an impact upon women who become isolated by frequent population changes in their community. Identifying strengths and capacities within a community enhances its response to the disaster and supports its recovery (Gil-Rivas & Kilmer, 2016; Paton & Johnston, 2006).

Methodology and method

Study design

A qualitative study was utilised to understand mothers' perceptions of their post-earthquake experiences. It was guided by interpretive descriptive methodology, focusing on understanding the lived experiences and sharing meanings of mothers' everyday realities of the earthquakes (Denzin & Lincoln, 2011; Jackson, Drummond, & Camara, 2007). Congruent with interpretive description, this study allowed the first author to engage with mothers who described the phenomenon of the Christchurch earthquakes and provided a fundamental source of insight into experience and resilience. In addition, this was insider research, as the first author was a mother who had experienced the two earthquakes. This insider status allowed the first author to relate to her participants and have an appreciation of the experiences described by the participants.

Participants and setting

Purposive sampling was used to select a small group of participants, based on specific research criteria, to obtain a set of information-rich cases for in-depth analysis (Patton, 2015). The number of participants and focus of the study was limited by fact that the research was undertaken as a supervised research project as part of a master of social work qualification. The four inclusion criteria for the participants of this study were: (1) mothers over 18 years of age; (2) resident in Christchurch during the 2010 and 2011 earthquakes and were still currently living in Christchurch; (3) mothers who had not been under the care of mental health services in the last 12 months. This was to reduce the likelihood of mental distress by revisiting their experience of the earthquakes; and (4) mothers who were competent in communicating in English.

Following ethical approval from Massey University Human Ethics Committee (#15/43), the first author contacted a local school in the Selwyn district of Christchurch, to arrange a meeting with the principal. At the meeting, the principal was provided with a copy of the information sheet and interview schedule. The principal agreed for the research to be advertised in the following week's school newsletter. Between July 2015 and February 2016, six mothers were successfully recruited and participated in the individual interviews.

The six participants were female, married, and aged between 25 and 40. Four of the participants self-identified as New Zealand Pākehā and originally from Christchurch, while the other two were from overseas. This selection bias may be due to the fact that only 6% of the population living in Selwyn district were Māori and less than 1% of New Zealand's Māori population usually live in the Selwyn district (Statistics New Zealand, 2013). All of the participants reported to have lived in Christchurch and had children who were school age or younger at the time the study was conducted. They were all present in Christchurch during the September and February earthquakes. Four of the participants were in paid work at the time of the earthquakes.

Data collection

The first author conducted all the face-to-face, semi-structured interviews. These were between 50 to 60 minutes' duration at a mutually agreed location. All interviews were digitally recorded with the participants' prior knowledge and signed consent, and confidentiality was assured. The use of semi-structured interviews involved an informal, interactive process that utilised open-ended comments and questions (Patton, 2015). Open-ended questions were deemed the most appropriate in encouraging the participant to speak freely about their experiences from their own perspective.

The first author was responsible for establishing the research encounter as a place in which the participants could safely describe experiences that mattered to them and were pertinent to the research. The interview schedule was developed with guidelines and prompts to initiate discussion. Bonner and Tolhurst (2002) state the interpretive researcher must create a dialogue between practical concerns and lived experiences through engaged reasoning and imaginative dwelling in the immediacy of the participants' worlds. The questions were formulated by identifying key issues and components that were prevalent in literature about the Christchurch earthquakes. Questions were created to encourage mothers to reflect on their experiences of the earthquakes and to elicit information about their feelings, experiences and beliefs. The objective of each interview question was to obtain the participants' thoughts and feelings to understand their experiences of the earthquakes.

Data analysis

Data were analysed using an interpretive, descriptive approach underpinned by thematic analysis. In qualitative research, data collection and data analysis can occur concurrently as the interviewer identifies similar themes and notes them after an interview (Braun & Clarke, 2013). The benefits of data collection and analysis concurrently allows for exploration of new concepts that emerge across the remaining interviews. The first author analysed the interview data for patterns and themes, which assisted them to learn about a specific group within society after the earthquakes, namely Christchurch mothers. Data were then coded to illuminate important sections of text relevant to the research objectives and categorised into themes. These themes were then linked back to the original research objective regarding understanding mothers' post-disaster experiences. The first author was conscious to ensure she did not over-identify with participants' experiences and assume the shared understanding or feelings about the earthquakes as suggested by Ross (2017). To safeguard this, confirmability was achieved by the second and third authors when consensus was reached on the data. Further to this, the second and third authors read the findings to ensure they explicitly represented the data (Tobin & Begley, 2004).

Ethical considerations

The research was conducted in accordance with guidelines set out by Massey University's code of conduct for research with human participants. The rationale for excluding mothers who had recently been under the care of mental health services was to ensure undue mental distress was not caused to anyone by revisiting experiences of the earthquakes. It is crucial for social researchers to clarify their research roles, especially for those utilising qualitative methodologies to make their research credible (Grbich, 2013). As noted previously, the first author in this research was an insider due to also being a mother who experienced both Christchurch earthquakes. There are advantages and disadvantages to being an insider during the research process depending on the researcher's role, the aim of the research and the type of research conducted. While there are a variety of definitions for insider researchers, generally, insider researchers are those who choose to study a group to which they belong, while outsider researchers do not belong to the group under study. Bonner and Tolhurst (2002) identified key advantages of being an insider researcher which included having a greater understanding of the culture being studied and the ability to understand the emotions of those involved. Further, insider researchers know how to best approach people they wish to study. In general, they have a great deal of knowledge which takes an outsider a long time to acquire. Although there are various advantages of being an insider researcher, there are also problems. For example, greater familiarity can lead to a loss of objectivity. Over-familiarity can include unconsciously making wrong assumptions about the research process based on the researcher's prior knowledge, which can be considered a bias (DeLyser, 2001; Hewitt-Taylor, 2002). Any concerns regarding bias were addressed though discussion with the second and third authors.

Results and key findings

The three main findings that emerged from the data were: 1) elements of resilience including focusing on positive outcomes, having plans and showing determination were essential to supporting recovery after the earthquakes; 2) mothers played a constructive and proactive role in their community post-disaster; and 3) the mothers all placed importance on having a sense of belonging to enhance post-disaster recovery. These key findings offer insights into how mothers recover after a disaster. The findings provide information about what context, conditions and factors these mothers found most helpful in their recovery, including what assisted them to re-establish family cohesion, manage parenting challenges and support their own community to return to 'normal'.

1. Elements of resilience including: focusing on positive outcomes, having plans and showing determination were essential to supporting recovery after the earthquakes

Findings from this study revealed that these mothers' resilience and recovery were built through focusing on positive outcomes, having plans and being determined in the days, months and years after the earthquakes. Initially, disturbed nights and lack of infrastructure, including lack of power and water, meant the immediate priority for most respondents was making decisions about their physical environment. For all participants, getting back to a sense of normality in the days after the earthquake was essential. Most respondents felt that, to recover quickly, it was their responsibility to plan and develop routines for their families as quickly as possible. Clare discussed how for her family: "routine was very important. I had to show the kids that life goes on and mum and dad still go to work". This concurs with McManus's (2015) study on the Christchurch earthquakes and Islam et al.'s (2017) research on the Bangladesh floods, whereby women came together and formulated plans regarding how best to support their family and their community.

All the mothers interviewed for this study showed strength and resilience during the earthquakes, despite the scenes unfolding around them; for example, Cathy, who was at work during the February earthquake, ensured the safety of herself and her student whilst on the fourth floor of the university building. Clare's first thought was for her family; however, once she knew they were safe she turned her attention to whom she could assist. She said, "I was fearful for my life, I thought this was it…as soon as I knew the kids and my husband were okay I went straight to the ambulance area to see how I could help." Mary, who was with her children at home in February, threw herself on top of her children to protect them from falling debris. While Beth initially could not get hold of her husband due to problems with telecommunication, she had to maintain a calm exterior in front of her son. She said it was only after her son went to bed she could "have a little cry and discuss my fears with my husband." The findings in this study demonstrate that the participants were capable women with innate strength and courage, trying to function in a challenging environment despite their fears.

For the participants in this study, there is little doubt that life changed because of the earthquakes. Sam and Mary had reframed these experiences as finding a new lease of life through making new friendships and engaging in new opportunities. Both of these mothers said they could do this because they focused on the positives in the situation. Two other mothers showed the ability to reframe and overcome a difficult situation when their children's school was closed. Clare helped facilitate a temporary school in her community, whilst Beth travelled long distances to take her child to school. It appeared that mothers who were focused and positive about the future had recovered beyond their previous psychosocial position and improved their lives overall. For example, Mary reported a better work–life balance; Sam and Mary learnt new skills, while Beth found a strong cohesive community in a new environment which she had not encountered before the earthquakes. This concurs with studies that suggest that to thrive in the face of adversity, individuals need to be goal oriented, focused and have good problem-solving skills (Paton & Johnston, 2006). Those who can be positive during the event can have the opportunity to thrive in the face of adversity and return to an improved position prior to the event happening (Greene & Greene, 2009).

2. Mothers played a constructive and proactive role in their community post disaster

A recent study by Gordon et al. (2014) indicated that post-disaster management in Christchurch identified women as strong and capable and an important part of the recovery effort, encompassing key roles in fostering and developing resilience within communities. While power, water and sewerage were lost to many Christchurch homes, it was not long before the local community and local agencies rallied together to support one another (Gordon et al., 2014; McManus, 2015). This study also found that mothers played a constructive and proactive role in their community after a disaster. Mothers in the current research engaged in domestic tasks but, in addition, were proactive in the wider recovery effort. Sam, Clare and Mary were actively involved in supplying food through cooking and baking, organising water supplies and rebuilding community support structures, alongside taking care of their own family.

Recognising and harnessing the capabilities of women increased their confidence for dealing with adversity (Ariyabandu, 2009). Over half of the mothers identified that having a sense of purpose within their community was important in their recovery. Clare took a lead role in managing recovery and instigated emergency measures in her community, which included organising a communal water point, whilst another participant checked on elderly neighbours. Clare identified that she was a key supporter and contributor in her community during both earthquakes. She said, “I felt because I am a nurse that I should be available as a primary support person in the community and at work.” Clare reported she was well known in the community particularly after the September earthquake and because of this people found it easy to ask for help or talk to her about their concerns.

Despite extensive impacts, the mothers in this study showed characteristics of resilience including adaptability, flexibility, and optimism and coping skills which supported their recovery. Gordon et al.’s (2014) research highlighted the adaptability and flexibility of women and they were foregrounded as a group actively in charge of their own recovery. When a mother has gone through adverse events feels more self-confident and shows ability in self-efficacy, she is more likely to have stronger adaptive capacity (Gordon et al., 2014). Alongside managing their own difficulties following the event, many of the mothers had become involved in the community recovery effort to help others.

3. The importance of a sense of belonging to enhance post-disaster recovery

Findings from this research have illustrated the constructive and proactive role mothers play in the community. The importance of building resilience at individual and community levels is supported by existing literature including Islam et al. (2017) who states that, being part of a community builds individual confidence, strength, cohesion and is essential for post-disaster recovery. For mothers who found themselves displaced and subsequently without social networks, having the opportunity to build networks, have a sense of purpose and mingle with others helped to develop social capital and resilience (Drolet et al., 2015). The innate resilience of individuals fostered and built resilience within communities. The pro-activity of mothers within their communities also highlighted important components in their recovery journey.

The earthquakes and subsequent damage to properties and neighbourhoods resulted in relocation and population change for a large part of Christchurch. After the February 2011 earthquake, many school and preschool facilities were closed or relocated elsewhere and mothers found themselves in unfamiliar environments, without their usual support networks. Clare explained how she and her family found themselves having to manage on their own very soon after the earthquake as her key supports moved away: "my parents and sister moved away straight away despite what my family might need." Clare's experience was not unique and, increasingly, mothers found themselves without social, psychological, or practical support. Mary stated she felt lonely and isolated when one of her good friends left for Australia: "She said she just couldn't cope with the earthquakes. I don't blame her I guess as I knew she couldn't stay, but I still miss her even after all of this time."

Mothers identified that coming from, and belonging to, a community was very important to them. Literature about place attachment discussed the sense of belonging to a location, such as a house or specific area (Shin et al., 2016). Whilst most mothers in this study reported they had moved away temporarily after the earthquakes, all of them returned and adapted to the changed environment despite the altered physical and social situation. Beth said: "it crossed our minds to move away permanently but until we knew about the house and what was happening with it we couldn't go….and then things settled down and we decided to stay as my husband had a job and we had a mortgage here." Four of the six mothers felt strong connections to the community in Christchurch and, as they reported, they had not considered relocating elsewhere. Mary explained that she was born and bred in Christchurch and: "this is where I'm from. I'm not sure where else I would go."

Disaster literature highlights that networks and friendships are significant for women in engendering a sense of belonging (Ariyabandu, 2009; McManus, 2015). Clare and Cathy said that friendships and the opportunity to connect with likeminded others was an important component to their wellbeing. Most of the respondents identified that they had been impacted negatively by the displacement of their communities. These impacts included losing their sense of belonging to a community, which subsequently resulted in them feeling more isolated. Beth said she now had limited opportunities to identify with her peer group to engender support. She talked about the informal catch-ups she used to have when picking her child up from day care which was no longer an option as it had closed. She said, "I missed the little catch ups we used to have at drop off and pick up…silly really but you don't realise how much that social contact matters until it's not there anymore." Much of the infrastructure including the local doctors, dentist and corner shop near where Beth lived was closed due to safety concerns and, because she was made redundant, she lost contact with colleagues. Beth described her sadness when she said, "I even had to find a new GP as our surgery closed. I had been with her for 20 years."

Two of the respondents could identify networks they had formed because of the earthquakes that had assisted them with their recovery. Clare said she had formed "strong relationships with those in her community that stayed after the February earthquakes." She explained how the community had worked successfully to set up support networks in the area, something which kept her focused. Cathy was also able to identify new friends and supports she had made with neighbours who had initially assisted her after the earthquakes. She explained how they had "agreed to check and secure each other's and other neighbours' houses" if another event occurred.

Implications for social work practice

Resilience is an essential capacity for successful recovery post-disaster, such as the Christchurch earthquakes (Reivich & Shatté, 2002). Findings from this study revealed that resilience is possible when individuals and communities focus on positive outcomes and show determination in the wake of tragedy. This is further evidenced in McManus's (2015) study on the Christchurch earthquakes and Islam et al.'s (2017) research on the Bangladesh floods, whereby women came together and formulated plans regarding how best to support their family and their community.

Literature has highlighted the perception that mothers have historically been considered as vulnerable and in need of additional support post-disaster (Ariyabandu, 2009; Paton & Johnston, 2006). Findings, in this study, have highlighted that women are independent, strong and autonomous in their approach to recovery despite gender inequality and additional pressure they face in their parenting roles. Social work can make an important contribution in challenging the inequalities that exist during and after disasters (Pease, 2014). This can be achieved by exploring factors which impact on key areas of gender and disasters, namely, different impacts on men and women, male domination in emergency response and the impact of disasters on gender roles and inequalities. This will provide a broader recognition of the structural causes of ecological destruction and environmental crisis. Knowledge of these will allow social workers to address these factors and support mothers to address these inequalities.

The profession of social work with its holistic and often strengths-based approaches has much to offer in disaster recovery. Social work practice values and ethics are at the forefront of emergency action (Rowlands, 2013). Social workers as advocates for the vulnerable and disadvantaged play an important part in challenging the oppression and disadvantages women face post-disaster. Women can be further oppressed in disaster events due to the limited opportunities and disadvantages associated with their perceived roles (Juran & Trivedi, 2015; McManus, 2015). Research after the 2004 tsunami in Thailand identified that multiple factors impacted on women's recovery including encompassing multiple roles within the family, violence and sexual exploitation, while financial stress and relationship issues also had a significant impact (Norris & Wind, 2009). Consequently, social workers whose practice is informed by feminist, culturally sensitive, emancipatory and anti-oppressive social work principles are well placed to work in solidarity with women at the local level to address these issues for the future (Pittaway, Bartolomei, & Rees, 2007).

Historically, the helping profession has based intervention on deficits, problems and disorders associated with identified problem factors (Norris & Wind, 2009). In contrast, other recovery research has suggested helping professions should consider psychosocial approaches which identify and channel resources that exist within and around the individual and their community (Saleeby, 2006). By focusing upon a different approach based on strengths, help is centred on reducing the negative effects brought about by people moving away, displaced communities and loss of social networks. This, in turn, emphasises individual capabilities and encouraging people to get on with their lives independently, affirming and developing positive values and commitments, as well as making and finding membership in a community (Saleeby, 2006; Satici, 2016). It is anticipated this approach will assist individuals to recognise their inner capabilities, capacity for strength and establish knowledge that can assist them to move forward independently if faced with adversity in the future. By doing so, they can be independent and autonomous in managing their own recovery.

Individuals in the helping profession can assist people to develop the abilities and characteristics that make up resilience (Reivich & Shattė, 2002). Hardship and challenge are perceived by some professionals as both a risk factor and an opportunity for growth. The strengths perspective focuses on strengths and capacities of people rather than on crisis and disadvantaged societies (Saleeby, 2006). Guo and Tsui's (2010) study established that utilising a strengths approach can encourage individual resiliency during periods of adversity and argued that social workers must cultivate and enhance the strengths of their service users to enhance resilience. In doing so individuals will be less reliant on government interventions post disaster and be able to act autonomously managing their own experience and recovery. The objective of strengths-based practice is that people will become more resourceful, individually and collectively, as they begin to discover new-found confidence after having survived and surmounted these difficulties independently. Recognition of individual strengths promotes individual and community resilience and provides a "bottom up" approach to adversity (Chandler, 2014). A change of perspective encouraging self-autonomy and resilience to manage the after-effects of disaster is crucial.

Social workers operating in the post-disaster phase can also support the opportunity for women to create formal and informal support networks (True, 2013). Participants in this study spoke about the importance of these networks to their immediate and ongoing recovery. The networks often occurred spontaneously, driven by community members in response to the immediate needs of the community, for both physical resources and emotional connection. Women are typically more involved than men in caring work around the home. Social networks, thus, are critical to their livelihood strategies, as well as to their mental health and resilience. Research has argued that reducing isolation is a key to unlocking the potential that is to be found in collective power (Drolet et al., 2015).

Social workers can facilitate opportunities for communication for women to connect and encourage those around them to build social capital. In addition, social workers can offer a community participatory approach which is in keeping with the social justice and human rights principles in social work. Among other things, these principles include a commitment to facilitate the inclusion of marginalised, socially excluded, dispossessed, vulnerable and at-risk groups of people and to encourage individuals to engage in advocacy about relevant local, national, regional and/or international concerns (Pittaway et al., 2007). Social workers can work alongside individuals and communities to build and support networks. Utilising a community participatory approach as well as skills in effectively advocating and navigating systems, creating potential to support, resource and formalise community initiatives, cementing relationships, and creating continuity and connectedness for communities in what can be a chaotic and disconnected environment. Experiencing a disaster can impact individuals' sense of power and control, social workers have the ability to use the person-in-situation conceptualisation to help rebuild control and develop a sense of safety in their environments (Findley, Pottick, & Giordano, 2017). Social workers can play an important part in promoting the role of all women post-disaster and work to lobby, promote and develop opportunities for the implementation of appropriate post-disaster guidelines and response mechanisms in partnership with local communities and women's organisations (Pittaway et al., 2007). As climate change is intensifying weather conditions and increasing the frequency of natural disasters across the globe, including in Aotearoa New Zealand, planning for safety during a disaster event and post-disaster recovery must be included in core social work practice as social workers are well placed to understand risk and safety in relation to those they work with.

Limitations

The six women who experienced both Christchurch earthquakes, while information-rich in relation to the aims of the study, were purposefully sampled and cannot be presumed to generalise to the entire population. The scope of the sample did not enable information related to sociodemographic data or ethnicity to be considered due to selection bias. The small sample size limits the generalisability of the findings to only a specific cohort and context, namely married mothers' experiences from the Christchurch earthquakes and factors that impacted on their recovery.

The use of purposeful sampling meant that the study gathered information only from those who had not been overly affected by the earthquakes due to their willingness to revisit the topic. The sample cohort therefore might exhibit more positive attitudes and readiness in resilience than a different cohort. Research has reported that disaster risk and recovery are known to be socially patterned and disproportionately prevalent in disadvantaged communities (Chou et al., 2004; Hemingway & Priestley, 2014). The intersection of factors such as age, gender, disability, and income with social isolation has been found to increase vulnerability, and impede response, to natural disasters (Howard, Agllias, Bevis, & Blakemore, 2018). Therefore, it has been suggested that national campaigns involving public education to raise awareness of disaster risk, preparation and recovery should consider specific audiences and their needs to reduce inequity and become more effective to strengthen community resilience than focusing on individual behaviour as the target of intervention (Phibbs, Kenney, Severinsen, Mitchell, & Hughes, 2016). Despite some of these limitations, the strengths of the research include discovering key resilience characteristics of women and the methods used have arguably mitigated these limitations and offered insight into the important role women play post-disaster.

Conclusion

Mothers were affected, practically and psychologically, after the Christchurch earthquakes and additional responsibilities associated with their parenting roles created further challenges for their recovery. Despite these factors, this study found that mothers focused on ensuring the safety of their children and others in the immediate aftermath of the event and re-established routines as quickly as possible. All the mothers in this study portrayed characteristics of resilience and most preferred to be actively involved in the recovery effort rather than utilise talking strategies to manage stress. This study found that mothers who embodied the characteristics of resilience such as positivity, hope, flexibility and adaptability coped with the challenges the event presented. Strong social networks supported their resilience alongside opportunities to be involved across all spectrums of the recovery effort were significant for many. This research has implications for social workers working within a post-disaster context including utilising an emancipatory or strengths-based approach to intervention alongside a sound understanding of community participation. These approaches support harnessing the strengths of women through a sense of belonging, purpose and opportunity for pro-activity in disaster recovery within their communities.

References

Ariyabandu, M. (2009). Sex, gender and gender relations in disasters. In E. Enarson & P. G. Chakrabarti (Eds.), *Women, gender and disaster* (pp. 5–17). New Delhi, India: Sage.

Bonner, A., & Tolhurst, G. (2002). Insider–outsider perspectives of participant observation. *Nurse Researcher*, *9*(4), 7–19.

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. Los Angeles, CA: SAGE.

Chandler, D. (2014). *Resilience. The governance of complexity*. New York, NY: Routledge.

Chou, Y. J., Huang, H., Lee, C. H., Tsai, S. L., Chen, L. S., & Chang, H. J. (2004). Who is at risk of death in an earthquake? *American Journal of Epidemiology*, *160*(7), 688–695.

Davis, I., & Alexander, D. (2016). *Recovery from disaster*. London, UK: Routledge.

DeLyser, D. (2001). “Do you really live here?” Thoughts on insider research. *Geographical Review*, *91*(1), 441–453.

Denzin, N. K., & Lincoln, Y. S. (2011). *The Sage handbook of qualitative research*. Thousand Oaks, CA: Sage.

Drolet, J., Dominelli, L., Alston, M., Ersing, R., Mathbor, G., & Wu, H. (2015). Women rebuilding lives post-disaster: Innovative community practices for building resilience and promoting sustainable development. *Gender & Development*, *23*(3), 433–448.

Enarson, E. (2009). Gendering disaster risk reduction: 57 steps from words to action. In E. Enarson & P. G. Chakrabarti (Eds.), *Women, gender and disaster* (pp. 320–336). New Delhi, India: Sage.

Findley, P. A., Pottick, K. J., & Giordano, S. (2017). Educating graduate social work students in disaster response: A real-time case study. *Clinical Social Work*, *45*(2), 159–167.

Gawith, L. (2011). How communities in Christchurch have been coping with their earthquake. *New Zealand Journal of Psychology*, *40*(4), 121–130.

Gil-Rivas, V., & Kilmer, R. (2016). Building community capacity and fostering disaster resilience. *Journal of Clinical Psychology*, *72*(12), 1318–1332.

Gordon, L., Sutherland, J., DuPlessis, R., & Gibson, H. (2014). *Movers and shakers: Women's stories from the Christchurch earthquakes*. National Council of Women of New Zealand. Retrieved from http://www.communityresearch.org.nz/research/movers-and-shakers-womens-stories-from-the-christchurch-earthquakes-final-version/

Grbich, C. (2013). *Qualitative data analysis: An introduction*. London, UK: SAGE.

Greene, R., & Greene, D. (2009). Resilience in the face of disasters: Bridging micro-and macro-perspectives. *Journal of Human Behavior in the Social Environment*, *19*(8), 1010–1024.

Guo, W., & Tsui, M. (2010). From resilience to resistance: a reconstruction of the strengths perspective in social work practice. *International Social Work*, *53*(2), 233–245.

Hemingway, L., & Priestley, M. (2014). Natural hazards, human vulnerability and disabling societies. A disaster for disabled people? *Review of Disability Studies*, *2*, 57–67.

Hewitt-Taylor, J. (2002). Insider knowledge: Issues in insider research. *Nursing Standard*, *16*(46), 33–35.

Howard, A., Agllias, K., Bevis. M., & Blakemore, T. (2018). How social isolation affects disaster preparedness and response in Australia: Implications for social work. *Australian Social Work*, *71*(4), 392–404.

Islam, M., Ingham., Hicks., J., & Mancok, I. (2017). The changing role of women in resilience, recovery and economic development at the intersection of recurrent disaster: A case study from Sirjgana, Bangladesh. *Journal of Asian & African Studies*, *52*(1), 50–67.

Jackson, R. L., Drummond, D. K., & Camara, S. (2007). What is qualitative research? *Qualitative Research Reports in Communication*, *8*(1), 21–28.

Juran, L., & Trivedi, J. (2015). Women, gender norms, and natural disasters in Bangladesh. *The Geographical Review*, *4*, 601–611.

Maher, P., & Maidment, J. (2013). Social work disaster emergency response within a hospital setting. *Aotearoa New Zealand Social Work Review*, *25*(2), 69–77.

McManus, R. (2015). Women's voices: Solace and social innovation in the aftermath of the 2010 Christchurch earthquakes. *Women's Studies Journal*, *29*(2), 22–41.

Neria, Y., Galea, S., & Norris, F. H. (2009). *Mental health and disasters*. Cambridge, UK: Cambridge University Press.

Nicholls, S. (2012). The resilient community and communication practice. *Australian Journal of Emergency Management*, *27*(1), 46–51.

Norris, F., & Wind, L. (2009). The experience of disaster: Trauma, loss adversities, and community effects. In Y. Neria, S. Galea, & F. Norris (Eds.), *Mental health and disasters* (pp. 29–46). Cambridge, UK: Cambridge University Press.

Paton, D., & Johnston, D. (2006). *Disaster resilience: An integrated approach*. Springfield, IL: Thomas.

Paton, D., Selway, K. L., & Mamula-Seadon, L. (2013). Community resilience in Christchurch: adaptive responses and capacities during earthquake recovery. Retrieved from https://www.gns.cri.nz/static/pubs/2013/SR%202013-037.pdf

Patton, M. (2015). *Qualitative research and evaluation methods*. (4th Ed). London, UK: Sage

Pease, B. (2014) Hegemonic masculinity and the gendering of men in disaster management: Implications for social work education. *Advances in Social Work and Welfare Education*, *16*(2), 60–72.

Phibbs, S., Kenney, C., Severinsen, C., Mitchell, J., & Hughes, R. (2016). Synergising public health concepts with the Sendai framework for disaster risk reduction: A conceptual glossary. *International Journal of Environmental Research & Public Health*, *13*, 1241–1262.

Phibbs, S., Kenney, C. M., & Solomon, M. (2015). Ngā mōwaho: An analysis of Māori responses to the Christchurch earthquakes. *Kōtuitui: New Zealand Journal of Social Sciences Online*, *10*(2), 72–82.

Pittaway, E., Bartolomei, L., & Rees, S. (2007). Gendered dimensions of the 2004 tsunami and a potential social work response in post-disaster situations. *International Social Work*, *50*(3), 307–319.

Reivich, K., & Shattẻ, A. (2002). *The resilience factor*. New York, NY: Broadway.

Ross, L. E. (2017). An account from the inside: Examining the emotional impact of qualitative research through the lens of "insider" research. *Qualitative Psychology*, *4*(3), 326–337.

Rowlands, A. (2013) Social work training curriculum in disaster management. *Journal of Social Work in Disability & Rehabilitation*, *12*(1–2), 130–144.

Saleeby, D. (2006). *The strengths perspective in social work practice*. Milwaukee, WI: Pearson/Allyn & Bacon.

Satici, S. (2016). Psychological vulnerability, resilience, and subjective well-being: The mediating role of hope. *Personality & Individual Differences*, *102*, 68–73.

Shin, K. J., Nakakido, R., Horie, S., & Managi, S. (2016). The effects of community attachment and information seeking on displaced disaster victims' decision making. *PLoS One*, *11*(3), e0151928.

Statistics New Zealand. (2013). *2013 Census quickstats about a place: Selwyn district*. Retrieved from http://archive.stats.govt.nz/Census/2013-census/profile-and-summary-reports/quickstats-about-a-place.aspx?request_value=14888&tabname=Populationanddwellings

Tobin, G. A., & Begley, C. M. (2004). Methodological rigour within a qualitative framework. *Journal of Advanced Nursing*, *48*(4), 388–396.

True, J., (2013). Gendered violence in natural disaster: Learning from New Orleans, Haiti and Christchurch. *Aotearoa New Zealand Social Work*, *25*(2), 78–89.

van Kessel, G., Gibbs, L., & MacDougall, C. (2015). Strategies to enhance resilience post-natural disaster: A qualitative study of experiences with Australian floods and fires. *Journal of Public Health*, *37*(2), 328–336.

Warchal, J., & Graham, L. (2011). Promoting positive adaptation in adult survivors of natural disasters. *Adultspan Journal*, *10*(1), 34–51.

An investigation of the nature of termination of pregnancy counselling within the current system of licensed facilities

Shelley Kirk[1], **Liz Beddoe**[2] and **Shirley Ann Chinnery**[2]

[1] Lakes District Health Board

[2] University of Auckland

ABSTRACT

INTRODUCTION: Termination of pregnancy (ToP) service delivery in Aotearoa New Zealand occurs within a multi-dimensional system which is influenced and shaped by various philosophical, political and economic discourses, and is comprised of interconnected components. One component is the provision of counselling for women seeking a termination of pregnancy. This study aimed to explore how service managers and social work practitioners perceived how ToP services, particularly the counselling component therein, were being delivered nationally.

METHODS: A concurrent, multi-level, mixed-methods research design was employed in the study. Two purposively selected sample groups comprising: 1) service managers responsible for the oversight of ToP service delivery; and 2) ToP counselling practitioners were recruited from 19 District Health Boards (DHBs) across Aotearoa New Zealand. Service managers (20) participated in interviews with a focus on capturing information about operational systems that supported or hindered the delivery of ToP and counselling services, while 26 social work and counselling practitioners participated in an electronic survey questionnaire. Qualitative data were thematically analysed and quantitative data were descriptively analysed using descriptive statistics.

FINDINGS: Results from this mixed-methods study were integrated at the level of interpretation and linkage between the methods showed that practice within ToP licensed facilities varied markedly. Specifically, nine practice and systemic variations were identified that had implications for women receiving ToP services. Existing variations across licensed facilities were signalled as disconnects between components of the service delivery system.

CONCLUSIONS: Recommendations that address variations and systemic disconnects are offered to the New Zealand Abortion Supervisory Committee and Ministry of Health. Further research is suggested to obtain the perspective of service users as this was one limitation of this small exploratory study.

KEYWORDS: Abortion; termination of pregnancy; counselling; social work

AOTEAROA
NEW ZEALAND SOCIAL
WORK *30(3)*, 31–44.

CORRESPONDENCE TO:
Shelley Kirk
Shelley.Kirk@
lakesdhb.govt.nz

Elective abortion is one of the most common medical procedures experienced by women in Aotearoa New Zealand. The Abortion Supervisory Committee (ASC) states "[i]nduced abortion … affects about one third of women in their lifetime" (ASC, 2009, p. 1).

The history of elective abortion in Aotearoa New Zealand and associated moral and political discourses have been well documented by Sparrow (2010) and Richdale (2010) and offer background and impetus to the passing of the Contraception, Sterilisation and Abortion (CSA) Act (1977) and subsequent appointment of the Abortion Supervisory committee in 1978 to oversee provision of services under the Act and report to parliament. While a full account is precluded by space considerations, a brief outline of the current legal situation is necessary at this juncture.

Legislation

The relevant New Zealand legislation, the CSA Act (1977) and the Crimes Act (1961), have largely remained unchanged since their inception and have provided the legal framework through which current abortion services are delivered. In the context of this study, *elective abortions* rather than *spontaneous abortion* (miscarriage), will be henceforth referred to as termination of pregnancy (ToP). The Crimes Act (1961) specifies that abortion is unlawful (Crimes Act (1961), ss182, 183, 186, 187 & 187a) unless it occurs within the scope of the CSA Act (1977); and provides clear criteria for what constitutes a lawful abortion:

- The pregnancy is not more than 20 weeks' duration;
- "[T]he continuance of the pregnancy would result in serious danger (not being danger normally attendant upon childbirth) to the life, or to the physical or mental health, of the woman or girl" (Crimes Act (1961) s187a);
- The unborn child is at risk of serious abnormality;
- The pregnancy is a result of incest;
- The pregnancy is a result of sexual assault that is an offence under the Crimes Act (1961).

The Crimes Act (1961) also provides a framework that prescribes the licensing of abortion facilities, how medical and supportive services are to be delivered, and by whom. Their functions are regulated separately by the ASC which operates under the funding arm of the Ministry of Justice and the legal mandate of the CSA Act (1977). Of the 46 sections within the CSA Act (1977) only ss 31 and 35) directly pertain to the provision of counselling. Furthermore, the recording and reporting requirements outlined in the Act are only concerned with the medical/surgical performance of abortions.

The provision of counselling

The provision of counselling services to women seeking an abortion is the focus of this study. Silva, Ashton, and McNeill (2011) note that, "[b]y law, all women, must be offered counselling throughout the process, although the law does not specify that women must receive counselling" (p. 20). This necessitates that a counselling session must be made available to women as part of the service delivery of abortions. The ASC is charged with the responsibility to ensure that "sufficient and adequate facilities are available throughout New Zealand for counselling women who may seek advice in relation to abortion" (ASC, 1998, p. 12).

The aim of the study was to investigate the current operational systems and processes and counselling practices that underpin and support the termination of pregnancy within licensed abortion facilities as detailed on the New Zealand Abortion Services website (www.abortionservices.org.nz). The term "systems" pertains to operational aspects e.g., funding pathways, reporting and documentation processes (statistical data capture, case notes, file storage and referral reports); and supportive aspects—training, supervision, qualification requirements for those providing counselling. The overarching aim was further specified by two sub-questions:

- What features of the current systems of ToP counselling service delivery support or hinder consistent and quality national services?

- Who is providing the ToP counselling service and what is their experience of the current system within which they operate?

The findings of this small exploratory study are explored with reference to integrated care pathways, which should be client centred and developed from the involvement/integration of all key stakeholders concerned with services delivery. Variances in both practice and processes in services suggest disconnects, which impact on the quality of care. The aim of this article is to provide an overview of this small-scale, descriptive study and its combined findings.

Literature review

A literature review was undertaken which included qualitative and quantitative studies, case reports, surveys, reports from New Zealand government and other organisations, technical reports and cross-sectional studies. There is considerable literature, both national and international, regarding ToP, however, much of it is aligned to the fields of medicine and nursing rather than social work or counselling.

Aotearoa New Zealand literature that directly related to ToP counselling services was found to be extremely sparse and dated. Relevant material located consisted: of four articles (Beddoe & Weaver, 1988; Hunton & Spicer, 1979; Leask, 2014; Silva et al., 2011); two reports (Federation of Women's Health Councils, 1992; Nicol, 1987); two ToP procedural guidelines (ASC, 1998; and ASC, 2009); and associated legislation (CSA Act, 1977; Crimes Act, 1961). Other material of New Zealand origin related to ToP service delivery in general, funding and contracting processes, and the historical context of the development of Aotearoa New Zealand legislation and ToP services. The search was expanded to encompass managerial and operational themes such as workforce development, care pathways, models of care, quality improvement, integrated care and clinical governance to enhance understanding regarding ToP service delivery. International sources (34) resulted from the foregoing search and these related to ToP counselling in Australia, UK and USA. The located sources were derived from a variety of professional and academic disciplines, for example, psychology, mental health, sociology, medical, nursing, and women's studies. The literature search was expanded upon because the initial search generated only one source that described all systemic components related to the delivery of ToP services (Family Planning Association, 2015).

Debates about who should provide ToP counselling were highlighted in the international literature. Different types of counselling were identified within this literature as important and comprised: information giving; implications relating to decisions; support and therapeutic counselling (Lee, 2011). Variations in counselling were also found and these appeared to differ in accordance with the practitioner's role, for instance, provided by a range of health practitioners and lay counsellors (Illsley & Hall, 1976). Notably, the literature indicated that many of these practitioners were not specifically trained to deliver ToP counselling (Brien & Fairburn, 2003). Other commentators (Needle & Walker, 2007; Federation of Women's Health Councils, 1992) firmly placed health social workers as being "uniquely situated within the medical context …" and as having the ability/skills to "… traverse the dilemma-filled processes of decision-making, termination and bereavement" of ToP counselling (McCoyd, 2010, p. 147).

Social work practice is underscored by principles of human rights and social justice (International Federation of Social Workers, 2015). Central to practice is the view of the client in context—the perspective that each individual exists within a complex system of relationships and interactions that are environmental, socio-political, interpersonal and intrapersonal, and influenced by a variety of values, beliefs and characteristics of this multi-dimensional system within any given circumstance. The social work role in ToP counselling is to provide a client-centred therapeutic approach to assist women to negotiate the psycho-social aspects of decision-making regarding an "unwanted" pregnancy. Counselling assists women to explore options, rationalise and minimise emotional discomfort, validate their choice and enables them to determine their own future. This also applies to those situations where ToP may be considered due to the pregnant woman's health being at risk or where there is a diagnosis of foetal abnormality. From a social work perspective, ToP counselling is a process comprising exploration and normalisation of the client context, supporting the client's choice, providing information and preparation around the client's choice (whether this be ToP or not), and, additionally, attending from a strengths-based perspective to any contextual issues of social risk, for example, family violence, addictions and planning for future well-being (Ely, Dulmas, & Akers, 2010).

The CSA (1977) clearly states that ideally social workers should provide counselling for ToPs, however, the only reference to specific qualification requirements is found in the Standards of Practice for the Provision of Counselling (ASC, 1998) and these do not reflect the contemporary education and regulation of social workers, thus are out of date.

The lack of literature reporting relevant research conducted in Aotearoa New Zealand, and the lack of any recent information about the provision of counselling was the impetus for the study reported in this article.

Methodology

A mixed methods concurrent design was employed to obtain a greater understanding of ToP service delivery and counselling, capitalising on the strengths of both singular methodologies by combining inductive (qualitative) with deductive (quantitative) methods. The study employed a purposive sampling strategy of two, multi-level groups within the same organisation, namely 20 ToP service managers and 26 counselling practitioners (Onwuegbuzie & Leech, 2007).

Ethics approval

The study was undertaken for the fulfilment of a Master of Social Work degree and ethics approval was sought from the University of Auckland Human Participants Ethics Committee (ref: 012336). Additionally, Locality Ethics Approval was sought from several DHBs upon their request.

Participant recruitment

Participants were sought from two predefined populations representing different levels within the same organisation: 1) service managers identified/elected by individual DHBs as having oversight of the delivery of ToP services and who could offer an operational viewpoint; and 2) social workers/lay counsellors providing the counselling who could offer a practice viewpoint. The aim was to be inclusive of all potential participants: 19 service managers and an estimated population of between 50–100 counselling practitioners.

Recruitment occurred via a formal letter of invitation (including research participant information and consent forms) sent to the Chief Executive Officers of each licensed facility (19 District Health Boards and three private abortion clinics) requesting consent for service managers and ToP counselling practitioners to participate in the study. Service managers were then contacted directly to arrange interviews; additionally, they were sent a copy of the interview questions and an electronic survey link to be distributed to ToP counselling practitioners. Participant information regarding the research introduced the electronic survey and continuation to complete the survey was deemed as providing consent.

Data collection and analysis

A total of 20 semi-structured interviews with service managers from 14 DHBs were conducted in 2016. Two interview processes were used (face-to-face and via telephone) depending on participant preference and geographical location. The interviews were audio-taped for the purpose of transcribing. All interviews were designated a random numerical code to ensure anonymity of both DHB and individual participants. An anonymous electronic survey host on SurveyMonkey enabled the participation of 26 social workers/counsellors in the study.

Each data set was analysed by the first author according to its protocol and subsequently combined at the level of interpretation. For instance, qualitative data were thematically analysed in accordance with Braun and Clarke's thematic analysis approach (2006, 2014). This involved themes being identified by systematically coding all data with the identification of repetition, similarities, difference and significance within the content of coded extracts (Braun & Clarke, 2014). Thematic mapping was utilised to organise themes, which coalesced around systemic aspects of the ToP services. Quantitative data were descriptively analysed (Onwuegbuzie, Slate, Leech, & Collins, 2007).

The data from the two separate methods were analysed separately and then merged in a side-by-side approach (Creswell, 2014). For example, one area of convergence within the data was that the ToP counselling workforce is primarily qualified and registered female social workers who are employed to undertake this area of work. Integration of data occurred at an analytical level to create meta-inferences (Leech & Onwuegbuzie, 2007); and are presented in the Findings section.

Findings

The qualitative findings from interviews were organised and presented under five (researcher derived) broad themes and related sub-themes. These are: *funding, reporting, delivery, staff profile* and *training*. Quantitative findings from survey participants were used to describe the demographics of the ToP counselling workforce.

Funding

The funding theme was aimed to describe data about funding pathways: how much funding was allocated and utilised within DHBs for ToP services; whether there were variations across DHBs; how contracts linked to funding; and how ToP counselling fitted into the funding stream. Four types of funding were identified in the textual narrative of the interview respondents.

Of the 20 managers interviewed, 50% noted that the Ministry of Health (MoH) funds for DHBs for ToP services were via price volume schedule as part of the population-based funding system: "… a planned volume is set and reviewed by the DHB each year as part of setting the price volume schedule" (Manager, small DHB). Of others, 15% identified that part of the ToP services was contracted to or from other DHBs via "inter-district flow": an exchange of funds between DHBs relating to sub-contracted services; or (10%) via a "fees-for-service" process where services were funded only by the number delivered. Data indicated that not all funding processes were well understood by participants. Variances in understanding may have been related to whether the particular role was operational management or clinical leadership, or due to the nature of how ToP services were designed. What was clearly highlighted is the alignment of funding to contracts (MoH service specifications) which outlined service delivery and accountability mechanisms.

The provision of ToP counselling was viewed by half the participants as an element of general social work services delivery, for example, "…it's just part of their general work and I've never been given an increase in resources to cover that…" (Manager 1, large DHB). The generic social work funding was described as a normal mechanism for ToP counselling in most DHBs; however, there was also a separation of funding dependent on the type of ToP services being provided. Terminations of foetal abnormalities were funded differently than early first or second trimester terminations: "…if they're a foetal termination then we fund it out of our secondary service bucket" (Manager, small DHB).

Reporting

Reporting captured data regarding how participants understood reporting mechanisms and documentation relating to ToP counselling and how these are supported within service delivery. Statistical data regarding individual client contacts were of particular importance as these are directly aligned to funding matters: price volume schedules, service specifications and purchase unit codes and part of reporting processes to MoH. However, 35% of participants indicated that statistical data capture specific to ToP counselling was poorly understood and not particularly visible with the general ToP services data capture.

Variances concerning documentation were noted in the responses of most (86%) of the interview participants, although they acknowledged some type of documentation, usually in the form of counselling reports. Almost half of the survey respondents offered further clarity, stating they documented counselling notes in either the patient clinical file (48%) or a separate complementary file (40.74%); and that information was conveyed to the ToP multi-disciplinary team either verbally or via a written report. The ASC counselling standards outline that ToP counsellors should "observe, record and accurately report on sessions (verbally and in writing) what is presented by the client" (1998, p. 10).

Client information confidentiality, access to, and storage of, information also differed across survey participants. Most (73.07%) stated they had a secure process for storing client information separate from, or in a sealed section of, the main patient file. Almost half (46.15%) reported that only staff providing ToP services had access to the client information but noted this was also dependent on other staff following organisational policies. Variations in documentation processes may be attributed to how individual DHBs manage their clinical information and how information is transferred between DHBs.

Delivery

Counselling is only one of the multiple components that are designed to interlink to form a process for how ToP services are to be delivered. Delivery, as a theme, was utilised to encapsulate concepts around how ToP counselling services were provided across the 19 DHBs.

Over half (65%) of interview participants indicated they provided ToP services on site, the remainder sub-contracted these from other DHBs. Most (86%) stated they sub-contracted second-trimester ToP services from other DHBs or private providers. Over half (65%) provided some limited services for foetal abnormality ToP, and those with further advanced gestation were again sub-contracted out. There were notable variances across the country with larger DHBs providing the whole range of services while smaller DHBs sub-contracted out part or all of the ToP service. During the course of this study, one DHB separated into two districts. The reasons offered for out-sourcing ToP services were: lack of medical facilities; shortage of surgical personnel willing to provide this service; and diagnostic delays.

All DHBs provided pre-decision and post-termination counselling services. Those providing the medical component of ToP services also provided counselling on the day of surgery. In contrast, all survey participants reported providing pre-decision counselling, 59.26% provided on the day of

ToP counselling, and 85.19% provided post-ToP counselling. No participants reported restrictions within DHB policies on the number of pre-decision counselling sessions a woman could have, although the general consensus was that between one and three sessions were acceptable. The ASC Abortion Services in New Zealand website suggests post-ToP counselling should not exceed six sessions.

Research by Whitehead and Fanslow (2005) indicates that family violence for Aotearoa New Zealand women seeking terminations is common. Routine FV screening of women over 16 years to ensure early identification and assistance is a requirement under the Ministry of Health Family Violence Intervention Programme (2002). Survey participants (96.15%) responded that they routinely screened for family violence during ToP counselling. Additionally, survey participants stated that there were enough (55.55%) and generally accessible (69.96%) services in their area to respond to family violence disclosures. Most (62.96%) felt these services were responsive to family violence referrals but were not necessarily available 24 hours and seven days per week – the exception being Women's Refuge.

Staff profile

Staff profile describes the staff providing ToP counselling and included concepts regarding: profession; professional requirements; recruitment/employment of counselling staff; and whether the practitioner's role was a designated position.

Interview participants reported a national total of 45 practitioners providing ToP counselling, with a range from one to five employed depending on the size of the DHB. Survey participants represented (58%) of this workforce. Demographic details obtained via survey participants described the counselling workforce as 100% female, aged between 21 and 60+ years with the majority of the workforce aged between 40 and 59 years, and largely European. Of those aged 40 years or older, 42% claimed an advanced level of practice experience (seven or more years) in the field of ToP counselling. Those who identified as Māori were 7.42%, lower than the national average of 15.6% (Statistics New Zealand, 2015, p. 1). ToP statistics for 2013 indicate Māori were the second-highest population group nationally (24.57%) and Asian the third highest (17.08%)—neither of these population groups are adequately represented in the ToP counselling workforce (ASC, 2015).

Interview participants (70%) reported that their counselling staff held either a counselling or social work qualification. Survey participants reported (84.61%) as holding social work qualifications with the remainder holding a counselling qualification. Both participant groups reported that counsellors held professional memberships with either the Aotearoa New Zealand Association of Social Workers or the New Zealand Association of Counsellors (NZAC). Most interview participants (76%) reported their staff were registered regardless of their profession. In contrast, 92.31% of survey participants reported they were registered practitioners (either social work or counselling) and 100% reported holding a current annual practising certificate. At present, NZAC does not have a statutory registration process; an application for full membership process is carried out as a form of self-regulation.

Interview participants (76%) reported recruitment to ToP counselling occurred via staff already employed, who were interested in this field of practice and had experience. There was variation in how experience was determined: both length of service and experience in health-related areas were identified. Additionally, 85% of interview participants stated ToP counselling was absorbed into other aspects of social workers' daily workload. "We don't have any allocated FTE [*staff* time] specific to it – it is all done within generic FTE" (Manager, small DHB). Only four DHBs represented by 30% of interview participants reported having FTE designated specifically to ToP counsellors.

Training and support

Training, as a theme, describes concepts regarding ToP counselling training, professional development, including preparation and support for entry to this field of practice.

Four interview participants expressed concern about the lack of a national training programme, however, there was a general consensus that ToP counselling training occurred internally within individual DHBs and was conducted via three primary methods: learning information; use of resources utilised within ToP counselling sessions; and via a person-to-person approach. In comparison, 88.89% of survey participants described their training as “on-the-job” or “in-house” ranging from some form of orientation/induction, coaching/mentoring by a more experienced practitioners to more intensive training from an experienced practitioner. Intensive training included reading associated material, attending peer presentations, role playing and observations of live ToP counselling sessions. Only 29.63% of survey participants stated they had been able to attend training days organised on a regional basis or a national conference. There was no indication of consistency of training method across DHBs which raises questions about how this may impact on the quality of ToP counselling service delivery.

Support to counsellors was described by interview participants as provided in clinical supervision (75%), multi-disciplinary meetings, peer debriefing post ToP clinics, and regional meetings (bi-annually). Continuing professional development was presumed to be included for discussion within generic annual appraisals and professional development planning. In contrast, survey participants (95.15%) stated they receive regular clinical supervision in addition to supports as stated above.

In relation to future developments, survey participants were asked whether nationally approved ToP counselling training, standardisation of documentation processes and nationally agreed ToP counselling resources might enhance ToP counselling services. While 88.46% agreed that it would be beneficial to have a nationally recognised ToP training programme, there were some reservations about this being too prescribed. Regarding a nationally standardised documentation process, 73.01% felt this would be beneficial and 73.01% were in favour of having access to a nationally approved set of resources that would be utilised within counselling sessions.

Discussion

As the focus of this study was quite pragmatic—responding to the need to understand how counselling services were perceived by managers and practitioners—new knowledge derived from this study is discussed through the lens of the integrated care pathway. The integrated pathway is defined by Johnson as an “… amalgam of all the anticipated elements of case and treatment of all members of the multi-disciplinary team, for a patient or client of a particular case-type or grouping …” (Johnson, 1997, p. 16). Integrated care pathways are: client centred and developed from the involvement/integration of all key stakeholders concerned with services delivery; a mechanism to facilitate best practice; for ensuring continuous quality improvement. Problematic variations within the data were identified as disconnects and implications for ToP counselling service delivery were highlighted. For example, the law (CSA Act, 1977) stipulates that GPs and certifying consultants must offer counselling, it does not include nurses. Nurses employed by GP services and family planning centres are assumed to be potential referrers for ToP counselling clients. In contrast, the Standards of Care (ASC, 2009, standard 27, p. 13) requires those involved “caring for a woman requesting abortion must advise a woman of her right to seek counselling and facilitate her referral to a suitably trained and credentialed professional whose counselling practice meets the standards of the ASC. This service must be free and easily accessible".

Standard 29 (p.13) states that a counsellor "a) hold a relevant qualification or have equivalent training in abortion counselling. b) be registered members of their profession, e.g., counselling or social work. c) be doing regular pregnancy counselling for women considering abortion, d) have supervision and peer review". This signals a disconnect between law and practice, if an appropriate qualification is not held.

The ToP care pathway differs from most other health care pathways in that clients must meet both medical and legal requirements to undertake this procedure. The requirement that counselling must be offered and available (CSA Act, 1977), acknowledges and legitimates that there is a strong psycho-social element associated to ToP service delivery. While not all women seeking termination require counselling (Marie Stopes International, 2006), it is the psycho-social aspects associated with ToPs that give rise to the need for counselling and the politics surrounding abortion (Needle & Walker, 2007).

One disconnect that impacts on ToP service delivery is the need to meet the legal requirement of lawful access to services on the grounds of serious danger to the women's physical or mental health should the pregnancy continue (Crimes Act, 1961, s187a). This perpetuates the discourse that mental illness is directly related to and an outcome of procuring a ToP, rather than psychological distress related to an unexpected/unplanned or unwanted pregnancy occurring within the context of the individual's personal situation. This is a significant issue given that, in 2014, 97.3% of abortions performed in Aotearoa New Zealand were for the above-stated grounds (ASC, 2015, p. 20). Locating abortion within the criminal code has implications for co-ordinated policy and service development. Legislation should ideally reflect the reality of the context in which abortion occurs. It is important to note is that since the completion of this study, Andrew Little (Minister of Justice) requested the Law Commission review the criminal aspect of Aotearoa New Zealand abortion law. Part of the review is to consider whether abortion legislation might be better aligned to health rather than the Crimes Act (1961).

Workforce implications

In common with other OCED countries, Aotearoa New Zealand is faced with an aging workforce—those of retirement age (65+ years) are predicted to increase to 23% by 2036 (MoH, 2014). Survey data indicate that 70.37% of the ToP counselling workforce are aged between 40–59 years and are also those who have the most experience in this particular field of practice. The availability of a suitable ToP workforce dictates how care pathways are developed and may have impacts on accessibility of counselling for women seeking ToPs. Study findings suggest that there is no workforce development plan in relation to recruiting either medical or counselling staff to this field. This signals a need to address future workforce development and ToP service delivery design. Such a review should include the incorporation of consistent and accessible ToP counselling.

DHBs have the scope to develop ToP services to meet their local/regional needs (Ministry of Justice, 2014) and counselling variations are largely influenced by whether the medical component occurs on site or is outsourced. Those who provide the whole service are likely to provide to a large population or catchment and are also likely to have a designated resource for ToP counselling with time allocated to practitioners or a specific allocated role. There are few indications from the data that any funding is specifically captured for ToP counselling services. Variances concerning allocated resource to ToP counselling identified in this study indicate that this specialist role has not been adequately scoped and may be poorly integrated into the ToP care pathway.

The CSA Act (1977) stipulates that GPs/certifying consultants must offer counselling to women seeking a service; and that referrals are to be a "suitably trained and credentialed counsellor" (ASC, 2009, standards 27-29). This study reflects that it is largely qualified, registered health social workers providing the ToP counselling service in compliance with the law (CSA Act, 1977); and who are already employed in related care pathways e.g., obstetrics, women's medical services. There is still a need, however, to differentiate between the different types of counselling provided by different disciplines in relation to ToP care pathway.

While other health professionals/lay counsellors may be able to identify concerns and provide information about ToP procedures, social workers are also engaged with non-procedural counselling, for example, exploration of certainty, emotions, values and beliefs regarding their decision; identifying support; attending to contextual sources of anxiety, and managing safety and risk issues that might increase the clients' likelihood of poor coping. Data indicated that ToP counsellors excelled at routine enquiry regarding family violence; and participants responded positively regarding general availability, accessibility and responsiveness of family violence support services. Knowledge of these services is of paramount importance in successful referral.

Credentials and professional development

A second disconnect was identified in relation to credentialing—recruitment, orientation, training and continuing professional development across health disciplines in relation to ToP services. The MoH has a process that assigns clinical responsibilities to health practitioners based on training, qualifications and experience with the goal of ensuring patient safety (MoH, 2002) and which is supported by national regulatory bodies and professional associations (Health Practitioners Competency Assurance Act, 2003; the Social Workers Registration Act, 2003; New Zealand Association of Counsellors). The application of this process, however, is not consistent across all health disciplines in relation to ToP services. There are expectations within the Standards of Care (ASC, 2009) for both nursing and medical practitioners to undertake specialist training and engage in continuing professional development. In contrast, this study identified national variations in relation to role orientation and training being reliant on the broad expertise of more experienced practitioners in ToP counselling. Both interview and survey participants expressed a concern about the lack of training specific to ToP counselling. There is a lack of guidance from the Standards of Practice (ASC, 1998) regarding CPD requirements and level of expertise within the field of ToP counselling.

ToP services are not widely and openly advertised and this is likely due to the contentious political and moral nature of abortion. The most common method of accessing information about services, outside of GPs and health clinics, is via the internet. Not all DHBs offer information that can be accessed by their websites. This method is also a difficulty for those who live rurally, have poor internet coverage or where literacy might be a barrier. There is a legal requirement that ToP counselling be offered; however, it is unclear whether this service is promoted in a manner that encourages engagement. Data indicate national variance regarding ToP counselling services information via pamphlets or DHB websites. Survey participants (62.96%) reported that their information pamphlets were largely distributed via ToP services rather than at the point of referral. Further variations were reported regarding resources utilised to aid informed decision-making with the likely implication of inconsistent quality regarding written information/decision-making tools being used. Both of these concerns signal a need for some nationally approved and standardised counselling and information resources.

Documentation was considered an issue of importance in that it is the mechanism by which ToP service delivery maintains public visibility. Data capture regarding ToP services was linked significantly with reporting against MoH contracts and funding accountability; and ASC statistical data collection. While social workers are required to capture statistics in relation to face-to-face client contacts in respect of reporting against MoH contracts – there is no requirement to differentiate a ToP counselling contact from any other client contacts that occur in the course of their work. ToP counselling is generally captured generically and is thus often undistinguishable as there is no mechanism that requires it to be reported to the MoH or ASC. This signals a significant component of the ToP care pathway remains unreported nationally and thus invisible.

Variations were also noted in the way individual DHBs utilise their allocated funding for ToP services and that it is dependent on availability of clinical expertise, equipment, and effective use of financial and staffing resources. The implication is that ToP care pathways may be planned, developed or improved without being understood well by all involved and without equal consideration given to all components of services delivery. How funding processes affect implementation of service delivery sits at a high managerial level and not necessarily well understood by the managing staff or staff delivering the service. The method of allocating funding for social work services may not truly reflect the range of services or adequately cover the cost of all aspects of services being delivered.

The contribution of this study is to illuminate disconnects noted in the data between reporting requirements, the funding of (and contracts related to) ToP counselling services, and the features of a well-articulated integrated care pathway. The researchers note that these disconnects undermine the delivery of this important component of the care pathway for ToP; and signal that this aspect is inadequately imbedded in care pathways for many DHBs.

Limitations

While this small study attempted to provide an exploratory overview of ToP counselling services in Aotearoa New Zealand, there is one glaring deficit that should be remedied in future research and that is the voice of service users—this was not possible to explore within the time available to complete the project. There is need to obtain the perspective of the women utilising the counselling service component of seeking a ToP for, without this, there is risk of delivering services that primarily meet the needs of the providers. It is suggested that further research be undertaken to obtain the viewpoints of women who are recipients of ToP services.

Conclusions

Care pathways describe the client journey in relation to a health event, whilst models of care are concerned with design—the underlying philosophies, principles and processes which support the delivery of the care pathway. “Abortion is more than just a medical or surgical procedure. The procedure occurs within the context of a women’s life …” (Gawinski, Bennett, Rousseau, & Schaff, 2002, p. 440); and ideally, the training of practitioners in abortion care should be founded on a biopsychosocial model.

Clinical governance provides the framework under which models of care and care pathways are developed; and should: involve all levels of the organisation; be linked to legislation, government requirements and professional standards of practice; and include input from service users. It should also include systems and processes that support service delivery, notably shared accountability, management of risk, and quality improvement. Data from interview participants suggest that few DHBs had recently reviewed their ToP services.

The UK's Family Planning Association (2015) provides a best practice guideline that outlines core principles in commissioning ToP services. Some, but not all, of the principles have been adopted by ASC (2009). One of the Family Planning Association's (2015) recommendations is that workforce development and training, and specialist support services such as counselling should be incorporated in service specifications.

There are a number of variations identified within this study that signal disconnects between legislation, policies, practice and funding in relation to ToP counselling services. These are:

- Funded travel and access to services, as highlighted by the Nicol Report (1987), remain an issue for many.
- Legislation that is not reflective of the current context for women seeking ToPs (this is now being reviewed by the Law Commission).
- Current aging ToP workforce signalling the need for a national workforce development plan.
- Legislation and practice guidelines that require improved alignment.
- Inconsistent application of ASC guidelines in relation to provision of information to clients.
- Lack of national guidelines to ensure consistent documentation in relation to ToP counselling services.
- ToP counselling services not included in the national ToP reporting mechanisms.
- Unclear funding pathway for, and lack of inclusion in, ToP contracts regarding counselling services.

The variations described above represent a disconnect between the systemic components of ToP service delivery and those that directly relate to ToP counselling services. ToP services occur within an interconnected, multi-dimensional environment.

We conclude the article with some recommendations for improvement of the counselling services by addressing the systemic concerns identified.

Recommendations

- The MoH national travel assistance scheme be reviewed to enable all women seeking ToP services eligibility for funded travel.
- The CSA Act (1977) be reviewed to remove the stigma of mental illness and consider psychological distress as a legal requirement for eligibility to ToP services.
- The MoH commence a national workforce development plan in relation to all health disciplines engaged in the delivery of ToP services.
- The ASC and the MoH ensure that practice guidelines for all components of ToP service delivery are aligned to legislation and reflect best practice.
- The MoH prescribe equitable credentialing processes across all disciplines employed to deliver ToP services; and are reflected in ASC guidelines.

Counselling is an important component of ToP service delivery and the results of this study highlighted disconnects that impact on quality and availability. Solutions are offered in the following recommendations that:

- The ASC develop nationally approved set of resources that can be provided to clients and utilised in counselling.
- The ASC develop nationally approved guidelines for documentation processes in relation to ToP counselling services that have flexibility to reflect regional needs.
- The ASC develop a national reporting mechanism by which to audit efficacy

and quality of ToP counselling services—ensuring continuous quality improvement and visibility of this component of ToP services.
- The MoH develop a funding pathway via a separate purchase unit code for ToP counselling.

While there are many positives about the Aotearoa New Zealand termination of pregnancy services (Silva et al., 2011), the earlier identified variations in service delivery suggest that there are some areas of improvement needed to ensure quality ToP services delivery, especially that of ToP counselling. Further research is needed to gain service user views and inform better systems for the induction, training and professional development of social workers providing this important service.

Postscript: At the time of acceptance of this article (October 30, 2018) The Law Commission had published the briefing paper *Alternative Approaches to Abortion Law* (Law Commission, 2018) commissioned by Justice Minister Andrew Little in February 2018, which provides three alternative legal models for consideration.

- Model A proposes there would be no specific abortion legislation and the abortion provisions in the Crimes Act (1961) and the Contraception, Sterilisation, and Abortion Act (1977) would be repealed. There would be no statutory test and the decision to have an abortion would be made by a woman in consultation with a health practitioner.
- Model B proposes a statutory test in health legislation, rather than under the Crimes Act. This test would require the health practitioner who intends to perform the abortion to believe it is appropriate considering the woman’s physical and mental health and wellbeing.
- Model C combines aspects of A and B and focuses on gestation. For pregnancies of not more than 22 weeks’ gestation, model A would apply. For those more than 22 weeks, a statutory test of B would be required.

All options would lead to the repeal of current grounds in the Crimes Act and the need for certifying consultants. Any legislative development will result in changes to the provision of services, including counselling and social work support.

References

Abortion Supervisory Committee. (1998). *Standards of practice for the provision of abortion counselling*. Wellington, NZ: Government Printer.

Abortion Supervisory Committee. (2009). *Standards of care for women requesting induced abortion in New Zealand* [Report of a Standards committee to the Abortion Supervisory Committee]. Wellington, NZ: Ministry of Justice.

Abortion Supervisory Committee. (2015). Report of the *Abortion Supervisory Committee*. Wellington, NZ: Ministry of Justice.

Beddoe, L., & Weaver, A. (1988). Ten years on: Abortion counselling services in New Zealand. *New Zealand Social Work*, *12*(3/4), 23–28.

Brien, J., & Fairburn, I. (2003). *Pregnancy and abortion counselling*. London, United Kingdom: Routledge.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101.

Braun, V., & Clarke, V. (2014). *Successful qualitative research*. London, UK: Sage.

Contraception, Sterilisation and Abortion Act, 1977, No 112. Retrieved from http://www.legislation.govt.nz/public/1977

Creswell, J. W. (2014). *Research design*. Thousand Oaks, CA: Sage.

Crimes Act, 1961, No 43. Retrieved from http://www.legislation.govt.nz/act/public/1961

Ely, G. E., Dulmus, C. N., & Akers, L. S. (2010). An examination of levels of patient satisfaction with their abortion counseling experience: A social work practice evaluation. *Best Practices in Mental Health*, *6*(2), 103–114.

Family Planning Organisation. (2015). *Decision-making support within the integrated care pathway for women considering or seeking abortion: Guidance for commissioners on improving access and outcomes for women*. Retrieved from http://www.fpa.org.uk/decision_making_support_abortion

Federation of Women’s Health Councils. (1992). *Abortion services and the health changes*. Wellington, NZ: Ministry of Health.

Gawinski, B. A., Bennett, P. A., Rousseau, S. J., & Schaff, E. (2002). A biopsychosocial model of training in abortion care. *Families, Systems and Health*, *20*(4), 439–446.

Health Practitioners Competency Assurance Act, 2003, No 48. Retrieved from www.legislation.govt.nz/act/public/2003/0048

Hunton, R. B., & Spicer, J. (1979). An evaluation of the counselling given to patients having a therapeutic abortion. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, *19*, 169–173.

Illsley, R., & Hall, M. (1976). *Psychosocial aspects of abortion. Bulletin of World Health Organisation*, *53*. United Kingdom: Blackwell.

International Federation of Social Workers. (2015). *Global definition of the social work profession*. Retrieved from http://www.ifse.org/policies/definition-of-social-work

Johnson, S. (Ed.). (1997). *Pathways of care*. Carlton, VIC: Blackwell Science.

Law Commission. (2018). Alternative approaches to abortion law: Ministerial briefing paper. October 26 2018. Wellington, New Zealand: Author. Retrieved from https://www.lawcom.govt.nz/abortion

Leask, M. (2014). Constructing women as mentally troubled: The political and performative effects of psychological studies on abortion and mental health. *Women's Studies Journal*, *28*(1), 74–82.

Lee, E. (2011). Pregnancy counselling in Britain: A review of literature. *Psychology and Reproductive Choice*. Retrieved from http://www.prochoiceforum,org.uk

McCoyd, J. L. M. (2010). Women in no man's land: The abortion debate in the USA and women terminating desired pregnancies due to foetal anomaly. *British Journal of Social Work*, *40*, 133–153.

Marie Stopes International. (2006). *What women want when faced with an unplanned pregnancy*. (Websurvey Report), Melbourne, VIC: Author.

Ministry of Health. (2002). *Family violence intervention guidelines: Child and partner abuse*. Wellington, NZ: Author.

Ministry of Health. (2014). *The role of Health Workforce New Zealand*. Wellington, NZ: Author.

Ministry of Justice. (2014). *Abortion services in New Zealand: DHB responsibilities*. Retrieved from http://abortionservices.org.nz/ministry

Needle, R., & Walker, L. E. (2007). *Abortion counseling: A clinician's guide to psychology, legislation, politics and competency*. New York, NY: Springer Publishing.

New Zealand Social Workers Registration Act, 3002, No 17. Retrieved from http://www.legislation.govt.nz/act/public/2003/0017

Nicol, J. (1987). *Abortion services in New Zealand*. [A report prepared for the women, children and family health programme to aid in planning and policy formulation]. Wellington, NZ: Ministry of Health.

Onwuegbuzie, A. J. & Leech, N. L. (2007). Sampling designs in qualitative research: Making the sampling process more public. *The Qualitative Report*, *12*(2), 238–254.

Onwuegbuzie, A. J., Slate, J. R., Leech, N. L. & Collins, K. M. T. (2007). Conducting mixed analysis: A general typology. *International Journal of Multiple Research Approaches*, *1*(1), 4–17.

Richdale, J. M. (2010). *Lifting the veil of silence: Personal abortion narratives in New Zealand, 1919-1937*. (Doctoral thesis, University of Auckland).

Silva, M., Ashton, T., & McNeill, R. (2011). Improving termination of pregnancy services in New Zealand. *The New Zealand Medical Journal*, *124*(1339), 83–90.

Sparrow, M. (2010). *Abortion then and now: New Zealand abortion stories from 1940 to 1980*. Wellington, NZ: Victoria University Press.

Statistics New Zealand. (2015). *New Zealand in profile: An overview of New Zealand's people, economy and environment*. Wellington, NZ: Author.

SurveyMonkey Inc. (n.d.). Palo Alto, California, USA. Retrieved from www.surveymonkey.com

Whitehead, A., & Fanslow, J. (2005). Prevalence of family violence amongst women attending an abortion clinic in New Zealand. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, *45*, 321–324.

Radical women in social work:
A historical perspective from North America

Therese Jennissen and **Colleen Lundy,** Carleton University, Ottawa Canada

ABSTRACT

INTRODUCTION: Many challenges that confront social workers today are similar to problems they have faced over the past century – inequality, poverty, unemployment, militarisation and armed conflict, and the challenges of refugee resettlement, to name a few. It is instructive for contemporary social workers to revisit this history and to determine if there are lessons to inform our current struggles.

METHOD: This paper explores the issues faced and strategies employed by radical, politically active social workers, most of them women. These social workers had visions of social justice and were not afraid to challenge the status quo, often at very high personal costs. The radical social workers were expressly interested in social change that centred on social justice, women's rights, anti-racism, international peace, and they worked in close alliance and solidarity with other progressive groups.

CONCLUSIONS: This article highlights the work of five radical female social workers. Radical social workers were in the minority but they were extraordinarily active and made important contributions in the face of formidable challenges.

KEYWORDS: history; radical social workers; women; social justice; peace

That the study of history is losing ground at schools of social work in North America is not a new issue. Over 40 years ago, American social work educators Leslie Leighninger and Robert Knickmeyer lamented that: "Social work, like many fields, has sometimes suffered from an inadequate and distorted understanding of its own history. A profession's inattention to its past is an unfortunate thing" (1976, p. 166). This sentiment rings true today; few social work programmes have compulsory courses in social work history, and accreditation guidelines do not require it. This is troubling for a couple of reasons. Social workers are missing out on important lessons from their history. And, if history is deemed unimportant, it is unlikely that new scholars will engage in historical research in the current competitive job market. This is problematic because much of social work history has yet to be written. As recently as 2011 the authors of this paper wrote the first comprehensive history of the social work profession in English Canada.

We hope that our article will contribute to a reawakening of interest in social work history and a recognition of its importance to the profession. We begin with a brief review of the development of the social work profession, setting the stage for understanding the role of women in it, and particularly the role of left wing, radical women.

In North America, at the turn of the last century industrial expansion was

AOTEAROA
NEW ZEALAND SOCIAL
WORK *30(3)*, 45–56.

CORRESPONDENCE TO:
Colleen Lundy
Colleen.Lundy@carleton.ca

accompanied by urbanisation, increases in immigration, harsh working environments, and deplorable living conditions. Social work emerged as organised responses to those who were poor and unable to care for themselves. Initially it was in the form of the Charity Organization Societies (COS) which regulated, administered and distributed charity to those who were deemed worthy. The Settlement House Movement followed the COS and was based on a different philosophy that was influenced by the social gospel (that is, the application of Christian values to understanding and addressing social problems). Settlement workers moved into and lived in impoverished areas of inner cities and worked to improve social and economic conditions, provide language training and child care. The settlement movement often was aligned with labour and other progressive forces.

Professionalisation was a watershed moment for social work in both the USA and Canada. Social workers would take their place alongside nurses, lawyers and doctors. Professionalisation meant having a discrete, defined and recognised area of expertise that would adhere to specific ethical and work standards, and university programmes providing accredited degrees. In these early years, social workers in Canada and the USA attended the same conferences, read the same journals, and often graduated from the same universities.

From the beginning there were tensions over the nature and purpose of the profession. The emphasis on professionalisation presented a dilemma. Some viewed social work's function as primarily assisting the individual to cope in a complex world and, underlying this, the notion that individuals were to blame for their own circumstances. An alternative view centred on social work as a terrain of struggle for social change through social and political action. Here the focus was on examining the socio-economic-political structures in society rather than on perceived failings of the individual. Elements of this division were manifested early on, before the era of professionalisation, notably in the differing orientations of the organised charities and the settlement house movement. However, it was primarily the changing material conditions, the scope and magnitude of the devastating problems resulting from the Great Depression and social workers' exposure to these issues that created an environment for developing a more critical analysis of capitalist society and social work's role within it. Leighninger and Knickmeyer summarise that "[t]he depths of the crisis reawakened old debates and introduced new strains of professional thinking" (1976, p. 167).

Our paper examines the work and struggles of five eminent women in the profession's history in Canada and the USA. From the USA we include: Jane Addams, Mary Abby van Kleeck, and Bertha Reynolds; and from Canada: Mary Jennison and Bessie Touzel. There are many more pioneers in our profession who have made significant contributions but we have selected these women because of what they represented, the issues they focused on, and the convictions of their work in the face of extreme challenges imposed by conservative forces and a paranoid state particularly during the Cold War era. Not only were they activists and leaders but also they were leading intellectuals and visionaries in social work.

For ease of discussion we refer to them as "radical social workers"; that is, social workers who held left wing views with class-based critiques of capitalism. The women in our sample, all educated in social work, were committed feminists, socialists and communists or sympathetic to these causes; their contributions to the profession were informed by Marxist ideas. They were politically active, and were opposed to class, race, and gender inequality. They understood the importance of waged labour, unions, political parties and how these structures related to working people. They were intellectuals and prolific in writings, presentations and conference participation;

they were internationalists committed to peace. Finally, they were extremely courageous refusing to shy away from their political convictions in spite of red-baiting, firings, and persecution by the state and conservative forces in society. They all were educated women and worked in central Canada and the north-eastern United States where the first social work programmes were established.

There are two major themes in our paper—radicalism and solidarity. The theme of radicalism highlights the important roles played by radical and highly politicised women in social work history. These women were remarkably in touch with the material conditions of life of the people they worked with and offered clear perspectives for social, economic and political change in society. A second theme in this paper is the strong expression and efforts of both the radical American (USA) and Canadian social workers for working in solidarity with social workers across agencies, common causes, jobs, and nations. These two themes—radicalism and solidarity—form the analytic base of our paper.

Radical Social Workers in the USA and Canada, 1890s–1960s

(Laura) Jane Addams (1860–1935)

Jane Addams was born in a small town of Cedarville, Illinois. Although accepted at Smith College, in 1877 she attended Rockford College in Rockford, Illinois, according to her father's wishes that she be closer to home. While travelling to England in 1888 Addams visited and became inspired by the settlement houses such as Toynbee Hall. In 1889, with friend Ellen Gates Starr, she founded Hull House, a settlement house in Chicago for immigrants.

Inspired by the social gospel, activities were introduced to improve "the quality of life or immigrants by offering them art, drama, and music as well as public baths, baby care, job training and classes in English and citizenship" (Elshtain, 2002, p. xxvii). Hull House grew to include 26 apartments and 27 rooms and covered two city blocks (Trolander, 1975). Addams quickly became a prominent social worker and a leader in the settlement movement. Hull House was her home for 46 years until her death.

As early as 1910, Addams identified the two groups of social workers which came to represent distinct approaches to the profession.

> One group who have traditionally been moved to action by "pity for the poor" we call the Charitable; the other, larger or smaller in each generation, but always fired by the "hatred of injustice" we designate as the Radicals. (Addams, 1910, p. 1)

While both approaches focused on alleviating the hopelessness and suffering of people, they engaged different strategies. The former spearheaded casework and the latter was more centred on group and community work. Settlement workers referred to those accessing services as "neighbours in need" rather than clients (Lundblad, 1995). Addams connected with other progressive leaders who shared her commitment to social equality and social justice and she supported the work of W. E. B. Dubois, a noted Marxist and a renowned African-American scholar and a civil rights activist. In 1910, along with Dubois, Addams became a founding member of the American Civil Liberties Union, and the National Association for the Advancement of Colored People (NAACP), an organisation that still exists today (Dubois 1968, pp. 218, 260).

The success of Hull House was noted internationally. William Lyon Mackenzie King, Canada's longest-serving Prime Minister (1921–1926, 1926–1930, 1935–1948), worked alongside Addams at Hull House while completing his graduate studies in Chicago between 1896 and 1897. As Prime Minister, he introduced unemployment insurance and family allowance to

Canada; he attributed his understanding of unemployment and poverty partly to his experiences at Hull House. As head of the settlement house movement, Jane Addams opposed WWI and was a founding member of the Woman's Peace Party that would later re-form as the USA section of the Women's International League for Peace and Freedom (WILPF). Addams became its president and continued to promote the perspective that peace and social work were inextricable from each other. While her involvement in advocacy for the poor was acceptable, entering the realm of peace advocacy—the political domain of men—was not (Klosterman & Stratton, 2006). She was vilified in the press and alienated from the profession. Addams stated that she wrote the 1922 book, *Peace and Bread in Times of War*, because, for her, peace and bread were inseparable. While politically she tried to be "middle of the road," she "pushed far toward the left on the subject of war" (1983, p. 133).

During the decade that followed the end of WWI and the Russian Revolution, "anti-Red hysteria" was prevalent and Jane Addams found her name regularly on a list of subversive citizens (Elshtain, 2002, p. xxvii). But she never wavered from her commitment to peace and justice. In 1931 she was awarded the Nobel Prize for Peace. Addams was a prolific writer—11 books, more than 500 published essays, speeches and editorials. Jane Addams died at age of 74.

Mary Abby van Kleeck (1883–1972)

Mary van Kleeck was a prominent social worker, feminist, labour activist and researcher. As a student at Smith College in 1904 she joined the College Settlement Association. Her early research focused on the conditions of women and children in factories and through the course of her working life at the Russell Sage Foundation, she became a leading expert on employment and working conditions.

Van Kleeck was employed at the Russell Sage Foundation for 40 years (1908–1948) where she was the Director of Industrial Studies. The Russell Sage Foundation was a privately endowed research institute established in 1907 and several of its studies dealt with the labour market, employment conditions, immigration, and social equality. Van Kleeck centred her research on exploring the relationship between workers and employers, democratising the workplace, and the relationship between labour and capital.

She drafted the War Labour Policies Board standards for women's employment in the war industry during WWI. She was appointed head of Women in Industry Service (later called the Women's Bureau) within the USA Department of Labour. With the Depression of the 1930s, van Kleeck's attention turned to causes of unemployment and the labour unrest that was spreading across the USA and Canada. In 1933 she joined the Federal Advisory Council of the USA Employment Services but resigned after only one day because of her disillusionment over the New Deal policies. Instead she put her energies into critiques of capitalism and its effects on workers, became a prominent public speaker on these subjects and made frequent trips to Canada. She was described as possessing "a sharp wit, a powerful speaking voice, strong leadership skills, and a tenacious reform spirit" (Selmi, 2005, p. 413).

Her awareness of the widespread devastation of economic collapse of the 1930s and its impact on working people led her to be openly critical of capitalism. She became a committed socialist drawing on Marxist analysis for explaining the causes of the Great Depression and the weaknesses of a private market economy. Capitalism, she argued, created "intolerable social conditions, condemning millions to poverty, [and] have led oppressed people to revolt" (1961, p. 4). She was dedicated to the rights of workers, encouraging them to engage social and political critiques in their work (Selmi, 2005, p. 414).

In 1935 van Kleeck gave an address in Toronto, Canada, titled "Social Security or What" and spoke of the importance of class struggle in acquiring social security. She described it as a process between the "conflict of the interests between workers who are striving for a higher wage scale and employers who are striving to keep the cost of production down and keep up the profit…." (van Kleeck, 1935a, p. 27). She emphasised that social work fails if it does not grapple with these underlying economic problems. She received applause for denouncing the "red scare" and her comments that its purpose was to suppress radicalism, the struggle of workers, and the trade union movement.

Later she addressed the National Co-ordinating Committee of Rank and File Groups of Social Workers in Montreal, Canada, noting similarities between the two countries, and the great inadequacy of the relief programme.

> We seem year to year to be meeting here in this National Conference of Social Work and facing each year the same questions on the way in which an economic crisis, an industrial depression, undermines the achievements of social workers and their efforts. (van Kleeck, 1935b, p. 29)

She urged social workers to be involved in the labour movement and advocate for complete racial equality. Responding to a question about Fascism in the USA, she commented:

> Now what is Fascism? It arises as a withdrawal of democracy in the interests of the status quo. It is the recoil from democracy … and limiting, to such an extent, civil liberties, taking away rights of free speech, disciplining teachers and university professors and writers and social workers and all who may to-day take part in the struggle … these are all Fascist tendencies. (van Kleeck. 1935b, p. 29)

The following day she delivered another speech to the Social Action group of the National Conference of Social Work on "Governmental Intervention in the Labor Movement." She addressed class conflict and the importance of workers' right to strike and safeguard their interests when employers oppose them; she stated that, "Unless Labor, in its organization, has civil liberties, none of us will have civil liberties" (van Kleeck, 1935c, p. 27).

Van Kleeck was opposed to the USA entry into WWII. As a peace advocate she argued that "…war creates not wealth but destruction. War, moreover, distorts a nation's economy, over developing and over-capitalizing some branches of industry beyond normal, peace-time needs" (van Kleeck, 1961, p. 7). By 1941, van Kleeck had witnessed the growth of the social work profession and although she faced many challenges in her career, she remained optimistic about the future of the profession; social work, she argued, has started to "question its traditional role as ambulance division of a permanently disordered social structure" (1941, p. 3). She died at the age of 88.

Bertha Reynolds (1887–1978)

Similar to Mary van Kleeck, Reynolds attended Smith College, graduating in 1908 with a Bachelor of Social Work degree. She obtained a second social work degree from Simmons College in 1914. From 1913–1918, Reynolds worked for the Children's Aid Society in Boston. Between 1917 and 1918 she studied in the first class of a psychiatric social work programme offered at Smith College in order to assist "shell shocked" soldiers returning from WWI (Bertha Reynold Papers). For the next five years she was Director of Social Services at a state hospital in Massachusetts followed by three years at the Division of Mental Hygiene in Boston where she worked in a clinic for behavioural training of pre-school children.

In 1925 Reynolds became Associate Director of Social Work at Smith College. She taught summer courses and supervised students in their placements and continued to conduct research on a range of social issues (National Association of Social Work (NASW), 2004). Over the years, Reynolds became a distinguished practitioner and educator and seemed to be able to reconcile her interests in Freudian psychology and Marxism with relative ease. She continued to work at Smith College until the late 1930s when her principles came into conflict with those in power.

Reynolds identified the choices for social work in the 1930s:

> Social work today is standing at the crossroads. It may go on with its face toward the past, bolstering up the decaying profit system, having to defend what is indefensible for the sake of money which pays for its services. On the other hand it may envision a future in which professional social services as well as education, medical services and the like shall be the unquestioned right of all conferred not as a benefit but as society's only way of maintaining itself. (Reynolds, 1963, p. 143)

Reynolds was a frequent speaker in Canada and the USA and her work was published regularly in Canadian journals. In 1936, in *Child and Family Welfare*, she encouraged social workers to join in solidarity with all workers:

> The future of social casework is the future of the right of common men and women to economic justice and civil liberties, including the right to think and to participate in the making of their own life condition. If common men and women fail to achieve those rights, no one will have them. Professional people are learning that their fate is bound up with that of all workers. If they do not stand courageously for all human rights, they will lose their own, including the right to practice their profession as a high and honourable calling. (Reynolds, 1936, p. 12)

Reynolds worked as Associate Director of Social Work at Smith College for 10 years until she became a victim of anti-communism. Her affiliation with the Communist Party, her efforts to unionise college employees and her expressly Marxist analysis in courses at the college came into conflict with the upper levels of management and she was forced to resign in 1938 (Andrews & Reisch, 1997; NASW, 2004; Reisch and Andrews 2002). Shortly thereafter she worked briefly for the Maritime Union after which she devoted most of her time to writing and public speaking.

Bertha Reynolds, alongside her colleague Mary van Kleeck, was active in the Rank and File Movement, a coalition of groups, including radicals and progressives interested in broad structural changes to their own conditions as social workers and changes to the practices of social work. The movement grew to a membership of 15,000 and created its own journal, *Social Work Today*. When the journal went out of existence in 1942, Reynolds described the impact of this on her personally:

> In the early winter of [1943] came the death of *Social Work Today* about which I felt as if it were the loss of a family member. When it was gone a light went out of social work which has never been rekindled. (Reynolds, 1963, p. 240)

Reynolds was committed to peace. And while cynics regarded "peace work" as impossible and naïve, the fear of a nuclear war following WWII was a reality. The intensification of the Cold War and the McCarthy witch hunts of the 1950s had a chilling effect on left-wing activists. Peace activists were of particular concern because to speak of peace was regarded as supporting the USSR. We cannot ignore the role that opposition to peace efforts and advocacy to social justice played in targeting social workers and suppressing their social work activities and contributions. There were two waves of opposition that social workers faced. First, the success of the Russian revolution in 1917 viewed peace and any opposition to WWI as being subversive and possibly aligned with communist forces. These sentiments were magnified during the 1940s and 1950s during the depth of the Cold War when anti-communism seemed to be at its peak. It was a repressive climate fostering fear where anyone who was advocating social justice was suspect.

In 1953, in the context of American involvement in the Korean War, an escalating atomic reality and the Cold War, Bertha Reynolds posed the question, "How does the world conflict touch us, as social workers, and what do we propose to do about it?" (Reynolds, 1986, p. 90). Although mainstream social workers likely were reluctant to see a relationship between social work and conflict in Korea, Reynolds' questions may have caused them to examine this connection. Cold War ideology did influence the education and practice of social work in both the USA and Canada (Andrews & Reisch, 1997; Reisch & Andrews, 2002); Jennissen & Lundy, 2011). Rachel Levine, Literary Executor of the Bertha Reynolds papers states that:

> [Reynolds] believed that catastrophes like war, cyclic economic depression, chronic poverty, hunger, and a host of others, and their effects upon the human conditions, and on a global scale, are but the symptoms of underlying causes which are rooted in societal values and systems; therefore, the searchlight should be beamed on, and work directed to, the elimination of the causes … But what 'cooked [Reynolds'] goose,' to quote a phrase, was that she used Marxist ideology as a frame of reference for her beliefs and its science of society as the key to the solution of such widespread socio-economic-political disasters. And she dared to present her views in public! (Levine, cited in West, 2012)

Reynolds died at the age of 90.

Mary Irick Jennison (1892–1970)

Mary Jennison was born in 1892 in Acadia Mines, Nova Scotia. In the late 19th and early 20th centuries this was a bustling iron ore mining town and one of the first steel-producing centres in eastern Canada. Establishing her first career as a teacher, Jennison lived in Toronto where she taught at a girls' school. Here she was a teacher of Dorothy Livesay, one of Canada's leading poets. Livesay describes her as an impressive teacher:

> … she was taking courses in economics and political science with a view to becoming a social worker. Her approach to literature was intensely stimulating, for she related the novels and poetry to the world they sprang from. She challenged us with questions about atheism and socialism. (Livesay, 1977, p. 20)

In 1927 Jennison entered the Department of Social Sciences at the University of Toronto. She soon distinguished herself as an academic and student leader. She received an alumnae scholarship and became class president in 1927. As a student Jennison studied with E. J. Urwick, acting Director of the Department of Social Science. Urwick came to Canada from the UK with a wealth of experience. He had worked as a poor law guardian, a sub-warden of Toynbee Hall, and Director of Social Sciences and Administration at the London School of Economics (Canadian Economics Association, 1945). This combination of work experience and his education in social theory and philosophy made Urwick a good candidate for teaching social work students and he appears to have influenced them. In 1928 Jennison graduated from the diploma programme alongside her colleague Bessie Touzel; their paths would continue to cross through their work and political activism throughout their lives.

Following graduation Jennison worked for the Social Service Council of Canada as assistant secretary. The Moral and Social Reform Council of Canada, as it was formerly known, was founded in 1907 and changed its name in 1914 whereby it ….“forged an alliance between churches, labour and social reform groups, and began to lobby government and others for its agenda of social change” (Wills, 1995, p. 18). As soon as she received her social work credentials, Jennison became active in the newly developed Canadian Association of Social Workers (1926) where she was the convener of publicity in the late 1920s and then became the first editor of the CASW’s journal, *The Social Worker*. *The Social Worker* began as a four-page leaflet but soon became an established journal and an important medium for connecting social workers across the country. Jennison regularly contributed to the journal.

After working at the Social Service Council of Canada (SSCC), Jennison worked for the Federation for Community Services (1929–1937). It was established in 1919 to coordinate the funding of the various social service organisations. Maurutto describes the federation as a secular organisation designed to streamline the funding efforts of charities using techniques of budgeting, accounting and audits in its work. The federation was the predecessor of the United Way of Greater Toronto. The “amount of funding given to charities would no longer be determined by benefactors who gave money to their favorite charities; rather, the Federation would base its funding on decisions on an in-depth assessment of anticipated needs” (Maurutto, 2004, p. 2).

Jennison moved to Montreal, Quebec, in 1943 heading the Central Volunteer Bureau of Montreal, the first one in Canada. The bureau promoted volunteerism within the city’s non-profit community. She continued to be very active in the CASW and became vice-president of the Montreal branch; she continued to write in *The Social Worker*. It was during these years in Montreal that Jennison became very involved in left-wing political activities. For example, she was active in the resettlement of the MacKenzie-Papineau veterans who fought in the Spanish Civil War in 1937–1938; she supported the Committee of Allied Victories in Quebec and several other activities that were under scrutiny by the Royal Canadian Mounted Police (RCMP). These activities placed Jennison on the RCMP’s list of subversive people. The RCMP monitored her activities, intercepted her mail, followed her and intruded in her private life from 1939 to 1970; during this time they amassed 3,171 pages of secret files on her (RCMP files).

After working in Montreal, Jennison moved to Hamilton, Ontario, in 1943. Hamilton was a major industrial centre in Ontario and played a key role in the construction of war materials for both world wars. The city had two major steel plants, Dofasco and Stelco. With a large population of industrial workers, Hamilton was a site of major labour conflict. In 1946 Stelco workers went on strike for union recognition, a 40-hour work week, and increased wages. This was the context within which Mary Jennison was operating the Dale Community Centre.

“The Dale” served a working class population and was known for its support of unemployed workers and their families. Jennison sided with the striking workers and she provided them and their families with a great deal of support. It was not long after the Stelco strike that rumours began about Jennison’s left-wing political leanings and concerns that she was using the Dale for political causes. In 1947, the community chest stopped funding the Dale. The board of the Dale fired Jennison although they denied that it was based on her politics. Parents of children who used the Dale, and the community at large, strongly supported Jennison and the Dale. A petition calling for her reinstatement as Director of the Dale was signed by 400 people. This was to no avail.

Jennison’s firing in 1947 was well publicised in the Hamilton and Toronto media and several organisations, including the Civil Liberties Union and the Congress of Canadian Women, supported her. *The Toronto Star* reported that: “We understand that there are no complaints against Miss Jennison's competence or loyalty to the Dale, but that, on the contrary, she has gained Canada-wide distinction as a very competent professional worker in the field of social service and has won a sincere appreciation for her services from the people in her community." (Jennissen & Lundy, 2011, p. 122). At the age of 55, Jennison's social work career ended.

The Canadian Association of Social Workers (CASW), to which Jennison had made major contributions, did not intervene in her case except to carry coverage of her story in *The Social Worker*. The CASW simply stated that social workers need to be careful when they drifted into political work; it was their personal responsibility. Although she applied for several jobs, Jennison would never work as a social worker again.

From 1947–1953 she worked as the executive secretary of the Canadian Peace Congress. Her commitment to the peace movement kept her RCMP file active. After suffering a cerebral hemorrhage in 1953 Jennison returned to Nova Scotia where she continued to write. In 1959, with Freda Held and Lillian Henderson she wrote, *A Brief History of the Ontario Welfare Council*, and in 1970, *The Canadian Settlement Movement* was made public. In 1970 Mary Jennison passed away at the age of 77.

Bessie Touzel, 1904–1997

Bessie Touzel was a class-mate of Jennison; she graduated in 1928. She was a prominent socialist, feminist social worker with a 40-year career in social work. At 22 she enrolled in the Social Service Diploma Program at the University of Toronto, one of only two that existed in Canada.

Touzel was in the early stages of her career when the Great Depression occurred and this event was a catalyst in her political development. The social workers of the 1930s were faced with the effects of massive unemployment and impoverishment in an environment that provided few services for these people. Touzel was part of a group of social workers who believed that the profession should be more political and that social workers had a responsibility not only in helping the individual to better cope but also to work toward effecting political change (Jennissen & Lundy, 2011).

During the Depression, there was a dramatic increase in the number of people requiring relief and several municipalities could no longer carry the economic burden. In 1932, Harry Cassidy, head of the social work programme at the University of Toronto, made headlines with his severe critique of the welfare system in Ontario (Cassidy, 1932). Eventually municipal governments in the larger centres were provided with government funding and the authority to provide some relief programmes. The City of Ottawa established the Ottawa Welfare Board in 1933 and Bessie Touzel headed it.

As supervisor, Touzel hired 40 female social workers to assess and dispense relief—both in cash and in kind. Touzel was compassionate and generous in the delivery of welfare service and over the next three years welfare provisions increased. Ottawa became known for its relatively generous levels of relief and a well-developed programme for the poor. Touzel was praised for her work and in 1935 she received a Jubilee medal for her outstanding work as a public servant. (Johnstone, 2015, p. 399). But this triumph was short-lived. The city gave in to public pressure over the costs of welfare and increased taxes and in a dramatic move it fired all 40 female social workers from the Ottawa Welfare Board replacing them with 11 male special police officers. Touzel was outraged and resigned in protest (Jennissen & Lundy, 2011). Subsequently she became the Assistant Director of the Canadian Welfare Council where she worked until 1940.

In the early 1940s, Bessie Touzel left Ottawa for Toronto where she became executive secretary of the Welfare Council of Toronto.

Touzel again became involved in the issue of relief rates. In 1941 the City of Toronto wanted to assess its relief rates and involved the Welfare Council of Toronto in this request. Bessie Touzel led the response to the city. She conducted a study which identified that the requirements for a healthy diet could not be maintained on the existing rates of relief. The city of Toronto accepted the report from Touzel and increased relief rates by 20%. However, the province of Ontario refused to accept the study and the Premier commissioned his own research. Touzel continued to lobby through the local media for increased rates of social assistance and her efforts culminated in a short publication, *The Cost of Living*, which was widely disseminated and used throughout the province; it was also used by unions to support increases in salaries. This publication became known as the *Red Book*.

WWII pulled the Canadian economy out of the depression and brought new challenges as Canadians became involved in the war effort. The war was barely under way when the federal government began to focus on the process of postwar social reconstruction, an ambitious undertaking that centred on developing a social infrastructure that would provide a "cradle to the grave" protection for Canadians, similar to that proposed in the UK. The federal government established several advisory committees, commissions and studies to review various aspects of social welfare and to provide direction and recommendations to government (Jennissen & Lundy, 2011). One such committee was a federally appointed Advisory Committee on Postwar Reconstruction (1941–1944) and Bessie Touzel assisted Leonard Marsh of McGill University in preparing the *Report on Social Security for Canada* in 1943, (reprinted in 1975 and again in 2017) that recommended a broad range of programmes and services.

In 1947 the board of directors of the Toronto Welfare Council lobbied against Touzel's *Red Book* arguing that it had no mandate to conduct research and set standards. Touzel contested this but the board overruled her and, similar to the situation in Ottawa 10 years earlier, Touzel found herself at odds with her board of directors over rates of relief, and for a second time in a decade, she resigned in protest.

Touzel returned to Ottawa once again where she accepted a position at the Canadian Welfare Council from 1937–1940. Here she was in the forefront of social change providing leadership on social issues that addressed: the cost of living; minimum wage; labour reform for women; child care; and housing. She also chaired the Committee on Public Welfare wherein she conducted research, designed programmes and presented policy briefs to government.

Her activist work at the Canadian Welfare Council drew attention from the RCMP. Similar to her classmate, Mary Jennison, Touzel was suspected of being "communistic." The RCMP records indicate that her mail was regularly intercepted, telephone conversations were monitored, neighbours were consulted about her political leanings, and her personal activities were regularly censored. RCMP agents noted that she was in the company of leftists including communists, that she attended meetings of the Ottawa Peace Council, and that she was in touch with Mary Jennison. The RCMP files confirm that the Canadian Welfare Council was itself regarded as a hotbed of left-wing activity and, while concerted efforts were made to place an RCMP agent inside the Canadian Welfare Council, this proved difficult to do. In one entry an agent laments the challenges of collecting intelligence on Touzel: "Although persistent efforts are being made to obtain good information on Bessie Touzel's activities, little information has been forthcoming" (RCMP Ottawa Special Section, 14/11/51). In another entry: "...trying to place a contact in the Canadian Welfare Council" (10/10/51). And in an entry on October 2, 1951: "We have been interested for some time in the activities of Miss Bessie Touzel, a social worker, who has been connected with communist suspects in Ottawa for a number of years. She is presently in the employ of the National Welfare Council in Ottawa" (10/2/51). Although information of any import to the RCMP was not found, it is clear that the civil liberties of both Jennison and Touzel were regularly violated.

Touzel worked at the Canadian Welfare Council for six years before returning to Toronto in 1953 to become the executive director of the Ontario Welfare Council where she promoted the development of social programmes and improving services to the underprivileged. Touzel eventually resigned from the Ontario Welfare Council in 1964. She worked as a UN advisor in Tanzania for two years and in 1966 she began teaching at the University of Toronto in the social work department. Towards the end of her career she received several honours: a Coronation Medal, a Confederation Medal; an Order of Ontario; City of Toronto Award of Merit and two social work awards. She passed away in 1997 at the age of 93.

Looking backwards to move forward

This article has examined the contributions made by left-leaning, radical social work women in Canada and the USA. All five women made important contributions to the profession often injecting a class-based and an international perspective into social work debates, writings and practices. Unfortunately, their contributions to making social work a more radical, politicised profession with a direct focus on changing not the individual, but societal structures, have all but been forgotten by contemporary social workers and social work educators. But their contributions have particular relevance as we see a resurgence in Marxist social work and radical approaches to social work (Lavalette, 2011; Lundy, 2011) and the launch of the *Critical and Radical Social Work Journal* (Ferguson & Lavalette, 2013). We believe that their pioneering work had and continues to have important value now and that a revisiting of this history can be very instructive in these beleaguered times.

By tracing the work of these women and the ideologies upon which their work was based, we hope to remind social workers of the importance of being visionary; of working in solidarity with those who seek our services and with other groups (unions, peace groups, social justice groups, anti-poverty organisations, racial minority groups); of keeping an international perspective in sight; and fulfilling social work's social justice mandate that we still proudly claim. Paulo Freire addressed social workers at an international conference and reminded us that we are the agents in making our history: "History is made by us, and as we make it, we are made and remade by it" (1990, p. 7). But as Karl Marx proclaimed in the *18th Brumaire of Louis Bonaparte* in 1852, we do not make our history under conditions of our choosing.

These early women strived for a social work that focused on social justice and social change during two world wars, a devastating economic depression and a Cold War. Their legacy reflects the possibilities and potential for positive social change when we come together in solidarity to challenge the policies and practices that disadvantage a significant segment of the population. Our ability to fulfil our social justice mandate is strengthened by learning from our history.

References

Addams, J. (1910). The President's address, "Charity and social justice". *Proceedings of the National Conference of Charities and Corrections*, St. Louis, MO: The Archer Printing Co.

Addams, J. (1983). *Peace and bread in times of war*. Silver Springs, MD: Reprinted NASW Classic Series. (Original work published 1922).

Andrews, J. & Reisch, M. (1997). Social work and anti-communism: A historical analysis of the McCarthy era. *Journal of Progressive Human Services*, *8*(2), 29–49.

Canadian Economics Association. (1945, May). Obituaries: Edward Johns Urwick, 1867-1945. *The Canadian Journal of Economics and Political Science/Revue Canadienne d'Economique et de Science Politique*, *11*(2), 265–268.

Cassidy, H. (1932). *Unemployment and relief in Ontario, 1929–32: A survey and report*. Toronto, ONT: J. M. Dent.

Dubois, W. E. B. (1968). *The autobiography of W. E. B. Dubois*, New York, NY: International Publishers.

Elshtain, J. B. (2002). *The Jane Addams reader*. New York, NY: Basic Books.

Ferguson, I. & Lavalette, M. (2013). Critical and radical social work: An introduction. *Critical and Radical Social Work*, *1*(1) 3–14.

Freire, P. (1990). A critical understanding of social work. *Journal of Progressive Human Services*, *1*(1) 3–9.

Jennissen, T. & Lundy, C. (2011). *One hundred years of social work: A history of the profession in English Canada, 1900–2000*. Waterloo, ONT: Wilfrid Laurier University.

Jennissen, T. & Lundy, C. (2017). "Capitulo 3, Canada," in Trabajo Social, Historia y desafios de una profesion, Alfredo Hidalgo Lavie (Coordinator), (pp. 69–90). Madrid, Spain: Ediciones Académicas.

Johnstone, M. (2015). "Don't take the social out of social work": The social work career of Bessie Touzel (1904–1997). *Affilia: Journal of Women and Social Work*, *30*(3), 395–407.

Klosterman, E. M., & Stratton, D. (2006). Speaking truth to power: Jane Addams' value base for peacemaking. *Affilia: Journal of Women and Social Work*, *21*(2), 158–168.

Lavalette, M. (Ed.). (2011). *Radical social work today*. Bristol UK: The Polity Press.

Leighninger, L. & Knickmeyer, R. (1976). The Rank and File Movement: Relevance of radical social work traditions to modern social work practice. *Journal of Sociology and Social Welfare* (November) *4*(2), 166–177.

Livesay, D. (1977). *Right hand left hand: A true life of the Thirties: Paris, Toronto, Montreal, the West and Vancouver. Love, politics, the depression and feminism*. Erin, Ontario: Porecpic Press.

Lundblad, K. (1995). Jane Addams and social reform: A role model for the 1990s. *Social Work*, *40*(5), 661–669.

Lundy, C. (2011). *Social work, social justice and human rights: A structural approach to practice* (2nd ed.). Toronto, ONT: University of Toronto Press.

Marsh, L. (1975) *Report of Social Security for Canada, 1943*. Toronto: University of Toronto Press. Reprinted from 1943.

Marsh, L. (2017) *Report of Social Security for Canada, 1943*, edited by Allan Moscovitch. Montreal & Kingston: McGill-Queens University Press (new edition).

Maurutto, P. (2004). Charity and public welfare in history: A look at Ontario, 1830–1950. *The Philanthropist*, *19*(3), 159–167.

National Association of Social Workers (NASW) Foundation. (2004). Bertha Reynolds (1885–1978) – Social Worker, author and professor of social case work. Social Welfare History Project. Retrieved from http://socialwelfare.library.vcu/people/reynolds-bertha-capen/

RCMP Files, Bessie Touzel. Dec, 1951–Jan, 1969. 635 pp. (Accessed through Freedom of Information from the National Archives of Canada.)

RCMP Files, Mary Jennison, 1939–1970, 3,171 pp. (Accessed through Freedom of Information from the National Archives of Canada.)

Reisch, M., & Andrews, J. (2002). *The road not taken: A history of radical social work in the United States*. New York, NY: Brunner-Routledge.

Reynolds, B. C. (1935,1994). Social casework: What is its place in the world today?" Reprinted in *Families in Society: The Journal of Contemporary Human Services*, (September), 453–59.

Reynolds, B. C (1963). *An Uncharted Journey: Fifty years of growth in social work*. New York, NY: The Citadel Press.

Reynolds, B. C. (1986). Focus on peace: Social work faces world conflict. *Catalyst*, *5*(4), 90.

Selmi, P. (2001). Beyond the Rank and File Movement: Mary van Kleeck and social welfare radicalism in the great depression, 1931–1942. *The Journal of Sociology and Social Welfare*, *28*(2), 75–100.

Selmi, P. (2005). Van Kleeck (1883–1972). *Encyclopedia of social welfare history in North America* (pp. 413–415). Thousand Oaks, CA: Sage.

van Kleeck, M. (1935a). Social security or what? Address in Toronto, Canada, June 7. From Sophia Smith Collection, van Kleeck fonds, Box 19.

van Kleeck, M. (1935b). Sources of power for the social work programme. June 10, pp. 1–30. From Sophia Smith Collection, van Kleeck fonds, Box 19.

van Kleeck, M. (1935c). Governmental intervention in the labor movement. Address to a meeting of Section IV, Social Action, of the National Conference of Social Work, Montreal June 11, pp. 1–27. From Sophia Smith Collection, van Kleeck fonds, Box 19.

van Kleeck, M. (1941). Social work, peace and the people's well-being: Social work 1941. Originally published in *Social Work Today* (pp. 3–18), From Sophia Smith Collection, van Kleeck fonds, Box 17.

van Kleeck, M. (1961). Peace through international trade in a changing world. Reprinted from *Public Ownership in the United States, Goals and Priorities*. Peace Publications, New York, 3–23.

West, R. (2012)."Bertha Capen Reynolds: Radical social worker. *Social Justice Solutions*. Retrieved from http://www.socialjusticesolutions.org/2012/10/26/bertha-capen-reynolds-radical-social-worker/

Wills, G. (1995). A Marriage of Convenience: Business and Social Work in Toronto, 1918–1957. Toronto: University of Toronto Press.

Surveys, social licence and the Integrated Data Infrastructure

Pauline Gulliver, Monique Jonas, Tracey McIntosh, Janet Fanslow and **Debbie Waayer,**
University of Auckland, New Zealand

ABSTRACT

INTRODUCTION: Statistics New Zealand's Integrated Data Infrastructure (IDI) is a central repository for researchers to access multiple government agency datasets. The aim of this investigation was to understand social licence for including survey data in the IDI.

METHODS: Two convenience samples were recruited: (1) participants in one of 10 focus groups; and (2) respondents to pilot surveys for the 2018 NZ census or a population-based survey on violence experience. Qualitative data were transcribed and analysed using thematic analysis. Analyses were conducted independently by two members of the research team and results compared.

FINDINGS: Whilst little prior awareness of the IDI existed, participants developed considered judgements about it, identifying concerns and proposing safeguards that would encourage them to support its maintenance and use.

CONCLUSIONS: While there is the potential for social licence to be granted for the IDI, an on-going, transparent engagement process is required to maintain trust with agencies and researchers. As an over-represented population within government agency data, active, honest engagement is required with Māori, as are safeguards to reduce risks of further stigmatisation and marginalisation.

KEYWORDS: big data; social licence; indigenous data; policy development

Introduction

"[The] quest to understand and explain what works and for whom in what circumstances underpins the notion of evidence-based policy making" (Sanderson, 2002). In 2014, Statistics New Zealand (StatsNZ, Aotearoa New Zealand's (NZ's) independent agency for the collection and delivery of robust, independent statistics (Statistics New Zealand, 2017c)) launched the Integrated Data Infrastructure (IDI), which "contains person-centred data from a range of government agencies, Statistics NZ surveys, and non-government organisations" (see Figure 1). The IDI provides a "one-stop-shop" for researchers to access multiple government datasets to understand health, justice, education, social services and income outcomes. While linkage is undertaken at the individual level, analysis occurs at the aggregate level by academic and policy development researchers (Statistics New Zealand, 2017a). The creation of linked datasets for research purposes is not new (Holman et al., 2008). However, the difference between bespoke linkages to answer specific research questions and large-scale, linked datasets developed as a repository lies in the use, re-use, and

AOTEAROA
NEW ZEALAND SOCIAL
WORK *30(3)*, 57–71.

CORRESPONDENCE TO:
Pauline Gulliver
p.gulliver@auckland.ac.nz

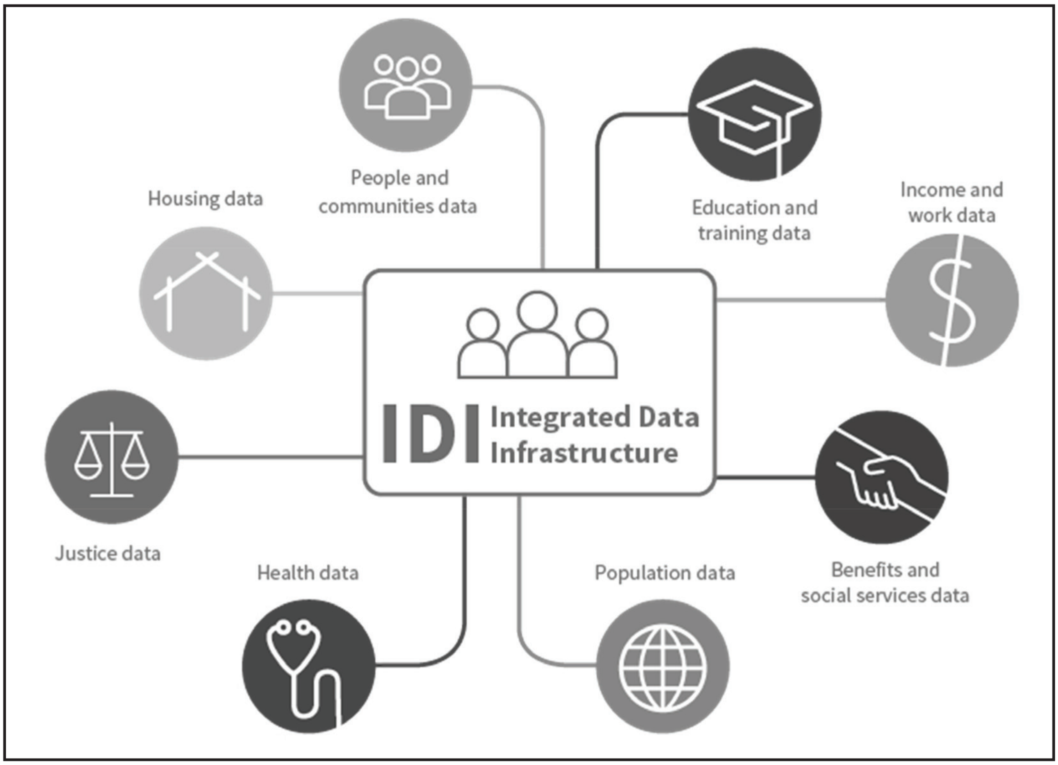

Figure 1. Overview of the IDI, from http://www.stats.govt.nz/browse_for_stats/snapshots-of-nz/integrated-data-infrastructure.aspx, accessed 25 September 2017.

potential unknown future use of such data sets.

To date, the IDI has largely eluded the NZ public's consciousness. However, it is increasingly used as evidence for policy decisions, such as restructuring funding mechanisms for state-funded schools (Edwards, 2016). Governmental support for the IDI has resulted in pressure on non-governmental organisations and researchers in receipt of government funding to make client databases available for inclusion in the IDI as a condition of their funding (Kirk, 2016). Since the change in government following the 2017 general election, the discourse around the use of large-scale, linked data sets has subtly changed: "while the numbers are critical, the insight gained from doing the analysis is just as important" (Social Investment Agency, 2018). Further, the NZ government has launched an investigation into how "government currently uses algorithms, to give New Zealanders confidence that their data is being used appropriately" (Curran & Shaw, 2018).

The principles and regulatory mechanisms governing the establishment and use of large-scale, linked datasets such as the IDI are subject to increasing debate (Casanovas, De Koker, Meddelson, & Watts, 2017). In NZ, four Health and Disability Ethics Committees (HDECs) review health and disability research. However, secondary analysis of de-identified administrative data for observational studies is exempt from HDEC review (Health and Disability Ethics Committee, 2014). Because personally identifying information within the IDI is withheld or encrypted, analyses utilising IDI data are considered exempt. While some users of the IDI, particularly university researchers, are required to obtain ethics approval through university ethics committees, StatsNZ does not require approval from an ethical review committee prior to granting access to the IDI, or peer review to ensure research rigour.

There are, however, safety mechanisms in place for use of the IDI:

- Referee checks are conducted on researchers;
- Only data necessary to answer research questions are made available;
- Access to the data is through a controlled data environment;
- Only research questions considered to have a wider public interest are considered.
- Output from research conducted using IDI data is checked to ensure results are not personally identifiable (Statistics New Zealand, 2017a).

International experiences reveal challenges for broad-scale data linkage and use. Developing and employing large datasets containing microdata can engender public distrust (Presser, Hruskova, Rowbottom, & Kancir, 2015), and political anxiety about invasion of privacy (Dudley-Nicholson, 2016). Recent English experience illustrates how a failure to secure public trust can fatally jeopardise efforts to harness the potential of 'big data'. Care.data was a central repository of health and social care data from all English National Health Service funded care settings, developed primarily for research and evaluation purposes. Established in 2013, its implementation became so problematic that it was discontinued in 2014. Contributing issues included inadequate management and communication, a contradictory legislative environment with respect to patient confidentiality (Presser et al., 2015), the intention for Care.data to be accessible to private companies, and an all-or-nothing opt-out consent process (Shaw, 2014). Its collapse was attributed to failure to attend to levels of public trust in health services and research, and the conditions upon which that trust is based, combined with scepticism about Care.data's public good orientation. The concept of social licence has been employed to explain the failure of Care. data, (Carter, Laurie, & Dixon-Woods, 2014). It is also invoked by StatsNZ as a necessary condition of the success of the IDI.

The aim of the current investigation was to elucidate the extent of social licence for including survey data in the IDI. As with related concepts such as trust, social licence is not straightforward to delineate or measure (Boutilier & Thomson, 2011). Both the concept of trust and the requirements of social licence are likely to: mean different things to different people (Rooney, Leach, & Ashworth, 2014); vary by context (Hall, Lacey, Carr-Cornish, & Dowd, 2015) and be highly sensitive to changing public perceptions (Heikkinen, Lepy, Sarkki, & Komu, 2016). Despite its ineffability, experience drawn from a range of fields suggests that social licence can be a decisive force in allowing or preventing a range of activities (Rooney et al., 2014). Therefore, it is useful to understand social licence as it pertains to the IDI and what conditions or parameters members of the public might place upon it, whilst acknowledging its dynamic, variable nature.

Social licence

The concept of social licence derives from the work of sociologist Everett Hughes (Hughes, 1958), who explored the conditions under which society was prepared to afford professions permission to adopt practices that violate accepted social norms without incurring social sanction. This permission constitutes social licence – it implies a mandate, empowering the licensed agent to ask things of others in relation to the licensed practice (Hughes, 1958, p. 78).

Social licence has risen to prominence particularly within industries and enterprises that impose harms upon resources or communities, such as mining, forestry and fishing. A "social licence to operate" is predicated upon an agent meeting "the expectations of society regarding the conduct and activities of corporations that go beyond the requirements of formal regulation" (Carter et al., 2014), p. 404). It emerges from a process. Trust is central in enabling and sustaining social licence, representing a willingness to accept vulnerability to the actions of another in some domain (Mollering, 2006; Rousseau, Sitkin, Burt, & Camerer, 1998). We were interested to learn how people conceived themselves and others as vulnerable, and what determined willingness to accept vulnerability (and therefore trust the process) and confer social licence.

We adopted the following working definition of social licence:

> Societal acceptance that a practice that lies outside general norms may be performed by a certain agent, on certain terms. It is the result of an ongoing process of negotiating terms with a wider societal group, and means that the practice can be performed by that agent without incurring social sanction. Social licence confers a mandate upon the licensee to ask things of others in relation to the licensed practice.

Our definition makes explicit that the practice under consideration lies outside of general norms. Specifically, the linkage of individual-level information collected by government agencies without explicit knowledge of the people from whom data were collected. It differs from the definition adopted by the Data Futures Partnership which limited social licence to "When people trust that their data will be used as they have agreed, and accepted that enough value will be created, they are likely to be comfortable with its use" (Data Futures Partnership, 2016).

It is important to note at the outset that this work is focussed specifically on social licence as it relates to the linkage of data for analysis at the aggregate level for research and policy development purposes. This differs from the sharing of information for the purposes of service delivery, a process regularly undertaken, often with the explicit consent from the individual and understanding of the process involved.

Methods

As social licence cannot be conferred if the relevant community is unaware of the agency seeking it, the research team were interested in investigating whether members of the NZ public were aware that the IDI existed; were able to understand the practice lying outside social norms involved in using the IDI; and the terms considered necessary to engage in this practice without incurring social sanction. Rather than attempting to quantify the overall level of social licence, we investigated awareness of, and attitudes towards, the IDI amongst two separately selected convenience samples. One comprised respondents to one of two surveys with different levels of perceived sensitivity; the other were participants in focus groups.

Respondents to the survey were "primed" about the nature of the survey by answering

Table 1. Demographic Characteristics of the Interview Sample (Frequencies)

	Census	Sensitive
Age		
15-24 yrs	2	9
25-34 yrs	12	7
35-44 yrs	4	4
45+ yrs	13	11
Sex		
Male	13	11
Female	17	20
Gender diverse	1	1
Ethnicity		
NZ European	25	14
Māori	0	8
Other	6	10
Total	31	32

a series of questions, administered face-to-face by an interviewer. The goal was to determine if the nature of the survey was associated with the likelihood of consenting to linkage. Survey 1 was a subset of census questions administered by StatsNZ interviewers (*n* = 31 participants); Survey 2 was a subset of questions designed to assess violence exposure in the general population (*n* = 32 participants). Age, sex and ethnicity of survey participants are presented in Table 1. There is an important distinction in the recruitment methods employed by StatsNZ and the university. The university research team was particularly interested in obtaining feedback from sections of the population who are either over-represented in violence statistics, or for whom very little information about the prevalence of violence is reported. As such, recruitment methods were designed to encourage participation from Māori, LGBTIQ+ and disabled members of the community.

Following the survey questions, participants were asked open-ended questions about:

a) whether they would consent to have the information they had just provided uploaded and linked with government agency data;
b) their reasons to provide or withhold consent;
c) what safeguards would favourably influence their decision; and
d) what information about process (where would the data be stored) and usage (access rights, long-term storage) would assist an informed choice.

Semi-structured focus groups were conducted to contribute to the design of a population-based survey on violence exposure. Participants were asked about:

1. Their understanding of the information NZ government agencies hold about individuals and what is done with it.
2. The degree to which they considered it acceptable to link survey data with information held by government agencies:
    a in general;
    b if they were data participants had personally provided (to the survey);
    c if the data were anonymised;
    d if the focus of the research was at the population level, rather than focusing on individuals;
    e if the information they provided could be used again in the future for unknown purposes.
3. Their views on the safeguards that should be in place for the data to be made available for other researchers.
4. Who should store the combined administrative and survey-based data.
5. Whether there are types of data that they felt could be shared without seeking individual permission, or types of data that it would be wrong to seek permission to share.

The focus groups comprised the following community groups:

- Disabled persons;
- Members of the LGBTIQ+ community;
- Mothers of young children;
- New migrants;
- Young Māori men;
- Māori women (×2);
- Pākehā men;
- Intimate partner violence (IPV) survivor advocates;
- Māori (mixed gender);
- Mixed (general).

Interview data were recorded with an electronic data capture programme, REDCap (P. A. Harris et al., 2009) and hand-written notes. Focus group discussions were digitally recorded and transcribed. All data were analysed using thematic analysis, an inductive method of analysis which explores the manifest (content that is noted or mentioned directly by respondents) and latent (implicit or underlying) themes. Analyses were conducted independently by two members of the research team and results compared. Where interpretation differed, the analyses were brought to the wider research team and resolved through discussion.

Results from interviews and focus group discussions were analysed and are presented separately.

Ethics approval for this investigation was granted by the University of Auckland Human Participants Ethics Committee (ref 017300). All participants provided informed consent prior to participating.

Results

Arm 1: Interviews with Survey Respondents.

Most (81% of census and 70% of violence survey) survey respondents indicated they would be willing to have their completed survey linked with government agency data. Where participants did not consent to linkage, they were more likely to have disclosed a social norm breach. Violence survey participants were asked about their pornography use – 30% of those who reported pornography use would consent compared with 63% of those who reported no pornography use.

Amongst those willing to consent to data linkage there was a perception that this would "help the government make better decisions" (Survey respondent 1 [SR1]) and "provides access to more comprehensive data" [SR6]. Respondents to both surveys also indicated their data were "already out there" [SR23], alluding to information collected through social media, or that they "didn't really have anything to hide" [SR18]. Those who would not consent were concerned with how their information would be used, who would access it, and whether they would be identified:

> Not right to link up my story from separate sources. [SR32]
>
> No knowledge of who may access it. Concern around confidentiality, inappropriate use, lack of clarity around destruction dates. [SR24]

A total of 23% of the violence survey and 45% of census survey participants wanted additional information to help them decide whether they would consent to having their survey data linked with government agency data, including who would access it, what it would be used for, and what protections were in place:

> Who can access government agency data? What will government use it for? [SR3]
>
> Explain the purpose and process of data sharing in the IDI and a guarantee around privacy. [SR16]

Survey participants were provided with a range of options that might influence their willingness to provide consent to have their information linked. The proportion of participants from each survey who

Table 2. What Would Make it Easier to Consent to Have Your Information Linked?

Option	Census Sample	Sensitive Sample
Assurance that my name and address will be removed from the data I provide	74%	81%
Guarantee that the information is only available to bona fide researchers	65%	65%
Freedom to be able to withdraw the data whenever I want	58%	58%
Knowledge that the information was held by Statistics New Zealand	58%	50%
Assurance that the information would be destroyed after a set period of time	52%	46%
Knowledge that the information was held by a university	39%	46%

agreed to each option (more than one could be selected) are summarised in Table 2. Across the two groups, there was consistent agreement with the importance of knowing that their name and address would be removed, control over access, and being able to withdraw the data.

Arm 2: Focus Groups:

All focus group participants were aware that government agencies collected information about them. There was acceptance of information sharing for the purposes of service provision.

> …you collect it once then lots of people can, if it's safe, use the same information instead of asking again. [Mother of young children]

> …changing your GP they transfer the data from one place to another and they have full information on health issues and everything. [New migrant]

However, few participants were aware of the IDI. Extended discussion was needed to shift thinking from individual-level data sharing for service delivery, to population-level data linkage for service and policy design.

Five key themes emerged from discussions: (1) good quality data are important; (2) understanding the context of data collection; (3) privacy is important; (4) oversight of the researchers is required; and (5) yes, I am happy, if I provide consent.

1. Good quality data are important

Views concerning the quality of the data available for data linkage could be connected to participant experiences with individual agencies. For example, IPV survivor advocates highlighted concerns about the quality of the information collected:

> I have seen hundreds of [Statutory Social Service Agency] files from women that have asked the ministry... what's written about them and honestly… none of it based on fact. [IPV Survivor]

Members of the disabled community highlighted problems associated with communicating and how this could impact on the quality of information collected and recorded about them.

> It gives me chills really when I go to anywhere like a GP cos there's such a fear of misdiagnosis for deaf people because they just don't understand us. It's 5 to 10 percent of deaf that get their information accurately passed on so I think there's a big fear in the deaf community about the representation of us. [Disabled person]

The pervading concern expressed by these groups was that the IDI could ultimately use incorrectly recorded data. This would be amplified for community members with a higher degree of interaction with government agencies, who subsequently have more information collected about them.

2. Understanding the context of data collection

A key concern for Māori was understanding the context of data and collection and understanding the meaning of data. These concerns were mirrored by representatives of marginalised populations as well:

> …data that [are] given, in … an interview can be de-contextualised and alienated from what the [original] kaupapa [purpose, rationale] was. [Māori mixed gender]

> [the data] becomes kind of powerless because all the information…is completely different…so [can] easily…get distorted…out of context. [LGBTIQ+]

Even if data were factually correct, their meaning could be lost or distorted if the context of collection was not understood. Linked to this were concerns that structural and societal context could be obscured by the focus on individual-level data. An important manifestation of this relates to Māori over-representation in government datasets that report negative social indicators, a situation reflecting the harms of colonisation, societal disparities and institutional racism (Kukutai, 2011) which may not be recognised and properly accounted for by those who use the data. These risks were highlighted by participants who could imagine the IDI being used to compound damaging stereotypes, especially for communities that had more information held about them:

> …it's going to highlight our problems… It is often used just to prove cultural deficits. [Māori women]

> I come from a kura kaupapa [Māori language immersion school] and we just have different aspirations and I think that is what we should be measured by. We come from Māori aspirations, from our whānau collective not from a government collective. But in saying that, we didn't [our kura] under-achieve, we over-achieved for our region, but that is because it came from our own people. However we are not making our overall data look better because we are a small proportion. Māori students in mainstream schools are still [expected] to live up to the aspirations of government. Their data [are] collected by Pākehā as well. [Māori mixed gender]

3. Privacy is important

Privacy concerns, nominated by all participants, were largely expressed in terms of the risk of individual identification:

> [T]he risk comes when it becomes personal and [discloses] personal information that might be scrutinized by a government department for their purposes. [LBGTIQ+]

Some participants commented on the difficulties of ensuring non-identifiability when collating many pieces of personal information:

> As soon as you put my age, my impairment, the length of time I've had my impairment – there are some people who would know exactly who I am. [Disabled person]

What information was perceived as requiring greater protection differed between individuals and groups. Privacy concerns were raised about financial information (Pākehā men); social services and police records (Māori, IPV survivor advocates); and health service information (Disabled persons and mothers of young children).

For some, individual control over information was connected with trust in political processes and players:

> Coming from a country where control over your information is very highly valued and sharing that information has sometimes had really detrimental impacts on people I think just as an individual, knowing where my information is going to go, and having some control over that is important. [New migrant]

> …our demographics are changing…a lot of the people that are coming into NZ, I'm not saying that they are corrupt, but they come from corrupt countries where corruptness is a way of life. So in 30 or 50 years' time, how is this information going to be treated? [Pākehā man]

4. Oversight of the researchers is required

Participants identified a need for research accountability – an independent body that should have oversight of the research process.

> …as long as safeguards were in place and appropriate processes were in place to make sure that information is only accessed and used in a certain way, that has to be really clear. [New migrant]

> The most solid, robust oversight process is what people would feel most comfortable

> with because there are so many people who will want access to that data because data is so terribly valuable…people who have some teeth, who can say no and can remain unchallenged. [Pākehā man]

5. Yes, I am happy to have my data linked, with my consent

Despite their concerns, the majority of participants would be willing to allow researchers to use the data stored about them within the IDI if they were asked. Trust was an enabler of consent, as was the perception that data linkage would benefit themselves, their family, or the community. Participants with negative experiences with government agencies were less likely to approve. Participants viewed the consent process as both required and expected.

> I know that that's my information, I know…that that's my record…I just want to be asked. [Māori women]

When prompted and provided with the opportunity, focus group participants were interested in and willing to engage with the concept of the IDI. They could see the benefits as well as risks and highlighted opportunities for strengthening the securities around access:

> …as far as being able to pull information out for research purposes, I think it's amazing to have all that data linked and to know you've got the same individual across data systems; and there's just so much you can do with all that information. [New Migrant]

While clear that consent was necessary, participants were realistic about the challenges resulting from a consenting process:

> Isn't that where the greater good comes in? Governments, whether you like it or not have to have information on the populous of the country…you can't opt in and out of that sort of thing, it's just not practical. [Pākehā man]

Discussion

The input from our participants provides insights into the nature of the vulnerabilities those living in New Zealand perceive in relation to the IDI, along with the conditions under which they may be willing to make themselves vulnerable and place trust in those analysing and using the data for the sake of the good that they anticipate may be derived from use of the IDI. This informs an understanding of the conditions that may be placed upon the IDI's social licence. Whilst little prior awareness of the IDI existed amongst our participants, they developed considered judgements about it, identifying concerns and proposing safeguards that would encourage them to support its maintenance and use. Fairly high levels of institutional trust in the integrity and competence of StatsNZ and related agencies present in our sample were tempered with suspicion, often borne from experience. This reinforces the view that social licence is an on-going process of negotiation, dependent on judgements over an agent's integrity and competence (Butler & Cantrell, 1984; Mayer, Davis, & Schoorman, 1995).

The expressed willingness to grant social licence, whilst strong, was not unconditional: guarantees are needed about data quality; researcher awareness of, and sensitivity to, the structural and societal context surrounding data; and that individuals will not be identifiable. Robust oversight mechanisms are required to ensure appropriate use of this taonga (treasure / gift). Further, Māori expressed concern about how decisions around data use were to be made. This speaks to the notions of data ownership and data sovereignty.

A strength of the research presented is the methods used to derive an understanding of social licence for linking data in different contexts. When interview participants were provided with the opportunity to report a social norm breach (use of pornography) in confidence, and then asked about whether they would consent to having that data linked with government agency data, they were less likely to do so. These findings suggests there are limits to acceptable sharing of data. Where those data have the potential to be damaging in the future, it appears that individuals are less likely to trust the process. Indeed, those who expressed fewer concerns about sharing data indicated they had "nothing to hide", implying no perceived breaches of social norms. The focus group discussions allowed a discussion amongst peers about these limits. For example, the men's and young mother's focus groups moved from indicating they had "nothing to hide" to discussing concerns around the use of information they *did* consider sensitive (financial data and health disorders, respectively).

1. Good quality data are important

Government agency administrative data form the basis of the IDI. As administrative data vary in quality (Daas, Ossen, & Tennekes, 2010), problems with the raw data collected from service-level interactions is subsequently embedded in the IDI, and carried over into future use. Participants with significant experience of government agencies were readily able to identify this risk.

To date, the IDI has been used as the basis for two predictive risk models (for child maltreatment, and educational non-achievement) that, if implemented, could influence a child's life trajectory. Although developed at the population level, implementation of predictive models at the individual level has been contemplated. Therefore, despite the application of StatsNZ's safety mechanisms that prevent the *publication* of results that could be personally identifiable, it is possible that the *application* of research derived from the IDI could impact at the individual level. It is well established that population-level risk measures seldom translate well to the individual level (Rockhill, Kawachi, & Colditz, 2000). The failings of population-level risk prediction based on suboptimal data will be greater still. Examples of incomplete or inconsistent reporting are easily identified in NZ (Gulliver, Cryer, & Langley, 2013; Mansell, Ota, Erasmus, & Marks, 2011) as they are in the majority of developed countries (Jansen, 2012). Because of the non-random nature of missing data in the majority of social measures, imputation is not appropriate where data are absent (Sterne et al., 2009). The drive for the use of linked datasets for policy development needs to be balanced with investment to ensure good quality data are collected, recorded, and transferred appropriately. Without this, there is a risk that both competence-based and integrity-based elements of public trust will be eroded, and social licence correspondingly compromised. Our findings demonstrate the permeable interface between trust of government agencies and the IDI itself: participants' views about the competence and integrity of agencies they had dealings with informed their views about the IDI. Securing social licence for the IDI requires attention to data integrity at the provider agency level, as well as within the IDI.

2. Context of data collection is important

The promise of the IDI is that previously elusive associations will be revealed through data linkage. However, to understand and interpret identified associations, the original context and purpose of data collection must be understood. Participants who had experienced unfair assumptions by agencies were particularly likely to identify this need. In NZ, Māori are over-represented in the majority of adverse outcomes (McIntosh, 2011; McIntosh & Coster, 2017), and are more likely to come into contact with government agencies, increasing the data collected about them. Understanding the drivers for over-representation is important (Cram, Gulliver, Wilson, & Ota, 2015). Institutional racism, enacted in government policies, and interpersonal racism, enacted through discriminatory behaviour, is demonstrated to be negatively associated with health outcomes for Māori (R. Harris et al., 2006) and Indigenous and minority populations elsewhere (Jones, 2001). Indeed, some key determinants of health outcomes (ethnicity and gender) are socially defined constructs which influence life experiences (Jones, 2001).

In countries like NZ, whose colonial history impacts upon current health and social outcomes, power within the research space is an important contextual issue. The Treaty of Waitangi establishes the responsibility of the Crown to uphold the rights of Māori. Te Mana Rauranga (the Māori Data Sovereignty Network) have identified three areas of focus to uphold Treaty obligations with respect to the IDI. These include social licence, the expectation that the government will act in the interests of Māori; cultural licence, the impact of data integration and sharing on the social contract that exists through the Treaty; and Māori data sovereignty, recognising that Māori data should be subject to Māori governance (Hudson, 2016).

Māori are often not included in research design even where research focuses upon them, or is particularly salient to Māori. Utilising deficits-focussed data is likely to reproduce deficit perspectives and further entrench power differentials (Walter, 2016). Recently, StatsNZ has opened its first international data lab, providing access to the IDI for researchers outside NZ (Statistics New Zealand, 2017b). This underscores the need to ensure that researchers understand the NZ cultural context.

3. Privacy is important

Privacy is central to research ethics, and is established in NZ law through the Privacy Act (1993). Participant concern that data should not enable individuals to be identified is reflected in Principle Ten of the Privacy Act (“Privacy Act,” 1993), which states that information obtained by an agency for a given purpose should not be used for another purpose, unless one of seven permitted exceptions applies, including that the information: “is used in a form in which the individual concerned is not identified” (10.(f) (i)); or “is used for statistical or research purposes and will not be published in a form that could reasonably be expected to identify the individual concerned” (10.(f) (ii)). Principle Three states that, where personal information is collected from a person, the agency must take reasonable steps to ensure that the person is aware that information is being collected (3.(1)(a)); the purposes for which it is being collected (3.(1)(b)), and the intended recipients of the information (3.(1)(c)).

While StatsNZ apply safe reporting practices to protect privacy (Statistics New Zealand, 2017a), the potential for re-identification is real (Malin, Karp, & Scheuermann, 2015). Attention to identifiability reflects the role that privacy is seen to play in protecting individuals from adverse consequences. Such concerns might be indicated in the apparent association between disclosed social norm breach (pornography use) and lack of willingness to consent to survey linkage revealed in our findings. This suggests that ensuring information in the IDI cannot be linked back to individuals will be crucial in securing and maintaining social licence for including survey data in the IDI. However reasons to protect privacy extend beyond adverse consequences for the individual into respect for persons (Benn, 1984; Fried, 1968); preserving liberty (Hallborg, 1986); and delimiting state power (Solove, 2007). The preference our participants expressed for IDI data use to be predicated upon consent suggests that their concerns about privacy extend beyond direct adverse consequences into the social norms establishing the terms of engagement between state and individual. Privacy is often seen as an umbrella concept with implications for how information is collected, stored, used, disseminated and applied (Solove 2007). Whilst research conducted using the IDI has been at the population level, some proposed applications are at the individual level

(Edwards, 2016). The concern about privacy returns the focus to the strong links between trust in the institutions using the data and granting social licence for the IDI. Concerns expressed that such information could once again be used to discriminate and reinforce prejudices are based on historical realities rather than abstract paranoia.

4. Who watches the researchers?

Oversight from an independent, trusted agency, was identified by some participants as a way to minimise potential harms. This finding resonates with experience from mining, in which the existence of a trusted agency with decision-making rights has been seen to support social licence (Prno, 2013). One response to the risks our participants identified would be to require ethics committee approval to access the IDI. Training for committee members in the potential harms and benefits of statistical analysis of large de-identified population datasets would be necessary to ensure that the review process provided the intended protections. However, this measure cannot guarantee protection if the data collected were already prejudiced. Māori have critiqued university ethics procedures as "Eurocentric", privileging liberal notions of the "autonomous individual participant" rather than considering collectivist constructs to guide the research process, resulting in a "condescending ethos" (Tuari, 2014, p.134). Potential responses include developing:

> …a Māori-dominated ethics process that is dedicated to supporting Māori post-graduates, established researchers and non-Indigenous scholars wanting our guidance on conducting ethical research with Māori. A process of this kind will focus in part on holding [research ethics boards], government agencies and private research accountable if their conduct negatively impacts Māori researchers and *Māori research participants* (Tuari, 2014, p. 146, emphasis added).

Other options include citizen juries and public engagement campaigns (van Staa, Goldacre, Buchan, & Smeeth, 2016). Van Staa and colleagues have called for accountability, transparent operations, and data stewardship including staff training, standard operating procedures and a focus on the skills and attitudes of staff to ensure appropriate data usage (van Staa et al., 2016).

In a systematic review of research into public acceptability of data linkage, Aitken, de St Jorre, Pagliari, Jepson, and Cunningham-Burley (2016) acknowledged the importance of consent as a consistent theme of public responses to the linkage of health data. However, the authors also highlighted that the need for consent appeared to be strongly associated with trust in the institutions, organisations or individuals involved in processing or accessing their data:

> …rather than focussing on which consent mechanisms are most favoured by members of the public, it may be more valuable to focus on how relationships of trust are built up (and conversely eroded) and how trust can be facilitated within research and data-sharing or data-linkage processes including through public / patient engagement or involvement. (Aitken et al., 2016, p. 15)

Once again, this highlights the transient nature of social licence for data linkage if agencies and researchers do not behave as good stewards of the taonga.

Transparency and public engagement appear to have been at the forefront of data linkage initiatives in Scotland, drawing on lessons from the English Care.data experience, and seeking to maintain social licence. The Farr Institute of Health Informatics Research holds four regional public panels that scrutinise and advise on governance systems, public engagement plans and research practices, as well as additional virtual panels, forums and public panels (Farr Institute). The Scottish Primary Care Information

Resource has an independent advisory group that reviews requests for the use of data, as well as an opt-out process (NHS National Services Scotland, 2016). The advisory group includes patient representatives, general practitioners and specialist confidentiality advisors.

5. Yes, I am happy, with my consent

Many participants expected consent to be sought for data use. This was perceived as important even when participants were willing to consent. This may reflect the idea that respect for persons requires acknowledgement of their rights and interests, and consequently permission for activities that may impact upon them (Benn 1984). The same ideas underpin social licence processes and align strongly with recognition of the significance of Indigenous Data Sovereignty. Data Sovereignty is linked with Indigenous Peoples' rights to:

> maintain, control, protect, and develop their cultural heritage, traditional knowledge and traditional cultural expressions, as well as their right to maintain, control, protect and develop their intellectual property over these… If Indigenous Peoples have control over what and how data and knowledge will be generated, analysed and documented, and over the dissemination and use of these, positive results can come about. (Kukutai & Taylor, 2016, p. xxii)

The consent condition may also reflect a concern for transparency as a check upon agency power, a mark of respect for citizens and a way of protecting public good orientation (Taylor, 2011). The expectation for individual-level consent is a challenge to projects like the IDI, and one that requires serious reflection from agencies such as StatsNZ. Whilst our participants expressed an expectation to consent, they also appreciated the logistical barriers. Whilst individual consent for use of all data is not feasible, governance structures involving lay members and ensuring representation of special interest groups are feasible and embody respect for those whose information is contained within the IDI, and whose interests may be affected by its use. In support of Te Mana Rauranga (Hudson, 2016), we argue that the Treaty of Waitangi, which guarantees Māori control over taonga (treasures), requires strong Māori input into how the IDI is used.

Conclusion

As Rooney et al. (2014, p. 211) have observed, "in many vitally important respects a [social licence] is constituted by knowledge and meaning, rather than by legal documents and permits instituted through a bureaucratic-administrative mechanism." Participants in this study appreciated the purpose and potential of the IDI when it was explained to them, but they lacked pre-existing knowledge of it. They identified concerns and suggested safeguards that would reassure them sufficiently to consent to inclusion of their data within the IDI. We conclude that, while there is the potential for social licence to be granted for the IDI, an on-going, transparent engagement process is also required that provides individuals with the ability to interact with research and policy initiatives being developed in this space. As an over-represented population within government agency data, active, honest engagement is required with Māori, and safeguards to reduce the risks of further stigmatisation and marginalisation are required.

Acknowledgement

The authors would like to greatly acknowledge the support of the Data Futures Partnership for providing partnership funding for this research, and Statistics New Zealand for accommodating the research in the build-up to census 2018. Further, we would like to acknowledge the constructive feedback provided by anonymous peer reviewers for the journal.

References

Aitken, M., de St Jorre, J., Pagliari, C., Jepson, R., & Cunningham-Burley, S. (2016). Public responses to the sharing and linkage of health data for research purposes: A systematic review and thematic synthesis of qualitative studies. *BMC Medical Ethics*, *17*(73). doi:10.1186/s12910-016-0153-x

Benn, S. I. (1984). Privacy freedom and respect for persons. In F. Shoemann (Ed.), *Philosophical dimensions of privacy: An anthology* (pp. 223–244). Cambridge, UK: Cambridge University Press.

Boutilier, R., & Thomson, I. (2011). Measuring and modelling the social licence to operate: Fruits of a dialogue between theory and practice. Retrieved from https://socialicense.com/publications.html

Butler, J., & Cantrell, R. (1984). A behavioural decision theory approach to modelling dyadic trust in superiors and subordinates. *Psychological Reports*, *55*, 19–28.

Carter, P., Laurie, G. T., & Dixon-Woods, M. (2014). The social licence for research: Why care.data ran into trouble. *Journal of Medical Ethics*, *41*(5), 404–409. doi:10.1136/medethics-2014-102374

Casanovas, P., De Koker, L., Meddelson, D., & Watts, D. (2017). Regulation of big data: Perspectives on strategy, policy, law and privacy. *Health and Technology*, 1–15. doi:10.1007/s12553-017-0190-6

Cram, F., Gulliver, P., Wilson, M., & Ota, R. (2015). Understanding over-representation of indigenous children in child welfare data: An application of the Drake risk and bias models. *Child Maltreatment*, *20*(3), 170–182.

Curran, C., & Shaw, J. (2018). Government to undertake urgent algorithm stocktake [Press release]. Retrieved from https://www.beehive.govt.nz/release/government-undertake-urgent-algorithm-stocktake

Daas, P. J. H., Ossen, S. J. L., & Tennekes, M. (2010). *Determination of administrative data quality: Recent results and new developments*. Retrieved from Heerlen, The Netherlands http://pietdaas.nl/beta/pubs/pubs/Q2010_Session34_paper.pdf

Data Futures Partnership. (2016). *Exploring social licence*. Retrieved from datafutures.co.nz/assets/Uploads/DFP-Engagement-doc-FINAL.pdf

Dudley-Nicholson, J. (2016, August 11). Census 2016: Australia has become a global joke. *The Daily Telegraph*. Retrieved from http://www.dailytelegraph.com.au/rendezview/census-2016-australia-has-become-a-global-joke/news-story/0491d8ffd72da480da27483c39e5043b,

Edwards, D. (2016). *Review of finding systems for early learning and schooling: Predictive modelling of risk of underachievement*. Retrieved from https://education.govt.nz/assets/Documents/Ministry/Information-releases/All-for-release.pdf

Farr Institute. (n.d.) *Public panels*. Retrieved from http://www.farrinstitute.org/public-engagement-involvement/public-panels

Fried, C. (1968). Privacy. *Yale Law Review*, *77*, 475–493.

Gulliver, P., Cryer, C., & Langley, J. (2013). Monitoring trends in violence: A delayed response to Estrada (2006). *Journal of Interpersonal Violence*, *28*(16), 3129–3148.

Hall, N., Lacey, J., Carr-Cornish, S., & Dowd, A. (2015). Social licence to operate: Understanding how a concept has been translated into practice in energy industries. *Journal of Cleaner Production*, *86*, 301–310.

Hallborg, R. (1986). Principles of liberty and the right to privacy. *Law and Philosophy*, *5*, 175–218.

Harris, P. A., Taylor, R., Thielke, R., Payne, J., Gonzalez, J., & Conde, J. G. (2009). Research electronic data capture (REDCap) – A metadata-driven methodology and workflow process for providing translational research informatics support. *Journal of Biomedical Informatics*, *42*(2), 377–381.

Harris, R., Tobias, M., Jeffreys, M., Waldegrave, K., Karlsen, S., & Nazroo, J. (2006). Effects of self-reported racial discrimination and deprivation on Maori health and inequalities in New Zealand: Cross-sectional study. *The Lancet*, *367*(9527), 2005–2009.

Health and Disability Ethics Committee. (2014). *Standard operating procedures for health and disability ethics committees*. Retrieved from http://www.ethics.health.govt.nz

Heikkinen, H., Lepy, E., Sarkki, S., & Komu, T. (2016). Challenges in acquiring a social licence to mine in the globalising Arctic. *Polar Record*, *52*(265), 399–411.

Holman, C. D. J., Bass, J. A., Rosman, D. L., Smith, M. B., Semmens, J. B., Glasson, E. J., . . . Stanley, F. J. (2008). A decade of data linkage in Western Australia: strategic design, applications and benefits of the WA data linkage system. *Australian Health Review*, *32*(4), 766–777.

Hudson, M. (2016). Social licence: A Maori's perspective. Retrieved from https://static1.squarespace.com/static/58e9b10f9de4bb8d1fb5ebbc/t/591304ea414fb570382a3c1e/1494418668414/Social+license.pdf, 18 June 2018

Hughes, E. C. (1958). *Men and their work*. Glencoe, IL: Free Press.

Jansen, H. A. F. M. (2012). *September Prevalence surveys on violence against women. Challenges around indicators, data collection and use*. Paper presented at the Expert Group Meeting: Prevention of violence against women and girls, Bangkok, Thailand.

Jones, C. P. (2001). Invited commentary: "Race", racism, and the practice of epidemiology. *American Journal of Epidemiology*, *154*(4), 299–304.

Kirk, S. (2016, 18 October). Government cuts 5000 children from Growing Up in NZ longitudinal study. *Stuff*. Retrieved from http://www.stuff.co.nz/science/85464263/Government-cuts-5000-children-from-Growing-up-in-NZ-longitudinal-study,

Kukutai, T. (2011). Contemporary issues in Maori demography. In T. McIntosh & M. Mulholland (Eds.), *Maori and social issues* (pp. 11–48). Wellington, NZ: Huia.

Kukutai, T., & Taylor, J. (Eds.). (2016). *Indigenous data sovereignty. Toward an agenda*. Canberra, ACT: Australian National University.

Malin, B., Karp, D., & Scheuermann, R. H. (2015). Technical and policy approaches to balancing patient privacy and data sharing in clinical and translational research. *Journal of Investigative Medicine*, *58*(1). doi:10.2310/JIM.0b013e3181c9b2ea

Mansell, J., Ota, R., Erasmus, R., & Marks, K. (2011). Reframing child protection: A response to a constant crisis of confidence in child protection. *Children and Youth Services Review*, *33*(11), 2076–2086.

Mayer, R., Davis, J., & Schoorman, F. (1995). An integrative model of organisational trust. *Academic Management Review*, *20*(3), 709–734.

McIntosh, T. K. (2011). Maori and cross-cultural research: Criticality, ethicality and generosity [Special issue]. *New Zealand Sociology*, *26*, 61–75.

McIntosh, T. K., & Coster, S. (2017). Indigenous insider knowledge and prison identity. *Counterfutures*, *3*, 69–99.

Mollering, G. (2006). *Trust: Reason, routine, reflexivity*. Oxford, UK: Elsevier Press.

NHS National Services Scotland. (2016). *SPIRE: Your questions answered*. Retrieved from http://spire.scot/your-questions-answered/

Presser, L., Hruskova, M., Rowbottom, H., & Kancir, J. (2015). Care.data and access to UK health records: Patient privacy and public trust. *Technology Science*, *2015081103*, 1–35.

Privacy Act, New Zealand Government, Pub. L. No. 28 (1993 1 July 1993).

Prno, J. (2013). An analysis of factors leading to the establishment of a social licence to operate in the mining industry. *Resources Policy*, *38*, 577–590.

Rockhill, B., Kawachi, I., & Colditz, G. A. (2000). Individual risk prediction and population-wide disease prevention. *Epidemiological Reviews*, *22*(1), 176–180.

Rooney, D., Leach, J., & Ashworth, P. (2014). Doing the social in social licence. *Social Epistemology*, *28*(3–4), 209–218.

Rousseau, D., Sitkin, S., Burt, R., & Camerer, C. (1998). Not so different after all: A cross-discipline view of trust. *Academic Management Review*, *23*(3), 393–404.

Sanderson, I. (2002). Evaluation, policy learning and evidence-based policy making. *Public Administration*, *80*(1), 1–22.

Shaw, D. (2014). Care.data, consent and confidentiality. *Lancet*, *383*(April 5), 1205.

Social Investment Agency. (2018). How do we invest for social wellbeing? Retrieved from https://sia.govt.nz/about-us/what-is-social-investment/, 13 June 2018

Solove, D. (2007). I've got nothing to hide and other misunderstandings of privacy. *San Diego Law Review*, *44*, 745–772.

Statistics New Zealand. (2017a). How we keep IDI data safe. Retrieved from http://www.stats.govt.nz/browse_for_stats/snapshots-of-nz/integrated-data-infrastructure/keep-data-safe.aspx#safes

Statistics New Zealand. (2017b). International data lab approved in Sydney. Retrieved from http://www.stats.govt.nz/tools_and_services/media-centre/media-releases-2017/stats-opens-int-data-lab.aspx

Statistics New Zealand. (2017c). Who we are. Retrieved from http://www.stats.govt.nz/about_us/who-we-are.aspx

Sterne, J. A. C., White, I. R., Carlin, J. B., Spratt, M., Royston, P., Kenward, M. G., . . . Carpenter, J. R. (2009). Multiple imputation for missing data in epidemiological and clinical research: potential and pitfalls. *British Medical Journal*, *338*, b2393. doi:https://doi.org/10.1136/bmj.b2393

Taylor, M. C. (2011). Health research, data protection and the public interest in notification. *Medical Law Review*, *19*, 267–303.

Tuari, J. (2014). Resisting condescending research ethics in Aotearoa New Zealand. *AlterNative: A Journal of Indigenous Peoples*, *10*(2), 134–150.

van Staa, T.-P., Goldacre, B., Buchan, I., & Smeeth, L. (2016). Big health data: The need to earn public trust. *British Medical Journal*, *354*. doi:10.1136/bmj.i3636

Walter, M. (2016). Data politics and Indigenous representation in Australian statistics. In T. Kukutai & J. Taylor (Eds.), *Indigenous data sovereignty: Toward an agenda*. Canberra, ACT: Australian National University.

ORIGINAL ARTICLE

THEORETICAL RESEARCH

Neoliberalism and social work with children and families in the UK:

On-going challenges and critical possibilities

Steve Rogowski, Former children and families' social worker, England

ABSTRACT

INTRODUCTION: Neoliberalism, the belief that free market economies are the best way to achieve human well-being, continues to dominate economic, political and social life in the UK, Europe and the globalised world. In the UK the welfare state has gradually been dismantled and become more punitive, the market place has been introduced, and social work has been de-professionalised and transformed into a narrower, more restricted, role. Instead of relationship-based work, practitioners are largely concerned with completing bureaucracy speedily to ration resources and assess/manage risk. Moreover, in relation to children and families, parents need to be self-responsible and, if they fail, a punitive response awaits: being told to change their behaviour/lifestyle or face losing their children to adoption.

APPROACH AND CONCLUSIONS: Drawing and building upon my previous work (for example, Rogowski, 2010, 2011, 2013, 2016), this article outlines the neoliberal changes and challenges to social work with children and families in the UK, arguing that critical practice is ever more necessary. Such practice entails working alongside children and families on the issues at the root of social injustice, notably growing inequality in the neoliberalised world. Importantly, examples of what such a practice might entail are highlighted.

KEYWORDS: critical practice; managerialism; neoliberalism; social work with children and families; welfare state

AOTEAROA
NEW ZEALAND SOCIAL
WORK *30(3)*, 72–83.

CORRESPONDENCE TO:
Steve Rogowski
drbigpike@talktalk.net

Professional social work in the United Kingdom peaked following the establishment of the welfare state during the post-war years of the social democratic consensus (for example, Ferguson, 2008; Garrett, 2009, 2009a; Rogowski, 2010). It was a product of a collectivist era when the state played a key role in ensuring the basic needs of citizens were met in relation to health, housing, education, employment and social security. Eventually Social Services Departments were established whereby social workers helped deal with ongoing social problems by direct work with individuals, families, groups and communities, as well as advocating and co-ordinating the work of other agencies to meet needs. Corresponding with the ideological move to the right and neoliberalism following the election of Margaret Thatcher as Prime Minister in 1979, the situation altered.

The New Right applied classical liberal critiques of state action to contemporary issues of economic and social policy, including preferring market to public sector approaches to welfare (Ferguson, 2008; Garrett, 2009b; Rogowski, 2010). Social workers subsequently felt the brunt of this changed climate. In the late 1980s and 1990s, the introduction of care management led to deprofessionalisation concerning work with adults. Social work's decline accelerated during the New Labour years, particularly in relation to practice with children and families. Despite talk of the 'Third Way', Labour largely continued with neoliberalism, a comment which applies to the subsequent Coalition and now Conservative governments. Consequences include the increased privatisation of services, the use of the voluntary or third sector, and social workers being controlled by managers whose emphasis is on completing bureaucracy speedily to meet targets. In short, practice has become de-professionalised and dominated by managerialism and the social work business (Harris, 2003; Harris & White, 2009), with this escalating under the "alchemy of austerity" (Clarke & Newman, 2012) which has led to massive cuts to public services.

In what follows, I locate the ideological changes of the last 40 years as being at the root of the challenges to social work in the UK and focus on practice with children and families. However, it is also important to note that the larger themes developed are equally applicable to countries such as New Zealand, Australia, Canada and the USA (see, for example, Beddoe & Maidment, 2013; Mullaly & Dupre, forthcoming; Pease, Goldingay, Hosken, & Nipperess, 2016). First, I comment on the move from social democracy to neoliberalism. Second, I look at how social work has changed under neoliberalism, particularly work with children and families. Third, the effects of this change in relation to de-professionalisation, managerialism and the social work business are critically discussed. And fourth, despite on-going challenges to critical, indeed radical practice, I outline some ways forward.

From social democracy to neoliberalism

The social democratic consensus of the initial post-war years resonated across most of the traditional Labour and Conservative party policy remits. This Keynesianism involved agreement on the nationalisation of major industries and planning their development to eliminate the "boom and bust" of capitalism, together with the state needing to intervene to temper the causes of social inequities by creating the welfare state. Social problems that remained were explained by an individual's psychological make-up which was susceptible to diagnosis and treatment by, among others, social workers. Notions of solidarity were premised upon the view that the state could motivate national growth and well-being by the encouragement of social responsibility and the mutuality of social risk (George & Wilding, 1976).

As Labour and Conservative governments alternated into the 1970s, differences between them amounted to a little more or a little less government ownership and economic planning, with the welfare state rubric being accepted. Within this consensus, social work came of age, particularly as the Seebohm Report (1968) led to local authority Social Services Departments being established to provide community-based, family-oriented services. However, this occurred when the consensus was to fall apart. The seeds of this collapse were laid earlier in the world economic crisis of 1973, and culminated in the election of Thatcher. Monetarism, a forerunner of today's neoliberalism, replaced Keynesianism, which signalled a return to the free market ideology that had been discarded since the 1930s' Great Depression (Ferguson, 2008; Harvey, 2007).

The New Right political movement argued for a complete break with Keynesianism because social democracy, including the welfare state and social work was, for them, a major part of the problem. The rise and now domination of neoliberalism, drawing on the work of Hayek and Friedman, is the result (see O'Brien & Penna, 1998). This ideology is based on the belief in individual freedom by reducing government regulation in order to liberate individual entrepreneurial skills within an institutional framework characterised by strong property rights (Harvey, 2007). Its core idea is that free markets and free trade best achieve human well-being, despite leading to vast increases in inequality along with anxiety and insecurity in the lives of many (Ferguson, 2008; Garrett, 2009b; Rogowski, 2013, 2015, 2016).

The New Right achieved power by employing arguments such as the concept of dependency culture arising from a too-generous welfare state, militant trade unions holding employers and governments to ransom, and a lack of law and order. This grouping of economic and political interests also sought to reduce state intervention, notably in relation to welfare where self-serving professions such as social work were seen as encouraging welfare dependency. Such views were to lead to the "post-welfarist" or neoliberal state (Harvey, 2007), whereby the quasi-market succeeded bureaucratic institutional structures as the mechanism and legitimating form for the allocation of resources from central state to local providers, and with market competition and logic shaping the value, purpose and practice of provision (Le Grand, 2001). In brief, Social Services Departments were regarded as costly and inefficient with the way forward being seen as an increased emphasis on self-help and individual responsibility, more 'choice' and freedom, and an extension of the commodification of social relations.

Despite Tony Blair's general election victory in 1997, the continuities were with the New Right/neoliberal turn and many of New Labour policies simply "out Toried the Tories" (Powell, 2000, p. 54; also see Powell, 2008) by consolidating and building on the Conservatives' reforms. Social work was drawn deeper into managerial, market-oriented ways of thinking and practising (Harris & White, 2009). Although the neoliberal project led to the 2007/08 financial crash and resulting Great Recession, it emerged remarkably unscathed, with subsequent governments implementing savage public expenditure cuts and attempts to "get more for less" under the banner of austerity (Farnsworth & Irving, 2018; McGimpsey, 2017). Such austerity policies are designed to continue the dismantling of the welfare state, bring down wages and fully marketise the economy, thus destroying all the post-war social and economic gains of ordinary people. More positively, however, the Labour Party under Jeremy Corbyn has returned to Old Labour and its more robust social democratic roots which, in turn, has led to a more widespread questioning of the whole neoliberal project.

Social work and neoliberalism

As indicated, the organisational and practice changes to social work over recent decades need to be understood in terms of neoliberalism and neoliberalisation. Thus, the Thatcher and John Major Conservative governments (1979–1990 and 1990–1997 respectively) over-saw developments which impacted fundamentally on social work. As well as the introduction of the aforementioned care management for work with older people, the need for a social work qualification for probation was ended, and the introduction of the Diploma of Social Work in 1989 allowed employers to shape social work education in their own interests. Importantly, the Children Act 1989, despite its preventative and partnership ethos, confirmed a move from child welfare to child protection (see Parton, 1996 for a discussion of these issues). No longer was child abuse a medico-social problem with doctors and social workers the key professionals; instead it was socio-legal issue, with the police and courts taking an increasing role. Social workers became investigators with parents becoming objects of enquiry; the move was from therapy and welfare to surveillance and control (Howe, 1992).

Then there was social work's 1980s' success in relation to young offending by diversion from the youth justice system and developing alternatives to incarceration (Blagg & Smith, 1989; Pitts, 1988; Rogowski, 2016; Thorpe, Smith, Greenwood, & Paley, 1980). Despite this arguably being the most evidenced-based social work achievement, this was totally ignored as, from 1991 onwards, "populist punitiveness" emerged with politicians of all parties becoming increasingly blaming and punishment orientated in their pronouncements (Bottoms, 1995). The culmination was New Labour's Crime and Disorder Act 1998 which led to social work's role being marginalised as practitioners were merged into Youth Offending Teams with various other professionals.

Under Tony Blair's (and later Gordon Brown's) New Labour governments (1997–2007 and 2007–2010 respectively) social work fared even worse. For instance, the Care Standards Act 2000 saw the Central Council for the Education and Training in *Social Work* replaced by the General *Social Care* Council to regulate social work training and the social work and care workforce. The Social *Care* Institute for Excellence (SCIE) was also established to identify and disseminate evidence-based practice, with the demise of the National Institute of *Social Work* (NISW) subsequently occurring. The use of the word *care* and not *social work* shows the disdain with which New Labour held social work and their desire to cleanse and remove any oppositional possibilities to the neoliberal project (Garrett, 2009; Rogowski, 2010).

The standardised assessment framework (Department of Health et al., 2000) was also introduced and involved the completion of detailed initial and core assessments via computer exemplars as an attempt to define the indeterminacy, uncertainty and ambiguity in practice by introducing a "techno-rationalist" method (Cleaver & Walker, 2004). This led to a focus on information gathering at the expense of meeting needs, with processing and classification rather than direct work with children and families dominating. It was an assessment process underpinned by the functional objective to manage risk and police the socially marginalised, and was used to screen out some needs, redefine them as someone else's problem, or say they were insufficiently serious to warrant intervention (Smith, 2008).

New agencies, including statutorily enforced partnerships and quangos were also created, all impacting negatively on social work. An obvious example is the aforementioned Youth Offending Teams, but there was also social work's absence from any real role in relation to Sure Start and the Children's Fund, preventative initiatives for younger and older children and their families respectively. The absence meant that what used to be the preserve of highly trained professionals, namely social workers, was increasingly carried out by less qualified support, outreach and other staff (Ferguson, 2008; Garrett, 2009; Rogowski, 2010).

Other important developments arose from two high-profile, child abuse tragedies. First, there was the fall-out from the Victoria Climbie Inquiry (Laming Report, 2003) into the death of a young girl who died of injuries inflicted by her carers. *Every Child Matters* (Department of Education and Skills, 2004) and the resulting Children Act 2004 aimed to transform children's services and enhance the integration of health, education, social services/care and others; this led to the demise of Social Services Departments and their replacement by Children's Trusts. As a result, practitioners no longer had a safe, supportive base in their own local authority department (Garrett, 2009b; Rogowski, 2010, 2013).

The second tragedy was that of Baby P, Peter Connelly, who died in 2007. Although initially social workers were vilified, in many ways this led to a more progressive debate about social work for children and families which continued into David Cameron's Coalition government of 2010–2015 (Garrett, 2009a; Jones, 2014). For example, following the establishment of the Social Work Task Force (SWTF, 2009) and the *Munro Review* (Munro, 2011) there was increased public awareness about the short-falls of the electronic recording system social workers were forced to use, including the inordinate amount of practitioners' time spent on computers and bureaucracy in general – this called into question New Labour's "modernization agenda". Furthermore, a Social Work Reform Board was established to improve social work which included the establishment of a College of Social Work to provide a voice for, and raise the status of, the profession.

However, despite such fine aspirations, the resulting action did not always live up to the expectations of practitioners. Although there was the introduction of a single assessment instead of the initial/core assessments and child protection guidance was reduced, bureaucracy actually increased because of an undue focus on risk with its assessment/management now being a key component of practice (Rogowski, 2014). Indeed, at a time of austerity, perhaps we should not underestimate the huge challenges to creating the paradigm shift the SWTF and Munro Review aimed to achieve (Parton, 2012). For instance, the College of Social Work soon closed due to lack of funding under the Coalition government's austerity measures.

As for Theresa May's (2015–present) current Conservative government, social work with children and families continues to be on the defensive (see Rogowski, forthcoming). Practitioners still face inordinate amounts of bureaucracy with little time available to work directly with children and families. Unless there are child protection concerns, cases are quickly closed. There is also an increased emphasis on adoption with some local authorities setting targets for how many children should be adopted from care, notwithstanding that there are no targets for the rehabilitation of children home from care. In any case, the setting of such targets is ethically questionable especially when one bears in mind that the right to family life (where it is safe), is a human right enjoyed by both parents and children. In addition, the decision to place a child for adoption should always be a last resort simply because help and support can enable families to stay together, even though austerity policies and cuts to services work against this.

Another cause for concern are plans to shift children's services into independent trusts, this being part of growing movement towards independent provision of children's services which adds to fears about a marketplace in the sector. Meanwhile, families and councils remain on the receiving end of austerity policies: cuts to welfare benefits, housing and support services such as children's centres and youth work, with all of this coupled with flat lining in-work incomes and increasing income insecurity. Overall, expenditure on local authority children's services has been drastically reduced despite rising demand and growing numbers of children; the government narrative largely remains that councils need to do more with less.

The most significant recent piece of legislation has been the Children and Social Work Act, 2017 which provides a new regulator for social work; Social Work England, and attempts to give greater clarity to councils as "corporate parents" of children and young people in care, and care leavers. Fortunately, attempts by ministers to insert "opt-out clauses" in the legislation to give favoured councils exemption from children's social care laws (supposedly to encourage innovation), were dropped. However, concerns remain about politicians taking control of social work, especially as new powers are given to the education secretary to set "improvement standards" for social workers and introduce assessments for practitioners.

De-professionalisation, managerialism and the social work business

Although professionalism can be attacked from the political left (see Simpkin, 1983) a more enduring attack on professional or "producer power" came from the New Right (George & Wilding, 1994), this being taken up by New Labour arguing public services, including social work, had to become "modernised" and responsible to the "consumer". At a rhetorical level, this meant increased professionalism through the introduction of the social work BA degree although, on the other hand, this pre-occupation functions to ensure a reliable and compliant workforce working at the will of employers through managers (Dominelli, 2009; Ferguson, 2008; Ferguson & Woodward, 2009). Essentially, the degree focuses on the practical knowledge social workers require (Department of Health, 2002) to the exclusion of the knowledge to be gleaned in order to combat social injustice. Further, despite the emphasis on continuing professional development, the preoccupation with "competence" is an example of it being governmental tool for the regulatory control of professionals (Eraut, 1994).

Under the Coalition and current Tory government, the face of social work education changed further with the introduction of fast-track training programmes like "Step Up to Social Work" and "Frontline". These initiatives have created a two-tier social work education system; a key concern being that the focus of the programmes is on practical knowledge and the skills employers need rather than the theoretical underpinning of a practice which confronts social inequality.

As for managerialism and the social work as business ideology (see for example, Clarke, 1998; Clarke & Newman, 1997; Evans, 2009; Harris, 2003; Rogowski, 2010, 2011), such developments transformed the way welfare organisations carry out government policy – a change reflecting the move away from administering of public services to their management (Harris & White, 2009). It stemmed from the neoliberal dogma that the market was superior to the state and that public services needed to be managed much like the private sector. Similarly, the social work business involves the neoliberal view that public services, including social work, had to become more like private firms, functioning in a context as market-like as possible. Importantly, information and communication technologies (ICTs) fulfilled a crucial role in terms of technologising and marketising the public sector (Harris, 2003). Most recently, we have even seen attempts to open up child protection in England to a commercial market place and more privatisation (Jones, 2018).

The need for efficiency, effective targeting, and ensuring that the requirements of "customers" dominate, rather than those of service providers, have been the arguments put forward for business-centric reform. However, and as alluded to, the poorly conceived introduction of this model meant that social workers had to spend most of their time in-putting data rather than working with children and families (Hall, Peckover, & White, 2008; White, Wastell, Broadhurst, & Hall, 2010). Furthermore, despite the rhetoric referring to "empowerment", "choice" and "needs-led assessment", the consequence of the changes for practice have been far-reaching with social work taken "away from approaches that were therapeutic or which stressed the importance of casework, let alone anything more radical or progressive" (Harris, 2003, p. 66). Moreover, the move to the managerial social work business is anathema to social work values and its commitment to social justice and social change.

In a different vein, the changes outlined impacted negatively simply because "practice landscapes under modernising agendas had served to undo good practice" (Doyle & Kennedy, 2009, p. 51) because they often result in the policing function dominating practice objectives. This is at the expense of other priorities, including the perceived and real needs of users (Stepney, 2006). Practitioners are often so busy at "getting (the current) the job" done that they are in danger of losing sight of what and who they are, including their professional uniqueness and style of intervention; in many cases filling in forms and in-putting data becomes the be-all and end-all. Again, it is worth emphasising that the modernising developments lead to practitioners completing assessments within specific time-scales with little time spent helping children and families.

Similarly, concerning social work with young offenders, the influence of managerialism is exemplified in forms aimed at assisting decision-making in practice which are merely management tools to improve information gathering (Smith, 2007; Whyte, 2009) and lead to a "zombification" of social workers in youth justice (Pitts, 2001). In short, data in-putting dominates rather than direct work with young offenders and their families on issues of concern.

Critical/radical possibilities

In many ways, social workers have "been turned into unreflective people-processors by waves of managerialism over the last 30 years and, more recently, by the intertwining of managerialism with New Labour's modernisation agenda" (White, 2009, p. 129). This has remained the case under subsequent governments despite lip service occasionally being given to reducing social work bureaucracy. This is because of the central neoliberal focus on marketisation, reducing public expenditure and, my concern here, controlling social workers and service users. If intervention occurs, it is supposed to be evidence-based but, as stated, in most cases unless there are child protection concerns or a serious risk to oneself or others, little is offered. Interventions that *do* occur are usually of a controlling, authoritarian nature, amounting to parents being told to change their life-styles or face the consequences of losing their children.

Despite the foregoing, and as I have argued previously (for example, Rogowski, 2010, 2016), there are a range of commentators informed by a critical perspective who manage to retain a sense of optimism. Garrett (for example, 2003, 2009b) focuses on the remaking or transforming of social work with children and families; Ferguson (2008; Ferguson & Woodward, 2009) wants to reclaim social work together with reasserting a radical/critical approach (see also Lavalette, 2011; Turbett, 2014); and Jordan (2007, 2008, 2010; see also Jordan & Drakeford, 2013) looks at re-working the relationship between social work and well-being. All these thinkers develop important arguments points and there is merit in repeating some of their key points here.

First, Garrett provides a critical account of the changes afflicting social work with children and families because of neoliberal rationality. However, although neoliberalism is the dominant "common sense" or ideology, it contains flaws and inconsistencies and thus there are opportunities. He refers to Gramsci's notion of "hegemony" with the emphasis on words and discursive struggle being linked to more orthodox politics based on political parties, trade unions, professional associations and social groups; this means it is possible to create counter-hegemonic strategies aimed at social change.

Second, Ferguson voices similar concerns relating to the dominance of neoliberalism, how it has changed social work, the need for the profession to be reclaimed, and why a radical/critical practice still retains its relevance. He notes that bureaucracy, rationing of resources, and increasingly having to be the moral police, all contribute to a profound sense of dissatisfaction among social workers. However, with this dissatisfaction the seeds of resistance are sown, not least in a desire to re-engage with a radical/critical practice which provide social work with "resources for hope" (Batsleer & Humphries, 2000).

Third, Jordan, never comfortable with the market mentality of neoliberalism, eschews the perspective of accountants, managers and government ministers, re-emphasising social work's concern with relationships and feelings which are not vague, woolly concepts. He argues social work sits well with a happiness and well-being agenda which sees a future consisting of environmental awareness, a revival of respect and mutuality among ethnic diversity, and a vision of our collective quality of life.

All three perspectives see social work as far more than the neoliberal preoccupation of being able to deliver services to individuals whose well-being is taken to lie in a choice of alternative suppliers, or as offering interventions to target specific behaviours. Rather practice comprises interactions involving emotions such as empathy, trust and respect; these being the mechanisms which produce much of the value of social work. And in a similar vein is the more recent work of Featherstone and colleagues (Featherstone, Gupta, Morris, & White, 2018; Featherstone, White, & Morris, 2014). They criticise a social work model geared to crisis intervention in relation to child protection, instead seeing the value of community social work whereby teams are based in local communities with children and families treated both as individuals and as members of the neighbor-hood. They critique the current practice assumption that the harms children need protecting from are found within individual families and caused by acts of omission/commission by parents or carers. Related assumptions include the belief that such acts are due to attachment issues or poor lifestyle choices; intervention being primarily based on protecting children by identifying what distinguishes this family from others in similar circumstances rather than identifying common challenges to good parenting such as poverty and poor housing; and seeing procedures, risk assessment and multi-agency working as the core to child protection.

Instead, the argument is for a different child protection narrative; one that acknowledges the impact of poverty and inequality on children and families and which interrogates the causes and consequences of deprivation. An obvious point is that there are clear links between deprivation and the rates of children being taken into care. Their social model draws attention to the economic, environmental and cultural barriers to ensuring children are cared for safely. This includes fresh assumptions such as: currently there are inequalities in children's chances of living safely with their families; these inequalities are related to deprivation and other outcomes of inequality such as physical and mental health; and social and collective strategies need to be integrated with humane practices directed at individual families.

The arguments presented here entail a refutation of government claims that they are engaged in an ongoing – improvement of the child protection system. Austerity policies have actually increased the number of children and families in poverty while simultaneously reducing the support available. This, in turn, reinforces the inequalities that limit the potential of growing numbers of children and families, including the abilities of parents/carers to care for children safely.

Practice examples

When considering the aforementioned, many overburdened practitioners query how such ideas can be applied in day-to-day practice? Nevertheless, I maintain that there are opportunities to challenge rather than simply support the status quo. More emphasis can be placed on the caring side of social work, one which is more compatible with social justice and social change.

Nowadays, critical/radical practice, may have to amount to 'quiet challenges' and resistance to managerial and business orientated discourses and practices (White, 2009), and a number of examples spring to mind. For instance, one can mystify or conceal knowledge of users in order to acquire resources – this amounts to the manipulation of knowledge and information on their behalf. Or again, one could delay or exaggerate paperwork or assessment plans so that managers are manipulated into taking a particular course of action. Ignoring, bending or re-interpreting rules and procedures also have a role to play. When it comes to more specific cases, let us look at what a critical/radical practice might entail.

First, disaffected teenagers can be hard to reach and engage with. A social worker could be faced with a 15-year-old young man with a disrupted care background. He might be challenging in relation to not going to school, being disruptive when there and often going missing from home. Drug and alcohol abuse are other issues. He may refuse to engage with social workers because, at the instigation of managers, they keep changing or his case is closed. Faced with this, it is important that the young man's views are fully reflected in the various assessments and other reports, together with the need for practitioners to persevere, be available and be honest and consistent in their dealings with him. Admittedly, this can be a difficult task given managers want to process cases as speedily, and with as little recourse to the public purse, as possible. But attempts can be made and be successful despite the difficulties; this resonates with arguments about re-stating the importance of relationship-based practice (Ruch, Turney, & Ward, 2010).

A second example is that of a teenage girl who is continually absconding, staying out overnight, sometimes for days at a time. She also associates with other girls who then "hang around" with or are targeted by teenage and older young men who befriend and sexually exploit them. Again, in reports written for child exploitation meetings, instead of focusing on inadequate parenting, in effect blaming often single-parent mothers doing their best in difficult circumstances, the practitioner could advocate for more progressive responses such as a group work with the young woman concerned and her female friends, even though few social workers are currently allowed to use this method (Cooney & Rogowski, 2017). This could, utilising an empowering model (for example, Mullender & Ward, 1991; Mullender, Ward, & Fleming, 2013), focus on the issues and concerns but with an emphasis on the young women learning from each other's experiences. The activities of the young women could be related to current society which, despite changes influenced by feminist thought, is still dominated by men.

In relation to child protection/safe-guarding, despite tragedies such as Victoria Climbie and Baby Peter, often it is too easy for practitioners to fall into the trap of seeing themselves solely as the "hard cops" of the welfare state. This is largely because of the role they have been forced into in the current neoliberal world, often involving merely intrusively asking questions, gathering information and in so doing inspecting families' homes and lifestyles. All too often this is carried out, *not* with the aim of finding out what help and support is needed to provide reasonable care of the children, but rather with a view to defending the organisation's reputation if things go wrong. It is a defensive, risk-averse practice, one that can be defended rather than one that meets the needs of users. Instead, social workers could work with children and families on the basis that they are potential allies in dealing with the issues under consideration.

In a case of neglect, for instance, you could have children arriving at school late or not at all, often ill-clad and hungry, because their single parent mother is often hung-over from repeated alcohol abuse and has been unable to get up. A neoliberal social work approach would be simply to tell her to change her life-style or face the consequences of child protection procedures and care proceedings. A more critical social work approach, however, would work on the issues of concern in a more collaborative/partnership-oriented way by listening to, and wherever possible, acting on, the mother's and children's view of the situation. This includes spending time with the family, delving into the reasons for her drinking, her and her children's worries and anxieties and so on. Financial and housing problems, for example, might be factors. Linking the family members with, and if necessary, accompanying them to, appropriate local groups and agencies dealing with their particular issues might also be needed. Advocating on behalf of their situation might also be required. All this takes time and could well be frowned upon by managers who merely want to quickly process cases, but nonetheless the resilient practitioner will find ways round this and create some space.

Finally, "old" radical social work concerns with such as politicisation and consciencisation can still play a part. It may be difficult to engage in some of the potentially critical/radical community/group work initiatives of the past (Ferguson, Iokimidis, & Lavalette, 2018; Lavalette, 2011; Rogowski, 2010; Turbett, 2014). But, and despite the challenges of postmodernism which challenges the basis of over-arching truths, it is still possible to work with users on an individual basis with the aim of developing an understanding of the underlying causes of the problems and difficulties they face, namely the neoliberal system we currently live in.

As well as practitioners working on an individual basis with users in progressive, critical/radical ways, there is also a role for collective action. This means acting with those such as the British Association of Social Workers to ensure a stronger professional identity, as well as the Social Work Action Network to develop strategies to resist managerialism. Trade unions can, and do, assist in such processes. Broader social groupings also have roles to play, an example being the anti-globalisation movement. This movement is significant because of its ability to bring together disparate groups – trade unionists, environmentalists, peace campaigners, feminists, socialists and many others – to challenge the neoliberal world. It amounts to "unity in diversity" (Leonard, 1997, p.177) and points to some ways forward in challenging neoliberal orthodoxy.

Working individually in one's day-to-day practice, as well as collectively along the lines outlined means social work, albeit in a small way, can work towards a different, more just and equal world, not least because more equal societies are better for everyone (Wilkinson & Pickett, 2009).

Conclusion

The welfare state is no longer regarded by neoliberals as aiding social solidarity, instead being a means to provide consumers with tailored, cost-effective services. New Labour embraced the new welfare culture, envisaging a modernised welfare state as having to work with the grain of market imperatives (Page, 2009). Such views have been developed and taken further by subsequent Coalition and Conservative governments.

Until recently, all three major political parties in England, along with most of the governments and the main political parties in the developed (and increasingly the developing) world, accept a consensus which views neoliberalism or (in more overtly Marxist terms), global capitalism, as the only way forward. Despite the Great Recession, the belief in free markets and limited state intervention remains intact to the extent that the very existence of social work as a profession is threatened. The caring and supportive side of state social work does not fit in with the neoliberal ideology which emphasises people having to take responsibility for their own lives, nominally supported by family, friends, local community and voluntary organisations where necessary: Cameron's so-called "Big Society". Perhaps all that can be expected over the coming years is that social workers will become even more the acceptable face of the state in saying that no, or minimal, services can be offered. People will be expected to "stand on their own feet" with social workers only intervening if people become a danger to themselves or others, and then in an authoritarian way. But surely all is not lost in view of the rise of Labour's Jeremy Corbyn and his efforts to return the party to a more robust social democratic approach to the economy and politics.

Corbyn's rise encourages many to take a more optimistic view of future possibilities for critical social work while also acknowledging the pitfalls (Rogowski, 2010, 2013, 2016, forthcoming). Despite challenges and difficulties, opportunities remain and need to be taken as the practice examples outlined earlier indicate. Working individually in one's own practice with users on a critical, indeed, *radical* basis, must go hand in hand with acting collectively to ensure there is resistance to the neoliberal world. This involves social workers moving beyond being competent *technicians*, towards a broader concept of what is professional, namely an acknowledgement that knowledge and understanding are required to challenge current managerial obstacles and practices. This knowledge and understanding points towards the structural connections that penetrate the surface of what social workers encounter daily and involves locating users' difficulties and possible solutions within the wider social context.

In summary, against the official agenda of so-called modernisation and transformation in social work, and despite the intensification of work and the individualisation of users, an element of discretion endures (Harris & White, 2009). As a result, a niche can be found for some progressive, even critical/radical, possibilities.

References

Batsleer, J., & Humphries, B. (Eds.). (2000). *Welfare, exclusion and political agency*. London, UK: Routledge.

Beddoe, L., & Maidment, J. (Eds.). (2013). *Social work practice for health and wellbeing: Critical issues*. Abingdon, Oxon: Routledge.

Blagg, H., & Smith, D. (1989). *Crime, penal policy and social work*. Harlow, UK: Longman.

Bottoms, A. (1995). The philosophy and politics of punishment and sentencing. In C. Clarkson & R. Morgan (Eds.), *The politics of sentencing reform* (pp. 17–49). Oxford, UK: Oxford University Press.

Clarke, J. (1998). Thriving on chaos? Managerialism and social welfare. In J. Carter (Ed.), *Postmodernity and the fragmentation of welfare* (pp. 171–186). London, UK: Routledge.

Clarke, J., & Newman, J. (1997). *The managerial state*. London, UK: Sage.

Clarke, J., & Newman, J. (2012). The alchemy of austerity. *Critical Social Policy*, *32*(3), 299–319.

Cleaver, H., & Walker, S. (2004). From policy to practice: The implementation of a new framework for social assessment of children and families. *Child and Family Social Work*, *9*, 81–90.

Cooney, L., & Rogowski, S. (2017). Towards a critical feminist practice with children and families: Child sexual exploitation as an exemplar. *Practice: Social Work in Action*, *9*(2), 137–149.

Department for Education and Skills. (2004). *Every Child Matters: Change for children*. London, UK: Stationery Office.

Department of Health. (2002). *Requirements for social work training*. London, UK: Author.

Department of Health and Employment/Home Office. (2000). *Framework for the assessment of children in need and their families*. London, UK: Stationery Office.

Dominelli, L. (2009). Repositioning social work. In R. Adams, L. Dominelli, & M. Payne (Eds.), *Social work: Themes, issues and critical debates* (3rd ed., pp. 13–25). Basingstoke, Hants: Palgrave Macmillan.

Doyle, C., & Kennedy, S. (2009). Children, young people, their families and carers. In P. Higham (Ed.), *Post qualifying social work practice* (pp. 49–62). London, UK: Sage.

Eraut, M. (1994). *Developing professional knowledge and competence*. London, UK: Farmer Press.

Evans, T. (2009). Managing to be professional? Team managers and practitioners in modernised social work. In J. Harris & V. White (Eds.), *Modernising social work: Critical considerations* (pp. 145–165). Bristol, UK: Policy Press.

Farnsworth, K., & Irving, Z. (2018). Austerity: Neoliberal dreams come true? *Critical Social Policy*, *38*(3), 461–481.

Featherstone, B., Gupta, A., Morris, K., & White, S. (2018). *Protecting children: A social model*. Bristol, UK: Policy Press.

Featherstone, B., White, S., & Morris, K. (2014). *Re-imagining child protection: Towards humane social work with families*. Bristol, UK: Policy Press.

Ferguson, I. (2008). *Reclaiming social work: Challenging neo-liberalism, promoting social justice*. London, UK: Sage.

Ferguson, I., Ioakimidis, V., & Lavalette, M. (2018). *Global social work in a political context: Radical perspectives*. Bristol, UK: Policy Press.

Ferguson, I., & Woodward, R. (2009). *Radical social work in practice: Making a difference*. Bristol, UK: Policy Press.

Garrett, P. M. (2003). *Remaking social work with children and families: A critical discussion of the "modernisation" of social care*. London, UK: Routledge.

Garrett, P. M. (2009a). The case of Baby P: Opening up spaces for the debate on the "transformation" of children's services? *Critical Social Policy*, *29*(3), 533–547.

Garrett, P. M. (2009). *"Transforming" children's services: Social work, neoliberalism and the "modern" world.* Maidenhead, Berks: Open University Press.

George, V., & Wilding, P. (1976). *Ideology and social welfare*. London, UK: Routledge and Kegan Paul.

George, V., & Wilding, P. (1994). *Welfare and ideology*. London, UK: Harvester Wheatsheaf.

Hall, C., Peckover, S., & White, S. (2008). How practitioners use ICT in social care work. *Community Care*, 15 May, 26–27.

Harris, J. (2003). *The social work business*. London, UK: Routledge.

Harris, J., & White, V. (Eds.). (2009). *Modernising social work: Critical considerations*. Bristol, UK: Policy Press.

Harvey, D. (2007). *A brief history of neo-liberalism*. Oxford, UK: Oxford University Press.

Howe, D. (1992). Child abuse and the bureaucratisation of social work. *Sociological Review*, *40*(3), 491–508.

Jones, R. (2014). *The story of Baby P: Setting the record straight*. Bristol, UK: Policy Press.

Jones, R. (2018). *In whose interest? The privatisation of child protection and social work*. Bristol, UK: Policy Press.

Jordan, B. (2007). *Social work and well-being*. Lyme Regis, UK: Russell House.

Jordan, B. (2008). *Welfare and well-being: Social value in public policy*. Bristol, UK: Policy Press.

Jordan, B. (2010). *Why the third way failed: Economics, morality and the origins of the "Big Society"*. Bristol, UK: Policy Press.

Jordan, B., & Drakeford, M. (2013). *Social work and social policy under austerity*. Basingstoke, Hants: Palgrave Macmillan.

Laming Report. (2003). *The Victoria Climbié inquiry: Report of an inquiry by Lord Laming*. London, UK: Stationery Office.

Lavalette, M. (2011). *Radical social work today: Social work at the crossroads*. Bristol, UK: Policy Press.

Le Grand, J. (2001). Quasi-markets and Social Policy. In S. P. Osborne (Ed.), *Public management: Critical perspectives* (pp. 9–22). London, UK: Routledge.

Leonard, P. (1997). *Postmodern welfare: Reconstructing an emancipatory project*. London, UK: Sage.

McGimpsey, I. (2017). Late neoliberalism: Delineating a policy regime. *Critical Social Policy*, *37*(1), 64–84.

Mullaly, B., & Dupre, M. (forthcoming). *The new structural social work: Ideology, theory and practice* (4th ed.). Oxford, UK: Oxford University Press.

Mullender, A., & Ward, D. (1991). *Self-directed groupwork: Users taking action for empowerment*. London, UK: Whiting and Birch.

Mullender, A., Ward, D., & Fleming, J. (2013). *Empowerment in action: Self-directed groupwork*. Basingstoke, UK: Palgrave Macmillan.

Munro, E. (2011). *The Munro review of child protection: Final report*. London, UK: Department of Education.

O'Brien, M., & Penna, S. (1998). *Theorising welfare: Enlightenment and modern society*. London, UK: Sage.

Page, R. (2009). Labour governments and the welfare state since 1945. *Social policy: Themes, issues and debates* (2nd ed., pp. 134–162). Harlow, UK: Pearson Longman.

Parton, N. (Ed.). (1996). *Social theory, social change and social work*. London, UK: Routledge.

Parton, N. (2012). The Munro review of child protection: An appraisal. *Children and Society*, *26*(2), 150–162.

Pease, B., Goldingay, S., Hosken, N., & Nipperess, N. (Eds.). (2016). *Doing critical social work: Theory in practice*. London, UK: Allen and Unwin.

Pitts, J. (1988). *The politics of juvenile crime*. London, UK: Sage.

Pitts, J. (2001). Korrectional karaoke: New Labour and the "zombification" of youth justice. *Youth Justice*, *1*(2), 3–12.

Powell, M. (2000). New Labour and the third way in the British welfare state: A new and distinctive approach. *Critical Social Policy*, *20*(1), 39–60.

Powell, M. (Ed.). (2008). *Modernising the welfare state: The Blair legacy*. Bristol, UK: Policy Press.

Rogowski, S. (2010). *Social work: The rise and fall of a profession?* Bristol, UK: Policy Press.

Rogowski, S. (2011). Social work with children and families: Challenges and possibilities in the neoliberal world. *British Journal of Social Work*, *42*(5), 921–940.

Rogowski, S. (2013). *Critical social work with children and families: Theory, context and practice*. Bristol, UK: Policy Press.

Rogowski, S. (2014). Critical social work in child protection/safeguarding: Challenges and (fewer) opportunities. *Critical and Radical Social Work: An International Journal*, *2*(1), 43–58.

Rogowski, S. (2015). Margaret Thatcher's legacy for social work with children and families: critical possibilities? *Critical and Radical Social Work: An International Journal*, *3*(1), 53–65.

Rogowski, S. (2016). *Social work with children and families: Reflections of a critical practitioner*. London, UK: Routledge.

Rogowski, S. (forthcoming). *Social work: The rise and fall of a profession?* (2nd Edition) Bristol, UK: Policy Press.

Ruch G., Turney D. and Ward A. Eds. (2010) *Relationship-based social work: Getting to the heart of the matter*. London, UK: Jessica Kingsley.

Seebohm Report. (1968). *Report of the Committee on Local Authority and Allied Social Services*, Cmnd 2703. London, UK: HMSO.

Simpkin, M. (1983). *Trapped within welfare*. Basingstoke, UK: Macmillan.

Smith, R. (2007). *Youth justice: Ideas, policy and practice*. Cullompton, UK: Willan.

Smith, R. (2008). *Social work with young people*. Cambridge, UK: Polity Press.

Stepney, P. (2006). Mission impossible: Critical practice in social work. *British Journal of Social Work*, *36*(8), 1289–1307.

SWTF/Social Work Task Force. (2009). *Building a safe, confident future*. London, UK: General Social Care Council.

Thorpe, D., Smith, D., Greenwood, C., & Paley, J. (1980). *Out of care: The community support of juvenile offenders*. London, UK: Allen and Unwin.

Turbett, C. (2014). *Doing radical social work (reshaping social work)*. Basingstoke, Hants: Palgrave Macmillan.

White, V. (2009). Quiet challenges: Professional practice in modernised social work. In J. Harris & V. White (Eds.), *Modernising social work: Critical considerations*. Bristol, UK: Policy Press.

White, S., Wastell, D., Broadhurst, K., & Hall, C. (2010). When policy o'erleaps itself: The "tragic tale" of the integrated children's system. *Critical Social Policy*, *30*(3), 405–429.

Whyte, B. (2009). *Youth justice in practice: Making a difference*. Bristol, UK: Policy Press.

Wilkinson, R., & Pickett, K. (2009). *The spirit level: Why more equal societies always do better*. London, UK: Penguin.

Family violence – through the lens of reflective practice

Amitha Krishnamurthi, Resettlement Case Advisor, Ministry of Business, Innovation and Employment, New Zealand

ABSTRACT

By applying my cultural sense of self and incorporating a case study, this reflective work examines family violence and the compulsive and seductive aspects of so-called “victim blaming” which, I contend, operate as a defence against institutional anxieties experienced and borne by individual practitioners. In this reflective piece I consider family violence, and aspects of domination described above from my lived experience as an indigenous woman, and as a migrant from the Global South. I also incorporate a social work case study from an Aotearoa New Zealand context to further explore cultural aspects of family violence or domination.

KEYWORDS: Family violence; reflective practice; meaningful engagement; power and control

AOTEAROA
NEW ZEALAND SOCIAL
WORK *30(3)*, 84–89.

CORRESPONDENCE TO:
Amitha Krishnamurthi
Amitha.Krishnamurthi@mbie.govt.nz

My name is Luka; I live on the second floor; I live upstairs from you;
Yes I think you've seen me before; if you hear something late at night;
Some kind of trouble. Some kind of fight;
Just don't ask me what it was…
I think it's because I'm clumsy; I try not to talk too loud;
Maybe it's because I'm crazy;
I try not to act too proud; they only hit until you cry;
And after that you don't ask why
You just don't argue anymore…
(Suzanne Vega, 1987)

Family violence is defined as an expression and dimension of social domination which includes aspects of coercion including, but not limited to, physical acts of violence (Adams, 2012). This reflective work considers some of the more detailed aspects of domination and the way these are manifested as a pervasive aspect of culture. The concept of culture here references the background social norms which determine or prescribe behaviours and are internalised as beliefs. Domination as expressed in family violence relates to specific and implied acts signifying control, authority, mastery, supremacy and influence and oppression (Ross, 2017).

According to Section 3(1) of the New Zealand Domestic Violence Act of 1995, Domestic violence is “in relation to any person, means violence against that person by any other person with whom that person is, or has been, in a domestic relationship”. The statistical rate of family violence in Aotearoa New Zealand is alarmingly high; the New Zealand Family Violence Clearinghouse (NZFVC) indicates that, in 2016, there were 118,910 family violence investigations by the New Zealand Police. A total of 55% of Aotearoa New Zealand women speak of intimate partner violence (psychological/emotional abuse) in their lifetime. The impact on children and young people involved in such situations is immense. In 2015, for example, New Zealand Police recorded 10 homicides of children and young people under 20 years of age by a family member. In 2015, 63 children and youth were hospitalised for a serious, non-fatal assault perpetrated by a family member (NZFVC, 2017).

My journey in social work

I am a social worker who completed a master's degree in India as a medical and psychiatric social worker, and an accelerated master's degree in the United States (US) in direct practice social work (focused on application of social work theory and methods to the resolution and prevention of psychosocial problems experienced by individuals, families and groups). Moving to Aotearoa New Zealand was a conscious decision, and researching the bi-cultural aspect of social work practice in this country helped inform me about engaging with families of different cultures and ethnicities unique to Aotearoa New Zealand. When I was working in the US, Aotearoa New Zealand was seen as part of the Pacific Island group; as such, I found myself putting a label on people in Aotearoa New Zealand as "Pacific Islanders" in much the same way people in the US categorised me as "Asian" – something I did not appreciate. This made me reflect on the categorisation we social workers adopt, following the lead of others, which privileges the geographical over a deeper understanding of the communities we serve.

For example, as with Asian countries, the so-called Pacific Island nations of Samoa, Tonga, Cook Islands, Tuvalu, Niue, to name only a few, have different languages, manners of dressing, different ideas about family structure, duty, respect, and different world views. I reason with myself that it is near impossible to know the intricacies of all the different ethnicities we work with. However, acknowledging the similarities and differences would translate to active listening; of seeking to understand "their" story, as all meaningful intervention starts at the beginning.

In considering the dynamic of domination and oppression I have, during the course of my frontline work in Aotearoa New Zealand, compared *tangata whenua* (a term used to describe the Māori people as the original inhabitants of Aotearoa New Zealand) philosophies to my experience of working with Indian women in the US, Malaysia, India and latterly in Aotearoa New Zealand. I have attempted to relate my experiential reality of being raised in post-Independence India to post-colonised New Zealand. The British presence in India is negligible since 1947; however, in New Zealand, the on-going *tangata whenua* lived reality along-side *tauiwi* (a term used to describe people who are not Māori), is difficult to understand without a critique of the colonial legacy. Decisions made pre-independence however, still impact every Indian to this day.

> One of the most enduring clichés about India is that it is a country of contradictions. Like all clichés, this one too has a grain of truth in it. At the heart of the contradiction stand Indian women: for it is true to say that they are among the most oppressed in the world, and it is equally true to say that they are among the most liberated, the most articulate and perhaps even the most free. (Butalia, 1997)

Mahatma Gandhi coined the term *Stree Shakthi* (women power) and Hinduism speaks positively of femininity (Ray, 2005). Female Hindu gods are the holders of knowledge and wealth, complementing their male counterparts. However, the lived reality of many Indian women today speaks a different story. Sexual violence has become an area of significant concern and attention as against physical and other forms of violence (Das, 2006). Safety issues have taken precedence over emotional wellbeing.

Case study: an exploration of the dynamics of oppression and domination in the place of work

The following case study is offered to further explore dynamics of oppression and domination in a social work practice context. All identifying characteristics of the people in this case study have been changed.

Shyla[i] is a 38-year-old female of Indian descent born and raised in Aotearoa New

Zealand. She has three children who are 5, 7 and 12 years old. Her partner, Robin, is not the father of her three children. Shyla is 12 weeks pregnant with Robin's child. Shyla and Robin have been together for four months. Shyla's neighbours who, are her main supports, called the police several times due to verbal and physical arguments (which have increased in intensity and frequency) at her house late at night. The police identified Robin as the perpetrator of violence and Shyla as the victim. Shyla's children, when interviewed, spoke about being scared for their mother when Robin is drinking or is angry. Shyla was assessed as a very child-focused mother; she has a collage of her children's growing up years on the front wall of her lounge, she bakes cookies, is closely linked with school activities and is a very involved mother.

Shyla spoke with social workers several times about the violence in the home and became very teary when information shared by her children was given to her. Shyla was urged several times by social workers to seek a protection order under the Domestic Violence Act (1995). After the fourth reported incident of physical family violence and, after initiating the process several times in the past, Shyla finally applied for a protection order. Once the protection order was granted, however, Shyla invited Robin back to her home.

Subsequently, over a period of two months, there were several police call-outs with regard to family violence perpetrated by Robin on Shyla. While Shyla had been commended by the social workers and other professionals when she obtained the protection order, the very same professionals now seemed to blame her for the violence in the home. The reasoning around this was that, had she not brought Robin back into the house, she would have mitigated the risk that she put herself and her children under. It appeared as though the victim was seen to be "culpable" for having committed herself to an unsafe relationship so *should* take responsibility when something went wrong. Vega's (1986) song "Luka" about child abuse and exposure to family violence, which appears at the beginning of this article encapsulates how a person experiencing abuse feels about the importance of keeping intimate partner details private even when it is likely to be obvious to others around.

Reflective practice as the basis of meaningful engagement

Trained in an environment of evidence-based concrete philosophies in India, I struggled with reflective practice when I was in the US. What has been interesting for me is looking at the historical origins of critical thought. Critical thinking can be traced back in the East to ancient India and Buddhist philosophy (Gambrill, 2012). Questioning one's values, beliefs and seeking to reframe these with sound logical reasoning is the essence of critical thinking and reflective practice. The goal is to seek the truth so the knowledge gained assists in future practice.

Progress in a case is measured by evidence-based tools as well as reflecting on what was done and on how it was delivered and perceived. "Reflexivity means that we constantly get evidence about how effective or worthwhile our actions are, and we can change what we are doing according to the evidence and its value" (Adams, Dominelli, & Payne, 2009, p. 127). Kolb (1984) and Adams et al. (2009) have raised the idea of incorporating experiential learning and reflective observation into social work practice. Experiential learning highlights the role of one's experience of a situation and the role it plays in bettering practice. Reflective observation helps such learning to be cemented into one's ongoing practice. It promotes an understanding that the work one does as a social worker is dynamic. The "use of self" is a concept mentioned often to social work students. For example, Fook (2002) states that social work practitioners' face significant challenges such as identifying what they contribute to a relationship, how their contribution impacts on decisions, and what individual and structural power imbalances influence practice.

A personal audit of one's practice can be crucial to being effective. It is best practice to factor in a review/evaluation in any social work plan you make with a client and their family. Likewise it is important to review one's practice as we go. This will mean that one is working as a reflective practitioner linking with new developments, changes and changed inputs required, for the outcome to work in the best interests of the client. As an accountant would check the incomings and outgoings of a company's financial matters, a personal audit of self by a social worker can be seen to be hugely helpful to evaluating one's practice (West, 2010).

As a migrant Indian woman I often explore the predominant beliefs in my culture and what I have grown up to know and experience as internalised certainties. I have grown up seeing and knowing that ideas about male superiority, coercion and control form a natural background to entitlement and privilege. This privileged status is often afforded to the man, expected and reinforced by the surrounding dynamics and social norms.

The price of privilege is the objectification of the other and, as such, the empathetic and emotional world is frequently foreclosed as a way to defend and maintain the position and values required to manage "othering" (Lazaridis, Campani, & Benveniste, 2016). The power and layering (implicit meaning) of words, and communicating what is inferred but not expressly stated, is a familiar thing for me. The parallels that can be drawn with family violence are significant. Adams (2012) points out that, once one is immersed in a colonial environment, understandings of superiority and entitlement can become so familiar and ingrained that the legitimacy of empire becomes self-evident. Adams notes, further, that living and breathing within the centrality of a dominant cultural perspective will tend to diminish alternative perspectives beneath one "flat earth" reality; a reality where alternative perspectives have little currency.

Observing the case study of Shyla through my social work lens, and applying Duluth's power and control model (Pence & Paymar, 1993), it seemed to me that the violence the professionals were working to stem was being re-perpetuated by the very same professionals. At the start of the process, Shyla was seen to be absolved of all responsibility to stay safe. Once the external system imposed restrictions on the perpetrator (Robin), it seemed the professionals were absolved of their responsibility of ensuring the safety of the victim. The full circle, as the professionals viewed it, was that the victim re-possessed the responsibility of staying safe. It was unclear what opportunities the victim was given to claim her space, her identity or her strength to accomplish what was expected of her. It appeared that the time given for regenerative work in relation to the victim's emotional wellbeing was dictated by the professionals or process meant to assist her. It seemed that the pace of the client was not considered as a factor in the change process. My reflection was that, had this been considered, change was more *likely* to have been sustained and impactful on the client and her family.

These reflections led me to the conclusion that, in this case, the values and beliefs that are meant to fight power and control did not necessarily foster equality. Rather the values and beliefs that were in action were of the victim being required to rise up to the expectations put on her by the very people who were expected to understand her situation much better than others. Having grown up in an environment where people are more concerned about performing a task as per what is expected of them rather than what they wish to do, the unnecessary value placed on external expectations was starkly obvious to me. Knowing you need to change, and experiencing that on a "feeling" level are very different things. Knowing you need to leave the relationship and having the motivation to do it are exclusive of each other. Motivation is based on a sustained feeling of optimism and the professionals involved with Shyla knew that Shyla was not optimistic, future-focused or thinking about herself and her children's safety and well-being. It appeared to me that knowing this did not translate to understanding her inability to be optimistic about change. It is likely that Shyla was justifying her actions to both Robin and the professionals she was working with.

It was clear that Shyla was at a moment in her life where she was not at her best. What was expected of her, however, was to better her previous attempts at improving her situation. Responsibility and expectations of the professionals governed the help process and these expectations were not informed by a sense of where her emotional and physical abilities were, given the stressful situation. Shyla was to act as the responsible mother to ensure the physical and emotional safety and well-being of her children. I am not discounting Shyla's ability to act. I am analysing the work of the professionals whose main responsibility is to assist the victim. It appeared that the professionals were unclear if her inability to act was about her being "able" to or whether she was "willing" to. Discerning this as a "willingness or capacity" matter *could* have steered the helping process down a different path. This *might* have given the client the ability to explore her resilience, her strength and the support that was offered rather than the client thinking about "letting people down" – be it her family, her friends, her children or the professionals working with her.

Conclusion

I have attempted to speak, through my journey in social work, about the importance social workers need to place on recognising our cultural positioning and identity. With fluid societies and travel between countries by social workers and the need to build solid communities, social workers have significant stress placed on them. Their work with people should be about appreciating their views and needs rather than a tokenistic understanding of differences and similarities. For an indigenous person trained in theories that mainly originated from the West, my journey has made me aware of embedded and pervasive aspects of control and domination while working with families. Cultural considerations and understanding are best guided by understanding different world views from the perspective of the person belonging to that world view.

What started as a reflection from a structural perspective on work in the family violence sector has become an introspective journey for me. As a person privileged to enter the homes and lives of individuals and their families, the respect I accord these families and individuals needs to be sincere and without judgment. Concepts like non-judgmental attitude, sustainable engagement, and unconditional positive regard, which I was taught by the Western social work theorists, mean nothing to clients if these ideas are not demonstrated in action.

Staying true to myself as a practitioner is about recognising that what I do intuitively is distinct from logical and rational actions. In my work with people I tend to have an outward focus – on their story, their perspectives, their abilities and strengths, and their limitations. After several years of practice as a social worker, I at times do not question what I do unconsciously as long as what drives the action has a clear purpose. What has occurred to me through this reflection is that effective practice is to consciously question what drives my actions and thoughts. Questioning comes naturally to social workers and, as Einstein (2016) famously said, "The important thing is not to stop questioning. Curiosity has its own reason for existing."

Note

[i] No real names in this case study, details changed.

References

Adams, P. (2012). *Masculine empire: How men use violence to keep women in line*. Auckland, New Zealand: Dunmore Publishing.

Adams, R., Dominelli, L., & Payne, M (2009). *Social work: Themes, issues and critical debates* (3rd ed.). New York, NY: Palgrave Macmillan.

Butalia, U. (1997). The Women's movement in India: Action and reflection. *Communique*, 42–43 (July-August). Retrieved from www.twnside.org.sg/title/india-cn.htm

Das, V. (2006). Sexual violence, discursive formations, and the state. In F. Coronil & J. Skurski (Eds.), *States of violence* (pp. 393–425). Ann Arbor, MI: University of Michigan Press.

Domestic Violence Act (1995). Retrieved from http://www.legislation.govt.nz/act/public/1995/0086/latest/DLM371926.html

Einstein, A. (2016). Albert Einstein quotes. CreateSpace Independent Publishing Platform. Retrieved from https://www.amazon.com/Einsten-Wisdom-Quotes-Extraordinary.../1523324678

Fook, J. (2002). *Social work: Critical theory and practice*. London, UK: Sage Publications.

Gambrill, E. (2012). *Social work practice: A critical thinker's guide* (3rd ed.). New York, NY: Oxford University Press.

Kolb, D. (1984). *Experiential learning: Experience as the source of learning and development*. New Jersey, USA: Prentice-Hall.

Lazaridis, G., Campani, G., & Benveniste, A. (2016). *The rise of the far right in Europe: Populist shifts and "othering"*. London, UK: Springer Nature.

New Zealand Family Violence Clearing House. (2017). *Data summaries*. Retrieved from https://nzfvc.org.nz/sites/nzfvc.org.nz/files/Data-summaries-snapshot-2017.pdf

Ray, B. (Ed). (2005). *Women of India: Colonial and post-colonial periods*. New Delhi, India: Paula Press.

Pence, E., & Paymar, M. (1993). *Education groups for men who batter: The Duluth model*. New York, NY: Springer Publishing Company.

Ross, E. A. (2017). *Social control: A survey of the foundations of order*. London UK: Routledge.

Vega, S. (1986). Luka [Recorded by A&M]. On *Solitude Standing*. New York: Bearsville Studios.

West, L., (2010). Really reflexive practice. In H. Bradbury, N. Frost, S. Kilminster, & M. Zukas (Eds.), *Beyond reflective practice: New approaches to professional lifelong learning* (pp. 66–80). New York, NY: Routledge.

Kris Olsson's *Kilroy was Here*

Michele Jarldorn
Flinders University, South Australia
Correspondence to: michele.jarldorn@flinders.edu.au

When I was approached to write a classic book review, what immediately came to mind was *Kilroy was Here*, a book I first encountered while taking an elective in my BSW degree. Not a scholarly monograph or a social work text book, *Kilroy was Here* is, on the surface anyway, a beautifully crafted biography of an extraordinary Australian woman, Debbie Kilroy. Kilroy is a former prisoner who survived the system and whose life's work is dedicated to radically changing that same system. However, for me, the book is much more than a good read. It served to consolidate the connection between theory, practice and experience in profound ways.

Coming to university as a "non-traditional" mature-aged student, while posing numerous challenges, furnished me with the ability to connect the dots between the theories and lived experience of oppression. My most profound learning in my degree came from my second-year elective, a Women's Studies topic, *Sex, Gender and Identities*. Taught by Dr Heather Brook, who later became my primary PhD supervisor, the topic and the content helped shape who I am as a social worker, academic and activist in various ways. Using an intersectional feminist perspective, the topic gave me the tools to identify overt and covert connections between power and gender. Using various creative approaches, Heather demonstrated the ways in which gender, race and class influence how social problems are created, addressed and resolved. One of the most memorable sessions in that semester was about the role of prisons in society. It began with each of us being handed a sheet of paper which included the name, age and background of an Aboriginal person who had died in custody. In a deeply moving acknowledgement, we took turns to stand up and read aloud their names and their background information. This simple, respectful activity humanised and dignified a group of people who tend to be represented merely as numbers and statistics. Later in that same lesson, Heather talked about her recent attendance at an international conference where she had heard feminist responses to prison and the criminalisation of women. She spoke specifically about Kilroy's achievements, and the book which she had just finished reading, *Kilroy was Here*.

Kris Olsson's *Kilroy was Here* captures integral moments and turning points in Kilroy's life, while at the same time presenting a time-capsule of Australia's recent gendered, racist and "classed" history. Scattered through the chapters are many examples where Kilroy was failed and abused by individuals as well as by the education, welfare and criminal justice systems. From the time she entered a Catholic infant school, Debbie's experiences of formal education were rarely positive. She liked climbing trees with the boys and most of her mates were Aboriginal kids – she rejected the nuns' expectations of ladylike behaviour and from an early age was not afraid of questioning, or challenging authority, especially if she thought they were being arbitrarily unjust. As she grew older, Debbie's distrust of, and resistance to, authority, grew. She began skipping school to be with her mates and refused to obey her parents. By her early teens, Debbie had learned to hate school and regularly truanted as a result. Her parents were often worried sick about her safety and their inability to rein in her behaviour. So, when social workers and the police recommended that

Debbie undergo a psychiatric assessment to search for a possible reason for her behaviour, they agreed. Like most working-class families, they had been socialised to privilege the opinion of professionals such as social workers, teachers, psychologists and lawyers. At just 13 years of age, Kilroy entered Wilson Youth Hospital for what her parents were told was an "assessment". Upon her entry to Wilson, Debbie was stripped, showered and deloused, she suffered brutalising physical and emotional abuse and neglect until her first discharge some three months later.

Wilson Youth Hospital was part of a raft of institutional responses to social problems that was commonly used in Australia, that have since been the subject of a Royal Commission. Wilson was a government-run "child guidance hospital" which claimed that it could "treat" delinquency. Staffed by a combination of medical and security personnel, Wilson provided a scientific, institutional approach to social problems in Australia, described by Ashton and Wilson as an "unholy union of welfare and punishment" (2014, p. xi). Between July 1975 and April 1977, Kilroy was readmitted into Wilson at least seven times, creating a continuum of violence. Kilroy's mother was interviewed for the book and, reflecting on her decision to give permission for her daughter to be "assessed" at Wilson, she said, "I would have painted the house hot pink if the social workers had told me it would fix her" (Olsson, 2005, p. 15).

Research (Halsey & Deegan, 2015; Carrington, 1993) shows being locked up as a juvenile puts people at enormous risk of entering prison as an adult. In her late twenties, married and the mother of two young children, Kilroy was imprisoned in Queensland's notorious Boggo Road Prison. As the following excerpt shows, adult prisons can seem like a natural progression for someone who has spent a significant period of their adolescence in the "care" of the state:

> …those first few days in prison were a process of desensitising, layer by layer, of stepping into the patterns of prison life and out of patterns of life outside. This wasn't so hard for someone who had spent her formative years in a brutalising institution, much of it in isolation. She wasn't afraid. It was, at some level, like going home. (Olsson, 2005, p. 112)

Not only did Kilroy survive prison, she demonstrated her fierce and unfaltering loyalty to her people, by fulfilling a promise that many make but rarely follow through with. Kilroy has devoted her post-release life to supporting criminalised women to have a voice, providing them with judgement-free support and advocacy. She has done this through the organisation she was integral in creating: Sisters Inside, recognised internationally for its work that is grounded in human rights and is driven by, and for, criminalised women. More broadly, she has contributed to policy, research and the work of the United Nations in their measures aimed at upholding the rights of criminalised and disadvantaged women.

What lessons informed my social work identity in this book? Firstly, it helped me to understand that it is not just the abuse suffered by the individual that causes pain and trauma, but the collective experience of witnessing others being hurt and abused and the associated feelings of helplessness – of being unable to do anything about it. When Kilroy is quoted as saying, "whatever normal is, institutions and violence don't breed it when it comes to relationships" (Olsson, 2005, p. 175), she is telling us that being institutionalised creates long-term damage to people's ability to identify and maintain healthy relationships. For criminalised women, this is often operationalised through stigma, as their treatment in institutions by the criminal justice system leads them to believe that they do not deserve happiness, or to be loved or nourished. I have worked alongside women who, like Kilroy did, appear to internalise that, for some reason they deserve their punishment – no matter how cruel or usual it becomes. Often it is deeply felt guilt over losing their children, as this excerpt suggests:

> Separation from her children is usually the first and biggest loss a woman experiences when she goes to prison. Both the woman and her children are capitulated into a cycle of grieving that starts with the shock of arrest and the trauma of a trial, and continues on through the stage of imprisonment and gradual release. Women are often overwhelmed by guilt and anxiety about the children; they have lost their parenting role and identity along with their freedom and dignity. Children of all ages suffer dislocation (if they are placed with a carer) and teasing at school; they feel anger at their mother for the separation and shame, and pain at the separation from her and often from her siblings. (Olsson, 2005, p. 193)

Demonstrating that being shoehorned into formal education is not the only way to attain knowledge, Kilroy is a street-smart human rights activist, committed to advocating for the rights of disadvantaged women. She can be likened to what Gramsci (1957) defined as a "street level intellectual", having the ability to see through layers of control and "civilised oppression" and get right to the heart of the matter – a straight talker respected by her community and importantly, trusted by them to speak truth to power. Later, Kilroy enhanced her personal strengths with formal education, through a series of vocational certificates, earning a degree in social work and studying law, becoming the first former prisoner in Queensland to be admitted as a legal practitioner.

This book conveys an authentic truth about women's experiences of release from prison. For example, often people appear to have changed post-release and may not seem to embrace the prospect of freedom, described as being "institutionalised". For those of us who have never been held in a prison, it can seem a simple task to instruct former prisoners to shrug off this feeling if they want to successfully reintegrate into the community. Kilroy's story makes very clear why this is impossible. The book demonstrates the usefulness of peer-to-peer support, the precariousness of funding – despite service delivery successes – when an organisation works in the advocacy space and the benefits of being a politically savvy activist. More broadly though, it articulates a critique of charity and social control methods of social work intervention and clearly demonstrates the damage to individuals, families and communities created by the prison industrial complex and its neoliberal relative, the welfare industrial complex. Most of all, the book taught me to always question claims about "evidence" and evidence-based practice. We should always ask ourselves, "whose evidence do we take as authentic" – those who collect statistics and turn them into research – or the real-life experiences of people closest to the issue?

For any reader, the book is a page-turner, a compelling story of survival over adversity and disadvantage. Engaging with this book sent me on a direction of learning that I had not contemplated I would take and, I think, has made me a better social worker all around. The book presented to me for the first time the perspectives held by the prison abolition movement and led me to read the work of Angela Davis (see for example Davis, 2003, 2012), which ultimately informed my PhD research and my work outside of academia. *Kilroy was Here* should be a must-read for any social worker who works with, or is interested in, working alongside women who have spent time in prison.

References

Ashton, P., & Wilson, J. Z. (2014). *Silent system: Forgotten Australians and the institutionalisation of women and children*. North Melbourne, Victoria: Australian Scholarly Publishing.

Carrington, K. (1993). *Offending girls: Sex, youth and justice*. St Leonards, NSW: Allen & Unwin.

Davis, A. Y. (2003). *Are prisons obsolete?* New York, NY: Seven Stories Press.

Davis, A. Y. (2012). *The meaning of freedom and other difficult dialogues*. San Francisco, CA: City Lights Books.

Halsey, M., & Deegan, S. (2015). *Young offenders: Crime, prison and struggles for desistance*. Basingstoke, Hampshire: Palgrave Macmillan.

Gramsci, A. (1957). *The modern prince and other writings*. New York, NY: International Publishers.

Olsson, K. (2005). *Kilroy was here*. Sydney, NSW: Bantam Books.

Blame, culture and child protection

Jadwiga Leigh, 2017
Palgrave Macmillan, London, UK
ISBN 978-1-137-47008-9, pp. 255, hardback, NZD170.00

In recent years, the public has held social workers responsible for rescuing “at-risk” children and the media are poised to pounce when a child is seriously harmed. Sensationalist reporting has tarnished the profession’s reputation, especially in England. Jadwiga Leigh’s book offers an insider’s perspective on what it means to be a social worker in this context. It includes stories, vignettes, observations and reflective research notes from her comparative ethnographic study of English and Flemish child protection agencies. The tone is experiential, immediate and, at times, very personal. Drawing on social interactionism and Goffman’s work on stigma, Leigh discusses the nature of “profession” and “professional identity”. She explains how professional decision-making is profoundly undermined by constant awareness of public scrutiny and describes the different experience of social workers in Flanders, where child welfare practice maintains a tradition of supporting families, child protection practice is interdisciplinary, compassionate and collegial, and social work is still a respected profession.

Beginning with a lament for English social workers’ loss of status, Leigh explains that the profession has reacted to blame by veering towards risk avoidance, stifling the responsive, “inspirational” practice that was formerly its hallmark and undermining social workers’ confidence in their specialist expertise. Social workers dread featuring on the front page of the tabloid newspapers as the person responsible for “failing” to protect a child. Faced with the dilemma of assessing whether a child is safe at home, it can feel much safer to err on the side of caution and use statutory power to take that child into care, thus both fulfilling and shaping public perceptions of the social work role. An alternative course of action is to work with the child’s family to help them resolve issues considered risky but that can feel unrealistic when administrative requirements are prioritised over relationship-building, and when other sources of support are hard to find. This kind of risk-averse practice has infiltrated the child welfare field in Aotearoa New Zealand, where recent rhetoric positions children as “vulnerable” to harm because their families’ problems are entrenched and intractable.

Leigh’s book explains how English child protection agencies reacted to the threat of public vilification. In a rather futile attempt to insulate themselves against criticism, they adopted a defensive stance. To forestall accusations of careless monitoring, they developed hierarchical organisational structures and managerial surveillance of social workers’ compliance with administrative procedures. Targets and timescales leave little scope for developing the trusting relationships that enable social workers to hear families’ stories, understand their problems, and work with them towards some kind of solution. Child protection has morphed into agency protection and child protection social work has internalised risk. However, instead of protecting the social work profession from public blame and contempt, this reaction eroded the profession’s reputation. Child protection social work is perceived as callous rather than helpful. Yet, rather than regaining respect by articulating the strong, cohesive body of knowledge that underpins the profession's specialist expertise in supporting people experiencing hard times, child protection social work has been complicit in the damage done.

Organisational culture that equates professionalism with compliance is incompatible with the values and expertise at the heart of social work's capacity to promote the well-being of children and their families, and to its capacity to promote social justice.

Leigh compares this regrettable state of affairs with the very different Flemish child welfare system which is based in an established, integrated continuum of care. The preventive end of this continuum features home-based support provided by specially trained nurses for all families with new babies, for as long as they need it. The investigative end of the continuum aims to maintain a supportive attitude. Leigh's book uses photos and descriptions to illustrate how physical environment embodies prevailing assumptions about the professional/client relationship and the status of social workers. Photographs of the English site show a bleak environment that prioritises managerial concerns about efficiency and reflects power differentials. This "fortress of social work" reflects hierarchical staffing structures by positioning social workers in an open-plan office where confidentiality is compromised and managers can keep an eye on what is going on from behind venetian blinds encasing the glass that partitions their workspaces from the common space occupied by other staff. There is no sign of any attempt to make children and families feel comfortable in the building, while obvious signage does nothing to decrease stigma.

By contrast, the Flemish agency is located in a school. Social workers meet with children and families in personalised, individual offices accessed via a corridor adorned with artwork intended to demonstrate that many families have struggled previously, and thus lessen stigma. A photo of this corridor shows artwork in the form of "coffin-shaped boxes" containing compressed paper records of work with previous families. This seems bizarre, but Leigh does not discuss other possible interpretations – an example of her tendency to report rather than analyse. Despite her focus on "how space and environment can impact on the identity of those who work in these settings and those who visit them" (p. 139), she does not probe the incongruity between the agency's professed aims and its practice. For example, students are excluded from the staff lunchroom despite the agency's commitment to collegiality.

Leigh's comparative ethnography leaves crucial questions unanswered. How realistic is it to imagine shifting individualised child protection practice typical of risk-averse cultures towards the collegial, interdisciplinary work and collective responsibility that characterises the work of the Flemish agency described in Leigh's book? To what extent is it possible for a statutory agency to engage in supportive practice when families view social workers as authoritarian? Deep-seated suspicion of English social workers' motives and competence is implicit in some of the stories presented in the book. Such suspicion builds over many years and will not easily dissipate, so how could the English child protection model metamorphose into something resembling the Flemish model? The book's discussion of entrenched risk-averse orientation suggests that metamorphosis could not happen without a fundamental change in the way child protection agencies view, value and support their social workers. Transformation to a less mechanistic culture would require significant attitudinal change, a shift away from the prevailing view that it is imperative to rescue children from families deemed dangerous and towards supporting families to raise their children safely. Flemish child protection builds on universal, preventive service provision, inter-professional respect and collective responsibility. Unfortunately, preventive services in Aotearoa New Zealand have also been eroded and collegial practice is not well developed.

The experiences described in Leigh's book will resonate with many social workers. This may be helpful to those struggling with a sense of dissonance between what they entered social work to do and what they find themselves doing. The book's description of a sustained comparative ethnography project will be useful to people contemplating research projects using similar methodology. Where it may be especially useful, however, is in helping outsiders understand the quandaries and constraints routinely encountered by child protection social workers. The book provides vivid extracts from social workers' accounts of their professional lives and thus offers insight into the realities of practice, including anxieties, regrets and disappointments that now characterise the child protection field. Although social workers may not be encouraged by the book's content, it could potentially counteract the media's propensity to denigrate social work. If the book were required reading for journalism students, they might more carefully consider the moral dimension of their own future work. Mostly, however, the book points to the need for social workers to take control of the narrative about what social work can, and should, do.

Reviewed by **Irene de Haan,** University of Auckland, New Zealand

Research for social workers: An introduction to methods (4th ed.)

Margaret Alston and Wendy Bowles, 2018
Allen & Unwin, Crows Nest, Australia
ISBN 978-1-76029-744-2, pp. 522, paperback, NZD56.99

Social workers must understand their responsibility for research and publications (ANZASW, 2013; SWRB 2016), develop "research-mindedness" (Flynn & McDermott, 2016), including being ongoing critical consumers of research evidence that can be incorporated into everyday practice (Gray, Plath, & Webb, 2009), and increasingly, become social work research practitioners (Beddoe, Yates, Fouche, & Harington, 2010). As a social work educator who works alongside students to understand the value of research evidence in decision-making, I found this text helpful and highly recommend it as a resource for students and graduates. This fourth edition provides an accessible guide for beginning researchers to some key research philosophies, perspectives, strategies, designs and methods. Choosing a research topic, developing answerable questions, selecting appropriate methodology and methods, analysing findings, documenting and disseminating the research are all discussed with embedded social work research examples. Chapters conclude with further reading lists, discussion questions and exercises to aid understanding. The well-referenced text is divided into five parts (beginning social work research; research methods for social work; evaluation; statistical analysis; bringing it all together) with a number of chapters within each part. Chapters can be utilised as stand-alone or together as a congruent whole consideration of research for social workers. The text sits alongside many familiar social science research methodology texts and provides excellent connections for the reader to the field of social work research.

Part one introduces social work research. In chapter one the priorities in the research process of social work values, human rights and social justice within political, social, and economic contexts, with a focus on action and change are all identified. While the cultural context of research is briefly explored later in the chapter, greater prominence for the place of indigenous research could be made. The chapter explores quantitative and qualitative methodological strategies as well as emancipatory, feminist and postmodern influences on research methods. While outlining different forms of research and the power of underlying beliefs separately for clarity, the explanation of how mixed methods, combining aspects of these strategies and methodologies, can enhance the validity of the research findings is useful. The authors argue that inductive and deductive thinking can be seen as different phases of a cyclical process of developing knowledge, theory building and theory testing. A discussion around the politics and ethics of research concludes this chapter. The questions and exercises provide a useful guide for the critical analysis of research publications as well as consideration of the many dimensions of developing a research project.

Chapter two explores choosing a research topic and the importance of identifying the underlying conceptual framework in defining the criteria and purpose of the research. The value of an advisory group made up of the project's key players is also outlined. Chapter three focuses on developing the research questions utilising either a quantitative or qualitative methodological strategy. A useful case example demonstrating quantitative research is utilised to demonstrate how the questions influence the research design and the potential data analysis that might result. This example introduces, explains, and demystifies language utilised in quantitative research. Quantitative research questions are then compared to the bottom-up deductive approach for developing qualitative research questions that maintain credibility, trustworthiness and rigour. An excellent discussion on how epistemological markers (paradigm, theory, power, reflexivity), along with other factors including triangulation of evidence, persistent observation or prolonged engagement, and member checking can demonstrate trustworthiness and rigour is provided.

Chapter four summarises seven stages in the research process. Quantitative and qualitative research examples are given. As background to these steps, the factors that influence the nature and success of the research including the agency context, theoretical and socio political context, professional and personal contexts and practical issues to ensure manageable, clear research projects are identified. It may have been useful to link the student academic setting into this discussion, given the text's target audience includes students.

Parts two and three provide an overview of different research methods and processes of analysis. Specific sections may be focussed upon by readers that best applies to the research they are considering. Individual chapters describe methods often useful for social work research including sampling, systematic reviews or secondary data analysis, surveys and interviews, and assessing community needs and strengths, evaluation including programme evaluation, action research, evidence-based practice and best practice evaluation, community-based rapid appraisals (post-disaster recovery and other crisis situations research), and other methods.

Part four is titled statistical analysis, and concentrates on analysis for both qualitative research and statistical analysis for quantitative research. Different ways of analysing data are presented with reference made to software packages. Part five brings the content of the text together by considering two critical phases in the research process: having an impact on policy and practice, and writing up the research to ensure maximum impact and leading to action. The final chapter of the text provides a guide to developing a research proposal and, although this stage in the research process happens much earlier, without an understanding of, and decisions made around, the full research process, the research proposal could not be completed, hence the logic behind the placement of this chapter.

Margaret Alston and Wendy Bowles are both Professors of Social Work in Australia at Monash University and Charles Sturt University respectively.

References

ANZASW. (2013). *Code of ethics*. Christchurch, New Zealand: Author.

Beddoe, L., Yates, D., Fouche, C. B., & Harington, P. (2010). Practitioner research made easier: A report on the GRIP project. *Aotearoa New Zealand Social Work Review*, 22(2), 22–36.

Flynn, C., & McDermott, F. (2016). *Doing research in social work and social care: The journey from student to practitioner researcher*. London, England: Sage.

Gray, M., Plath, D., & Webb, S. (2009). *Evidence-based social work: A critical stance.* Abingdon, England: Routledge.

SWRB. (2016). *Code of conduct.* Wellington, New Zealand: Author

Reviewed by **Sonya Hunt,** Senior Lecturer, Social Work Programme, University of Waikato, New Zealand.