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Reflections from the heart of shutdown Aotearoa

At the time of writing, our editorial collective, like all Aotearoa New Zealand residents, are under the Level Four shutdown, and so confined at home with our immediate housemates/family. We have been reflecting on the global situation we find ourselves in. The implications for work, for higher education, for our families and communities are immense. We share some of our initial thoughts.

The current COVID-19 pandemic is not just a public health crisis; it's an enormous social and economic crisis. Across the world, neoliberal governments are in disarray realising that business as usual will not get our nations and regions out of this mess. The market offers no solutions to a global pandemic. In fact, it makes matters worse. It makes matters worse because decades of neoliberal ideology, dismantling of public services and the marketisation of everything have ripped apart the health and social safety net. Across the world, public health and social services are discovering they do not have the capacity to respond to the pandemic, nor are they likely to have the capability to meet the fallout from the economic maelstrom brewing as a consequence of the lockdowns.

Curiously, many governments have reluctantly rediscovered the value of public services, of social planning and of direct interventions to support incomes. Seemingly radical ideas like universal basic income, free accessible health care for all and government investment in public works are back on the agenda.

We really are in new times. Yet there is a high degree of unpredictability about where we go from here, and there are real dangers ahead. Some commentators argue that there can be no return to normal because normal was the problem; others point to the inherent dangers in a new authoritarianism emboldened by the use of emergency powers. There is also a paradox presented by cleaner air as air-travel and the global production of consumer goods are temporarily halted. We know that boundless production and consumption fuelled by private profit and the associated intensification of inequality are not sustainable; but will nations have the courage to confront this or will we resume the race to self-destruction as soon as we are able?

Here in Aotearoa New Zealand, at the edge of the world, we may count our blessings. In comparison with others, we seem to have a government that listens to health experts and appears to be taking steps to shield the population from the consequences of the economic fallout of COVID-19. However, as responses to the crisis evolve, we must maintain a strong critical perspective on government actions, both here and abroad.

To date, the primary focus of critical commentators has been on health services and that is as it should be. Nonetheless, as we move forward, we must also monitor and highlight the impact on social service agencies, social workers and service users. We must seize the opportunity to highlight the social consequences of the pandemic; and, in these new times, we must assert the need for new ways of forging social solidarity—ways of renewing the social contract between citizens and the state.

This first issue of 2020 includes articles of broad interest across the profession and reflects again the importance of social work research in sustaining our knowledge and sharing our insights into social phenomena, including the development of the profession itself.

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First up in this issue, David Betts notes that sexual and gender minorities continue to face social stigma and discrimination in countries where progressive legislation has been designed to support their wellbeing and social inclusion. In "'Civil rights? Yeah, right!': Reflections on legislative changes from older sexual and gender minorities in Aotearoa New Zealand", Betts reports on a qualitative study that explored the reflections of older sexual and gender minorities via semi-structured interviews in multiple locations across Aotearoa New Zealand. The findings of this study indicated that progressive legislation and social policy have not protected older sexual and gender minorities from social stigma and bias. While study participants identified an improvement in perceptions of safety and security, shifts and changes in social attitudes were significantly slower. With a growing number of older adults who identify as sexual and gender minorities in Aotearoa New Zealand, it is important that social workers promote a critical perspective rather than relying on legislation as the sole benchmark for social change. Betts makes a case for social workers to become active advocates promoting a critical awareness.

Kate Burry, Natalie Thorburn, and Ang Jury, in their provocative article, "'I had no control over my body': Women's experiences of reproductive coercion in Aotearoa New Zealand", present a survey plus in-depth interviews of New Zealand women about their experiences of reproductive coercion. Often under-researched, reproductive coercion refers to an element of intimate partner violence that seeks to limit women's reproductive rights, including controlling every aspect of women's reproductive autonomy. Amongst their respondents they found high rates of women who had experienced controlled or limited access to contraception, contraceptive sabotage, and pregnancy coercion, including being prevented from accessing an abortion, or attempts to induce miscarriage. This coercion, often invisible, is a key element in the repertoire of controlling and coercive behaviour directed at women, and this survey describes what it consists of in the Aotearoa New Zealand context, and situates it in reference to three temporal phases of coercion (Moore, Frohwirth, & Miller, 2010). These three phases are: participants' experiences of reproductive coercion before sexual intercourse; during sexual intercourse; and post-conception. More attention to reproductive coercion and its damaging effects on women's reproductive rights is needed in order to respond to it within fertility, family planning and other services aimed at supporting women's reproductive health.

In "Where do we go from here? Ongoing colonialism from Attachment Theory", Peter Choate, Brandy CrazyBull, Saaami inihkaakii (Head Dress Singing Woman), Desi Lindstrom, Ninna Pita (Eagle Man), and Gabrielle Lindstrom, Tsapinaki challenge the current interpretation of Attachment Theory which favours the placement of Indigenous children in non-Indigenous homes. This topic is explored against the consideration of the history and on-going practices of assimilation of Indigenous children within the child intervention and justice systems. The authors state their goal is to stimulate discussion and the development of culturally appropriate models and practices which can articulate the complex and multiple attachments formed by an Indigenous people raised in Indigenous communities—standing in contrast to the popular Western and Eurocentric view of parenting through dyadic attachment derived from Attachment Theory. The article draws on a review of attachment literature examining key questions of cross-cultural applicability validity in relation to Indigenous populations. Consultations were held with Elders from the Blackfoot Confederacy of Alberta as part of the *Nistawatsiman* project. Data were gathered in a project relating to AT and the Supreme Court of Canada.

The authors note that *Cultural* Attachment Theory is emerging as preferable in

Indigenous contexts rather than traditional Attachment Theory which they frame as likely to perpetuate colonial and assimilative understandings of family, parenting and the place of culture. Finally, they note that it is not for the eurocentric population to find the solutions but to support Indigenous researchers and "knowledge keepers to begin exploring the stories and traditions of 'attachment' and how that might be defined".

The ongoing professionalisation of social work is the focus of the article, "Disrupting the grassroots narrative of social work in Aotearoa New Zealand" by Sonya Hunt, Barbara Staniforth and Liz Beddoe. Drawing on the voices of people who were historically "close to the action" of this movement, who were engaged and active in the debates, the authors offer a collection of voices arranged around political, practice, and cultural themes over time.

This article presents a useful chronological account of social work registration in Aotearoa New Zealand which began in the mid-1960s. More importantly, however, it offers a rich story of the tensions and power discourses apparent in the social work community as the movement evolved. The identity of social work as a grassroots profession with a strong social justice mandate sits in tension alongside the growing push to be recognised as a profession and to address issues of public safety. This debate challenged (and continues to challenge) the profession to agree on what it stands for, who should call themselves social workers and how they should be educated. The research in this article highlights the genuine fears of elitism, continuing colonisation and inherent racism as a result of the proposed registration legislation. It outlines the various government agendas, especially related to child protection social work and the impact this has had on what it means to be a social worker in this country.

The publication of this research is timely given the current work of the Social Workers Registration Board which is responding to new mandatory registration legislation—this is seen by many as the final step in the professionalisation project. This article provides valuable context for what should be a continuing debate and presents points of reflection based on the insights of those who have engaged historically in the movement. The authors challenge us to recall, and include in our analysis, the pivotal role professionalisation has played in changing the nature of social work, to assume responsibility for continuing our influence of this new legislative environment and to take active ownership of who we are and what we do.

In "Pressure drop: Securitising and de-securitising safeguarding", Dave McKendrick (Scotland) and Jo Finch (England) explore the increasing role of social work in managing risks associated with certain sections of the population—social work's muscular turn. The authors draw on securitisation theory, more commonly associated with the study of international relations, to explore the way in which existential threats are constructed in contemporary society. There is a focus on child protection practice in England, although the analysis is relevant to comparable societies. It is argued that securitised approaches to safeguarding focus on eliminating the threat posed by dangerous others rather than considering the social context which impacts upon the experience of people who are categorised as risky. This reactive practice focus is said to run contrary to the empowering and liberating aspirations of social work, locating it within the repressive apparatus of the neoliberal state. In relation to insight developed from securitisation theory, strategies for the de-securitisation of social work are explored.

In a highly topical article, given that most social workers are currently working remotely with services users, teams and colleagues, Danielle Davidson notes that the literature on telephone counselling suggests that physical invisibility, coupled

with anonymity and the immediacy of service provision are the defining features of telephone counselling. However, in "Heard but not seen: Exploring youth counsellors' experiences of telephone counselling", Davidson notes that little research has explored how telephone counsellors experience these features in any real depth. The study reported here reports on data collected in qualitative, semi-structured interviews with practitioners at a youth helpline in Aotearoa New Zealand. Davidson reports that counsellors' experiences of telephone counselling appear to be "more nuanced than traditionally understood". While there were challenges in providing telephone counselling, such as hoaxes and abusive calls, practitioners also experienced the benefits of relaxed and supportive work environments and supervision. Management practices, such as good access to supervision, assisted practitioners to manage the impact of telephone-based work with clients.

Finally, in a viewpoint article by Joanna Appleby we are encouraged, indeed challenged, to consider ways in which we as social workers, can effect systemic change in our organisations or practice spheres. Appleby draws on her own experiences in the field of youth forensics and uses the example of the establishment of the first youth forensic workforce forum in Aotearoa New Zealand. She begins the article by discussing the current youth forensic context and social work's position within this domain. She recognises that this can be a challenging environment for social workers who wish to see long-lasting change in young people but may feel significantly constrained by the political and organisational infrastructure. Appleby acknowledges some of the deficits that currently exist then moves on to explain how she sought to influence the experiences of young people engaged in youth forensic services. The example of the establishment of a workforce forum, with the aim of connecting practitioners across disciplines for the betterment of the young people they are working with could be translated into many fields where social workers are positioned. Appleby reminds us that we can influence, advocate, challenge and initiate change to more effectively serve those we work with and that this is actually part of our responsibilities as social workers.

Liz Beddoe and Neil Ballantyne

Reference

Moore, A. M., Frohwirth, L., & Miller, E. (2010). Male reproductive control of women who have experienced intimate partner violence in the United States. *Social Science & Medicine, 70*(11), 1737–1744.

ORIGINAL ARTICLE
QUALITATIVE RESEARCH

"Civil rights? Yeah, right!": Reflections on legislative changes from older sexual and gender minorities in Aotearoa New Zealand

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ABSTRACT

INTRODUCTION: Sexual and gender minorities continue to face social stigma and discrimination in countries that have progressively passed legislation designed to support their wellbeing and social inclusion. This article explores the impact of similar legislative changes in Aotearoa New Zealand through the reflections of older sexual and gender minorities.

METHODS: Semi-structured interviews with older sexual and gender minorities were conducted in multiple locations across Aotearoa New Zealand. Associations between legislative changes, social policy, and stigma and discrimination were examined in relation to the contemporary and historical experiences of older sexual and gender minorities.

FINDINGS: Findings indicated that changes in legislation and social policy have not protected older sexual and gender minorities from social stigma and bias, and that social workers need to be active about their role in promoting a critical awareness of these intersections.

CONCLUSIONS: With a growing number of older adults who identify as sexual and gender minorities in Aotearoa New Zealand, it is important that social workers promote a critical perspective about relying on legislation as the sole benchmark for social change.

KEYWORDS: sexual and gender minorities; older adults; legislation; social policy; social work; Aotearoa New Zealand

Aotearoa New Zealand, like many countries, has a legislative history which includes developments that have aimed to support sexual and gender diversity. Some of these key milestones in New Zealand have included the decriminalisation of homosexuality in 1986, the inclusion of sex and gender under anti-discrimination laws in 1993, and marriage equality in 2013. While these developments are successful accomplishments for wider lesbian, gay, bisexual, transgender, and queer (LGBTQ+) communities (Fenaughty & Pega, 2016; Schmidt, 2017), there is a risk in relying on forms of legislation as the sole measure for social change. Many of these developments, such as the Homosexual Law Reform Act 1986, were not concerned with the diversity of experiences now commonly acknowledged as central to wider LGBTQ+ communities; however, these legislative changes were part of an ongoing process to build towards inclusive and supportive social policy towards all LGBTQ+ individuals. Older sexual and gender minorities are in a unique position to have experienced these changes in Aotearoa New Zealand over time, and to reflect on both how they have, and have not, impacted on their

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experiences of discrimination, stigma, and social inclusion (Van Wagenen, Driskell, & Bradford, 2013).

Research indicates that sexual and gender minorities experience stigma, discrimination, and abuse at higher rates than heterosexual and cisgender individuals (Adams, Dickinson, & Asiasiga, 2013; Hash & Rogers, 2013; Mink, Lindley, & Weinstein, 2014). For older sexual and gender minorities, there are additional, unique, challenges that their older heterosexual and cisgender peers do not face. These challenges may include being less able to rely on their biological families or families of origin, aged care services that perpetuate heteronormative attitudes, and higher rates of psychological distress resulting from exposure to social stigma (Antonelli & Dettore, 2014; Hughes, 2009; Robinson & Rubin, 2016). Further impacting older sexual and gender minorities is the ageism inherent in social systems and interactions (Gendon, Welleford, Inker, & White, 2015; Hughes & Heycox, 2010). This double jeopardy, resulting from the combination of heteronormative values with ageist attitudes, highlights the necessity of social work services that support older members of LGBTQ+ communities. Importantly, these services need to be critical about the role and limits of legislation to influence social attitudes or eradicate discrimination. The importance of this critical stance has been highlighted in Aotearoa New Zealand research that has looked at the relationship between legislative reform and social attitudes. A recent study looked at the impact of the Prostitution Reform Act 2003 which decriminalised sex work in Aotearoa New Zealand. The authors argued that, while such reforms can increase the willingness of individuals affected by legislation to engage with helping services like social workers, they do not reduce social stigma (Wahab & Abel, 2016). The authors of this research concluded that social workers need to be aware that decriminalisation did not eradicate stigma, nor did it result in a transformation of the public perception of sex workers (Wahab & Abel, 2016). This same reflection needs to be applied to the relationship between legislative reform and social attitudes around sexual and gender diversity in Aotearoa New Zealand.

In the data for this article, older sexual and gender minorities reflect on their experiences both prior to, and after, changes in Aotearoa New Zealand legislation. Thirty-one participants, residing in various locations across Aotearoa New Zealand, took part in this research. A process of applied thematic analysis was used to examine the participants' responses to interview questions and draw out relevant themes around legislative changes and social attitudes (Braun & Clarke, 2006).

Within this article, the term *sexual and gender minorities* is used to reflect the diverse pool of people it can represent. The use of sexual and gender minorities is deliberate, intended to emphasise the fact that gender and sexuality are socio-political constructs, rather than specifically biological or natural states (Smith, Shin, & Officer, 2011). However, when specific groups, networks, and communities that are based around identities pertaining to sexuality or gender are discussed, the term *LGBTQ+* is used to reflect the fact that these informal and formal groups frequently self-identify with this terminology.

The findings from the analysis in this article indicated that advancements made within Aotearoa New Zealand legislation have removed the legislative risk associated with sexual and gender diversity, such as imprisonment and persecution. However, these advancements have not removed the social risks such as informal discrimination and abuse. The participants also expressed concerns that health care professionals may lack the knowledge or skills to support and respect their specific needs and experiences because of this disconnection between legislation and social change. These findings

have specific implications for social work as they demonstrate that marginalised communities continue to face discrimination decades after the implementation of supportive and inclusive legislative acts. Social workers and other social service professionals need to be critical of attempts to minimise or ignore the concerns of LGBTQ+ communities as the experiences of older sexual and gender minorities have highlighted that this population continues to need ongoing support and advocacy.

Theoretical framework

This article draws on specific theoretical perspectives to guide the analysis and interpretation of the data. These perspectives are critical social theory and critical gerontology, both framed through a social justice agenda.

Both critical social theory and critical gerontology emphasise that social structures shape and influence individual lives (Dant, 2003; Fook, 2002; Freixas, Luque, & Reina 2012). Specifically, these perspectives aim to highlight how social structures create barriers for wellbeing, social participation, and citizenship for minority groups. Critical social theory and critical gerontology can be used to argue that individual and community lives are influenced by cultural norms, and therefore it is important to acknowledge and critique those cultural forces (Dant, 2003; Guess, 1981). This process additionally acknowledges that power is created and controlled through forms of social interaction that create a series of privileged and oppressed roles (Fook, 2002).

Supporting this analysis of social structures was social justice. Specifically, it was the perspective that social work practice can be considered an expression of social justice (MacKinnon, 2009). Social justice is a framework that consists of political, social, and cultural objectives – which are pursued through actions and policies based on meeting basic needs and advocating for fairness and equality of treatment and social outcomes (Brown, 2006; Craig, 2002; Fook, 2002; Forrest & Kearns, 2001). This research benefited from the application of a social justice framework, as the research design and the analysis of the data were framed through the goal of empowering and supporting the wellbeing of older sexual and gender minorities in Aotearoa New Zealand by informing social work practice, policy, and education.

Materials and methods

Semi-structured interviews

The data for this article were collected using 31 semi-structured interviews with participants. Approval for this research was provided by the University of Canterbury Human Ethics Committee in 2015.

Participants identified as sexual and gender minorities, and included: gay men, lesbian women, bisexual individuals, and transgender individuals. The interviews were conducted between the months of January and July in 2015 and took place in different urban and rural locations in Aotearoa New Zealand. The interviews lasted approximately 90 minutes. The participants were interviewed in their own homes and were recorded for transcription purposes only. The participants were ascribed pseudonyms in the transcripts and subsequent analysis to protect their anonymity.

Participant demographics

The participants were between the ages of 60 and 80 at the time of the interviews. Efforts were taken to recruit a range of participants belonging to LGBTQ+ communities, and to reflect diversity in both gender and sexual identity. The relevance of including gender-diverse individuals in this discussion around legislation such as homosexual law reform is that these developments were important milestones in later advocacy around sexual and gender diversity, which supported the implementation of anti-discrimination

laws under the Human Rights Act 1993, and future successes such as the Marriage (Definition of Marriage) Amendment Act 2013.

Fourteen of the participants identified as male, 16 as female – three of whom were transgender women. One participant identified as intersex. Lesbian women comprised the largest group of the sample with 14 participants, gay men with 13, bisexual individuals with three, and one participant identifying as queer. In terms of ethnicity, the largest group of participants identified as Pākehā or of European descent. A limitation of this current research comes from the lack of diversity regarding the ethnicity and background of the participants. The participants in this research primarily identified as Pākehā. While the recruitment procedures for the larger research project aimed to recruit a diverse range of older sexual and gender minorities, including specific consultation and recruitment with Māori communities, no participants reflected this demographic. As social work in Aotearoa New Zealand is guided by principles of biculturalism, specifically in support of Māori people, communities, and service provision, further exploratory research is required to address this limitation.

Applied thematic analysis

To assist in the articulation of the key themes in the data, a process of applied thematic analysis was used for the analysis in this research. Applied thematic analysis can be understood as a systematic process to distil large quantities of qualitative data to condensed and appropriate themes. This process utilised the application of codes to the transcribed interviews, where codes represented small and distinct elements of information that were pertinent to the overarching research goals. The codes were then organised and examined to display relationships and relevant connections that were then applied to the research questions to develop themes. This approach to applied thematic analysis was heavily guided by the methodology of Braun and Clarke (2006, 2013, 2014), and Guest, MacQueen, and Namey (2012).

Results

The key themes that emerged from this research originated from the fact that older sexual and gender minorities possessed a unique insight into changes in Aotearoa New Zealand legislation. More specifically, the themes focused on the impact of legislation on social views and attitudes, and how these attitudes could be reflected in the skills and competencies of helping professionals.

Throughout the interviews, the participants reflected on their experiences over time. One example was when participants talked about the process associated with the notion of 'coming out,' and how shifting laws and social policies impacted that process. One participant commented on this process, and referred to the direct impact of the Homosexual Law Reform Act 1986:

> Oh, you never really come out – oh you do, you come out over a long period of time until just about everybody knows. I started when I was in my early 20s, when I was still at university … but the main part of it followed the 1986 law. Because at that stage I was Head of Department in a large suburban co-ed school and I thought, "shit, they can know now," and so they did. People ask, "do you think you may have missed out on some promotions or opportunities because of it?" And I don't know … I know people who did, sometimes I feel that I did. (Brian, 65)

As the participant Brian mentioned, even though it felt safer to come out in wider contexts after homosexual law reform, this did not mean the law necessarily protected sexual and gender minorities from discrimination. In the context of employment this could mean losing promotions, exclusion from workplace social environments, or

direct abuse from colleagues. Because of the limited protection that legislation offered, not all the participants felt that the changes gave them the opportunity to be open in similar environments, including in the time directly after the law reform:

> If I'd come out overtly gay when I was working in that position, I would never have been able to stay there. I would have been pushed aside. I had to stay in. (Mark, 75)

The comments by participants about their experiences coming out both before and after the Homosexual Law Reform Act 1986 highlighted the complex ways in which legislation impacted personal thoughts and reflections, as well as the lived reality of sexual and gender minorities. These findings are similar to what was found in Aotearoa New Zealand based research. A recent study explored the impact of statutory protections for people living with HIV employed in the medical workplace and found that stigma and discrimination continued to be significant issues after the implementation of this legislation (Fisher & Henrickson, 2019). The conclusion of this research was that legislative measures alone are not enough to cease institutional discrimination, and that these efforts require additional training and mentorship to provide safe and inclusive environments (Fisher & Henrickson, 2019). The findings from that article support what the participants in this research have stressed, which is that it is important to look beyond legislation and to continue to ascertain its weight and wider impact.

Weight and wider impact

The original Homosexual Law Reform Act 1986 contained two parts, the decriminalisation of homosexuality between two men, and anti-discrimination protection for homosexual individuals. Only the decriminalisation aspect of the Bill was passed by the New Zealand government, and it was not until the Human Rights Act 1993 that individuals were protected from discrimination based on gender and sexuality. However, there was an often-stated acknowledgment by the participants in this research that protective or inclusive legislation did not mean that discrimination and abuse were not pertinent issues for sexual and gender minorities. One participant discussed his dismay at seeing similar experiences in contemporary Aotearoa New Zealand society as to what he had experienced during the late 80s and early 90s:

> I can see so many things identical to what was happening to me when I was growing up. And here we are, the law has changed, it's all legal and everything blah blah blah, but it's a load of crap, because education hasn't come along. It hasn't come along with the legality side of it. That is the most annoying thing – and it was annoying right from day one. (Dylan, 73)

The exasperation expressed by Dylan, and other participants in this research, show that it is important to be critical about the impact legislation has on social attitudes. Although some of the participants reflected on how the decriminalisation of homosexuality began to influence their own feelings of confidence and security, they often dismissed the notion that decriminalisation had a direct influence on the attitudes of wider society:

> It didn't remove the social stigma, but it did remove the legislative stigma. The legal risk. I could see that having no law against it was no guarantee of it being accepted by society. (Brian, 65)

As Fenaughty and Pega have noted, in Aotearoa New Zealand the "long-standing statutory discrimination and criminalisation of men served to significantly marginalise and obscure the needs of gender- and sexually diverse minorities for many years to come" (Fenaughty & Pega, 2016, p. 229). A participant in this research echoed that sentiment as they recounted an incident when they were the target of intense

and public abuse during the period of decriminalisation:

> My first relationship with a woman, I was in Auckland Airport one day, it was probably my first personal experience. The relationship, it was clear, was just ending and like most of us, no matter whether we're in a heterosexual or a same sex relationship, the ending of a first relationship in particular is pretty traumatic. And so we were both at the airport: I was going home and I was crying and crying and these two guys just started circling around and around just going, "Dirty dykes. Dirty dykes". (Michelle, 73)

The occurrence of public abuse such as this showed why many participants thought that the inclusion of sexuality and gender under the anti-discrimination legislation of the Human Rights Act 1993 was a key turning point for LGBTQ+ communities. This was evident when one participant described their frustration that anti-discrimination legislation was not included in 1986, and noted that it took seven years before complaints and responses concerning discrimination were legally possible:

> So the second plank of the platform was that anti-discrimination ... well, which didn't come through until '93. And that's when you could start complaining on the basis of explicit discrimination, finally… (Brian, 65)

However, despite this positive development in 1993, the participants in this research expressed frustration at the slow progress that followed.

A slow progression

Frustration at the lack of social change and acceptance despite apparent legislative progress was a key theme throughout the interviews. However, this frustration was also integrated into reflections about the importance of contemporary developments in Aotearoa New Zealand legislation. The participants commented on the significance of the Civil Union Act 2004 and the Marriage (Definition of Marriage) Amendment Act 2013, with one participant discussing the resistance these forms of legislation faced from conservative politicians at the time:

> Judith Collins was on quite early in the piece and she said, "so civil unions, it's just gay marriage in another form isn't it?" And I said, "no." And she said, "well how would you describe it?" And I said, "as an option that people don't have now that they really want to have." And she said, "oh, so you think people should have things just because they want them, do you?" I said, "as a matter of fact I do." And she got really wild at that point. From that point on she kept referring to this as, "this amusing submission of yours". (Tom, 70)

Another participant went on to describe the importance of the Marriage (Definition of Marriage) Amendment Act 2013 by articulating it as being intrinsically linked to the notion of equal participation in Aotearoa New Zealand society:

> I think, in particular, one was very aware of being a second-class citizen. I think a lot of the arguments around marriage equality were to do with becoming a full citizen and having the full range of things that go with citizenship being available to us. And obviously looking back, that's probably why we were a lot more radical in the 70s, because there was no real likelihood that we would ever really fit in at that point. People would tolerate you and yes, most people tolerated me and accepted the fact I was gay. And I think I use the word tolerate more than full acceptance. But in those days there was really no sense that gay people would really ever fully fit in as full members of society. (Isaac, 68)

Despite the contested impact of these changes for sexual and gender minorities,

the consensus of the participants was that these developments were important milestones in advancing the rights of LGBTQ+ communities. The participants equally reflected that the passing of the initial legislation in 1986 and 1993 were vital to the success of later developments such as civil unions and marriage equality, even if further work and advocacy was still required to dismantle forms of discrimination and stigma.

Related to these findings, there were also some interesting reflections about wider LGBTQ+ culture and community changes in the wake of legislative developments. One prominent theme described the impact legislative changes had on attitudes and relationships within community spaces:

> There's been a significant change of attitude within the community in the sense that in my generation, we were forced to look after one another, because most of the gay community was behind closed doors, and we had to look after each other because the vast majority of society was not going to do that. But now it is different. The doors have opened, the windows have opened. A lot of society has opened its own closet doors. A lot of society itself has come out in different ways and I don't actually believe that law change has made a lot of difference. To a degree, it's made life safer for the gay community, but it's also changed an attitude in society in general that there's now… "everything's okay." Everything's okay. "Well, you know, you've got your freedom, you've got your human rights" – yeah right – "you've got your civil liberties, so what's the problem now?" The problem is that I think to a degree the gay community is not supporting itself anymore. In one sense it doesn't need to. So there's an element of neglect. And there are some people who are just falling off the edge because of this social attitude 'well everything's alright' – and for some it isn't. (Liam, 68)

An unexpected outcome of these legislative changes is that while developments in Aotearoa New Zealand law have had only a limited influence on the day-to-day experiences of older sexual and gender minorities, these developments were having a perceived impact on community connectedness. As noted in the excerpt above, participants were worried that if there is less need, or less perceived need, then the mandate for strong social networks for older sexual and gender minorities may have been reduced. The relevance of this reflection for social workers and other helping professionals is that older sexual and gender minorities may still require those networks to support their wellbeing, particularly considering the participant reflections on the limited impact that legislative developments have had on social discrimination.

Professional competencies

An additional relevance of these findings for social work practitioners is that the participants reported contemporary experiences of discrimination resulting from reactions to their sexual or gender identities, with a common example being from medical and helping professionals. These narratives are supported by findings from previous research, where a United States study found that 13% of older sexual and gender minorities reported being denied healthcare or receiving inferior care because of their sexual and gender identity, and that up to 20% did not disclose their identity due to a fear of inferior care (Fredriksen-Goldsen et al., 2011). In Aotearoa New Zealand there has been similar research on professional attitudes and competencies. Research from 2007 that used qualitative semi-structured interviews with participants working in policy, medical, and health promotion settings found that, while the participants noted that the health care of sexually diverse individuals was an important topic, and one that was influenced by socio-political factors, there was very little mainstream policy interest on the topic in Aotearoa New Zealand (Adams, Braun, & McCreanor, 2007).

A lack of policy interest is likely to influence the focus and resources dedicated to sexual and gender diversity in educational programmes, which has been similarly explored in research. Research on sexuality and gender identity training within preclinical medical training in Aotearoa New Zealand has found that content on sexual and gender diversity is covered minimally, and that, while it is regarded as an important topic, finding the time and resources to appropriately address this content was a challenge for educators (Taylor, Rapsey, & Treharne, 2018). This potential lack of content in professional training programmes was reflected in the comments of one participant in this research who noted that an absence of skills or knowledge in professionals was not necessarily a result of individual bias or beliefs. Rather, it could represent the reality of how training organisations and institutions operate:

> When we say that professionals in this field are not very skilled, it's not because they don't want to be – it's because the issue hasn't been addressed. Now, I work very closely with an organisation in Australia … and the research that's coming out of Australia is that our community, our rainbow community, is somewhere between 12 and 15% of the general population. So if you think 12%, 15% of the population is not being well looked after by the caring professions – and I'll sort of open that up to doctors, mental health workers, social workers, everybody – yeah, we're talking about a huge number of people. (Rowan, 62)

For the participants in this research, experiences of discrimination from healthcare and social services served as a reminder that, despite the changes in Aotearoa New Zealand legislation, professional attitudes and biases are not necessarily changing or updating. For instance, one participant talked about his encounter with a new doctor after he disclosed his sexuality, and how it altered his perspective on who should be providing his care:

> The doctor in this small town said, "Well, you're not going to carry on with these practices here, are you?" I think that sort of influenced me to say, "Well, actually I really do want to have a gay doctor so that this doesn't happen". (Mark, 75)

Not all the participants focused on explicit instances of discrimination or stigma resulting from interactions with professional services. It was equally common for the participants to talk about the dismissive nature of practitioners when it came to sexual or gender identity. The notion that practitioners might adopt a position of social neutrality in their engagement with sexual and gender minorities is concerning, as it means any form of social or cultural discrimination is not considered in professional interactions. This lack of critical consideration poses the risk of further excluding or disadvantaging minority groups by not appropriately responding to their concerns or previous negative experiences. For social workers, culturally competent practice requires an acknowledgement of how sexual and gender diversity may intersect with an individual's personal experiences (Van Den Bergh & Crisp, 2004), and this same critical stance needs to be applied to all helping professionals.

As discussed earlier, stigma, discrimination, and abuse have commonly been directed at sexual and gender minorities (Adams et al., 2013; Brennan-Ing, Seidel, Larson, & Karprak, 2014), and this was reflected in these participants' experiences. For practitioners who focus on wellbeing, psychological distress, or day-to-day health, it is important to be mindful of all contextual factors that influence wellbeing. For older members of LGBTQ+ communities their sexual and gender diversity can potentially be central components of their sense of self, identity, and how they form important social connections (Hughes & Heycox, 2010). As a result, one participant discussed the need to change doctors when they were not

considerate of the relevance or importance of their sexual identity:

> I've had doctors who, yeah, definitely I've had to change because they've been very much … just dismissive of it more than anything, I think. Like not seeing it as an important part of me, of who I am. That it's not something that they want to put into the conversation – where my doctor now, very much it would be part of the conversation, where some it's like, "oh no, that's not important, you know that's not…" where actually your lifestyle and who you are is important to whatever you're talking to your doctor about. (Alison, 60)

This same sentiment is important for social workers to be mindful of, as social workers often find themselves working in the intersections between people's identity, wellbeing, and social positioning.

Discussion

One of the key implications of this research is the importance of recognising the impact of heteronormative and homophobic social structures on older adults. As part of recognising these systems, it is necessary to acknowledge the challenge of reducing their impact, either through legislative changes or professional and practice strategies. For example, changes in Aotearoa New Zealand legislation regarding sexual expression and anti-discrimination laws had only a partial impact on the day-to-day experiences of sexual and gender minorities at the time. While the participants in this research identified general improvements in perceived feelings of safety and security, shifts and changes in social attitudes were significantly slower. These systems are not static forces, and the term "historical" in the context of heteronormativity and ageism is misleading. It is naïve to assume to assume that legislative and social policy changes will automatically improve the lived experiences of older sexual and gender minorities, and that needs to be considered when social workers engage with older sexual and gender minorities.

Related to this acknowledgment of the complex relationship between legislation and social policy is the impact of these collective social shifts on professional knowledge and competencies. A lack of professional knowledge or skills is not necessarily the result of individual bias, rather it can reflect the reality of how educational programmes prepare students to work alongside sexual and gender minorities. While there are many influencing factors on how social workers may be trained to support older sexual and gender minorities (including individual student factors, the specific culture of the student cohort, and the complexity of how the stated course curriculum intersects with both the taught and learned curriculum), social work education can, and should, operate as one of the primary institutions supporting this critical competency and knowledge. Social work education does provide transferable skills so that social workers can support a wide range of individuals from diverse backgrounds (Beddoe & Maidment, 2009); however, it is equally important that specific content on the needs of sexual and gender minorities is provided, particularly due to the concerns expressed by the older sexual and gender minorities in this research.

Social work as a profession is primed to be critical of legislation as a measure for social change and social progress. Social work must maintain this critical perspective on oppression and social justice, which includes the recognition that changing the law is one piece in a complex path towards justice and equality. As part of this process, it is imperative that social workers reflect on and critique their own practice. Continual advocacy and critical engagement with disenfranchised communities is important, but unless that same critical process is applied to reflect on the social work profession then it fails to take account of the same power systems the discipline may

inadvertently reproduce (Fabbre, 2017). Social work must adopt critical reflexive actions that aim to keep the profession accountable to the needs and observations of the communities it works alongside. A key part of this reflective process is to instil a critical alertness to assumptions that may be built into broader social contexts, such as the perspective that legislative reform has reduced forms of bigotry around sexual and gender diversity, and to emphasise a critical consideration of the nonlinear relationship between legislation and social change at all level of social work practice, training, and education (Fenaughty & Pega, 2016).

Limitations

As noted earlier, a limitation of this research is that none of the participants identified as Māori, which, for research in Aotearoa New Zealand, is important to acknowledge as it does not reflect the experiences of tangata whenua, nor does it reflect the values of biculturalism in Aotearoa New Zealand social work practice and research. It is important that this lack of Māori viewpoints and experiences is considered when assessing the findings of this article, and that future research adequately explores this gap and acknowledges the importance of Māori perspectives. Similarly, the participant demographics reported on here primarily reflect the lived experiences of gay men and lesbian women which reduces the depth of the findings. While this research aims to present a glimpse into the experiences of older sexual and gender minorities, and not to present a comprehensive overview of all perspectives, more diversity would assist in illuminating a broader picture for analysis.

Caution should be taken when trying to assume homogenous characteristics of any community, let alone one as diverse and varied as the myriad LGBTQ+ communities. Rather, these findings should be seen as a snapshot of a certain group's experiences, one that ideally allows social work professionals to reflect on their own biases or beliefs without making assumptions about all experiences. Gaps in the demographic spread of this research can be addressed through further studies, which would allow for a more comprehensive overview and comparison. Additionally, intergenerational research would allow for a consideration of experiences across the life course, an element this research was unable to include due to its focus on older adults.

Conclusion

One of the key insights to emerge from the reflections of the participants in this research was that older sexual and gender minorities continue to have concerns regarding social stigma and discrimination. It may be easy to dismiss these concerns as historical, but their experiences present a narrative of contemporary prejudice.

As acknowledged at the beginning of this article, older sexual and gender minorities can reflect on decades of changes and developments in Aotearoa New Zealand society. This position granted a valuable insight into the dynamic, and often frustrating, way in which minority communities fight for social acceptance in our society. Additionally, their experiences interacting with social services and helping professionals suggest that many institutional practices and services need to develop their competencies and knowledge to appropriately support older members of LGBTQ+ communities.

Future research can build on these findings in a variety of ways. More culturally inclusive research is required to represent the experiences of older Māori sexual and gender minorities, and their reflections on similar social issues. This research project involved a diverse range of participants; however, it included a larger number of gay men and lesbian women over bisexual, transgender, and intersex participants. As previous research has shown that different demographics within wider LGBTQ+ communities experience different levels of social stigma, mental health complications,

and minority stressors (Craig & Keane, 2014; Cathey, Norwood, & Short, 2014; Mizock, Harrison, & Russinova, 2014), future research could benefit from focusing more explicitly on less acknowledged groups within wider LGBTQ+ communities. This approach would benefit from drawing upon an intersectional perspective that highlights intersecting experiences, insights, potential concerns, as well as resources and community strengths (Mink et al., 2014). For an Aotearoa New Zealand context it would also be useful to research the variety and depth of the content regarding sexual and gender diversity within social work education, and the self-reported skills and competencies that social workers cite as being important when supporting sexual and gender-diverse individuals.

As one respondent put it, "well, you know, you've got your freedom, you've got your human rights" – yeah right – "you've got your civil liberties, so what's the problem now?" The sarcasm heavily relayed in "yeah right" reflects a lifetime of stigma, discrimination, and abuse so callously ignored in the societal assumption that changes in laws and social policy meant that everything was perfect. Social work needs to be at the forefront of acknowledging that disconnect and needs to continue to promote critical awareness of the intersections between law, social policy, and social attitudes.

Declaration of Interest

The author declares that there are no conflicts of interest in the writing and publication of this article.

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ORIGINAL ARTICLE

MIXED METHODS RESEARCH

'I had no control over my body': Women's experiences of reproductive coercion in Aotearoa New Zealand

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ABSTRACT

INTRODUCTION: Reproductive coercion broadly describes behaviour intended to undermine the reproductive autonomy of a victim through pregnancy coercion, contraceptive sabotage, and controlling pregnancy outcomes. This research sought to understand the experiences of victims of reproductive coercion in Aotearoa New Zealand.

METHODS: Participants shared their experiences of reproductive coercion from an intimate partner through an online survey that was distributed via social media and posters that were put up primarily in Family Planning clinics across the country. Five participants subsequently participated in in-depth interviews.

FINDINGS: Participants (mostly women) in this research experienced high rates of controlled access to contraceptives (83.8%), contraceptive sabotage (58.6%), and pregnancy coercion (64%) by an intimate partner. Furthermore, 40.5% of participants who had ever been pregnant had experienced a partner attempting to prevent them from accessing an abortion, and over 30% were subjected to a partner's attempts to force an induced abortion or miscarriage. Many also expanded on their partners' coercion regarding reproductive decisions, and abuse during, and after, labour and birth. However, they were rarely asked about reproductive coercion and abuse by health care or social service practitioners.

CONCLUSIONS: Reproductive coercion is a phenomenon that is globally under-researched. Emerging evidence suggests this is a highly gendered issue, and that there needs to be greater focus on promoting how we can improve and protect women's reproductive autonomy. Findings from this research indicate the need to incorporate discussions about reproductive autonomy and coercion in screening for intimate partner violence.

KEYWORDS: Reproductive coercion; intimate partner violence; coercive control

Introduction

Reproductive coercion describes behaviour from one person intended to undermine and exploit the reproductive autonomy of another, most commonly within the context of an intimate or sexual relationship, although it can also happen in other contexts such as within family relationships. Conversely, reproductive autonomy describes someone's capacity to make free, voluntary and informed decisions related to their sexual and reproductive health, wellbeing and future (Moore, Frohwirth, & Miller, 2010). While US-based studies

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have estimated that the prevalence rates of reproductive coercion range from 15% to 25% depending on the vulnerability of the population (Black et al., 2011; Miller et al., 2010; Park, Nordstrom, Weber, & Irwin, 2016), this has yet to be explored in a New Zealand context. Accordingly, this research sought to understand the experiences of individuals in New Zealand who have experienced reproductive coercion by an intimate partner.

The National Collective of Independent Women's Refuges (NCIWR) surveyed 162 respondents, with a final sample size of 111 participants (50 respondents did not complete the survey, and one respondent did not consent to participate), and the first author carried out in-depth interviews with five women who had experienced reproductive coercion by an intimate partner. In this article, we present the findings of this research across three temporal phases of reproductive coercion, and discuss the gendered nature of reproductive coercion and implications for service providers.

Background

Reproductive coercion is a form of intimate partner violence (IPV) that often occurs alongside other forms of IPV, such as sexual and psychological abuse (Clark, Allen, Goyal, Raker, & Gottlieb, 2014; Miller et al., 2010; Park et al., 2016). IPV essentially describes the use of coercive control, or the process by which perpetrators (those who use coercive control) undermine the liberty, equality and autonomy of their partners through a range of tactics (Stark, 2009). Such tactics may include social and physical isolation, surveillance, intimidation, and threats to their partner's physical, sexual, emotional, and/or psychological safety and dignity, depending on what type of threat they observe to be the most effective means to circumscribe agency, enforce compliance, and restrict resistance in their partner (Stark, 2009). The use of coercive control in relationships is a particularly male form of domination, and is tied to gender inequality between men and women more generally:

> …coercive control takes the enforcement of gender stereotypes as its specific aim, the degradation of femininity as a major means, and reinforces sexual inequality in society as a whole in ways that constrain women's opportunities to "do" femininity. (Stark, 2009, p. 1511)

As with the use of coercive control generally, emerging evidence of reproductive coercion suggests it is a gendered phenomenon, meaning that, while there may be outlier cases where women perpetrate reproductive coercion towards their male partners, or it is perpetrated in same-sex relationships or by family members, reproductive coercion is primarily perpetrated as a tactic of coercive control and domination by men towards their female partners (current, ex, or desired) (Park et al., 2016). Generally, men's use of coercive control can lead to women's decreased fertility control, for example in relation to condom negotiation (Martin et al., 1999; Plichta & Abraham, 1996; Wingwood & DiClemente, 1997) and contraceptive use (Bawah, Akweongo, Simmons, & Phillips, 1999; Biddlecom & Fapohunda, 1998; Pallitto & O'Campo, 2005). Furthermore, women who are victims of IPV have been evidenced to experience generally poorer sexual health (Coker, 2007; García-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005). However, further research is needed to understand LGBTQI+ people's experiences of reproductive coercion in their intimate relationships, as well as reproductive coercion in family relationships.

Reproductive coercion may be seen as a further tactic of coercive control as the perpetrator attempts to limit the sexual and reproductive autonomy and equality of their partner (afforded by, for example, modern contraceptives). The particulars of masculine enactments of coercive control in the context of reproductive coercion have been considered across these three domains:

- Labour, or reifying women's domestic and childrearing duties;
- Power, or exercising authority and control over women's sexuality and reproductive capacity; and
- Cathexis, or men's commandeering of women's sexual, emotional and intimate experiences and enforcing childbearing (Connell, 1987; Moore et al., 2010).

Moore et al. (2010) identify three temporal periods in which perpetrators' behaviours intended to control reproductive outcomes may occur: before sexual intercourse (e.g., controlled access to contraceptives and pregnancy coercion), during sexual intercourse (e.g., birth control sabotage), and post-conception (e.g., controlling pregnancy outcomes). In these three temporal phases, the perpetrator intentionally attempts to impede their partner's reproductive autonomy to exert greater control over them (Moore et al., 2010).

The Family Planning New Zealand website (FPNZ, 2015) outlines some key identifying features of reproductive coercion that can occur before sexual intercourse, during sexual intercourse, and post-conception (Hathaway, Willis, Zimmer, & Silverman, 2005; Moore et al., 2010), including:

- Hiding or throwing away a woman's pills or pill packet;
- Breaking or making holes in condoms, refusing to use a condom, or taking a condom off during sex;
- Removing intrauterine devices (IUDs) or vaginal rings;
- Threatening behaviour that pressures a woman to become pregnant when she does not want to;
- Forcing a woman to abort or continue a pregnancy when she does not want to;
- Injuring a woman to cause a miscarriage; and
- Threatening to end the relationship, or to harm the woman if she does not stop using contraception.

Perpetrators' attempts to undermine their partner's reproductive and sexual wellbeing and autonomy can involve overt instances or episodes of sexual violation (rape) and other forms of physical force (e.g., forced removal of IUDs, or physical violence during pregnancy), or more coercive, non-physical behaviours such as threatening to leave if their partner does not become pregnant or withholding money for contraceptives, or both (Moore et al., 2010).

Reproductive coercion also includes perpetrators' use of threatening behaviours intended to influence or control pregnancy outcomes or undermine contraceptive use (Blanc et al., 1996; Clark et al., 2008; Miller et al., 2007; Njovana & Watts, 1996; Watts & Mayhew, 2004; Wingood & DiClemente, 1997); forcing pregnancy then denying paternity (Moore et al., 2010); and attempting to control their partner's access to healthcare and support, for example antenatal care (Moore et al., 2010). Perpetrators may also attempt to control the outcome of the pregnancy by forcing their partner to have an abortion (Coggins & Bullock, 2003; Hathaway et al., 2005; Moore et al., 2010) or by somehow preventing them from accessing an abortion, such as by sabotaging clinic appointments (Moore et al., 2010).

The odds of unintended pregnancy increase almost two-fold where reproductive coercion and IPV are co-occurring (Miller et al., 2010), and, furthermore, research has evidenced that men's violence towards women can worsen during pregnancy or post-birth (Moore et al., 2010). Women who are abused during pregnancy may also be at greater risk of more severe abuse from their partners and femicide, with one case-controlled study of attempted and completed femicides across 10 cities in the US evidencing that, if

a woman is abused during pregnancy, the risk of her becoming a victim of attempted or completed femicide increases three-fold (McFarlane, Campbell, Sharps, & Watson, 2002). Moreover, some studies have shown that pregnancy outcomes for women whose partners are abusive, or for women who otherwise do not want or are unhappy about the pregnancy, are generally worse, including experiencing a higher proportion of miscarriage, stillbirth, pre-term labour, low birth weight and foetal injury, and other complications and adverse mental and physical health consequences for the mother (Bustan & Coker, 1994; Cokkinnides, Coker, Sanders, Addy, & Bethea, 1999; Campbell et al., 1999; Campbell & O'Campo, 2005; Fanslow, 2017; Janssen et al., 2003; McFarlane, Parker, & Soeken, 1996a, 1996b; Martin, English, Clark, Cilenti, & Kupper, 1996; Laukaran & van den Berg, 1980; Park et al., 2016).

Method

This research was conducted by the National Collective of Independent Women's Refuges (NCIWR), and employed mixed methods, namely an online survey hosted by SurveyMonkey that collected quantitative and qualitative information, followed by five in-depth interviews conducted either face-to-face or via phone or Skype. This research was reviewed and accepted internally by NCIWR and externally by others in the sexual and reproductive health field (practitioners, researchers, and educators) before distribution. This review process included a thorough analysis and discussion of the recruitment and informed consent processes, the wording and ordering of the questions, distress protocols, and confidentiality.

Data collection was conducted over several months in mid-2018 and involved two key stages of recruitment. Firstly, an online survey was sent out via social media channels, principally the Women's Refuge New Zealand Facebook page where it was then shared to other Facebook groups (such as affiliated Refuges' and Family Planning New Zealand's pages). Furthermore, 50 posters for participant recruitment were put up on the inside of toilet cubicles in Family Planning clinics ($n = 40$) around the country and in the Wellington Sexual Health Service clinic ($n = 10$) in central Wellington with tear-off tabs containing the URL address for the online survey. As Sexton, Miller, and Dietsch (2011, pp. 158–159) point out: "In cases where the population of interest is unknown or cannot be quantified, nonprobability sampling methods […] may be necessary." Thus, the purposive sampling of participants via these Facebook groups and sexual and reproductive health (SRH) clinics was considered appropriate given the links between SRH needs, intimate partner violence, and reproductive coercion, as described above, and given the lack of data to date on the issue of reproductive coercion in New Zealand.

The post on Facebook and the poster both outlined the research and asked potential participants if they had experienced behaviours indicative of reproductive coercion by a partner, for example: "Has a partner ever tried to tamper with your contraceptives, such as throwing away your contraceptive pill or poking holes in condoms?" People who identified that a partner had used these behaviours could then select or enter the URL address for the survey. The five interviewees were recruited via the online survey by these participants leaving their contact details at the end of the survey with the explicit purpose of the principal researcher contacting them for an interview. The interviews were intended to gain a more in-depth account of women's experiences of reproductive coercion in the context of their relationship with a partner (current or former) through an in-depth interview.

Given the widespread use and access to the internet, online surveys are a convenient and cost-effective way to reach a wide range of people (Bouchard, 2016; Neville, Adams, & Cook, 2015). Some research

also suggests the anonymity of the online platform can yield greater numbers of disclosures on sensitive topics (Bouchard, 2016; Kays, Keith, & Broughal, 2013; Neville et al., 2015). However, online surveys also have limitations, notably the lack of interviewer–interviewee rapport that develops in face-to-face interviews, as well as the ability for the interviewer to assess and mitigate the discomfort and distress of the interviewee, and difficulties regarding participant authenticity (Bouchard, 2016; Neville et al., 2015). We attempted to address these limitations by presenting an initial page to participants outlining the topics the survey would cover and intended research outputs, as well as a consent process, and strategies and support options if participants experience distress (Bouchard, 2016). Participants were also reminded at the start of each set of questions that they could discontinue at any point, and were provided strategies and support networks if they were feeling distressed, before clicking to reveal the next series of questions.

Building trust and a sense of comfort was also attempted through the phrasing of the questions, such as, "Would you feel comfortable sharing some examples of how your partner controlled your access to contraceptives? You can describe your experiences in the box below." This phrasing of questions, with the comfort of the participant in sharing their experiences at the centre, was intended to generate an open space for participants to anonymously describe their experiences. While participants were given only one opportunity to input their responses, participants were also able to answer questions in their own time, allowing time to reflect and take breaks from their participation, and this can be important for participants who are considering experiences that are rarely, if ever, discussed (Neville et al., 2015). Participants were also given the option of contacting the principal researcher if they had further questions or concerns, as well as to participate in an in-depth interview. Furthermore, only completed answers are included in this analysis to minimise the potential of people entering the survey for purposes other than to share their lived experiences of reproductive coercion, such as out of curiosity.

The survey explored experiences and the dynamics of reproductive coercion amongst participants over the age of 16, regardless of their gender and sexuality and the gender of their partner. For each type of behaviour (controlled access to contraceptives, contraceptive sabotage, pregnancy coercion, intentional exposure to STIs/HIV, and controlled pregnancy outcomes) participants where asked, with examples of each behaviour, whether they had experienced this from an intimate partner, where they could select *Yes*, *No*, or *Prefer not to answer*. Following this, participants were invited to share their experiences of their partner's behaviour in a text box provided. Survey participants were also asked about experiences seeking support and health care, and about their partner's behaviour during and after their pregnancy (i.e., post-birth, miscarriage or induced abortion).

This research has some limitations; namely, it targeted individuals who are active on Facebook, understand how to use computers and basic online survey software, identify themselves as victim/survivors of reproductive coercion, and follow the pages on Facebook that shared the survey link, such as Women's Refuge or Family Planning New Zealand, or attend Family Planning or Wellington Sexual Health Service clinics. This research presents the experiences of a purposive sample of individuals to prompt further investigation, and to begin to establish an awareness of people's experiences of reproductive coercion in Aotearoa New Zealand.

The data from the survey and interviews were categorised into the three temporal phases of reproductive coercion identified in Moore et al. (2010), namely participants' experiences of reproductive coercion before sexual intercourse, during sexual intercourse, and post-conception. To the temporal

category, 'during sexual intercourse', we added a sub-category on participants' experiences of a partner intentionally exposing them to a sexually transmitted infection (STI), based on the data. Furthermore, we added additional categories on participants' experiences during labour and delivery, post-partum, and their experiences seeking help, which participants were asked to describe in the survey. We then analysed participants' experiences at each phase, considering emerging and recurring patterns in participants' descriptions of their experiences, as well as in their accounts of the perpetrators' attempts to control or undermine their reproductive autonomy (Connell, 1987; Moore et al., 2010).

Findings

This research involved a comprehensive survey of 162 respondents' experiences of reproductive coercion, with a final sample size of 111 participants (50 did not complete the survey, and one person did not consent to participate), followed by five in-depth interviews with the principal researcher. The majority (73%) of participants identified as Pākehā/NZ European, followed by those who identified as Māori (11.7%), and the vast majority of survey participants identified as women (97.3%; the remainder identified as either non-binary (1.8%) or Takatāpui (0.9%)).

The findings of this research span the three temporal phases identified earlier, exploring research participants' experiences of reproductive coercion by a partner before sexual intercourse, during sexual intercourse, and post-conception. This research also gathered participants' experiences of their partners' behaviour during labour and delivery, and post-partum. Participants' accounts of their partners' reproductive coercion are analysed from the lens of the enactment of masculine power across the three domains identified (labour, power, and cathexis) (Connell, 1987; Moore et al., 2010). We found that this analytical framework assisted in explaining the data from this research given the vast majority of participants in this study identified as women and experienced reproductive coercion from a male partner.

Experiences of reproductive coercion pre-sexual intercourse

The first temporal phase of reproductive coercion identified earlier is pre-sexual intercourse, including pregnancy pressure, controlled access to contraceptives, and some instances of contraceptive sabotage. All of these experiences of reproductive coercion pre-sexual intercourse were captured in this research.

The majority of research participants (83.8%) had experienced a partner attempting to control their access to contraceptives. These experiences ranged from participants' partners inhibiting their ability to access transport to attend clinic appointments, body shaming them (e.g., telling them they will become fat if they take contraceptives), controlling finances to prevent them from being able to pay for appointments and prescriptions, and outright refusal to use contraceptives, such as refusal to use condoms.

> My pills would randomly go missing, something would "happen" to the car or just some excuse to why we couldn't get to the doctor's for IUD etc. (Survey respondent, Pākehā/NZ European woman, 1–2 children, age group 36–45)

> [He] refused condoms and would not allow me to go on the pill or jab because he said I would get fat. (Survey respondent, Pākehā/NZ European woman, nulliparous, age group 26–35)

> He would throw away my pills and if I tried to make a doctor's appointment, he would come. Only once did I ever make it there alone and got the jab, but he caught on quick to what I had done and [I] was never allowed to go again by myself. (Survey respondent, Pākehā/

> NZ European woman, 3–4 children, age group 26–35)
>
> [He] got mad, told me I was selfish and called me names when I told him I had a prescription for the pill. (Survey respondent, Pākehā/NZ European woman, 3–4 children, age group 16–25)
>
> When I tried to obtain the morning after pill, he would distract me and occupy my time or threaten suicide to make it harder to get it in time. (Survey respondent, Māori woman, 1–2 children, age group 36–45)

Just under 60% of participants experienced their partner tampering with or sabotaging their method of contraceptives, and some of those experiences were in the temporal phase prior to sexual intercourse, for example disposing of, or destroying, contraceptives.

> He grabbed my pills and destroyed them all. I had condoms for us to use as well. He destroyed them all and said if I fell pregnant, I have no choice but to have the baby. He also stopped me from going to my appointment to get a new supply of pills and condoms. (Survey respondent, Māori woman, 5–6 children, age group 26–35)
>
> I tried the pill but when he found them he got mad and put them down the sink. The time I put my foot down with condoms, he poked a needle through some and mixed them all up. Told me "good luck". (Survey respondent, Māori woman, 3–4 children, age group 26–35)

Finally, participants' partners' attempts to coerce or pressure them into pregnancy (experienced by 64% of participants) also occurred before sexual intercourse, in the form of verbal threats, for example threats of harm towards themselves (such as suicide threats) or towards their partner, and other methods of emotional abuse and manipulation, such as name calling and accusations of infidelity.

> He put tremendous pressure on me to have a child to him as my first [child] was not his. This involved coercion and threats to kill himself (and sometimes me with him). He claimed he didn't feel like a man because he failed to impregnate me. Eventually I became pregnant even though I was emotionally and financially not ready. (Survey respondent, Māori woman, 1–2 children, age group 36-45)
>
> Shortly before the end of the relationship, when he became convinced that I had had an abortion. I hadn't. It kind of seemed similar to the ways that he would sometimes accuse me of cheating on him. So he was trying to guilt me into doing other things for him based on the fact that I had killed his child and "shouldn't I be so ashamed of myself," and "shouldn't we have another baby to replace the one that you killed?" The crazy making around it was just unreal. (Interviewee, Pākehā/NZ European woman, 1–2 children, age group 36–45)
>
> It was "God's choice to open and close the womb". If I wanted to use any contraceptives it was considered not trusting God. [He] also frowned on the idea of using any natural method like fertility awareness, and hated abstaining. (Survey respondent, Pākehā/NZ European woman, 6+ children, age group 36–45)
>
> It was always a measure of how much I love him – that if I do, I would want to have a baby with him, if I said I didn't want to or wasn't ready it often turned violent because he believed I must be cheating or didn't love him or didn't want to be with him. (Survey respondent, Pākehā/NZ European woman, nulliparous, age group 26–35)

Strong themes of enactment of masculine power across the domains of labour, power, and cathexis were apparent in the behaviour of participants' partners in this temporal phase (Connell, 1987; Moore et al., 2010).

Power and cathexis in particular were apparent, for example, some participants gave examples of their partners forcing pregnancy as a method of trapping them in the relationship and enforcing the role of motherhood.

Another key theme that emerged from participants' accounts of their partners' behaviour was the monitoring of their sexuality in order to coerce non-use of contraceptives. Specifically, many participants recalled their partners accusing them of infidelity if they were to use, or were found to be using, contraceptives.

> My former partner refused to allow me to use contraceptives as he said this was only necessary if you are a prostitute [or] not able to stay in a monogamous relationship. On the occasion that I did sneak oral contraceptives, when he found them he threw them away saying if I am faithful then I won't get pregnant too fast. (Survey respondent, Pasifika woman, 5–6 children, age group 26–35)

> [He] just wanted to use the pull-out method or if I had contraception, he would say I'm being a slut. (Survey respondent, Pākehā/NZ European woman, nulliparous, age group 26–35)

Such behaviour is both an example of perpetrators' attempts to exercise power and authority over their partner's sexual experiences and bodies, and of male appropriation of women's sexual experience in order to mandate childbearing (Connell, 1987; Moore et al., 2010). However, women's resistance to their partners' attempts to circumscribe their decisions regarding their sexual and reproductive health is also apparent in these accounts, for example in their attempt to use contraceptives covertly. The monitoring of their sexual and reproductive behaviours by their partners, however, meant these behaviours were often discovered, and for many this resulted in further threats from their partners towards their sexual, physical, psychological, economic, and sometimes spiritual safety. Participants recalled their partners threatening to abandon them if they did not become pregnant, or threatening further isolation from their support networks. For one survey participant, threats included referencing religious beliefs, namely that contraceptive use is akin to showing distrust in God. There were also several accounts of participants' partners threatening suicide and/or to harm or kill them if they did not become pregnant. Furthermore, alongside fear, some perpetrators also incited guilt and shame in order to attempt to coerce their partner into pregnancy, including the example from an interviewee of her partner falsely accusing her of having had an abortion, with another pregnancy being her only option for atonement.

For some participants in this research, this experience of guilt had a more specific connection to the enforcement of gender roles, therefore relating to the exertion of masculine power in the domain of labour (Connell, 1987; Moore et al., 2010). Participants shared various experiences of their partners referencing their gendered obligations to the relationship, such as using childbearing as a measure of love and commitment, and referencing the 'barefoot and pregnant in the kitchen' gender ideal. Many participants also experienced their partners using particularly gendered put-downs in the context of their attempts to access contraceptives, or expressing their wish to prevent or delay childbearing, for example use of the words 'slut', 'selfish', 'fat', and 'unmotherly'. These insults make reference to gendered stereotypes of women as maternal, selfless, and endlessly sexually available and appealing to their male partners (but no one else), and are used here perhaps in an attempt to incite worthlessness and inadequacy in the female partner, and thus to attempt to control their sexual and reproductive outcomes (Martin et al., 1999; Wingwood & DiClemente, 1997).

Some participants made more general references to their partners making them

'feel bad' about using contraceptives. Others experienced their partners attempting to implicate them in the reproductive coercion and other assaults made against them. Examples of participants' experiences of being blamed as victims include a survey respondent (a rape survivor) who was told by her partner that no one else would want her as she is 'damaged goods'. Another participant described how her partner poked holes in some condoms and mixed them up with undamaged condoms and saying 'good luck', thereby putting the onus on her regarding whether or not a damaged condom would be used during sexual intercourse.

These final examples relate to the complex situation apparent in many participants' accounts of having almost sole responsibility for birth control, and consequently holding the blame for any unintended or adverse reproductive or sexual health outcomes (including by some professionals) yet, at the same time, having to manage their partner's multiple attempts to circumscribe their sexual and reproductive decision-making. This is consistent with prior research into reproductive decision-making within partnerships underpinned by coercive control (e.g., Coker, 2007; Palitto & O'Campo, 2005; Wingwood & DiClemente, 1997).

Experiences of reproductive coercion during sexual intercourse

Participants in this research shared experiences of reproductive coercion during sexual intercourse that broadly fall into categories of non-consensual condom removal, sexual and physical violence, and intentional exposure to STIs. As with the analysis of the above accounts, reproductive coercion during sexual intercourse can be analysed as enactments of male power in order to control women's sexual and reproductive outcomes, and their labour.

One notable theme that emerged from participants' accounts of their partners' behaviour was non-consensual condom removal during sex, either overtly or covertly, which, while not asked about directly in the survey, was mentioned 47 times by participants.

> We were having sex using a condom and I saw him throw the condom over the other side of the room during us being intimate. He didn't say anything about it, wouldn't stop having sex with me after he had taken the condom off, and he knew I wasn't on the pill at that time and that I didn't want to become pregnant. (Survey respondent, Pākehā/NZ European woman, nulliparous, age group 36–45)

Others also described their partner tampering with condoms, and for some their partners damaging of condoms was only discovered later, for example after they became pregnant. These instances are examples of sexual violation (rape) because of the lack of explicit, voluntary and informed consent (Clark et al., 2008; Miller et al., 2007).

Multiple participants in this research described these forms of sexual violation as intended by their partners to cause pregnancy, and several also described violent rape by their partners, often following their partners discarding or destroying their birth control.

> I was raped repeatedly till I was pregnant. This happened with my second and third child and four miscarriages in between. (Survey respondent, Pākehā/NZ European woman, 3–4 children, age group 26–35)

> He forced me to have sex almost every day to get me pregnant. I never wanted to get pregnant. But I felt I had no choice, or he'd hurt or come after me if I didn't comply. (Survey respondent, Māori woman, 5–6 children, age group 26–35)

These examples can be analysed in relation to cathexis, with the male perpetrators'

apparent appropriation of these participants' sexuality and reproductive potential for their own objectives (Connell, 1987; Moore et al., 2010).

Physical violence (or the threat of) can also be understood through a similar analysis of men's attempts to exert power or authority over women's bodies. Participants in this research described their partners' use of physical violence as a form of punishment in the context of them discovering their use of contraceptives (or sometimes even merely expressing their desire to use some form of contraception), or the violent removal of long-acting reversible contraceptives (LARCs), such as the intrauterine device (IUD).

> I was 18 and my partner, 28, gave me the bash and strangled me till the blood vessels in my eyes burst because he found my contraceptive pills in my bag. (Survey respondent, Māori woman, 6+ children, age group 36–45)

> He would throw away my birth control pills. I then, with help from my doctor, managed to secretly get an IUD which was fine for a while until he discovered it in which he then forcefully ripped it out of me. Once I fell pregnant, he then refused to let me have an abortion. (Survey respondent, Pākehā/NZ European woman, 1–2 children, age group 26–35)

> My first love and father of my five children would beat me if I ever suggested using condoms, and beat me twice when I went on the depo [Depo Provera]. (Survey respondent, Māori woman, 5–6 children, age group 16–25)

In these situations, these female participants were attempting to assert or act according to their reproductive decisions and intentions. Their partners' behaviour in response to their attempted enactment of their reproductive autonomy reveals the extent of these partners' efforts to establish control over their sexual and reproductive outcomes (Martin et al., 1999; Moore et al., 2010).

Finally, almost half (45%) of participants in this research had experienced a partner intentionally exposing them to an STI, namely, their partners had known about having an STI but had not disclosed this to them and had proceeded to have unprotected sex with them, or removed the condom without their consent.

> He took off the condom part way through sex without me agreeing, and I later found out he had given me an STI. I had a clean STI check before this happened. I didn't know about the STI until I ended up in hospital with complications from it. (Survey respondent, Pākehā/NZ European woman, nulliparous, age group 36–45)

> He had chlamydia (thanks to the numerous women he had cheated on me with) and found out from one of them but didn't tell me. Weeks later she contacted me herself to let me know. That infection has severely compromised my fertility and am now going through my 3rd round of IVF (with a different partner, my now husband) to try to have a baby. It feels like this has ruined my life. (Survey respondent, Pākehā/NZ European woman, nulliparous, age group 26–35)

The use and threat of sexual and physical violence, intentional exposure to STIs, and the non-consensual removal of condoms during sex is an enactment of male power, and may also have been an attempt by these participants' partners to exacerbate power inequalities and limit sexual and reproductive autonomy through the use of fear (Palitto & O'Campo, 2005). In these examples from participants, sexual intercourse essentially becomes an experience where they are used as a means to their partners' sexual and reproductive ends via a range of behaviours intended to circumvent, undercut and directly contradict their thoughts, intentions and decisions

about their sexual and reproductive experiences and future.

Experiences of reproductive coercion post-conception

For participants who experienced pregnancy, many also experienced their partners' attempts to control the outcomes of their pregnancy. About two fifths (40.5%) of participants had experienced a partner preventing them from accessing an abortion, and just under one third experienced a partner attempting to induce miscarriage or force them to get an abortion.

> Every time I tried to book an appointment [for an abortion] he would threaten me or make wild accusations that I only wanted to abort because I cheated. I never cheated on him. He threatened to stab me and the baby to death if I tried to abort. (Survey respondent, Māori woman, 5–6 children, age group 26–35)

> [He] hid my keys to prevent me leaving the house and took my wallet so I had no way to pay for other travel and also called me a murderer. (Survey respondent, Pākehā/NZ European, non-binary, nulliparous, age group 26–35)

> He told me that if I had an abortion that he would take me to court to get custody of my eldest child. He is a defence lawyer so I was worried he would definitely win. I felt I had no other choice. (Survey respondent, Pākehā/NZ European woman, 1–2 children, age group 26–35)

> He would threaten me [that] if I kept the baby, he would kill me. He went around telling everyone the baby isn't his, he would elbow my lower stomach and hit it so I'd have a miscarriage. (Survey respondent, Pākehā/NZ European woman, pregnant at time of survey, age group 26–35)

> My ex tampered with condoms then bullied me into terminating. (Survey respondent, Pākehā/NZ European woman, 3–4 children, age group 26–35)

> I was pushed when I was 12 weeks pregnant into the corner of a couch, when he was the one who convinced me to "not use protection" and "he wanted a baby". That day he said it was all a mistake, this baby is a mistake. (Survey respondent, Pasifika woman, 3–4 children, age group 26–35)

Participants also shared experiences of their partners attempting to exercise authority and control over their experiences during labour and delivery, and during their post-partum recovery (Connell, 1997). These experiences included participants' partners expressing jealousy over the attention they received during their labour and delivery, scolding them for overreacting, ignoring them, taking their pain medication, and attempting to redirect the attention onto themselves (one interviewee, for example, shared her experience of her partner preventing her from breastfeeding and kissing her infant). Furthermore, 64.2% of participants experienced their partners impeding their recovery from birth, miscarriage or induced abortion, often through rape, forced domestic labour, and neglect.

> [He] forced sex, made me tend to his every need, would wake me up if I was asleep, said things like "it shouldn't be that hard for me why am I finding it so hard?", would go out and leave me alone with the older kids and a new baby, didn't care that I had mastitis or was sick and wouldn't help me take care of the children. (Survey respondent, Pākehā/NZ European woman, 3–4 children, age group 26–35)

> After my C-section, which had major complications, the day I got home I was told I was lazy and needed to clean the house and put washing away and sort the kids even though I was told to be in bed rest. (Survey respondent, Pākehā/NZ European woman, 5–6 children, age group 26–35)

> I had c-sec with first. He left me at the hospital. I was expected to cook and clean straight after I got home (I opened the stitches and had to be restricted). He wouldn't take me to the doctor or allow me to contact midwife. It was a whole night before midwife came back to check on me, I have lasting nerve damage because of it. He raped me after each birth far too early after. With [the] second [child], I had very severe tearing, he broke several of the stitches. I still have pain during sex because of this. (Survey respondent, Pākehā/NZ European woman, 3–4 children, age group 26–35)

These accounts also represent perpetrators' attempts to exercise power over the labour domain of gender relations through, for example, forced sexual intercourse and forced domestic labour, which resulted in severe and chronic pain and scar tissue for some women (Connell, 1997).

Experiences seeking support

> This can be a major way that women are controlled by their partner, but one of the hardest to talk about. It can impact their whole lives. […] I would have had more options to leave or seek help if I had not been constantly pregnant and breastfeeding. (Survey respondent, Pākehā/NZ European woman, 6+ children, age group 36–45)

The final phase of this research explored participants' experiences seeking support from professionals and others, such as family and friends, for pregnancy care and support, and for help and advice regarding their experiences of abuse and/or reproductive coercion. Participants were also asked for their advice as to how professionals could better respond to those who experience reproductive coercion from a partner.

Many participants experienced their partners controlling their access to pregnancy support, care and counselling, including partners cancelling appointments and check-ups, controlling access to special diets and other recommendations from health professionals. This restricted access to support entails that any risks associated with their pregnancy may not have been identified, and access to health care support may have been delayed. This research also explored the experiences of participants who did access healthcare and other support, including whether they were provided the opportunity to disclose the abuse and reproductive coercion by their partner. Under one third (29.7%) of participants had experienced a professional specifically asking if they were being abused by their partner when seeking pregnancy or contraceptive support. Only 3.6% had experienced a professional specifically asking about whether they were experiencing reproductive coercion from a partner.

Participants noted that the opportunity to be asked sensitively and non-judgementally if they were being abused, without their partners present, was important. Timing was also highlighted as an important factor in participants' ability to disclose abuse, namely not asking abuse survivors if they were being abused if they were in a state of heightened stress and fear.

For some participants who were asked by a professional about abuse, they had not yet gained a perspective that their partners' behaviour was abusive, especially if their partner had not been physically violent. Importantly, this suggests that professionals' ability to provide more information and context around specific behaviours indicative of abuse and reproductive coercion may also enable disclosure. Providing accurate information and insight into reproductive coercion was also noted as important by participants, especially given that the vast majority did not seek support or advice from professionals for reproductive coercion.

Overall, participants' suggestions for how screening of both IPV and reproductive coercion could be approached, and how

disclosures could be responded to by professionals include:

- Education and information on reproductive coercion and intimate partner violence so people can understand their experiences and have the words to describe it;
- Privacy during appointments with professionals, namely, having appointments without their partners and others present;
- Approaching conversations with sensitivity and empathy, and asking questions genuinely, rather than as a tick box exercise or with preconceptions about the person who walks in and their relationship;
- Asking questions broadly about their partner's behaviour and how they feel about their relationship and pregnancy;
- Providing information on the client's/patient's options and rights (including immediately post-birth), and following through with actions, solutions or referrals where necessary based on what the client/patient wants (e.g., discreet and long-acting methods of contraception, or referrals for an abortion); and
- Meeting any disclosures of abuse and reproductive coercion with non-judgement, belief, and supporting the client/patient to put their partner's behaviours into context, i.e., reassuring them that it is not their fault that their partner is abusing them.

These suggestions from participants indicate a need for professionals to ask about people's level of comfort in making decisions regarding their sexual and reproductive health and rights (SRHR), including contraception. Professionals may also attempt to gain a greater understanding of SRHR more generally, including access to abortion care and different contraceptive options, and foster greater collaboration and referral pathways to SRHR specialists.

Conclusion

This research was the first to explore the issue of reproductive coercion in Aotearoa New Zealand with a targeted sample of individuals who self-identified as having experienced it, thus these findings are not representative of the New Zealand population generally. The findings discussed above of 111 survey participants and five interviewees revealed that over 80% of participants had experienced a partner controlling access to contraceptives, over 60% experienced a partner coercing or pressuring them into pregnancy, and just under 60% experienced a partner tampering with contraceptive methods.

These three types of behaviours were key features of reproductive coercion identified in the literature, alongside some research looking into abortion control and coercion by intimate partners which was also experienced by participants in this research. Many women in this research experienced a partner controlling their access to an induced abortion (40.5%), and over 30% of participants in this research experienced a partner intentionally trying to bring about a miscarriage or force them to get an induced abortion. Furthermore, close to half experienced a partner intentionally exposing them to an STI, and many experienced a partner controlling or preventing their access to pregnancy care and support. Many women in this study also experienced a partner using coercive and abusive behaviours during labour and delivery, and post-partum recovery.

These findings reveal that reproductive coercion as a tactic of intimate partner violence and coercive control warrants further investigation amongst the general population, as well as targeted groups, such as LGBTQI+ individuals. The findings of

this research, given respondents largely identified as women who had been abused by their male partners, also suggest that there are particularly gendered power dynamics integral to this phenomenon. These gendered power dynamics are linked to the enforcement of gender roles, stereotypes, and sexual mores that are ultimately used by perpetrators in an attempt to circumscribe women's reproductive autonomy. Generally, professionals, including those in social support and healthcare sectors, and their clients would benefit from a greater understanding of the dynamics and impacts of reproductive coercion to enable better responses to victims, and to prioritise their sexual and reproductive health, wellbeing and autonomy.

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ORIGINAL ARTICLE

THEORETICAL RESEARCH

Where do we go from here? Ongoing colonialism from Attachment Theory

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ABSTRACT

INTRODUCTION: The article challenges the current interpretation of Attachment Theory (AT) which favours placement of Indigenous children in non-Indigenous homes. Historical attempts to assimilate Indigenous populations are examined in relation to ongoing assimilation within child intervention and justice systems. The goal is to stimulate discussion about possible culturally appropriate models to articulate the complex and multiple attachments formed by an Indigenous person who is brought up in an Indigenous community, compared to the popular Western and Eurocentric view of parenting through dyadic attachment derived from AT.

METHODS: A review of AT literature examining key questions of cross-cultural applicability validity in relation to Indigenous populations. Consultations were held with Elders from the Blackfoot Confederacy of Alberta as part of the *Nistawatsiman* project. Data were gathered in a project relating to AT and the Supreme Court of Canada.

FINDINGS: Cultural Attachment Theory is emerging as a preferred way to think of Indigenous contexts as opposed to applying traditional AT. The validity of AT with Indigenous families is likely not valid and perpetuates colonial and assimilative understandings of family, parenting and the place of culture.

CONCLUSIONS: Pan-Indigenous methods bias child intervention, blinding them to the capacity of Indigenous caring systems' capacity to raise their children. The use of AT sustains over-representation of Indigenous children in care and continues the colonial practices of fracturing Indigenous caregiving systems which, in turn, creates the patterns for the next generation's over-representation in care. Indigenous ways of knowing and being are required along with Indigenous-based decision making.

KEYWORDS: Indigenous child protection, attachment theory, colonisation, reconciliation

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The Truth and Reconciliation Commission in Canada ([TRC], 2015), has challenged Canada to address the ongoing colonisation of Indigenous people through child intervention programmes. The need for a decolonised approach is echoed in recent decisions of the Canadian Human Rights Tribunal ([CHRT] 2016, 2017, 2018, 2019). Not only must the actions of child intervention change but also its foundational understandings and methodologies.

An example of racially biased practices can be seen in the Supreme Court of Canada

ruling in a criminal matter, *Ewert v. Canada* (2018, SCC 30). The Court determined that the use of psychometric tools that are not valid for Indigenous peoples creates discriminatory results that potentially bias against this population. This decision led the Canadian Psychological Association and The Psychology Foundation of Canada (2018) to caution about the use of Western theory and practices that are not rooted, nor validated, in Indigenous cultures or world views.

There is an emerging awareness of how Western psychological and social work theories and practices have been contrary to the best interests and rights of Indigenous peoples—thus extending colonisation. This article will compare and contrast the differences in Western theories and Indigenous worldviews as they pertain to child intervention. We will use Attachment Theory (AT) to illustrate the ways in which Western-dominated theories have been imposed upon and disadvantage Indigenous families via the child intervention system. Inge Bretherton (1992), a student of John Bowlby (1969) and Mary Ainsworth, (1964) the major theorists of AT, wrote that researchers need to develop attachment theories that are specifically tailored to different cultures. Our literature reviews and research have failed to identify any validation or norming studies with Canadian Indigenous people. We suggest this will be true of other Indigenous communities elsewhere in the world (Keller, 2018; Keller & Bard, 2017), including with the Māori (Fleming, 2016). LeGrice, Braun, and Wetherell (2017) describe how unique Māori ways of raising children have been suppressed and invalidated within Western psychological paradigms. If there is to be norming of any Indigenous rooted approach, it should be done from within culture which may include partnering with academic researchers.

Orienting the authors

Peter Choate is a white settler who is a Professor of Social Work. He grew up on the traditional lands of the Musqueum, Tsel' Waututh and Squamish peoples. Brandy CrazyBull is an Indigenous woman who is a member of the Kainaiwa First Nation and also has Cree origins. Desi Lindstrom offers lived experience related to the child intervention system. He is an Indigenous man, circle keeper and a guest in traditional Blackfoot territory, a member of the Anishnabe nation and a 60s' Scoop survivor.[1] Gabrielle Lindstrom is a Blackfoot woman and member of the Kainaiwa First Nation in southern Alberta and an assistant professor of Indigenous Studies.

Attachment theory

To be clear, we do not dispute AT, although we do question the assumption of universal application (Behrens, 2016; Vicedo, 2017). The notion that children require a place of belonging that supports the development of security, identity and a connection to cultural values are all elements of the theory that seem to resonate across cultural expressions. Children do deserve a secure base which has traditionally been defined as an individual, typically the mother, that the child will use when in need of protection or when starting to explore. The secure base also creates an internal working model of what secure relationships should be like (Ainsworth, 1964). The idea that caregiving will be responsive to the needs of the child resonates although the expression of that will vary (van Ijzendoorn & Sagi-Schwartz, 2008). Recently, Mesman, van Ijzendoorn, and Sagi-Schwartz concluded that there is a balance of universal trends and contextual determinants (2016, p. 870). In essence, it is the knowing of ways in which there are unique expressions of attachment systems that create space for the specific cultural worldview that can serve to enhance our understandings – rather than restrict them to a Western necessity. A cultural model of attachment may offer a more effective view of the Indigenous experience given that raising an Indigenous child in culture includes multiple attachments, caregivers and identity connections (Hossain & Lamb, 2019; Lindstrom & Choate, 2016).

White, Gibson, Wasatell, and Walsh (2020) review the ways that AT has gained prominence in child protection work, often acting as the source of pivotal evidence before the courts. They describe that the power of the theory has become strong enough to impose a worldview on families and cultures, "with tangible personal, social and relational consequences, without sound empirical, moral and cultural foundations" (p. 125). Referring to disorganised attachment, White, Gibson, and Wastell (2019) show results of attachment assessments' presupposed causal link to child abuse and abusive parenting, although noting that *diagnosing* disorganised attachment is very difficult with only marginal intercoder reliability (p. 2). Further, disorganised attachment correlates with "socio-economic, and environmental stressors such as poverty, isolation and racism" (p. 7). We add inter-generational traumas upon Indigenous peoples from colonisation as strongly connected to these correlates (TRC, 2015).

Evidence indicates that AT may fail to capture the communal parenting systems of Canadian Indigenous cultures which view family inherently differently from the dyadic view of family which underpins AT using the mother–child pairing (van der Horst, 2011). Caltabiano and Thorpe (2007) help us to understand how attachment assists the child to develop a working model of interaction between self and others in order to address responsiveness and emotional needs. This model acts as a lifelong foundation applied to other important and intimate relationships. Researching the continuity of attachment across childhood is methodologically challenging and the extant research provides, at the least, mixed evidence with regard to continuity.

Choate and Lindstrom (2017) argue that the methodology has not been normed within Indigenous cultures and thus serves to extend colonisation. Thus, our argument is not against attachment but against the methods of defining family, parenting and child rearing from a Eurocentric perspective and then applying that to Indigenous cultures. Child rearing is different in Indigenous cultures but there is no pan-Indigenous way to describe it (Choate et al., 2019; Lindstrom & Choate, 2016).

Relative to AT, the leading legal case in Canada is the 1983 Supreme Court of Canada (SCC) decision of *Racine vs Woods* (1983, 2 SCR 173; Choate et al., 2019). This case concluded that attachment superseded the child's culture by determining that bonding sustains while culture fades. Similar approaches are seen in British courts (White et al., 2020). The SCC has not revisited the issue, but it is time that this occurred. The need for change is also driven by the TRC (2015) and the Canadian Human Rights Tribunal (CHRT, 2016, 2017, 2018, 2019) calling on the social work and related professions to create non-colonial, non-genocidal approaches to their work. These demand, not only a new relationship between child intervention and Indigenous peoples but an approach that respects their culture and traditions and developing solutions in partnership. Indigenous peoples need to manage their own child intervention and family support systems rooted in their way of knowing. In 2019, Canada passed legislation to permit this, but there are financial, jurisdictional and constitutional issues yet to be addressed. Implementation will likely be slow with the probability that some of these issues will ultimately need resolution at the Supreme Court of Canada.

AT, as developed by Bowlby (1969, 1988) and others (Ainsworth, 1967; Ainsworth & Bell, 1970) use the nuclear family as the normative environment in which the primary attachment relationship is seen. The theory is based upon the Eurocentric notion of family and has failed to consider the culturally based approaches to communal systems relying upon multiple relationships.

Attachment from a cultural perspective

Simard argues, "the literature has shown AT as an approach has negatively impacted First

Nation people who are involved with child protection services" (2009, p. 45). It has been used as a mechanism for determining where a child should live. When a child has been removed from an Indigenous family and placed in non-cultural homes, the duration of stay in that home is used to argue that the child has attachment to the foster parent as opposed to the Indigenous system as seen in *Racine v Woods* (SCC 1983).

Culturally based attachment can reinforce the cultural structural processes in the healthy development of Indigenous children while also seeking to secure the extended relational orientation of family. The child is central to this orientation, the parenting of whom is respectfully understood as raising a gift of the Creator (Lindstrom & Choate, 2016). This provides an Indigenous child with the ability to have a secure base through which to explore the world through multiple connections (Simard & Blight, 2011). Neckoway, Brownlee, and Castalan (2007) write, "attachment theory, in contrast, concentrates on the linear relationship between the mother and the infant and does not include in the theory wider social relationships except to suggest that the mother infant relationship becomes a template for all future relationships" (p. 68). This individualistic and narrow conceptualisation of parenting stands in stark contrast to the multiple relational view of Indigenous peoples. Neckoway et al. (2007) also argue that AT is inconsistent for raising Indigenous children in culture. This relational approach is epitomised in the term, *all my relations*, which sees elders, aunts, uncles, older siblings and cousins supporting the child, even when they are not direct blood relatives. As Weisner (2005) notes, attachment in this context socialises children for trust in multiple relationships, cultural and social contexts. This gives the child place and identity (Neckoway et al., 2007). Shared parenting systems are not unique to Indigenous peoples suggesting attachment security is commonly available through multiple intersections (Keller & Bard, 2017).

Clearly, culturally based attachment is very different from the Eurocentric model. Cassidy (2016) notes that Inge Bretherton asked in the 1980s, "Is an integrated internal working model of the self-built from participation in a number of nonconcordent relationships? If so, how and when? Or all self-models, developed in different relationships only partially integrated or sometimes not at all?" (p. 32). Cassidy (2016) feels little progress has been made answering these questions. This is consistent with our own work (Choate et al., 2019; Choate & Lindstrom, 2017; Lindstrom & Choate, 2016; Lindstrom et al., 2016). Mesman et al. (2016) suggest that examining the child's competency development only on the basis of the infant–mother relationship diminishes the predictive power of attachment. Vicedo (2017) has reviewed the lack of attention paid to cultural variations in parenting which lead to quite different forms of attachment. Indigenous cultures are socially unique and require the specific development of an understanding of attachment patterns relevant to that grouping. Mesman et al. add, "the current cross-cultural database is almost absurdly small compared to the domains that should be covered" (2016, p. 871). Keller (2018) describes attachment as an emotional bond which is available in other than dyadic ways.

We have been unable to find any significant work relative to understanding how to define and measure attachment in Canadian Indigenous populations. Elders tell us that models do exist within their worldviews, but these are not constructs to be measured in Eurocentric ways (Elder Roy Bear Chief, personal communication, May 2018). Indeed, attachment assessment of children is based in research methodology as opposed to clinical validation (Vicedo, 2017). This runs counter to the social work ethics of using evidence-based approaches (Drisko & Grady, 2019) recognising that the worlds of science and practice are very different (White et al., 2019). What happens in a laboratory setting transfers poorly to the real world of child protection decision

making (Shemmings & Shemmings, 2011, as cited in White et al., 2019). In an English case ([2018] EWFC 36) a judge was highly critical of a social worker's use of attachment theory due to the difficulties of operationalising the concepts in meaningful clinical ways.

The labels of various forms of attachment may also be inconsistent with an Indigenous worldview (Weisner, 2005) as are the methods for assessing attachment such as the Strange Situation (Ainsworth, Blehar, Waters, & Wall, 2015), Adult Attachment Interview (Hesse, 2016; Kaplan & Main, 1996) or other structured approaches that impose Western knowledge on Indigenous realities. The nuclear family does not apply to the Indigenous world view. It should not be used as a way to assess the family, whether through attachment or other forms of assessment that rely upon Eurocentric definitions of family and child rearing (Choate & Lindstrom, 2018; Lindstrom & Choate, 2016). Granqvist et al., a group of 40 leading attachment researchers, argue that disorganised attachment has been misapplied and may have led to harm by failing to contextualise the family, including its economic situation, leading to violations of child and parental human rights (2017, p. 551). The Indigenous peoples that we have worked with struggled with the word attachment or even culturally based attachment as they did not have a word for that in their language. Rather, they speak of "all my relations" as a way to think about the collective belonging and relatedness.

Indigenous culture has been undermined in child intervention and justice systems as an insignificant part of a child's upbringing and has been intentionally erased through assessment practices which are imprinted with the persistent and enduring stamp of colonial assimilation. Simard (2009) notes, "Native adoption and foster placements described the situation as the routine and systematize 'cultural genocide' of Indian people" (Kimmelman, 1985, as cited by Simard, p. 47). While the Canadian government has apologised for assimilative genocide, Indigenous children continue to be significantly over-represented in care.

If TRC (2015) calls to action are to be effective, then the continuation of Eurocentric approaches to child welfare, such as the use of attachment approaches not validated in Indigenous cultures, needs to stop.

A cultural perspective

Drawing on knowledge shared by elders (Lindstrom & Choate, 2016), we see that raising a child in an Indigenous culture is a complex web of intersecting connections. Unlike nuclear families, the child is raised by multiple people who have various roles which ultimately support the formation of the entire identity of the child. Children are central as they are the Creator's gift to the family and community. In this context, family means the entire group of people who help raise and who have an impact on the child's well-being. Indigenous families consist of primary caregivers, the child's birth parents, but many Indigenous families consider the parents' brothers and sisters to be called "little fathers and little mothers", rather than the typical name of "aunts and uncles". Indigenous languages capture the web of connections (see Choate, 2019).

Brothers and sisters are not only the child's siblings, but the child's cousins also fall under this title as well. The terms "half-" and "step-" are eliminated when referring to a "half-brother" or "step-sister", for example. Should a parent be unable to care for their child, the child will be raised by another family or community member, who will take that child as their own, not differentiating them from other family members. For example, if a child is placed with an aunt and uncle while the parents seek addiction counselling, that child will be called son or daughter.

Grandmothers and grandfathers are very involved with the raising of the children as

it is believed that life is an endless cycle of being born and dying. The grandparents are at the end of their cycle and the children are at the beginning of theirs. It is commonly believed that, because one is preparing to leave, and one has just arrived, that the bond between them is the strongest.

If Indigenous populations are using their culture as the foundation for the rules of parenting while the Western/Eurocentric society is using AT as a way of validating their presumptions of parenting, then this creates a divide within the collective whole of society. Due to the lack of Western research regarding Indigenous populations, the validity of culture and parenting is undermined by the dominating Eurocentric view of parenting which also then serves as the basis for child intervention (Choate et al., 2019; Lindstrom et al., 2016; Neckoway, 2011). This leads to justice and child intervention systems negatively perceiving Indigenous peoples as non-suitable parents, driving the practice of Indigenous child-apprehensions. Bretherton (1992) further posits that assessments need to be culturally defined in order to capture the different cultural perspectives of attachment. Those who suggest attachment is universal in application, have not proven their case (Vicedo, 2017). The lack of specific validity testing in the Indigenous populations does not mean validity by assumption. Rather, it should mean lack of validity in absence of researching and testing for it. This is an example of structural racism where validity is imposed on Indigenous peoples. Gee and Ford outline this form of racism as "macrolevel systems, social forces, institutions, ideologies, and processes that interact with one another to generate and reinforce inequities among racial and ethnic group" (2011, p. 116).

Children removed from culture, are left untethered to a place or identity. They search for a pathway to who they are and where they belong. This includes connections to culture, but also overcoming trauma, finding connection to the land, tradition and ceremony (See Figure 1).

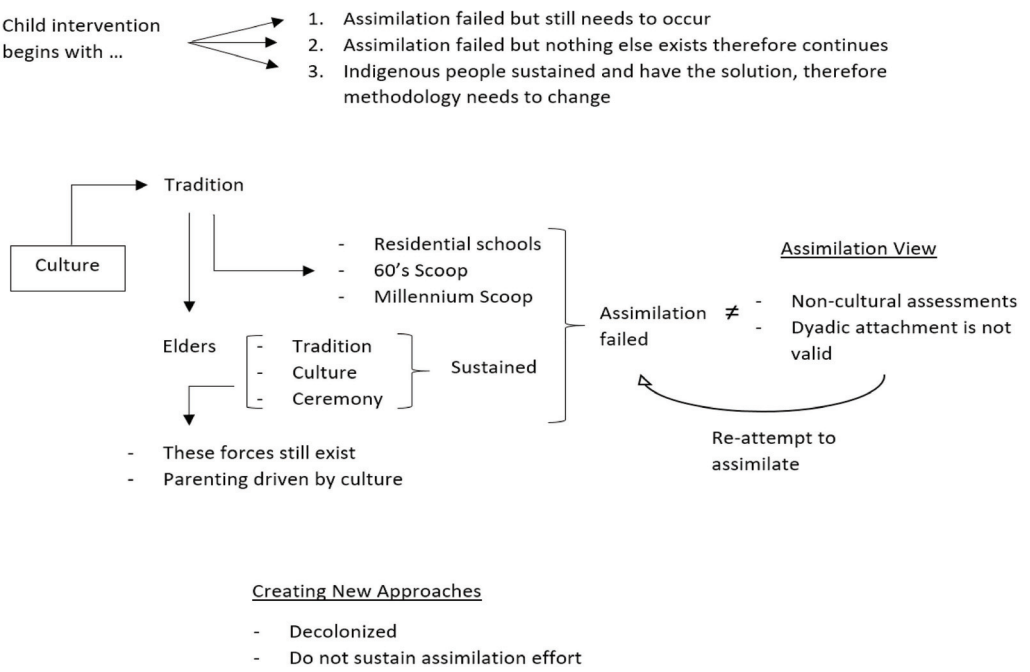

Figure 1. Sustaining of tradition and Indigenous knowledge while assimilation activities continue.

Assimilation of Indigenous people has failed but the forces of inter-generational trauma still exist and interrupt the intergenerational transmission of parenting.

The Indigenous culture has persisted for thousands of years. It is important to consider that Indigenous populations always formed their lives around a collective group. Collective parenting is still implemented and practised today (Lindstrom & Choate, 2016). Children who do not grow up within their community and culture, grow up not knowing the importance of family when it comes to their identity, leading them to not know how to parent (as judged through both Eurocentric and Indigenous views), which later translates into their children being taken away and put into a non-Indigenous home through adoption as the 60s Scoop has shown (Crey & Fournier, 1998). Following various government apologies, thousands of Indigenous people came forward to share their stories which included abuse, neglect and identity loss. Many of the children from the 60s Scoop never saw their biological family again, leaving them isolated from their Indigenous communities. This led to identity confusion because there was a part of them that was always missing, leaving them to find their culture themselves and try to rebuild what they had lost (*Brown v. Canada*, 2017; CHRT, 2016, 2017, 2018, 2019).

Child intervention is practised today with three main possible directions. As shown in Figure 1, these points are: assimilation failing but having a need for it to occur in present day; assimilation failing but having nothing else to exist in its place, therefore the continuation of it; or Indigenous people persisting despite assimilation attempts. Figure 1 demonstrates how tradition, ceremony, and culture have been sustained through Elders within the Indigenous population thus helping to defeat attempts of the assimilation processes of residential schools, the 60s Scoop and the millennial scoop. Culture is vital to Indigenous populations and is a lead construct in parenting. The child intervention system is still practising through an assimilating lens via a dyadic approach to attachment by conducting assessments which do not consider culture as a primary factor in parenting. Although the historical attempts at assimilation have failed, the present policies and laws practised within child intervention are attempting to re-assimilate the Indigenous populations into the dominant Western society. Canada needs to be decolonised and there needs to be a new approach by the current child intervention system while considering cultural influences in the Indigenous populations regarding parenting.

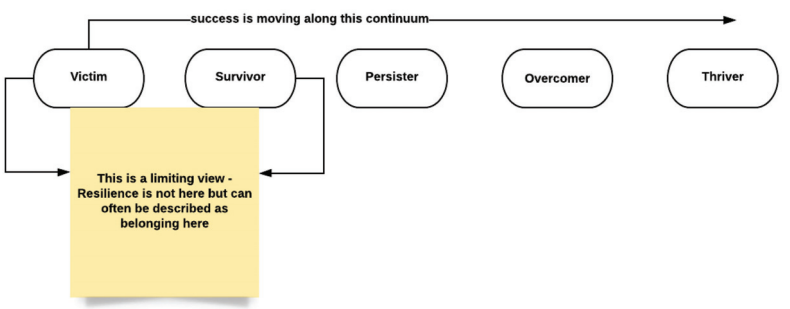

Figure 2. The continuum necessary to move away from Intergenerational Trauma and assimilation efforts.

Indigenous peoples must recover from the assimilation efforts. Definitions influence conceptualisations of others and determine practices. Thus, we propose this recovery ought to be defined as being more than just surviving. The survivor positioning keeps the Indigenous child and parent trapped in the dynamics of assimilation and inter-generational trauma. As seen in Figure 2, moving beyond that trap requires connections that permit moving towards persistence, overcoming but ultimately thriving. Using colonially based assumptions (such as those raised in this article about AT), denies progression as the power of child protection continues to hold Indigenous people within the victim/survivor dichotomy, a framework in which Indigenous peoples lack control over their own lives. Even the common social work theory of empowerment is colonial as it represents those with the power determining what a legitimate transfer to those without, or with limited, power would be.

Through the oral, historical stories that were told to us by respected Elders (Lindstrom et al., 2016) within the community and also through the adoption stories of the 60s Scoop (*Brown v. Canada*, 2017), once a child grows up, even if they had had the most ideal non-Indigenous adoptive parents who cared for them, they always feel as if something is missing. Many adoptees want to know about their biological and cultural roots, and although they may not want a relationship with them, they yearn for a connection (Carriere, 2005; Carriere & Richardson, 2017; Sinclair, 2007). They want to know where they come from. This statement is derived from the lost cultural identity of Indigenous children who were adopted into non-Indigenous homes as a result of assimilation processes through intergenerational trauma. This statement also shows the importance of culture in Indigenous peoples' lives, especially those of children (TRC, 2015). As one author here (DL), a 60s Scoop survivor, notes, "I just turned 47 and I'm still just a mere child trying to figure out that identity piece." This same author notes that, even with years of progress, he is daily haunted by his losses of knowing in childhood what it meant to be Indigenous. "I didn't know who I was. Because of my name I thought I was Spanish."

In the *Nistawatsiman* project (Lindstrom et al., 2016), Elders repeatedly spoke of attachment as multi-relational and that parenting reflected that which was passed to the next generation. Other researchers support this view (Neckoway, 2011; Sinclair, 2007; Carriere, 2005).

Pan-Indigenous

Culture needs to be a priority when placing children – but not through pan-Indigenous practices. The dream catcher is an example of pan-Indigeneity. Over the years it has become a symbol for all Indigenous people. However, the dreamcatcher originated with the Anishinaabe people and has specific cultural purposes. The first is around protecting people when they sleep – a purpose which most people using dreamcatchers are familiar with. The second purpose was that the dreamcatcher traditionally given to a newborn baby and hung from the handle of their cradle board or tikkanagan in order to protect the spirit of the babies since they were not yet given names. In Anishinaabe culture it sometimes was months before a baby was given a name. The dreamcatcher protected the baby from any evil spirit that might want to harm them. The third purpose was that the dreamcatcher was given to a newly married couple to protect the sacredness of their marriage (derived from oral historical stories by respected Elders in the community). Dreamcatchers are mere novelties now and have become appropriated and mass produced to the point that many of them are hanging from a vehicle's mirror. They have become a pan-Indigenous symbol. Although the true culture and meaning of them has been appropriated, the Anishinaabe still hold onto the true meaning.

Elders believe that it is important for an Indigenous person who is from a specific nation to be kept within that nation. This has to do with the importance of identity, and an understanding that, between the different Indigenous nations, there are significant variances in cultural practices. Placing a child who is Cree with a Mohawk family does not constitute a successful placement and can cause confusion for the child. Mohawk and Cree cultures are two different paradigms. Although parallels exist, they should never be equated as the same. Identity has to be at the core of where a child is placed in the permanency planning. The idea that culture and identity has no significance in the placement process has to change. Both the 60s' Scoop and the ongoing over-representation of Indigenous children in care has left generations searching for who they are:

> I feel angry and I feel sad. Because, now I know that I'm not the same person that I could have been, and now I'm going to

> have to spend the rest of my life trying to figure out who I am because I lost all of those years while growing up that were essential to finding my identity. So now I feel like I'm even further than where I began as a six-year-old walking into that [foster] home. I feel like six-year-old Brandy had way more than what I have now, before walking into that home. (Author BL speaking of growing up in foster care)

The International Federation of Social Workers (IFSW, 2018) Ethical Principles include: "respect for the inherent dignity and worth of all human beings" (IFSW, Principle 1). The placement of an Indigenous child into a non-indigenous family is at odds with the principles since the practice devalues that child and their origins. It has to be looked at through a non-Eurocentric lens. Identity is different from an Indigenous view as explained by Ned and Frost (2017) who say identity lies in emotional, spiritual, mental, and physical connections to each other and all life, including the spirit world, and in the responsibilities derived from those connections. Culture maintains the connections and responsibilities in combination with ways of life. When children are raised in care by non-Indigenous caregivers, it is impossible to pass this way of learning, being and doing on to them.

Society needs to move away from a pan-Indigenous imagining of Indigenous cultures, to understand the heterogeneity of who Indigenous people are, where they are from and their line of ancestors. An interrogation of the colonial ideologies that prevent Eurocentric thinkers from understanding Indigenous worldviews is demanded so that Indigenous people have connection to their own stories and place. For example, an Anishinaabe must learn Anishinaabe culture, and language in order to be connected to their ancestors, something which might not be important to other cultures. If the idea of the best interest of the child is a priority, then the future of that child must also be a priority. As an Elder in the *Nistwatsiman* project noted:

> We realized pretty quickly that ceremony was a pretty important part of our lives, and we got involved. And our children were all raised with the ceremonial ways. And I think reconnecting was important. (Lindstrom et al., p. 93)

With the Anishinabe people there is a teaching called "seven generations". In the old days, decisions for the nation were made in consideration of the impacts they would have on seven future generations. We know that how the child is being raised will affect the future of that child. Realising the importance of a child's cultural background should be a factor in the permanency decision as it will be a major factor in the future of the child as they become an adult and impact the generations to come.

Limitations

There are limitations to the research that need to be considered in order for our arguments to influence change. Validity of Elders' oral testimonies and knowledge would be strengthened if it was recognised by the legal system as a valid source, although it remains an area of some legal challenge (Miller, 2011) even though guidelines exist (Craft, 2013). Recent cases, though, have failed to overcome the preference for *scientific* evidence as opposed to oral history. Some of the knowledge written comes directly from stories and learnings given by the Elders and cannot be referenced – although there are efforts to gather more stories in a form that can be preserved. The authors are presently working with a Blackfoot Elder regarding the stories of Abraham Maslow's work and the Sikisika Blackfoot people of southern Alberta. Efforts are increasingly needed to show that knowledge appropriated from Indigenous peoples and used as the basis of testimony against Indigenous people may not be accurate in the first place.

Currently, the 60s' Scoop apology has been given by various Canadian governments yet there is a need for research to be done on the statistics of Indigenous adoption breakdowns, homelessness, and addictions of former adoptees as well as their journeys back to identity. It must also be put forward that Indigenous people are still adapting to a colonised world and are working within the dominant Eurocentric system (Sinclair, 2007). If spiritual practices and world views of other cultures are validated in society then Indigenous culture should have the same validation.

Future directions

The purpose of this article is to demonstrate that using a universal model originating from a Eurocentric worldview (such as AT) to assess all the diverse cultures is inappropriate. We all have varying cultural ways of knowing. Indeed, this variance is the only thing that separates us. The concept of universality is not very evolved, and we argue for imagining alternate ways of knowing. The question of why the leading theorists of psychology are all from the dominant hegemony should be examined – as should the reasons why one hegemony has the ultimate say in what is right or wrong. When trying to prove something, why is the dominant Eurocentric culture the one to decide the validity of that research? This article is prompting readers to reflect on these questions and realise that it is not a "one size fits all" world. New assessments need to be created by, and for, Indigenous people and need to be recognised as valid tools within the field of social work and law. Choate (2019) shows that other ecological models exist within Indigenous cultures and can act as the basis for modelling assessment. Thus, social work need not be, nor should be, bound by Eurocentric approaches.

An implication of approaching work with Indigenous peoples from a decolonising perspective is that Indigenous people need to drive the solutions. We argue there is too much focus on Indigenising social work when in fact, we suggest that decolonising is the direction. A simple example will illustrate the difference. When a child is placed in a non-Indigenous home, foster parents are asked to work with a cultural plan. This often means attending pow-wows or other ceremonies. A cultural plan that is not rooted in the child's culture cannot act as a force that would sustain the child's Indigenous identity. Thus, we caution that trying to Indigenise Attachment Theory is about trying to fit Indigenous people into the theory and thus sustaining assimilation and colonisation. It is not up to the Eurocentric population to find the solutions. Rather, we see a role for Indigenous researchers and knowledge keepers to begin exploring the stories and traditions of "attachment" and how that might be defined. Lindstrom and Choate (2016) and Choate et al. (2019) have shown some examples of how the connections of the child might be seen and described in assessment. Building such knowledge needs to be relationally based (Stewart & Allan, 2013) and not be appropriated away from the creators of the knowledge.

A question that arises is whether there is not a growing recognition of the limitations of a Westernized view of AT. There is a shift under way. This is seen in the collection of articles in Keller and Bard's book (2017) and the strong position taken in the article by Granqvist et al. (2017). McCarthy and Gillies (2018) present a vibrant analysis of how the framing of the inquiry (for example, with AT from a Western perspective) frames the questions and thus the possible answers. In this article, we have attempted to show that the framing needs to change when AT is considered to include cultural views, practices and knowledge. If we do not move in that direction, then we sustain a view of attachment that is colonial and diminish the opportunity for larger conversations about the cultural validity of various child protection theories and practices.

Note

[1] The term was coined by Patrick Johnston, author of the 1983 report Native Child and the Child Welfare System. It refers to the mass removal in Canada of Aboriginal children from their families into the child welfare system, in most cases without the consent of their families or bands.

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ORIGINAL ARTICLE
QUALITATIVE RESEARCH

Disrupting the grassroots narrative of social work in Aotearoa New Zealand

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ABSTRACT

INTRODUCTION: The Aotearoa New Zealand social work professionalisation project disrupted underpinning grassroots narratives of the profession and led to decades of debate and conflict. Social work emphasises egalitarian approaches and, during the 1980s and 1990s, social workers responded to internal and external challenges of elitism, racism, and sexism. However, the ongoing professionalisation project has been at times, at odds with social justice imperatives and undermined by neoliberal drivers.

METHODS: This research investigated how political, sociocultural and economic dimensions impacted on the development and initial implementation of the Social Workers Registration Act (2003) and how key actors at the time were affected. A qualitative realist research methodology has been utilised, analysing qualitative interviews with 22 participants, policy documents and archival data to clarify discourses of power and capture the voices and rich stories of those involved in the debates at the time.

FINDINGS: A sociological lens was utilised to focus and frame the coalescing political, socio-cultural and economic forces that contributed to the problematising of social work professionalisation and the determining of the need for registration. Insight from some key actors at the time, including educators, the profession, tangata whenua, employers, practitioners, the State, and the public were considered.

CONCLUSIONS: Examining these forces behind the professionalisation project provides a platform to consider if social work in Aotearoa New Zealand has been strengthened with registration. There are ongoing challenges and threats to the independence and social justice focus of the profession that grew alongside the grassroots of social work.

KEYWORDS: Social work professionalisation; social work regulation; Aotearoa New Zealand; social worker registration; social justice; neoliberalism

> Me hoki whakamuri, kia ahu whakamua, kaneke
>
> In order to improve, evolve, and move forward, we must reflect back on what has been

This Māori whakatauki/proverb considers the importance of remembering and critically reflecting upon our past in order to progress effectively.

It is useful to begin examination of this part of the history of social work in Aotearoa with an exploration of professionalisation, a process by which an occupational group aspires to professional status – shared internally and recognised externally

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(Beddoe, 2013; Evetts, 2006; Hunt, 2016, 2017; Olgiati, 2006). Internationally and in Aotearoa New Zealand over the decades up to the early 2000s, social work professionalisation projects gained traction (Weiss-Gal & Welbourne, 2008). These projects were politically charged, requiring strategic alliances, the evidence-based demonstration of social workers' technical knowledge and competence, the development of ethical standards, and differentiation of social work from competing and overlapping groups. Many actors became involved, including the profession, education providers, the State, employing organisations, practitioners and the public. In Aotearoa New Zealand, indigenous people and corresponding Treaty of Waitangi / Te Tiriti O Waitangi[i] obligations also played a part. Together, the professionalisation and regulation projects in Aotearoa New Zealand appeared to disrupt the social work narrative of grassroots social justice strategies in local communities (Munford & Walsh-Tapiata, 2006). The projects remain open to critique because of the risk of undermining core grassroots social work values and ethos, along with the autonomy and creativity of service and education providers (Beddoe, 2018; Hunt, Staniforth, & Beddoe, 2019; O'Brien, 2005; van Heugten, 2011). In this article, we consider different political, socio-cultural and economic dimensions that, together, determined the direction of the professionalisation and regulation projects, from the perspective of some of the participants at the time of the development and implementation of social worker registration.

Methods

The research was conducted as part of a doctoral study project that aimed to answer the following question:

> *In what ways have political sociocultural and economic dimensions impacted on the development and initial implementation of the Social Workers Registration Act (SWRA) (2003) in Aotearoa New Zealand?*

Qualitative realist research methodologies were utilised, analysing interviews, policy documents and archival data to explore discourses of power and enable the voices of the stakeholders from this time to be articulated and recorded. The combination of qualitative methods used served to offer validity of the analysis through the processes of crystallisation (Richardson, 1994) and triangulation of qualitative methods (Cohen, Manion, & Morrison, 2011). Themes from the data were conceptualised, coded, and analysed utilising NVivo software and a recursive process of theme development (Braun & Clarke, 2016). Several ethical considerations were managed including the researcher's insider role, and the identification of the inaugural Social Workers Registration Board (SWRB) members. These 10 participants consented to being identified in the research and are named in the article, while the other, unnamed, participants were assured their identities would not be revealed. Ethics approval was obtained from The University of Auckland's Human Participants Ethics Committee.

Findings

The research found that grassroots approaches to social work in Aotearoa New Zealand were gradually disrupted over decades. Many forces together problematised and determined social work professionalisation in Aotearoa New Zealand. Problematising as opposed to problem solving, is the regrading of a phenomenon into a problem requiring a solution and is integral to critical consciousness providing sites of resistance and hope (Giroux, 2015). Participants close to the action at the time of social work registration development described their lived experiences, including the 'toing and froing' of the journey, the ambivalence of some and the outright opposition of others, due at least in part to issues within

social work in Aotearoa New Zealand that first required addressing alongside changing socio-cultural, political, and economic forces.

The forces that problematised and determined social work professionalisation are summarised thematically and within each theme chronologically in Table 1: Aotearoa New Zealand social work professionalisation project brief timeline (see below). They are then discussed in more detail following the same outline.

Table 1. Aotearoa New Zealand Social Work Professionalisation Project Brief Timeline

Early days	Pre 1840 & Te Tiriti o Waitangi (1840)	Māori models of welfare in context of whānau, hapū and iwi (Durie, 1997; Nash, 2009) expressed in practices associated with tikanga and kaupapa. English and Māori language versions of Te Tiriti o Waitangi signed 1840, providing protection & governance but not (according to Māori version) ceding sovereignty (Fleras & Spoonley, 1999; Beddoe, 2018).
	Late 1800s & 1900s	Developing western models of social work in a colonial state, reflecting British education, policing, child welfare, criminal justice & mental health systems (Beddoe, 2018; Nash, 2001; Tennant, 1989).
Collective occupation, burgeoning profession	1964	New Zealand Association of Social Workers (NZASW) formed providing a collective social work professional identity & linking regional branches; membership voluntary; consideration of who is a social worker.
	1970s & 80s	Social workers' internal ambivalence re professionalising apparent within NZASW. 1976 Biennial Conference moved that the Association "accept the principle of registration and further investigations be carried out into this matter." The Christchurch branch Working Party on Registration Report (1977).
	1984–86	NZASW conferences in Christchurch (1984) and Turangawaewae, Waikato (1986), challenges of racism leading to constitutional change.
	1988	Professional drive for best practice & accountability–competency based membership and self-regulation process for members through formal complaints mechanism.
	1994	NZASW re-considers models of regulation (Blagdon, Taylor, & Keall, 1994).
	1999	31 May: Registration Project Team Terms of Reference finalised with following purpose "On behalf of Aotearoa New Zealand Association of Social Workers (ANZASW)[i] to develop policies on registration for social workers and to implement planning steps and strategies, within association policy, towards ultimate achievement of registration for all social work practitioners on Aotearoa New Zealand."
	2000	Groundswell in profession supporting registration including tangata whenua members (Corrigan et al., 2000).
Growth in education & training	1949	Establishment of first formal tertiary social work education & training in Aotearoa New Zealand at Victoria University of Wellington, School of Social Science.
	1973	Establishment of social work training and education accreditation with • New Zealand Social Work Training Council (NZSWTC) (est. June 1973);
	1986	• New Zealand Council for Education and Training in the Social Services (NZCETSS) (est. December 1986);
	1995	• Industry Training Organisation Te Kai Awhina Ahumahi (TKA) for National Diploma in Social Services (Social Work) and National Diploma in Social Work (est. 1995); • New Zealand Qualifications Authority (NZQA) for degree programmes awarded by Polytechnics, Colleges of Education or Private Training Establishments; • Committee on University Academic Programmes (CUAP) – degree and diploma programmes;
	2003	• ANZASW Course Approvals process combined with CUAP or NZQA.
	1996	Linking of social work educators through an Aotearoa New Zealand Association of Social Work Educators (ANZASWE) later to become known as the Council for Social Work Educators Aotearoa New Zealand (CSWEANZ).

Political dimensions	1990	Fourth National Government elected with general anti-profession ethos. Minister of Social Welfare, Roger Sowry, convinced regulation of social workers necessary and money allocated to DSW budget for development.
	1991	'Mother of all budgets' – result of growing neoliberal, market-driven environment in Aotearoa New Zealand that developed from the fourth Labour Government 1984–1990.
	1990s	Increasing loss of faith in social work by State and public as a result of growing public scrutiny of failures in child protection. Regulation viewed by the State as a safety net.
	1999	Labour Party manifesto pledged to establish a system of professional registration for social workers (New Zealand Parliament, 2003). 5th Labour Government elected, political sponsorship for registration secured (Maharey, 1998).
	2000	State steps in with discussion paper on registration of social workers (Ministry of Social Policy, 2000, 2001).
	2002	Social Workers Registration Bill and select committee process (Social Services Select Committee, 2002).
	2003	Social Workers Registration Act (2003): providing for voluntary registration of social workers with purpose outlined in (s.3) to protect the public; create a framework for registration of social workers in NZ establishing a board & tribunal; promote the benefits of registration of social workers; enhance the professionalism of social workers.
Employer challenges: DSW	1/4/72	Department of Social Welfare (DSW)[ii] formed from the amalgamation of the Social Security Department and the Child Welfare Division of the Department of Education.
	1984	Department of Social Welfare (1984) Institutional Racism in the DSW Report.
	1988	Department of Social Welfare (1988) Püao-te-Āta-tü: The Daybreak Report, identified structural inequality & racism in DSW, leading to sweeping changes in child welfare & youth services & the Children Young Persons & their Families Act (1989).
	1990-00s	Environment of growing aversion to risk, public shaming and apportioning of blame for poor practice and child abuse tragedies, and corresponding growth in audit and control.
	1992	Mason Report (1992) noted dangerously low levels of professionally trained social workers in DSW.
	1990s	Margaret Bazley (Director General DSW) facing issues of under-competence in her organisation promoted regulation to Minister of Social Welfare, Roger Sowry.
	1990s	DSW workforce professionalising policy – targets never met.
	1990s	DSW establish an internal competency programme in lieu of registration.
	1996	New Zealand Children & Young Persons Service (CYPS) documented professionalisation strategic goal (New Zealand Children and Young Persons Service, 1996).
	2000	Mick Brown report (Brown, 2000) recommending that registration of the Child Youth and Family Service (CYFS) workforce be given urgency.
Employer challenges: Health	1990s	Rapid growth in health social work with drive to employ qualified staff & align with multidisciplinary health professionals.
	1990s	Development of Health Social Work Leaders network.
Practitioner voices	1980s	Tangata whenua practitioners lead challenges of racism in practice and in the profession. Issues of registration, professionalism and racism become intertwined (Fraser & Briggs, 2016).
	1990s	Rapid growth of NGO sector including Iwi Social Services. NGO and State sector developing bicultural frameworks for practice referencing Te Tiriti O Waitangi as baseline for services.

	1999-2000s	The concept of registration of social workers to embed bicultural practice as determined by Māori was re-introduced by tangata whenua leaders in the profession while remembering the historical journey and hard-won battles.
	2000s	Pasifika practitioners view registration as pathway to recognise and embed Pacific models of practice.

[i] NZASW changed its name in 1998 to Aotearoa New Zealand Association of Social Workers (ANZASW) to reflect its bicultural priority.

[ii] Statutory child protection and welfare services in Aotearoa New Zealand have undergone a number of reviews, Ministerial reshuffles, rebranding, and name changes. Since 31 October 2017, it is known as Oranga Tamariki – Ministry for Children. Previously it was known as the Ministry for Vulnerable Children (Oranga Tamariki) (April 2017–October 2017); Child Youth and Family (CYF) (2006–2017); Child Youth and Family Services (CYFS) (1999–2006); Children and Young Persons Service (CYPS) (1992–1999); Department of Social Welfare (DSW) (1972–1992); Social Security Department (1939–1972) and the Child Welfare Division of the Department of Education (1925–1972).

Early days

Durie (1997) outlined early Māori models of welfare in the context of whānau, hapū and iwi and expressed in practices associated with tikanga and kaupapa that operated effectively prior to the arrival of new settlers from Britain. English and Māori language versions of The Treaty of Waitangi / Te Tiriti o Waitangi, signed in 1840, provided protection and governance but did not (according to Te Tiriti version) cede sovereignty (Fleras & Spoonley, 1999). With growing colonial settlement, western models of social work developed from the mid- to late-1800s in response to the limited social and economic capital of the new arrivals, reflecting, to a degree, British education, policing, child welfare, criminal justice and mental health systems (Beddoe, 2018; Nash, 2001; Tennant, 1989; Younghusband, 1981).

A collective occupation and burgeoning profession

Nash and Miller (2013) note the establishment of a professional body (alongside the development of education and training which is discussed in the next section), signalled the emerging profession of social work. This history of the New Zealand Association of Social Workers (NZASW) was recalled by a participant who had been in practice during this time:

> When I started my service in 1960, the people we now call social workers were all individual groups of either Government workers or non-Government workers,… child welfare officers, boys' welfare officers, probation officers.... It was after the [Department of Social Welfare] Act, (1971) that created the Department and defined social worker for the first time, that we began to think of ourselves as belonging to a larger group of collective people doing pretty much the same sorts of things as us but in different practice areas…earlier, Merv Hancock[ii] moved to get the Association going. [And we had] the beginning of social work training at Victoria University under Professors Minn and McCreary. (Participant C, February 21, 2017)

The topic of registration was raised at the outset of the establishment of a professional association in 1964 (NZASW, 1984b, June) and revisited throughout the decades with many different views.

> Merv Hancock talked about registration right from when the Association started, and successive presidents have talked about that…it was around the profession growing up and being independent of sociology and psychology. A way of doing that is to have its own regulatory environment (John Dunlop, June 13, 2016).

Following a proposal by the NZASW National Executive in 1974, that a membership register of individual members be developed (Nash, 1998), the Christchurch Branch of NZASW established a working

party in 1977 to consider registration. Their report recommended immediate steps be taken towards registration of eligible social workers, acknowledging implementation would require a staged approach, or failing this, that a new body be established to undertake registration (Christchurch Branch, NZASW Working Party on Registration, 1977). The recommendations were debated at the 1978 NZASW Special General Meeting alongside the Biennial Conference where the keynote speaker, Ivan Illich, focused on the disabling professions, arguing against professionalism (Illich, 1978). Despite the 'Illich effect' (M. McKenzie, personal communication March 26, 2019), and following revisions from the original recommendations, a motion that "the Executive of NZASW establish a register of qualified social workers and determine the criteria by which Association members be admitted to the register" was carried: 69 for, 34 against (NZASW SGM meeting minutes, August 9, 1978).

However, Kendrick (2004, p. 12) recalled:

> …at the 1978 conference in Palmerston North, with its guest speaker Ivan Illich, a strong debate took place on a registration proposal which had been worked on during the past year. I recall this debate as emotionally charged on both sides, and the word "elitism" featured prominently. The [original] motion was lost, but looking back on the nature of the time, that was not an unexpected outcome.

Buster Curson (July 12, 2016) similarly recalled that the original proposal developed by the committee "ultimately lost favour because it was regarded as being elitist". Within a few years, another branch was pushing for registration and the NZASW Professional Standards Committee included many members of this branch.

> … there was a very strong group in Hawkes Bay…that was very pro-registration…wanted qualifications, wanted registration…in the 80s. (Liz Beddoe, May 18, 2016)

Nonetheless, the professional body needed to focus on other internal issues in order to retain and grow membership. These included challenges of elitism due to access to training, feminist challenges around misuse of power, and challenges of racism within the profession including recognition of the profession's colonising role. Following on from the Human Rights Commission (1982) '*Race against time*' report into institutionalised discrimination, NZASW established a working party on racism in 1984. The same year, nine women employed by DSW as social workers made public issues of institutional racism in DSW in Tamaki Makaurau in the Women against Racism Action Group (WARAG) report stating "the institutional framework of the Department, staffing training, legislation, policies, reflects a relentlessly Pākehā view of society, which oppressively and systematically discriminates against the interests of consumers and staff who are Māori and Pacific people" (Berridge et al., 1984, para 1.2.). This report was a forerunner to, and acknowledged in, the seminal Pūao-te-Āta-tū: The Daybreak Report (Department of Social Welfare, 1986).

Fraser and Briggs (2016) document turbulent times in the profession in the 1980s where "issues of registration, professionalism and racism became intertwined" (p. 44) culminating in 1986 at the NZASW conference at Turangawaewae Marae, Waikato. Here, a draft Bi-cultural Code of Practice developed by the NZASW Standing Committee on Racism along with the Association itself were rejected by Māori social workers who did not speak but turned their backs and walked out. Later, in 1987, the tangata whenua caucus announced their decision to "stand alone and gather their strength and resources before looking at partnership … in NZASW" (Fraser & Briggs, 2016, p. 46); the caucus did not return to NZASW until 1989. In response, NZASW developed a new bicultural structure and a Qualification in Social Work Practice (QSWP) (later becoming the

ANZASW Competency Certificate), where full membership required assessment of competence to practise and not qualification (Beddoe & Randal, 1994). The competency assessment was available through two parallel pathways, with tangata whenua members developing the Niho Taniwha competency process:

> [we] had already discussed the name of it with John Bradley, and he said, Niho Taniwha...he said it's about the teeth… Niho Taniwha was given to ANZASW so that Māori could use it, to use their own culture when they look at the 10 standards and that was the strength of it. (Participant D, July 11, 2016)

Registration to enhance the safety of the public, increase the status of the profession and promote accountability for all social workers, whether they were members of the association or not, was again ready for reconsideration by the Association and social work sector. The Association set up another working party to consider types of registration of social workers and information was collated on types of occupational regulation to encourage informed debate and develop terms of reference (Blagdon, Taylor, & Keall, 1994). The ANZASW Registration Special Project Team, formally established in May 1999, found that statutory regulation was the preferred option as it would include all practising social workers and reduce the risk to the professional body as the accountability of its members would be removed from its mandate (Corrigan et al., 2000).

> The profession had for many years been pushing for a regulatory body and … I think that was around them not wanting to have to be the quasi regulatory body by doing all of the complaint procedures and having to hold social workers to account; which was an intensive task and given the litigiousness within our society …it was better for the Association not to have to be that body. (John Dunlop, June 13, 2016)

A major matter of contention was deciding who could claim the title of social worker in the diverse social services sector. People held a range of qualifications from social-work-related diplomas and degrees through to work and life experience. It was acknowledged, through professional and organisational competency processes, that grassroots life experiences usually resulted in 'good work' in many communities. However, claiming the title of social worker by some workers was clearly a public and professional safety issue. The following quotes demonstrate the complex issues regarding the assurance of recognised qualifications, while respecting the practice of longstanding, but unqualified, practitioners.

> There were issues that required the profession to be regulated because there were a number of practitioners without the skills and knowledge…and that was having adverse impacts on the population…[them] calling themselves social workers was one of the biggest issues for the profession. (Participant H, April 30, 2017)

> … there was that need for having a vehicle for social workers to claim their profession and for there to be mechanisms and the structure for the public to know what that means. (Shannon Pakura, August 8, 2016)

> …because we were a profession, and we had cowboys coming in and doing shoddy practice,…but we were also saying "what does that mean to our nanas who have been working in the social services?" (Participant L, November 6, 2017)

> We had earlier discussions about professionalisation and whether this is a good thing, whether it's culturally relevant, elitist, and of course in Aotearoa [with] the very strong emphasis on de-colonising practices...there was [much] discussion about what does social work

> represent?, how do we respond to the client groups that we were working with?, how do services ensure that practice is consistently good?, questions of quality. (Participant B, January 25, 2017)

While protecting the public from poor practice was the driver for registration for many stakeholders, for the profession itself, registration provided a pathway for professional validation.

> They [saw the need] for the profession to stand up and be seen as being equal to other professions… to be seen as strong and influential, not just a ragbag of people wanting to do good things. (Shannon Pakura, August 8, 2016).

> [ANZASW saw registration as an opportunity to] to validate the status of the profession … that's the bottom line. The Association's driver was more about validation than protection. (Buster Curson, July 12, 2016).

> the purpose, from [ANZASW's] point of view, was to align social work as a profession with other regulated professions, I'm not too sure that the safety of the public was the prime driver at that time (Robyn Corrigan, September 23, 2016).

Growth in social work education and training

Educators were at the forefront of debates considering the professionalisation of social work from the instigation of the first social work qualification, the Diploma in Social Sciences at Victoria University (Nash & Miller, 2013). The process for social work training and education accreditation changed over the decades with the establishment of the New Zealand Social Work Training Council (NZSWTC), later replaced by the New Zealand Council for Education and Training in the Social Services (NZCETSS), and then Te Kai Awhina Ahumahi (TKA) (Beddoe, 2014). These organisations expanded social work education and strengthened the view that social work was a generic occupation, albeit with specific fields of practice.

> At the same time ANZASW was becoming stronger, Te Kai Awhina Ahumahi…linked alongside, and social work became to be seen as something that was generic because Presbyterian social workers were no longer seen as completely different from Departmental social workers; if they were doing their job well. Yes, so that is where the registration came [from]. It is a natural development isn't it? (Participant F, November 14, 2016)

In 1996, social work educators set up a body providing a unifying voice for social work educators, initially the Aotearoa New Zealand Association of Social Work Educators (ANZASWE), later the Council for Social Work Education of Aotearoa New Zealand (CSWEANZ)/Kaunihera mo ngā Mahi Mātauranga Toko I te Ora. The society met to promote, among other things, the scholarly pursuit of teaching, research and publication within social work programmes in accordance with Te Tiriti O Waitangi. Further it aimed to promote and support collaboration across social work, social services and community work education, maintain close relationships within the social work sector including with professional bodies and advocate for the needs and resourcing of the education sector (CSWEANZ, 2014).

Educators considered different models of registration including whether it may have been better for the profession, mandated by the State, to be the regulator to avoid the risk of capture of the profession by State imperatives.

> …we also had a discussion about whether it should have been ANZASW who were mandated by Government to form the Registration Board...because [we] had

> experience with the Australian scene where it was the profession who did the approvals [of programmes]. (Participant K, December 1, 2016)

The educators were generally supportive of a measured introduction to mandatory registration recognising that many practising social workers did not have formal social work qualifications.

> … in general, the educators were in favour of registration…we had discussions with senior [Ministry] people. They were anxious about registration because they had so many people who were unqualified...so we were for a slow implementation and for that special clause [section 13] where…people who had other qualifications plus experience and references, could get [registered]. Underlying our comments always were, let us try and find a way of making this mandatory but not instantly mandatory. (Participant K, December 1, 2016)

With the implementation of the Social Workers Registration Act (2003), consultation with educators regarding base-line qualifications and the required standard content across the range of qualifications was required (Hunt et al., 2019).

> It raised challenges for educators of social workers to buy into the notion of professionalisation…what is an initial social work training? where does that lead to? what is an adequate body of knowledge? That was a big problem for educators…because when you've got a semi-profession you have a wildly different approach to what constitutes a fully trained person. (Participant G, July 11, 2016)

Political dimensions: State voice

With the very public exposure of practice issues relating to child abuse deaths, and reports that criticised social work practice (for example, Brown, 2000; Mason, 1992), there was a growing awareness by the State, employers, and public that social work was not a regulated profession with expected minimum standards. While child protection social work represented one field of social work, the media focused on blame following child abuse tragedies and a corresponding loss of faith in social work developed for the State and public. Some politicians and their chief executives sought professionalisation opportunities for social work in order to reduce risk for their portfolios, as well as to protect the vulnerable.

> One of the purposes and justifications for the SWRA (2003) is that it's a bullet proof vest for the Government. That when tragedies occur, when things go wrong and social workers are at the heart of what's been happening, whether their practice is exemplary or not, the social workers are registered... the Act [would] provide Ministers with a 'get out of jail' card. (Shannon Pakura, August 8, 2016)

> …it was a political response to the unfortunate deaths of children; there was criticism of social work,…this is not peculiar to New Zealand,…because [it] is so…socially difficult, emotionally, morally, politically, ethically contentious. (Liz Beddoe, May 18, 2016)

The political environment in the 1980s and 1990s was complex – with ideological debates mixed with pragmatism. In 1990, the fourth National Government was elected that was generally anti-professions; however, the Minister of Social Welfare, Roger Sowry was convinced that regulation of social workers was necessary:

> …while [the National Government] had [an] anti-registration ethos...Roger Sowry got money for [social worker registration] and it would be in the budget of that following year. Steve Maharey [Labour Minister] gets a lot of the credit...he [should] for the law because he was the Minister [of Social Services 1999-2005]

> when the law was passed, but...he shouldn't get the credit for accepting that this was the right thing to do in the face of National's own policy. I think you can put a lot of the credit on Margaret Bazley [Director General, DSW] and her persuasive powers. (Participant C, February 21, 2017)

The opposition Labour Party supported social worker registration as part of its manifesto (Maharey, 1998) but:

> …social work was pretty much a battered child during the 1990s in the sense that it became a football and was rundown and underfunded and became a very difficult place for people to work. [There were] lots of discussions; Michael [Cullen] and others,…one of the things [the Labour party] talked a lot about was it would be really good if this turned into a proper profession that had a proper status with properly trained people… (Participant G, July 11, 2016)

In 1999 when Labour won the election, Steve Maharey, the newly appointed Minister of Social Services, began the legislative process for social worker registration (Ministry of Social Policy, 2000, 2001; New Zealand Parliament, 2003; Social Services Select Committee, 2002).

> I think his interest was not necessarily about the wellbeing of the profession, [rather] about the political benefits of registration and that he was the Minister shepherding it through the legislative process. (Shannon Pakura, August 8, 2016)

> People [in Government were at that time] keen on re-professionalisation,…in areas like teaching and social work and a range of kind of what sociologists call semi-professions…as a device to lift the status [of the profession] but also to try and create a workforce of highly skilled and capable people... (Participant G, July 11, 2016)

Some participants also spoke about other agendas for the State to seek the registration of social workers:

> At the time there were [concerns] about the management of some NGOs, where there was questionable…practice. There was a menagerie of NGOs that were being funded and registration [would] provide a mechanism to be able to downsize the sector because you [would] need to have registered social workers…to access taxpayer funding. So externally it was all about the profession – covertly there were other priorities.

> …the intention of the Act was to provide the public with some confidence in the quality of the social work education. There [were also concerns about] social work education programmes; so, one of the [anticipated] outcomes from the Registration Act was a stabilising of the sector and the sector having some standards that they would have to adhere to. (Shannon Pakura, August 8, 2016)

Statutory child welfare voices

Over the decades, there had been regular challenges to the efficacy and quality of the prevailing child rescue philosophy of practice in Aotearoa New Zealand and accompanying State institutional care for children and young people.

> About 1982, the Human Rights Commission reported on complaints made about the Auckland institutions [for children and young people]; and how [children] were managed and treated…. The process [of closing the Institutions] might have started because we needed money but, in the end, [there were] kids that should not have been in them anyway. [It] really raised professionalism and professional ethics and rights and that became the driver. (Participant C, February 21, 2017)

Alongside challenges to the child rescue model, challenges of racism resulted in several reviews of child welfare (Berridge et al., 1984; Department of Social Welfare, 1986) and ultimately the development of the Children, Young Persons, & their Families Act (1989) and the family group process.

> [The new legislation created a response to the] child rescue mode of practice... as once you feature [child rescue] as the springboard for your actions, then you've got to move children out rather than move the abusers out and leave the children within that context and family system that can take hold of them. (Participant C, February 21, 2017)

Fears that the re-introduction of this model of practice might occur with the current Home for Life focus[iii] in Oranga Tamariki prompted the participant to reflect that:

> ...an apology to the people of New Zealand for the way that [social work] practice dealt with children over those 10, 20, 30 years, might have been sufficient to put the blocks on it happening again. (Participant C, February 21, 2017)

In the 1990s, DSW attempted to increase the skill levels of its social workers though recruitment of qualified staff, continuing professional development and an internal competency process designed to ensure base-line standards for all social workers that proved costly (Keall, 1993; New Zealand Children and Young Persons Service, 1996).

> [The CYPS] competency programme had proven to be an expensive failure and I think [registration] was a way of Ministers saying that we will be prepared to have an open scrutiny of the practice of social workers. (John Dunlop, June 13, 2016)

CYPS increasingly played a key role in problematising the need for registration, as despite attempts in the 1990s to professionalise through recruitment of qualified staff, targets were never met. A State-driven strategy was required.

> [CYPS had a] policy of workforce professionalising...[CYPS] would lose qualified people, particularly to the health sector who had an absolute ban on appointing anybody who wasn't qualified...What emerged…was that [CYPS] will never professionalise until social work in New Zealand had professionalised.
>
> [Registration] never got into the formal system until we got it into [the DSW] business plan, and then it took off … I'm absolutely sure that had DSW not done that work, the Association would not have been able to affect registration. They'd been trying for years without any inroad, and it wasn't until we got a Minister to say "yes, this will be Government policy, and yes we will fund it", that it began to move. (Participant C, February 21, 2017)

Health sector voices

Social work practice in health care had been developing since the 1940s and, by the 1990s, health social workers were seeking alignment with developing tangata whenua health services and other allied health professions in the multi-disciplinary context to strengthen their position in relation to the medical and nursing professions (Beddoe & Deeny, 2012; Hunt & King, 2000).

> It was about strengthening the position of the profession to try and align more closely with other professions…and to maintain that whole credibility in the multi-disciplinary context of the health service. (Buster Curson, July 12, 2016)

Professional leaders were appointed to support allied health professions in the sector, including social work.

> …around that time [mid 1990s], other DHBs appointed professional leaders and

> we had a first DHB social work network meeting; chaired by David McNabb. (Participant A, January 31, 2017)

While there was a general expectation that social workers employed in the health sector should hold a minimum Level B diploma[iv] qualification in social work (Hunt, 2016), gaps in professional accountability mechanisms were apparent:

> The [Health and Disability Commission's] Inquiry Report into the Southland District Health Board Mental Health Services identified systemic problems…including the practice of a social worker. His practice was looked at against ANZASW standards and many knew, that that [these standards] weren't recognised or mandatory as for the other professions, and yet what else could you judge someone's practice against. (Participant A, January 31, 2017)

By the 2000s, the State was introducing new legislation for health practitioners (Health Practitioners Competence Assurance [HPCA] Act, 2003) providing one consistent framework for regulating registered health professions to ensure the public is protected from harm when receiving health services. Social work was excluded from this Act, due to social work fields of practice being wider than health alone. Health social workers and the profession were determined that the proposed SWRA (2003) aligned with the HPCA Act (2003), and health social work roles would not be side-lined. As registration under the SWRA (2003) was not mandatory, health social worker status alongside their allied health peers was again under question (Briggs & Cromie, 2001).

Joining of practitioner voices

Social workers, both Māori and non-Māori began urging one another to professionalise:

> Social workers the time has come to stand up and advocate for our clients and our profession. If we do not do it now for ourselves, we will be de-professionalised into extinction. (Kieran O'Donoghue, Newsfeed Blog 27 March 2001)

Tangata whenua practitioner voices

Parallel to the professionalisation project was the growing volume of tangata whenua voices against the impact of colonisation and racism in practice and the profession. Participants spoke about the NZASW history and the decades following when the NGO social services sector rapidly increased including the growth of Iwi social services and services by Māori for Māori. They reflected how mainstream organisations in both the NGO and the State sectors began developing bicultural frameworks of practice referencing the Treaty of Waitangi as a baseline for services. There were concerns that the social work workforce did not match the ethnic mix of New Zealand, particularly the communities of need, and the predominance of Māori as clients in health, justice, and child protection services. The concept of registration of social workers to embed bicultural practice as determined by Māori was re-introduced by tangata whenua leaders in the profession while remembering the historical journey and hard-won battles.

> 1985 I left university and I worked with children [in the health sector] … I really struggled initially in that space but it was good grounding for seeing social work as significant inside the hospital setting and yet there was very little in the way of Māori voice in that space… my supervisor at the time said to me "you know,….you need to actually look at some cultural supervision". (Participant L, November 6, 2017)

> [In the 90s ANZASW]…had started implementing quite strong tangata whenua processes within the organisation…I think that the Association was probably at its strongest then because of the membership and we had the Roopu up and running, which was fantastic because you just dealt with

> one [group of] people. (Participant J, December 1, 2016)

> [There was a huge development around Māori contribution inside this professional space to do with tikanga, developing competency, dealing with conflict of interest, ethics...there was a whole body of knowledge world-wide, research that was being done... (Participant L, November 6, 2017)

> In the late 1990s, the new millennium,… we'd had a decade in social work with the new Children, Young Persons and their Families Act (1989),…also at that time, there had been 10 years of the growth of Iwi social services and Māori social service delivery and organisations promoting 'by Māori, for Māori' practices and processes,…and the idea of registration was introduced into that particular...[growing] group of organisations. (Robyn Corrigan, September 23, 2016)

Other voices

Pasifika voices also contributed to the problematising of social work registration:

> …we wanted our knowledge to be recognised in terms of frameworks of practice...there were Pacific models of practice, but in some way, we saw a standardisation of the social work profession as a way to ensure that those who were working with our Pasifika communities had a comprehensive enough understanding,…because everybody went to different [education] institutes,...and the knowledge was different, but it was a way for us as Pacific graduates, of protecting and acknowledging the place of Pacific practitioners and the expertise and skills. (Participant I, January 19, 2017)

Some non-government organisations (NGOs) also problematised and determined the need for registration, recognising its value to their services despite the probable financial cost to them.

> The [State employers] and the profession would say that they were the main drivers [of registration], [but] some really brave employers from the NGO sector championed registration and saw the benefit, [they] led the way and made some big sacrifices: Stand, Barnados, Family Works. And even some of the smaller NGOs that really couldn't afford it but saw it more as an investment…they played the long game. (Participant H, April 30, 2017)

The main union, the Public Service Association, specifically focused on fair treatment for all social workers in the determining of registration working to:

> …make sure that its members would be treated fairly…aware that [registration] could intensify…differences in the work force where you had a considerable proportion of the work force [not] qualified.…The legislation that was coming was going to require some kind of qualification. (Liz Beddoe, May 18, 2016)

Others spoke of social work in the global context:

> [A] secondary driver was about making sure that New Zealand social workers were attractive in other western jurisdictions, who had registration... (Shannon Pakura, August 8, 2016)

Discussion

It is argued that, despite the social work professionalisation project in Aotearoa New Zealand occurring during major neoliberal economic revisions, the project progressed due to the alignment of multiple factors (Hunt, 2017). The grassroots narrative of social work was increasingly disrupted through the decades through efforts by the multiple stakeholders to ensure consistent and good

enough practice and to protect the public from poor practice. The irony of the development's timing was not lost on the participants.

> …it came about at almost the same time as consumers were challenging the label of expert. So many social workers were heavily involved in the women's health movements, land marches, nuclear free NZ, promoting partnership and self-determination, social justice, we were quite radical community development grass-roots workers and at the same time the State lost its faith in professions and needed to challenge social workers. (Sonya Hunt, May 3, 2016)

However, the risk that a State regulator tightens rules, controls and definitions of social work, which ultimately undermine the social justice mandate of the profession is clear. Grassroots pathways into the profession are now restricted with the current requirement of a minimum four-year degree in social work to meet the qualification benchmark (Hunt et al., 2019) and the application of 'fit and proper considerations' for registered social workers (SWRB, 2018). There remains a sense of unease:

> I've had a somewhat conflicted view of looking at registration, mainly because I think it has the potential to constrain innovation, and so that has always be a tension for me around the introduction of registration and who does it best suit, and does it do what we hoped it would do. (Participant B, January 25, 2017)

> Social work operates in civil society, so we have bodies that set themselves up in civil society, whereas once you've got…an arm of the State, you're going to have the whole apparatus of the State imposing on you [so registered social workers have to] give up power to this process. With registration you're going to get the 'grey suited bureaucrats in Wellington', I never thought it would be me but, in a sense, I don't disagree with myself. (Liz Beddoe, May 18, 2016)

Conclusions

These personal accounts of the social work professionalisation journey illuminate the contested views and enduring struggles between stakeholders. Social workers challenged themselves to put their own house in order, demonstrating endurance and resilience as a maturing professional group. They sought to make central the views of those groups within the profession and who they served that had been marginalised, a basic of grassroots practice. Professionalisation was expected to improve services and ensure better outcomes. The SWRA (2003) provided for voluntary registration, a unique response to regulation and reflecting the State's ambivalence within a neoliberal political environment. However, following several reviews of the legislation, the Social Workers Registration Legislation Act (2019) was passed making it mandatory for all practising social workers to register by 2021.

It is important to reflect on the various agendas behind professionalisation and regulation, as well as the impacts, both intended and unintended. The ongoing development of frameworks that assert the rights of groups that may be readily marginalised including indigenous service users and practitioners, is fundamental to ensuring that difference is kept on the agenda and grassroots priorities, while disrupted, are not forgotten.

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Notes

i Treaty/Tiriti O Waitangi was agreed in 1840 between representatives of the British Crown and many indigenous Māori chiefs. The English and Māori versions of The Treaty/Te Tiriti hold different meanings resulting in different expectations of The Treaty's /Te Tiriti's terms and ongoing challenges for resolution.

ii Mervyn (Merv) Hancock (1926–2016), widely acknowledged as the father of modern social work in Aotearoa New Zealand was the first President of NZASW. Along with colleagues, Ephra Garret and Graeme Fraser, Merv established the four-year Massey University BSW in 1975.

iii The home for life initiative aims to reduce the amount of time children and young people spend in State care and reduce the number of placement changes they experience by transitioning children and young people from the care of Oranga Tamariki to a permanent home. https://www.orangatamariki.govt.nz/assets/Uploads/20180614-information-about-home-for-life-and-home-for-life-achieved.pdf

iv Diploma with equivalent of two year's fulltime study.

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ORIGINAL ARTICLE
THEORETICAL RESEARCH

Pressure drop: Securitising and de-securitising safeguarding

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ABSTRACT

INTRODUCTION: This article explores how securitisation theory is mobilised in contemporary social work discourse, policy and practice. We draw on recent child protection research to support our claim that a new practice issue, described previously as securitised safeguarding, has emerged.

APPROACH: We demonstrate its emergence using securitisation theory as a conceptual mode of analysis to describe how a securitised safeguarding response depicts particular families as an existential threat which, in turn, prompts a response characterised by forms of muscular liberalism.

CONCLUSIONS: We argue that this emerging practice issue requires critical consideration and suggest it will have a significant impact on social work – one that is unlikely to be beneficial for the profession and, more importantly, families being worked with. By describing a process of de-securitisation, we offer an alternative and more nuanced approach that perceives families holistically, and mobilises a welfare safeguarding model. This more closely resembles traditional social work values of emancipation, liberation and empowerment within social work practice.

KEYWORDS: Securitisation theory; safeguarding; discourse; social work; de-securitisation

> It's a song about revenge, but in the form of karma: if you do bad things to innocent people, then bad things will happen to you. The title was a phrase I used to say. If someone done me wrong, rather than fight them like a warrior, I'd say: "The pressure's going to drop on you". (Frederick 'Toots' Hibbert, *The Guardian*)

Social work, in the UK and in many other countries, has always operated at the borders of the state and the populace; a position often described as the care and control functions of social work (Maclean & Harrison, 2012; Pitts, 2011). In this discussion, we develop a further dimension to this position, and explore emerging tensions between liberty and security in social work practice in statutory contexts charged with responsibility for safeguarding and de-radicalisation. Whilst this article concerns itself with safeguarding children and the advance of the "investigative turn" (Bilson, Featherstone, & Martin, 2017) in safeguarding, we would contend that the same analysis could equally be applied to safeguarding within the adult practice arena. We deploy theory more commonly used in the discipline of international relations and apply it to social work, to explore this liberty–security tension. Indeed, we feel that such a theoretical framework has much offer social work policy and practice.

We contend that apparatuses of security as described by Foucault (2009) are increasingly

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becoming mobilised within contemporary UK child protection practice. This involves the state imposing a form of discipline for some individuals and families whom it perceives to be risky (Parton, 2006). We make the claim that these apparatuses of security are increasingly pervasive and act as ideological cover for advancing the securitising elements of the austerity agenda (Massey, 2015). We argue further that such apparatuses can limit privacy and security. Additionally, depicting some families as in need of securitised approaches, has the potential to take social work in directions that may be in conflict with the profession's liberal and emancipatory constructs. We argue that developing a more politically conscious form of practice that is academically imaginative and focused on structural issues aligns more closely with the profession's liberatory and emancipatory origins. The discussion begins with a brief overview of securitisation theory.

Securitisation theory

We have previously argued that securitisation theory offers an imaginative, innovative and critical lens through which to critically explore contemporary social work policy and practice in the UK and elsewhere (Finch & McKendrick, 2019). Securitisation theory, whilst not traditionally applied in social work policy and practice, provides an illuminative account of the underpinning ideology and processes of risk formation and amplification which, we suggest, are becoming increasingly dominant in the current UK policy climate.

Buzan, Waever, and De Wilde (1998), collectively known as the Copenhagen School, developed the concept of securitisation theory for application in the discipline of international relations. Securitisation theory, unlike traditional international relations theory which focuses on security threats with attention paid to military capacity, comes from a social constructivist position and deploys a process-oriented approach to the idea of security. The theory describes the process inherent in threat formation and the subsequent maintenance of the threat. The theory provides an account of how the populace in one nation can perceive the actions of other nations as existential threats.

From this perspective, security is a discursive process whereby politicians, using speech acts, construct a threat, which usually leads to the enactment of emergency or special measures to deal with the threat (Wodak & Boukala, 2014). The theory proposes that the response to these existential threats, sees the legitimation of exceptional actions that are out of alignment with the international community's normal diplomatic and democratic spheres of conduct. The concept of existential threat is therefore a justification for actions that would not be considered in normal circumstances.

Importantly, the actions of countries need not actually be taken in response to an existential threat; they only need to be manufactured to appear as though they are, or alternatively, be perceived as being such, therefore rendering the concept entirely subjective and open to potential manipulation. The application of securitisation by states is likely to promote greater public awareness of the securitising issue with greater public attention being paid, resulting in increased resource allocation dedicated to the issue. The severity of the threat engenders public support for the securitisation act(ions) due to the nature of the existential threat. As Balzacq (2005) argues, securitisation is thus a:

> …rule-governed practice, the success of which does not necessarily depend on the existence of a real threat, but on the discursive ability to effectively endow a development with such a specific complexion. (Balzacq, 2005, p. 179)

In other words, this is a circular and self-reinforcing phenomenon in operation. The Copenhagen school describe "speech acts" as a central element of the theory; the

securitisation act occurs when a "designated audience" overhears something that is portrayed as an existential threat (Buzan et al., 1998). For securitisation to occur (and for apparatuses of security to be subsequently developed, mobilised and imposed), several conditions are required:

- A securitizing actor/agent: an entity that makes the securitizing move/statement;
- An existential threat: an object (or ideal) that has been identified as potentially harmful;
- A referent object: an object (or ideal) that is being threatened and needs to be protected;
- An audience: the target of the securitization act that needs to be persuaded and accept the issue as a security threat. (Buzan et al., 1998, p. 36)

Securitisation and social work

As we explored in the previous section, the securitisation act occurs, therefore, when a designated audience becomes aware of something that is perceived as an existential threat (Buzan et al., 1998). We argue that statutory and regulated professions respond to the speech acts of others, both downward speech acts from politicians and policy makers, and upward speech acts, particularly from the general public, when crises occur. As is all too clear in the UK child protection context, such downwards and upwards speech acts arise intensively at particular moments, for example, when a child dies at their hands of their parents or carers, and social workers are blamed, or in response to other publicly perceived failures of social workers. Indeed, Warner (2015) has previously explored similar themes, arguing that that there is an intersection between public demand and political reaction following such publicised deaths of children. Inevitably, such tragedies are viewed as acts of failure by individual social workers. As Cooper and Lousada (2005) argue further, the public outcry at such tragic deaths of children, is not so much that the child has died, but rather that there has been a failure by the social work profession to keep such knowledge about what parents can do, hidden, out of sight, and out of the public domain. In other words, troublesome knowledge, of the like proposed by Meyer and Land (2005), has escaped into the public domain.

Returning to securitisation theory. It develops and retains a focus on action rather than causality and is concerned with the provision of ontological security (Giddens, 1991) for the greatest number. In the example of a highly publicised death, i.e., a murder of a child at the hands of their parents, for many people their sense of ontological security is disrupted, resulting in the emergence of concern over the role of professionals involved with the child and greater focus is brought to bear on the actions of social workers. There is an accompanying need for the public to feel reassured that the agency with responsibility for child protection is able to discharge this responsibility. This is regardless of resource constraints or other pertinent issues, not least the unpalatable truth that no system of child protection could ever stop children being harmed by parents.

The associated loss of this trust between the public and social workers creates insecurity and a sense of disruption for the public who are then left seeking reassurances that social workers are trustworthy, but are, in fact responsible for child deaths at the hands of their parents. Indeed, the huge political, public and media outcry at the death of Baby Peter, who died in the London Borough of Haringey in 2007, exemplifies this concern, with the *Sun* newspaper suggesting that, in addition to the parents who killed Baby Peter, the social workers involved, and the chief executive of Haringey Council, Sharon Shoesmith, had "Blood on their Hands" (Nicholls, 2016).

The securitisation act is instrumental in that it seeks to reduce or eliminate threat in the immediate moment without considering its wider social causes. For example, in social work this can be seen in rapid changes in legislation, or social work policies and practice which increasingly focus on risk aversion, bureaucracy and proceduralisation. This response removes the focus on social causation, obscures structural factors and will inevitably diminish critical and reflective practice. We argue that securitisation theory is therefore reactive and does not relate well to the emancipatory values of social work which seek to develop holistic understandings of the ecology of the environment in which it operates. Securitisation theory, and the practice approaches that it values and promotes, fits well with the burgeoning neoliberal project that typifies the existing social and political environment – not only in the UK, but in other Western welfare states.

Securitised safeguarding?

We previously developed the term "securitised safeguarding" (Finch & McKendrick, 2019; McKendrick & Finch, 2017) in the exploration and critique of relatively new duties in the UK (but not Northern Ireland) which require social workers and other frontline professionals to have due regard to, and work within, the government's counter-terrorism strategy known as PREVENT. Securitised forms of safeguarding might look and sound like traditional welfare safeguarding practice, but they have some key differences that require critical examination. Such differences include: a shift in how we view a child or young person from *being at risk*, to one potentially *posing a risk*; a shift in how we view Muslim communities as being oppressed and discriminated against, to being suspect communities, and by safeguarding practices being unproblematically expanded to include assessment of pre-crime and propensity for terrorism.

Additionally, securitised safeguarding places a form of ontological security at the heart of social work practice that sees social workers mired in a series of bureaucratic activities which offer little in the way of direct contact with families and instead serve an organisational culture preoccupied with a discourse of risk and threat (Featherstone, Gupta, Morris, & Warner, 2016.) We build on our understanding of securitised safeguarding within the counter-terrorism domain to explore the extent to which we may see such securitised approaches dominating traditional child protection practices which have tended to focus on parents and/or close caregivers that may pose a risk for children.

Risk aversion, securitisation and surveillance

There is a lack of critical recognition within the profession of the ease with which the development of securitised safeguarding approaches legitimises and enhances the neoliberal political and social narrative. Ragazzi (2016), for example, describes how, in public policy, ideas about security are preferred over notions of welfare, and the work of Bilson and Martin (2016), Bilson et al. (2017) and Featherstone et al. (2016) provide support for this assertion. Webb (2006) argues that neoliberalism produces a discourse of personal responsibility by emphasising personal over structural causation. As we go on to explore, practice approaches consistent with this analysis are mobilised through securitised safeguarding. This focus provides a vehicle for the promotion of a series of instrumental technical-rational methods of intervention (Wastell et al., 2010) which emphasise actuarial risk assessment and risk management practices (Webb, 2010). While practices such as these might well avoid greater risk and prevent harm in the short term, they are unlikely to support the creation of a set of circumstances where such changes are enduring. Rather, the practice of risk management (in itself a product of the securitisation processes we discussed

earlier), is essentially a temporary fix which, unless married with a more robust set of changes to the economic and political system, will result in *see-saw* families who engage, disengage and re-engage with services over time. There is also a risk of over-notification, with families being unnecessarily drawn into welfare services, which is potentially damaging in and of itself, as will be explored later.

This practice culture is further complicated by a regime of hyper-regulation that sees local authorities and social work services subject to intense and potentially deleterious scrutiny which is often focused on issues of performance and targets. A further arena for scrutiny exists in the professional regulation of social workers (Worsley, McLaughlin, & Leigh, 2017). This panoptic focus on scrutiny, alongside ontological insecurity created by a professional fear of getting it wrong in concert with global ontological insecurities and fear caused by the very real threat of terrorism, may create the conditions for unthinking decision making using oversimplified 'common sense' (McKendrick & Finch, 2016) explanations. Consequently, social workers may act with undue haste to remove a child or adult from an unsafe situation by placing them in a secure environment. More generally, social workers might rely on thin narratives to understand complex social phenomena, such as cases of children and young people becoming radicalised to commit terrorist acts. The discussion now moves on to consider recent child protection research, which we use to further illustrate concern with securitised safeguarding.

Messages from research

Bilson and Martin's (2016) research in England provides an example of the impact of these developments. They demonstrate an 80% increase in child protection investigations over a five-year period (2010–2015) with a 118% rise in findings of "no abuse". For us, this is a powerful example of securitised safeguarding driven by a neoliberal political agenda, which sees a shift in the mode of professional engagement with families from a non-judgemental attitude to an attitude characterised by suspicion and disbelief (Morrison, 2006). Instead of social workers working *with* families and developing relationships, a new dynamic has emerged. Social workers increasingly employ actuarial methods informed by a subjective instrumentality which does not demonstrate adequate consideration of other mitigating factors. Instead, they may engage based on the assumption that families are subversive, risky, and full of threat. A veneer of suspicion is added to the professional relationship that sees social workers as constantly concerned over the possibility of what families might do as opposed to what has been done to them through government policy, austerity measures and the neoliberal environment.

Rose (2000) characterises likely users of social work services, as "excluded sub populations" who are constructed as having "refused the bonds of civility and self-responsibility" and are living outside the "circuits of inclusion" (p. 331) in geographically isolated locations, employed on precarious zero hours contracts, removed from the centres of decision making and perceived by a distant, muscular state as risky, dangerous and capable of acts of violence and aggression against their own children or other vulnerable relatives. For Rose (2000), social workers operate as state actors involved in "the administration of the marginalia" (p. 331). Social workers are therefore participants in the apparatuses of security serving to control, constrain and manage sections of the population, working uncritically within oppressive new legislative measures and policy environments.

Bilson and Martin's (2016) research provides compelling supporting evidence for Rose's (2000) claims. Bilson and Martin demonstrate a clear relationship between exposure to child protection activity and deprivation, with children living in the most deprived areas of the country being 11 times more

likely to be on a child protection plan or in care compared to those in the least deprived areas. Using freedom of information requests, Bilson and Martin (2016) explored responses from 75% of English local authorities showing that 115,735 children, 22.5% of the over half million children born between 2009 and 2010 in these authorities, had been referred to children's services before their fifth birthday in 2015. Half of those referred, one in every nine children, were at some time suspected of having suffered abuse or neglect. Child protection investigations were carried out into the circumstances of 5.4% of all children born between 2009 and 2010.

Bilson, Cant, Harries, and Thorpe (2013) also explored statistics in Australia, gathered between 1996 and 2009. Parallel to the UK context, there was also an increase in child protection activity with investigations, referrals and reports gradually rising before rapidly increasing following the introduction of well-being indicators from mid-2005. In the period between 2006 and 2009 there was a 100% increase in referrals and reports of child protection concern.

Unnecessary state intervention?

This phenomenon appears to echo the spirit of securitisation theory where (possibly manufactured or exaggerated) concerns are perceived by the state as an existential threat, permitting state actions not commensurate with existing democratic conduct. For example, Bilson states:

> An increasing proportion of investigations do not find children to be significantly harmed. These inconclusive investigations have more than doubled from 45,000 to 98,000 in the last five years leading to many more families being unnecessarily put through the trauma of an accusation that they are harming their child. By 2014-15 less than two in every five child protection investigations found significant harm leading to a child protection plan. There is little or no evidence that this growing culture of high levels of suspicion of abuse provides better protection for children and some evidence that unfounded investigations are in themselves harmful. (Bilson, 2016, paragraph 6)

It is worth emphasising the last sentence of this quote, namely, the potential of harm being increased in vulnerable families by unnecessary and intrusive state/social service investigations. We note alarming similarities with recent statistics about referrals to Channel panels. Channel panels, in the UK, are one aspect of the anti-terrorism PREVENT policy. Where there are concerns about an individual being drawn into extremism or being radicalised, local authorities, using existing collaborative arrangements between health, social care, youth offending and the police, convene panels with the aim of:

- identifying individuals at risk of being drawn into terrorism
- assessing the nature and extent of that risk
- developing the most appropriate support plan for the individuals concerned
- safeguarding children and adults being drawn into terrorism by intervening early before illegality occurs. (HM Government, 2012)

The Home Office reports that, in 2017/18, 7,318 individuals were referred to PREVENT. Of those, 40% were signposted to alternative support, 42% required no further action and 18% were discussed at Channel panels. Of the 394 individuals who received Channel support in 2017/18, 179 (45%) were referred for concerns related to Islamist extremism and 174 (44%) were referred for concerns related to right-wing extremism (Home Office, 2018). In other words, 82% of referrals to Channel panels result in no further action or support

other than de-radicalisation services. This amounts to 6,924 people between 2017 and 2018 who were clearly involved in a securitised safeguarding process where it was concluded that there was no identifiable extremist activity

Well-being and child protection: A marriage made in hell?

This dramatic increase in state intervention in terms of increased referrals for alleged child abuse and referrals because of suspected radicalisation, raises additional concerns for the writers around the conflation of well-being and safeguarding which we see as an extension of the issue of securitised safeguarding. Indeed, Webb (2010) explored the concept of well-being, which he insightfully framed as being:

> A warmly pervasive concept it is likely that well-being will become more and more embedded in both public policy and everyday talk. (2010, p. 959)

Webb (2010) locates well-being as a contemporary feature of post-materialist societies that sees the "ongoing transformation of individual values in society which gradually frees them from the stress of basic acquisitive or materialistic needs" (2010, p. 964). Webb (2010) positions well-being as a subjective instrument for framing an activity or set of needs and wants. Well-being is a product therefore, of postmodern societies and operates as a replacement for traditional models of society that were built on occupational specialisation, urbanisation and bureaucratisation.

The inherent subjectivity of well-being allied to the stated desires relating to quality of life and individual self-expression allows for a continuous and rapid expansion and definition of the term. The Scottish Government, vocal champions of the notion, do not even offer a definition; instead they have produced a series of eight well-being indicators that represent the "Getting It Right for Every Child" policy that forms the national framework policy for Children and Families (Scottish Government, n.d.).

Webb (2010) identifies two problems with notions of well-being. One is the anticipatory and elasticity of the concept; even if you have a degree of well-being there is always more to achieve. Secondly, well-being promotes a trend in social individualism that shifts society away from notions of collectivism and unity. These factors may go some way in explaining the increase in referrals recorded by Bilson and Martin (2016). The safety and protection or the avoidance of serious harm or injury to the person has been replaced by vague notions of self and the pursuit of social individualism. This shift is described in greater depth by Deleuze (1990) as a shift from "disciplinary societies" to "societies of control". As Finch and McKendrick (2019) have previously argued, societies were organised on predictable lines associated with mass employment and a social and personal life organised around the workplace. The decline in industry and its replacement with patterns of occupation based on call-centre-type models encourages a new society mediated by technology that encourages shifts in socialisation and leisure activities.

In this context, emerging social work practices which are driven by a desire to keep pace with societal changes involve a directional shift which runs contrary to the fundamental principles of the profession which understand structural factors and lived experience as playing a significant part in capacity to manage challenges (Corrigan & Leonard, 1984). The influence that gender, race, and social class have in child protection work is rendered invisible by the securitisation process. Instead, the pursuit of ontological security as proposed by Giddens (1991), is favoured through a series of technical-rational practice approaches. As long ago, as 1991, Castel was concerned about the process of the de-skilling of social workers, through the

over-emphasis on managerialist actuarial regimes. As Castel (1991) notes:

> The specialist find themselves now cast in a subordinate role, while managerial policy formation is allowed to develop into a more completely autonomous force, totally beyond the surveillance of the operative on the ground who is now reduced to a mere executant. (Castel, 1991, p. 281)

Exploring a practice of de-securitisation

In considering how best to move to a de-securitised method of practice, it is important to recognise the embedded nature of neoliberalism as a political and economic doctrine and the impact it has had on public services in general and social work in particular. As Ferguson and Lavalette (2017) remind us, neoliberalism can no longer be considered a new phenomenon. It has been with us for 40 years and is based on the mantra of "private good, public bad". In relating neoliberalism to today's safeguarding practices, it is important to recognise that the past 40 years has seen a significant overhaul of all public services with the result that the language, policy, practices and approaches have been co-opted to support a hegemony which aims to ensure that responsibility for social issues and problems is transferred decisively from the state to the individual.

We perceive the emergence of "securitised safeguarding" as an endgame in this project. Neoliberal policies act as tools for discrimination, oppression and securitising a class of people as dangerous rather than as victims of a system that is designed to ensure that the advantaged not only retain that advantage, but are recipients of further advantage. We argue that this is a necessary requirement in the development of an unrestricted neoliberalism which allows a more complete transfer of responsibility away from the state to the individual, requiring the state to only provide services that safeguard rather than support, and to do so in a securitised manner.

In developing a response to this developing practice, we are conscious of the need to critically consider the extent to which neoliberalism has permeated all aspects of public service, including social work. To this end, concepts that have been widely accepted to date require critical review. We suggest that certain words and phrases are worthy of consideration as keywords in the neoliberal project, hence our earlier exploration of "safeguarding" and "well-being". As an alternative, we suggest that we give more thorough and detailed consideration to concepts such as discrimination, poverty and oppression. Further, rather than perceiving those who receive services from social work as risky and dangerous, we should conceptualise them as victims of a pervasive political order that applies discrimination and oppression as a coercive form of social control.

The liberty–security balance

Neocleous (2007) considers the challenges in what he describes as the "liberty security balance". He relies on a well-known quote from Benjamin Franklin who stated, "they that cannot give up essential liberty to obtain a little temporary safety deserve neither". For Neocleous (2007), the challenge lies in the belief that we live in an essentially liberal society which, on occasion, enacts securitised measures as a means of preserving that liberty. This is done reluctantly but the populace gives its consent to it occurring to prevent the deleterious consequences that would occur if it was not applied. Neocleous's (2007) argument is that we do not, in fact, live in a society where liberalism is dominant but rather one in which we have a fundamental and ingrained disposition to security, he argues:

> I want to suggest that in encouraging an essentially liberal mode of thought, the myth of "balance" between security and liberty opens the (back)door to an

> acceptance of all sorts of authoritarian security measures; measures which are then justified on liberal grounds. (2007, p. 133)

When related to social work, this can be seen to be reflected in the perversion of safeguarding practices which, in their current form, have done little to uphold the liberal traditions of the profession. Instead, such practices have embedded and encouraged the development of securitised approaches which are justified on liberal grounds, thereby ensuring securitisation enjoys hegemonic status in this area of activity. Perhaps most concerning is the way in which threat is perceived through a series of subjective concepts and the manner in which these concepts are seen to be evidenced through the speech acts of a marginalised, oppressed and precarious section of the population. The dominant mode of thought is one of suspicion and concern. Despite attempts to prevent this becoming rigidly fixed in the social imagination, social work finds itself subsumed within the powers that are promoting such securitised approaches and attitudes (Jensen, 2014; Slater, 2012; Tyler, 2013).

Welfare safeguarding

Wæver (1997) provides one model that could effectively be used to challenge this hegemony. He suggests three strategies to achieve de-securitisation:

1. Not speaking about the issue as a threat at all;
2. Managing securitisation in a way that prevents it from spiralling;
3. Moving the securitised issue back into normal politics.

We refer to these actions as a form of "welfare safeguarding". In order to reclaim practice for a more welfare-centred orientation we see a key role for sociological literature and research. Crossley (2017) explores the notion of imagined geographies of poverty. He describes how the mobilisation of neoliberal policies causes harm to individuals and families and how these harms are subsequently labelled by hegemonic powers as the responsibility of those individuals. He reminds us that the problems experienced by specific regions or people are not the problems *of* those regions or people. Lansey and Mack (2015) describe the impact of austerity policies on vulnerable children and families thus:

> The policies were designed to hit the incomes and housing security of families who already had a hand to mouth existence, missing out on the most basic of contemporary needs. (p. 85)

Crossley (2017) and Lansey and Mack (2015) all demonstrate the significance of structural, social, political and economic decisions made by government and their impact on the most vulnerable of families. We go further and suggest that the policies enacted by government create circumstances where families exposed to the austerity agenda experience greater surveillance and increased exposure to securitised safeguarding because verbal expression of frustration, exhaustion and anger at being marginalised could be perceived as the utterances of intention to do harm or to engage in practices that are perceived as risky. In turn, this renders those families more vulnerable, not as a result of their own actions but rather as a deliberate consequence of hegemonic power. Indeed, Jensen (2018) argues that individualising and pathologising discourses of so-called dysfunctional and feral families are created by the media and public debate, which, in turn legitimises state discipline of parents. Jensen (2018) argues, therefore, that such imagery is used to justify punitive family policies.

As Bilson and Martin's research demonstrates, such punitive incursions into the private life of the family are not only unwarranted but are actively harmful and reductive. Seeing expressions of

exasperation for what they are, a method of relieving pressure and strain, represents the beginnings of a welfare safeguarding model. Demonstrating empathy and understanding within a relationship that can contain the day-to-day frustrations of a marginalised and oppressed group, becomes a political act – an act which moves decisively away from a threat-based engagement to one of understanding, support and effective challenge. Actively listening to speech acts and demonstrating an ability to interpret them relative to the circumstances in which they are made represents a proportionate and empathic response. Understanding *normal* expressions of frustration and setting these against expressions that require a securitised intervention becomes a central element of welfare safeguarding practice. Finally, the ability to move beyond the initial speech act and locate this in the lived experience of the family or the individual represents a shift back to the normal politics of social work relationships.

If social workers are to adequately protect children, a professional requirement arises for social workers to challenge the existing structure of inequality that promotes the notion of increased individual responsibility. We argue that processes of securitisation act decisively to move, not only responsibility to families, but to compel social workers to see these families as beyond help and in need of securitisation.

We argue that welfare safeguarding comes with a requirement for socially aware social workers who are conscious of the political climate they operate in and are able to recognise the pernicious impact that austerity policies have on those least able to resist them. We encourage social workers to defy simplified common sense, thin narratives that emphasise the actions of individuals as being of greater significance than the actions of governments and political elites and we support efforts to encourage a more socially conscious and politically active social work – one which de-securitises rather than contributes to securitisation policies and practices. We acknowledge that operating in a de-securitising manner is challenging for individual social workers, who may also be suffering from marginalisation themselves, not least because of their close proximity to individuals and families perceived as dangerous or "other" (McKendrick & Finch, 2017). There is a need, therefore, for more collective action by those in caring professions to ensure those at risk in a neoliberal society do not become further marginalised.

Leonard (1975) describes socially active and politicised social work, involving a need to understand the difference between the *description* of the current activities of social workers and the *prescription* of future activities that seek a more radical resolution to the issues faced by families. He explores this tension using the example of a move from an individual pathology to a collective perspective, seeing the problems experienced by an individual as experienced in similar ways with perhaps different emphasis by a group. In a later text, Corrigan and Leonard (1984) use the example of a single parent struggling with the challenges of bringing up her children. In an individualised case work pathology, there is a greater emphasis on risk to the children arising through a lack of parental capacity while in a group setting the common struggles of one-parent families are exposed through the lens of gender discrimination and oppression. Leonard (1975) argues that this sort of re-framing provides an entirely different and richer understanding of the causes and effects of social problems. Whilst these texts are over 40 years old, they clearly illuminate the possibility of de-securitising approaches in social work.

Conclusion

We have argued that the gradual and surreptitious development of securitised safeguarding has largely taken place under the radar. From our dissemination activities of other related work, it is clear that a sense of disquiet exists amongst practitioners

over what we term here as *securitisation creep,* represented in a gradual hardening of attitudes towards users of social work services, coupled with a greater emphasis on social control and coercive forms of practice. Practitioners have not, as yet, been able to rally around a particular theoretical approach that gathers these concerns up coherently while offering a potential alternative. In some regards, existing social work theory does not adequately provide the vehicle for this, and our attempt here has been to explore other areas of academia and to provide insights from there in the hope that we encourage more imaginative thinking around this set of issues, not only in social work, but for a wide range of social care professionals working with vulnerable communities at risk from securitising welfare practices.

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ORIGINAL ARTICLE
QUALITATIVE RESEARCH

Heard but not seen: Exploring youth counsellors' experiences of telephone counselling

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ABSTRACT

INTRODUCTION: Human service practitioners who work over the telephone are physically invisible to their clients and this invisibility shapes their work. Existing literature suggests that physical invisibility, coupled with anonymity and the immediacy of service provision are defining features of telephone counselling. However, little research has explored how telephone counsellors experience these features in any real depth.

METHODOLOGY: This article reports on a case study conducted at a youth helpline in Aotearoa New Zealand. Qualitative, semi-structured interviews were conducted with 10 practitioners on their experiences of telephone counselling work. One key finding from this case study is discussed: the impact of invisibility and anonymity.

FINDINGS: Findings indicate that practitioners' experiences of delivering telephone counselling are more divergent than those presented in extant literature. While telephone counsellors face challenges delivering non-face-to-face counselling support, the physical invisibility of this medium, coupled with a supportive work environment can also provide potential benefits to counsellors.

CONCLUSIONS: Counsellors' experiences of telephone counselling work appear to be more nuanced than traditionally understood. While practitioners may experience a range of possible challenges in delivering telephone counselling, such as responding to hoax and abusive callers, they also experience benefits such feeling relaxed, and supported by colleagues and supervisors. Management practices, such as flexible rules and accessible supervision, can help practitioners manage the impact working non-face-to-face with clients. Given the ongoing popularity of telephone counselling, further research is needed on the working conditions that promote practitioner wellbeing and job satisfaction.

KEYWORDS: Telephone counselling; invisibility; anonymity; telephone counsellor wellbeing; working conditions

Telephone counselling services provide a widespread, convenient, cost-effective medium of human service delivery. They are provided across diverse fields of practice, enabling people to discuss and seek support for the problems they are facing as they happen, particularly in times of crisis (Christogiorgos et al., 2010; Rosenfield, 1997). There is, however, minimal research on how practitioners

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experience delivering support to clients over the telephone. This is a significant omission given the important role that work plays in shaping practitioner wellbeing, job satisfaction and performance (Shier & Graham, 2011).

Practitioners may experience challenges performing telephone counselling due to the unique characteristics of this work. These characteristics include features such as its non-face-to-face format and its associated anonymity and invisibility (Christogiorgos, et al., 2010). The physical invisibility of counsellors and clients from each other is a key defining feature of telephone counselling work. While some research has acknowledged these unique characteristics and their impact on counsellors, the major focus of these studies is the impact of these features on callers (Christogiorgos et al., 2010; Coman, Burrows, & Evans, 2001; Rosenfield, 2003).

This paper reports one of the key findings from a larger doctoral study on counsellors' experiences of telephone counselling work, namely the impact of physical invisibility and client anonymity on practitioners. In this study, telephone counselling refers to a free service that provides both one-off and ongoing support for children and young people aged 5–19 years to talk about their problems and concerns. The main premise of this paper is that telephone counsellors are heard but not seen by their callers, and this feature of their work has nuanced implications for how practitioners experience this work, as well as their wellbeing and job satisfaction.

Telephone counselling in the contemporary social services context

Counselling as a profession is relatively young in Aotearoa New Zealand. The provision of counselling services underwent significant transformation in the late 20th century in response to Aotearoa New Zealand shifting from a welfare state to a free market economy (Hermansson & Webb, 1993; Stanley & Manthei, 2004). This has led to the outsourcing of counselling to the private and charity sectors, and an increase in user-pays counselling services (Rodgers, 2012). Although the profession initially relied on western theories of counselling, socio-political-cultural developments in the late 1980s and early 1990s saw the call for locally informed counselling theories and approaches (Durie & Hermansson, 1990; Hermansson & Webb, 1993; Lang, 2005). This shift in approach encourages counselling services and practitioners to act in the spirit of partnership set out by the Treaty of Waitangi (Miller, 2012). For instance, Durie and Hermansson (1990) called for *Te Ao Māori* (Māori worldview) concepts to be incorporated into practice, especially when working with Māori clients (Hermansson & Webb, 1993). There is an obligation for practitioners and services to ensure their work is reflective of multiple local understandings, or bicultural pluralism (Lang & Gardiner, 2014), and a commitment to culturally competent and safe practice (Rodgers, 2012). However, despite the commitment to biculturalism, Māori-centred practice challenges remain, such as ongoing differences between Māori and Pākehā interpretations of the meaning and intention of *Te Ao Māori* concepts (Watson, 2019), and the impacts of increasing professionalisation of counselling and social work practice on future practitioners and their practice (Staniforth, 2010).

Research exploring practitioners' experiences of telephone counselling is limited, with most studies carried out prior to 2005. A recent desktop review of extant literature on telephone counselling found the current emphasis is on its effectiveness in responding to specific presentations, such as smoking or alcohol and drug use, rather than general mental health support. Within the Aotearoa New Zealand context, a small body of research has examined the medium's effectiveness in supporting young

people (Youthline, 2005) and adults who gamble (Kim, Hodgins, Bellringer, & Abbott, 2016), and its role in supporting people from culturally and linguistically diverse (CALD) communities with mental health issues (Dong, 2016). However, limited research has been conducted on how counsellors and other human service practitioners experience this work.

Studies in Australia and the UK investigating the use of telephones as a medium of human service delivery (e.g,, child protection helplines) have examined the impact of providing appropriate support for people with complex presentations over the telephone (King, Nurcombe, Bickman, Hides, & Reid, 2003; van den Broek, 2008). Relative to practitioner experiences, this research highlights workers' concerns over increased surveillance by management, and frustrations over how this can limit the professional discretion needed to respond effectively to callers (van den Broek, 2008). While critical of the tendency for call-centre mediums to constrain professional autonomy and discretion, these studies acknowledge the important role they play in providing accessible and timely support to service users. In other words, they provide immediate, and usually free, support at the point of crisis and are accessible to those who are socially and geographically isolated (Coman et al., 2001). Accordingly, Parrott and Madoc-Jones (2008) argue that, rather than just viewing information and communication technologies (ICT) as tools of managerialism, it is important to recognise their potential to reach disenfranchised and excluded service users. This body of literature, while patchy in its depth and breadth, demonstrates the important role telephone support services play in the contemporary human services landscape.

The invisible telephone counsellor and its impacts

Physical invisibility, or the lack of visual cues such as facial expression and body language, is a defining feature of telephone counselling. (O'Sullivan & Whelan, 2011). Telephone practitioners form their connection with service users audiologically (Maher & von Hippel, 2005). This style of interaction requires practitioners to adjust their communication style and concentrate on other facets of the caller's presentation apart from visual cues (Christogiorgos et al., 2010). Coman and colleagues (2001, p. 254) argue that telephone counsellors need to gain competence in reading "every sound, every silence, inflection and qualities of speech including tone, pitch and speed" in order to determine what is happening for the caller. In addition, they need to be aware of their own speech properties, or paralanguage, including their "speaking rate, tone, volume, pitch and intonation" (Hanna & Nash, 2012 p. 486), and what this might convey to the person at the other end of the telephone line. Finally, telephone counsellors need to be skilled at interpreting and interrupting silences to communicate presence and ensure the therapeutic relationship with the caller remains intact (Sanders, 2007).

The physical invisibility and associated anonymity of callers provides service users with a degree of control over the counselling process (Rosenfield, 2003). In comparison to face-to-face services, callers have greater ownership over the counselling process as they are in charge of when, or if, to ring up, where to call from, how much to disclose, and the duration of the call (Christogiorgos et al., 2010; Rosenfield, 2003). The ability to remain anonymous may also promote the ease of caller self-disclosure (Centore & Milacci, 2008). Suler (2004) argues that, in non-face-to-face environments, people experience a sense of benign disinhibition as they feel less inhibited and freer to share information than they would in face-to-face settings. This aligns with research that has found clients experience greater freedom in expressing their presenting concerns and feelings over the telephone (Coman et al., 2001; Rosenfield, 2002). The lack of identifying information both parties have about each other is believed to provide a sense of safety and security for the caller and

promote heightened intimacy between the counsellor and the caller (Christogiorgos et al., 2010). Accordingly, callers have identified the ability to remain anonymous as one of telephone counselling's most attractive features (Bobevski, Holgate, & McLeannan, 1997).

While anonymity affords benefits to callers, it may deliver negative outcomes for counsellors. Callers have been reported to contact telephone services to abuse and/or yell at a counsellor (Lester, Brockopp, & Blum, 2012). Suler (2004) calls this *toxic* disinhibition, where the physical distance and non-face-to-face interaction may encourage inappropriate behaviour, such as pretending to be someone else or expressing threats towards others. Toxic disinhibition occurs when callers present by 'testing' services in ways such as abusing counsellors or calling numerous times within a short period of time (Hall & Schlosar, 1995; Sanders, 2007). The counsellor's ability to manage these presentations may be further complicated by organisational directives, with many services adopting a strong 'no hang up' philosophy for testing calls (Hall & Schlosar, 1995; Sanders, 2007). Ongoing engagement with testing callers may lead to counsellors feeling uncomfortable, distressed or violated, in turn promoting a sense of powerlessness (Sharah, 1995). As a result, several authors suggest that over time, responding to testing calls may negatively impact counsellors' attitudes towards all types of callers (Hall & Schlosar, 1995; Lester et al., 2012).

Despite the acknowledgement of the unique characteristics of telephone counselling work, little research has explored how practitioners' experiences are shaped by such features. Thus, this paper will explore how practitioners' experiences are shaped by the invisibility and anonymity of telephone counselling work through examining the experiences of one group of counsellors working at a youth helpline in Aotearoa New Zealand. In doing so, it will address the following research question:

How do unique work characteristics of telephone counselling, namely invisibility and anonymity, shape the experiences of telephone counsellors?

Methodology

The broad aim of the study was to explore how youth counsellors experience telephone counselling, and the role work-related factors played in shaping these experiences. The findings reported in this paper stem from a qualitative case study of youth counsellors' experiences of working in an Aotearoa New Zealand youth telephone counselling service. The service provides free counselling to children and young people between 6 and 18 years of age. Prior to conducting the study, approval was gained from the Human Research Ethics Committee at The University of Queensland.

Research design

Multiple sources of data were collected for this case study; however, this paper reports only on findings from semi-structured interviews that focus specifically on how invisibility and anonymity shape practitioner experiences of telephone counselling work. Holstein and Gubrium (2004) argue that interviewing is an active process whereby both the interviewer and participant create meaning through their conversation. By acknowledging the active nature of in-depth interviewing, the researcher was conscious of the freedom participants had to construct their experiences through dialogue and the role the researcher played in co-construction of these experiences.

An interview guide was developed, which listed the main topics to be explored (Minichiello, Aroni, & Hays, 2008). This provided flexibility in when and how topics were explored, while ensuring the main topics were covered to address the central research questions (Alston & Bowles, 2018; Patton, 2002). The topics covered included: 1) professional background and length of telephone counselling experience;

2) perceptions and experiences of telephone counselling; and 3) the work-related factors that facilitated these experiences.

Participants and recruitment

Participants consisted of 10 out of the 15 telephone counsellors employed by the youth telephone counselling service. They were aged between 21 and 50 years, with most having social service qualifications such as in psychology, counselling, social work or human services. To ensure participants had an adequate range of experiences to reflect upon, only those who had worked as a telephone counsellor for a minimum of 12 months were eligible to participate. Participants were introduced to the study through the service's Chief Executive Officer (CEO). Four participants contacted the researcher about their interest in participating in the study prior to the first author's arrival at the research site. An additional six participants were recruited in person with the assistance of a shift supervisor and conducted in a manner to ensure voluntary participation in the study. Prior to the study, interested participants were informed of what their participation would involve and its voluntary nature, and provided consent based on this understanding.

Data analysis

Braun and Clarke's (2006) framework for thematic analysis was applied to structure the analysis of interview data. They argue that thematic analysis has been criticised for the lack of clarity around how it should be conducted. To address this reported weakness, they outline six key steps to guide the process of thematic analysis. An additional attraction of this framework is its adaptability to the unique qualities of the data being analysed.

The analysis process began with the transcription of digitally recorded de-identified interviews, which were then transferred into NVivo computer software for data management and coding. Initial coding was conducted using sensitising concepts drawn from extant empirical and theoretical literature to explore how the counsellors' experiences resonated with themes and concepts in this literature (e.g., the unique characteristics of this work) (Patton, 2002). Next, data-driven coding was completed to identify unique themes that emerged from participants' accounts of their work (Ryan & Bernard, 2003). The codes were then refined into overarching themes that were defined and named accordingly (Braun & Clarke, 2006). The rationale for choosing and identifying themes was made as transparent as possible through writing memos, keeping a reflexive journal, and attaching notes within NVivo (Maxwell, 2005). The anonymity of participants was ensured by omitting content that may be personally identifying, which was especially important due to the size of the service.

To help to minimise the impact of researcher bias, the lead author engaged in a process of ongoing self-reflection, or reflexivity, during data collection, data analysis and the write-up of findings. This involved keeping a journal documenting her experiences, reactions, emerging understandings and interpretations, and possible impact on the research at each stage of the investigation process. The self-reflective process of keeping a reflective journal heightens researchers' awareness whether their own experiences were influencing the perception and construction of participant experiences (Altheide & Johnson, 1994), thus enhancing the credibility of the findings (Lincoln & Guba, 1985).

Findings

This section examines the findings in relation to four key themes related to the invisibility and anonymity of telephone counselling work, focusing on the implications for human service practice via this medium. The first theme focuses on responding to challenging caller presentations; fostered by the anonymity of the service, counsellors

identified these presentations to have a considerable impact on their work. The positive aspects of invisibility are then exemplified through the following three themes: enhanced sense of freedom and physical comfort; the benefit of being able to see and interact with colleagues; and the accessibility of supervision.

The impact of responding to challenging caller presentations

Similar to Hall and Schlosar (1995) and Sanders (2007), this study found that the physical invisibility and the anonymity of telephone counselling led to conditions where callers felt free to 'test' out the service and its counsellors. This section outlines the impact such 'testing' calls had on counsellors in relation to a growing scepticism of the genuineness of callers, and a waning desire to work with such calls.

'Testing' calls were found to create extra challenges for counsellors in establishing therapeutic or working relationships with service users over the telephone, and maintaining the energy needed to respond appropriately. Abusive calls were experienced as especially difficult. The majority of counsellors indicated that ongoing exposure to testing calls during their shifts was tiring and de-motivating. This is illustrated by Participant 5 who reflected on the impact of these testing calls over the course of her telephone counselling career:

> When we had our introduction into these things you know you have to be prepared to deal with this, I was thinking of course I can deal with this, but it's quite tiring…I'm feeling my patience comes to an end… Yeah I think I'm a bit levelling out, because all the enthusiasm from the beginning is gone and sometimes it's just really hard and frustrating to go through so many testing calls.

Other participants reported an increase in scepticism with regard to the genuineness of caller presentations:

> It's not easy and what I find is the longer you do it…is that you become a little bit cynical. So initially I was surprised when it was a testing [call], now it's the opposite. I'm sort of geared, always listening for a testing call, listening for the inconsistencies…I have to confess I think on one or two occasions I've gone into the call absolutely convinced it was a testing, and it's taken me a good ten minutes into the call to suddenly realise, hey this is a really serious call. So from that way, that sort of carries a little bit of guilt with it. (Participant 10)

Hall and Schlosar (1995) observe that repeated interactions with testing callers can diminish counsellors' empathy and result in an expectation of being manipulated by callers. Hence it is not surprising that three participants in this study questioned the overall value of responding to testing calls.

Ambiguous presentations, calls where the telephone counsellors did not know whether the caller was legitimate or a hoax, were also experienced as challenging. In these cases, counsellors found it difficult to believe in the genuineness of callers' presentations, at least at the start of the call. This is highlighted by Participant 2:

> Like when it's clearly adult and…they're trying to be…young. Or if it's a child pretending, saying something really, really, really serious and I can tell that… they're just fooling around. But it's over the phone I have to go by…whatever the person was saying…So, it can be quite challenging.

Although she did not always believe a caller's presentation, Participant 2 felt unable to respond in any way other than to go along with the presentation because she lacked visible cues to confirm her suspicions.

Workers' difficulties experienced in responding to testing calls is partly explained by the organisational expectation of treating each call as though it is the caller's

first contact with the service. As Participant 10 reflected:

> I think there's this sense of being a little bit powerless with that, instead of going okay you have phone[d] six or seven times and I don't want to talk to you anymore, we sort of feel like you are having to buy into it even though you know…they're lying.

As a result, this participant felt unable to challenge callers' presentations, and felt obliged to go along with fictitious presentations, illustrating the lack of control counsellors may have over hoax callers. Ultimately, testing or hoax callers impacted counsellors' willingness to build a relationship and maintain a connection with callers, demonstrating the difficulty of adhering to the organisational directive to treat each caller as though it was their first call.

While responding to ambiguous or testing calls is challenging and may engender a sense of powerlessness, participants also identified positive aspects of being invisible to callers which are explicated in the following three themes.

Enhanced sense of freedom and physical comfort

Participants reported that the invisibility of callers promoted a sense of freedom and ease whilst counselling over the telephone. Two counsellors described how not being able to see callers allowed them to relax and attend to their own physical comfort when interacting with callers:

> Often, I'll take my shoes off, my feet up, yeah that kind of stuff, 'cause it makes me feel more comfortable, or sit on my feet on the chair, like you know on my knees. (Participant 8)

> I kind of like to sit weirdly, like cross my legs on my chair, or bring my knees up. [Laughs] You couldn't really do that when you are with a client [face-to-face]. (Participant 1)

These counsellors surmised that they have greater freedom of physical expression when counselling via the telephone than in face-to-face settings. This freedom extended to what they wore to work, with Participant 1 commenting that they may even dress in "tracksuit pants and slippers" if they chose.

Over time, counsellors learnt there was a degree of flexibility around the organisational rules and behavioural expectations, facilitating a perceived degree of freedom when working in the counselling space. For example, counsellors were cautioned against putting their feet up on their desks, playing solitaire or searching on the Internet whilst on a call, and talking to fellow counsellors in between calls. However, the participants in this study reported that they continued to engage in these activities despite the service's expectation that these behaviours should be avoided. This ability to break some rules – and get away with it – may be indicative of an organisational culture that privileges the counsellors' needs and preferences over formalised conventions.

The counsellors rationalised their behaviour by suggesting that these sorts of activities assisted them to manage various aspects of their work. Five counsellors commented on how these activities distracted them from the challenges of their work and enabled them to relax in the counselling environment. For example, putting their feet on their desks helped them to stay calm while on testing calls. When asked how she handled testing calls one participant commented:

> I might be kind of swivelled around on my chair and maybe even my legs up on the desk or something like that…even though we're not allowed to do that. (Participant 1)

In addition, three counsellors commented on how playing solitaire or looking up

information and other material on the internet helped to distance themselves from repeat testing calls, allowing them to effectively manage the impact of these calls.

> …I find, even though we're not allowed to going on the internet, which pretty much all of us do, but we're not suppose[d] to… It's just that space...and shift in attention. (Participant 8)

Hence, this flexibility in terms of some organisational expectations enabled the telephone counsellors to draw on their own coping strategies to deal with the challenging features of their work.

The benefit of this sense of freedom was expressed by others as enabling them to adopt a more relaxed demeanour when working with callers over the telephone. For instance, Participant 7 stated:

> …they [callers] can't see…non-verbal[s] and also just allowing us to be ourselves as well. So it's kind of like we can be open to an extent…but you don't have to be so professional like a face-to-face person, you can be more relaxed.

The invisibility and anonymity of telephone counselling enabled workers to express themselves more freely and helped to facilitate a greater sense of ease when working over the telephone with service users.

The benefit of being able to see and interact with colleagues

A surprising finding from this study is the benefit participants derived from being able to see and interact with each other in the counselling floor. The counselling floor was set out in an open-plan format, facilitating practitioner ability to see and interact with their colleagues. Most counsellors identified visually and verbally connecting with colleagues as an important means of managing the challenging aspects of their work. Although the management preferred counsellors to talk via the service online hyperchat system the majority preferred talking in person.

> …sometimes that type of [in-person]… interaction is better for me…rather than just chatting by messaging, just having that more social interaction. It's a nice break from just having that interaction over the phone. (Participant 2)

Four other counsellors similarly indicated that in-person interactions with their peers were a welcome respite from the non-face-to-face interactions they experienced with callers. Although this in-person communication between counsellors was not the service's preferred means of communication, the participants indicated that they were not reprimanded by supervisors if they chatted this way with their colleagues.

The capacity to interact with colleagues both verbally and visually played a large role in counsellors' self-care. This was seen as an avenue to reduce the isolating nature of the work:

> …even though you are around a lot of people, you're not necessarily working with those people, you are working…on your own with the clients and you can become very isolated if you're not careful. (Participant 3)

The close proximity of colleagues in the counselling room and the simple act of being able to see them was identified as an important coping tool:

> …it's like a shared place where you can just hang out and it feels more like oh you know we're talking with kids, there's other counsellors here, I'm not working by myself taking all these calls and stressing out. (Participant 7)

Being in a shared space similarly enabled the counsellors to communicate more easily. Several participants commented

that chatting to peers helped them to pace their calls:

> So, it helps the day go by faster being able to have a break…in between calls from our callers, being able to chat to each other. Yeah…I think that's what's… nice it's a good break…from our calls. (Participant 2)

Being surrounded by colleagues also allowed counsellors to 'vent' and offload any frustrations or concerns about their callers. For Participant 2, the ability to readily debrief with colleagues allowed her to move on to the next call unencumbered by residual feelings about the previous caller:

> Yeah…it's nice, it helps with…releasing any type of…feelings or stress or anything like that. You know…by venting to someone else, being like, oh my god, that was just so this or that was so that. They will say "yeah I know I had blah, blah, blah"… And then it would be like I'm good now, next call.

The ease with which the counsellors could interact with each other also enabled them to enlist help from colleagues when needed. For example:

> …last night…[caller] kept constantly ringing me. So I got him and hung up and then the next person got him. So you just say "this is so annoying" or you know "I can't deal with him do you want to take him?" So it's quite nice to share this… (Participant 5)

The ability to share these types of calls with colleagues reduced the pressure of feeling solely responsible for responding to nuisance callers and suggests that a culture of collegiality was present within the counselling space. In the case of this service, the close proximity and visibility of colleagues not only counteracted the isolating nature of the work but also contributed to a sense of working collectively as a group.

Accessibility of supervision

The telephone counsellors who participated in this study strongly valued the supervision available to them when on shift. This supervision was accessible to counsellors both during and after calls. Being invisible to callers meant that the counsellors could interact with a shift supervisor online during a call, as identified by Participant 8.

> Well you have instant support at the push of a button… So there's someone that is always there listening if we need them… and to be able to get input if you're struggling. That is really helpful.

The counsellors valued having this immediate access to a supervisor, which appeared to be a significant factor in enabling them to cope with more serious presentations, such as suicidal ideation or child abuse.

Supervision was also reported to be readily available after a call had finished. Most counsellors identified shift supervision as being particularly important because of its accessibility:

> …it's fantastic because it's always there. (Participant 5)

> …if I ever have anything I need to talk about or want to talk about there will always be someone who I can talk to. (Participant 4)

The opportunity to debrief with supervisors at regular intervals was valued by participants as a means of processing the content of their shift.

> You know for four or five hours you've been on giving your ear and you know that they appreciate it, but in order to keep going you need it [debriefing]. I mean it's the same thing as we say to them "you need to let it out and not carry it" and the same applies for us. (Participant 1)

This ability to talk with supervisors in a safe and supportive environment when needed gave counsellors the opportunity to express their own thoughts and to be heard. In addition, the quality and accessibility of supervision also contributed to counsellors' reported enjoyment of their work:

> I think it's…such an amazing place to work because if ever there's anything going through your mind that you feel like you need to talk about there's, it's [support] just there. (Participant 8)

Discussion

This paper has examined telephone counsellors' experiences of key features of their work, the physical invisibility and anonymity. While the findings mirror those outlined in previous research demonstrating how invisibility can increase practitioners' vulnerability to receiving abusive and testing calls (Hall & Schlosar, 1995; Lester et al., 2012), they also illustrate divergent experiences of enhanced subjective wellbeing and work enjoyment. Reported benefits of being invisible to callers included: greater freedom of self-expression both professionally and physically; being able to readily connect with colleagues; and immediate access to supervisory support. Notably, these three factors helped to mitigate the negative impact of responding to challenging testing calls and afforded practitioners a sense of safety and support.

Two key organisational factors appear to have encouraged favourable practitioner experiences of telephone counselling work: flexible organisational rules, and accessible supervision. First, flexible organisational rules facilitated a sense of physical and professional freedom when working with clients over the telephone and facilitated practitioners' capacity to debrief with and receive support from colleagues. Call-centres are traditionally reputed to be places characterised by control over, and compliance by, workers, which are reported to inhibit worker control and discretion (van den Broek, 2008). In addition, employee communication with colleagues is reportedly discouraged in call-centres due to the perception such interactions distract from the core task of answering calls (Barnes, 2007; van den Broek, 2008). However, as observed in this study, flexible and supportive management practices can strengthen practitioner capacity to manage and work with challenging caller presentations and enhance the ability to draw on their own coping strategies to deal with the challenging features of telephone counselling work. This aligns with Hall and Schlosar (1995) who argued that giving telephone counsellors some discretion in dealing with testing calls helps to maintain their morale and work quality.

Flexible organisational rules around how counsellors physically presented themselves, in both clothing and body posture, and how they communicated with colleagues fostered an environment where they felt free to authentically express themselves. Christogiorgos et al., (2010) argues that freedom of expression can help to strengthen connections between counsellors and callers. In this study, the greater sense of freedom reported by participants appears to facilitate adoption of a professional demeanour that is relaxed and at ease. This may have knock-on benefits for callers in terms of availability and responsivity of practitioners, with these features having been found to improve the ease of developing a therapeutic alliance with clients and encouraging positive outcomes (Harms, 2015).

A second key organisational factor was the provision of accessible supervision when practitioners needed it. In this way, practitioners were never left on their own to cope with a challenging call or its after-affects. The strength of this accessible supervision model was that counsellors were able to work on the problems and concerns that were bothering them in the here and now. Kinzel and Nanson (2000) suggest the ability to debrief in this way provides practitioners with the opportunity to externalise concerns,

thereby accelerating recovery and reducing the impact of calls on their wellbeing. In addition, it provides further evidence of the valuable role internal supervision can play in promoting work wellbeing and perception of management support when it balances organisational responsibilities with the opportunities for reflective supervision (Carpenter, Webb, & Bostock, 2013; Holz, 2019). While some studies have indicated that call centres may heighten the perception of being monitored by management (Hanna, 2010), if the supervision provided is supportive versus coercive it may enhance counsellors' capacity to manage the demanding nature of their work. Such supportive versus managerial supervisory practice aligns with the goals of cultural supervision (Beddoe, 2016) by providing practitioners with a safe space to reflect on practice issues. However, further research is needed on how to best embed *Te Ao Māori* concepts in supervision within the telephone counselling context. Due to the managerial environment of telephone counselling services (van den Broek, 2008) it is important to understand how cultural supervision can be enacted within these contexts.

In the current climate of managerialism, which has negatively impacted workers' experiences, for instance through work-intensification processes and restrictions on professional autonomy (Fraser & Taylor, 2016), any improvement in worker conditions that has no negative implications for clients is to be welcomed. Rhoades and Eisenberger (2002) suggest that a perception of organisational support positively influences organisational commitment, job satisfaction, mood, job involvement and interest in work, work performance, and the desire to stay with an organisation. In addition, they suggest it reduces negative psychological and psychosomatic reactions to work, and withdrawal behaviour. Thus, the perceived organisational support present in a telephone counselling service can play an important role in offsetting the negative impacts fostered by the invisibility of this work. Whilst the findings from this study are not generalisable, Stake (2005) argues that case study research can provide important insights into the research phenomenon and may resonate with practitioners working in similar contexts.

Future research is needed to extend understanding about the role work-related factors play in shaping telephone counsellors' experiences and wellbeing outcomes. A limitation of the reported study is that we did not explicitly investigate Māori practitioner experiences of telephone counselling work. An important area for future research is to explore how Māori practitioners experience working via this medium and how this context impacts upon their interactions with both Māori and Pākehā clients. For instance, how do Māori practitioners overcome the preference for kanohi ki te kanohi, honest and genuine face-to-face interactions (Roberts, 2016). Do Māori practitioners also experience a heightened sense of physical freedom and relaxed professional demeanour over the telephone and, if so, does this enhance their ability to enact *manaakitanga,* demonstrating care for someone through compassion and embracing of a 'down-to-earth' professional style (Durie & Hermansson, 1990)? Such research would help to enhance understanding of how Māori practitioners can be supported to work in a culturally responsive way over the telephone.

Conclusion

Overall, the findings discussed here suggest that the impact of invisibility on counsellors' experience of their work is more nuanced than previously understood. This study has illustrated the key role that organisational and collegial support can play in assisting practitioners to manage the complexities of telephone counselling work. Being a small study based on one service, it is not possible to extrapolate the findings to other settings. However, the study is noteworthy because it contrasts with previous studies which have predominantly depicted telephone counselling in a negative light. Moreover,

it points to a need for further research on the working conditions and factors that sustain telephone counsellors rather than predominantly focusing on the factors that promote negative outcomes such as workplace stress and job turnover. Finally, further research on Māori practitioner experiences of working in a non-face-to-face context is required to better understand how the limitations of this medium can be addressed to ensure authentic culturally responsive practice is enacted via this medium.

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Social work and service improvement:
An example from the first youth forensic forum

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ABSTRACT

INTRODUCTION: This article focuses on the social work contribution to service improvement by reflecting on the establishment of the first youth forensic forum in Aotearoa New Zealand, held in October 2018.

APPROACH: An exploration of the Aotearoa New Zealand context that led to the establishment of the first youth forensic workforce forum is presented. Issues included disjointed mental health care for young offenders who move between secure residences, concerns about over-assessment of vulnerable young people, silo-ed specialist youth forensic knowledge, and a disconnected workforce. Led by a social worker, youth forensic workforce issues were addressed through the inaugural national youth forensic forum in 2018. The aim of the forum was to bring a disparate workforce together in order to improve mental health assessment experiences for young people within youth justice residences. This initiative was grounded in social work approaches of Māori responsivity, networking, ecological systems and relational practice.

CONCLUSION: Social workers have an important role in advocating for, and effecting, system change. The process for doing so within the youth forensic forum is presented. Social workers in all fields of practice are encouraged to consider how they work to make systems more responsive to the people they serve.

KEYWORDS: Mental health; youth forensic; systems; policy

When working as a social worker in a large organisation, it can be challenging to advocate for human rights and social justice, which are core tenets of the social work profession. We can despairingly observe the ways in which bureaucratic service processes are unhelpful for clients, and simultaneously feel ineffectual to create change from within.

Perhaps we underestimate ourselves. As social workers, we are trained to use our sphere of influence to effect positive change. We have the social work tools and knowledge to contribute empowering solutions to systemic issues, even within large-scale organisations.

An example of social work contribution to service change is presented below, with the invitation to consider what changes could be implemented within other fields of practice. The example comes from my work in youth forensics, a fascinating and complex area of practice. The youth forensic landscape is detailed, followed by an exploration of the use of social work values and frameworks to identify a problem, and suggestions on how to implement creative and sustainable solutions.

Youth forensics

The context for this initiative is the field of youth forensics. Youth forensic services in

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Aotearoa New Zealand have been developed to provide mental health assessments for young people in the youth court, and mental health services for young people in secure Oranga Tamariki youth justice residences (The Werry Centre, 2009). Teams are multidisciplinary, including social workers, and are situated within District Health Boards, with the exception of one kaupapa Māori service with DHB funding (Ministry of Health [MoH], 2011).

Youth forensic services are located within mental health service groups. However, youth forensic work is often practised at the intersection of mental health, youth justice, care and protection, corrections, police, courts, education and disability services. Many young offenders have a history of multiple service involvement, alongside unmet physical, social and emotional needs (The Werry Centre, 2009). Interagency collaboration is a foundation for effective youth forensic practice.

Ten years ago, the MoH (2010) identified a lack of youth forensic services in Aotearoa New Zealand as an issue of national significance, and work was undertaken to strengthen the sector. A guidance document about youth forensic service development was published, and a number of workforce recommendations were made (MoH, 2011). In regard to workforce skills, it was recommended that youth forensic clinicians be competent in a wide range of areas, including assessment and response to mental health and drug and alcohol issues, developmental issues, intellectual disability, youth justice legislation, youth and family engagement, cultural competency, and cross-sector collaboration (MoH, 2011).

Since that time, there has been significant investment into youth forensics, with increased workforce numbers, the establishment of a youth forensic inpatient unit, and funded postgraduate study options in youth forensic psychiatry. However, there remain several issues for this field of practice.

There are pertinent social issues related to youth forensic work. There is well-documented racial bias within the criminal justice system that results in unacceptably high numbers of young Māori being placed in secure care (Maxwell, Robertson, Kingi, Morris, & Cunningham, 2004; Morrison, 2009; Snelgar, 2019). The US concept of a *school-to-prison pipeline* can be applied in Aotearoa New Zealand, with particular discrimination against indigenous youth, those who are disabled, and sexually diverse (McCarter, 2017). Invariably, those young people seen in youth forensic services have had a challenging history with education services, and there is growing acknowledgement of the prevalence of neurodisability among young offenders (Lynch, 2016). The concept of incarceration as a crime deterrent has been questioned, and there are several organisations focused on criminal justice reform, including 'Just Speak' and 'People Against Prisons Aotearoa'. Just recently, the 'Safe and Effective Justice Advisory Group' released a report detailing the failure of our criminal justice system, and advising whole system transformation (Te Uepū Hāpai i te Ora, 2019).

Youth forensic teams provide mental health services for young people within youth justice residences. There are four youth justice residences in Aotearoa New Zealand, located in Auckland, Rotorua, Palmerston North and Christchurch. While a young person can be sentenced through the youth court to be placed in a residence for up to six months, a recent review by the Office of the Children's Commissioner (2019) found that 80% of the 140 young people in youth justice residences were on remand while awaiting a court outcome. This means that often the charges against them have not yet been proved. Those young people on remand will remain in residence for an indeterminate period as their case progresses through the legal system.

Additionally, at least 70% of the young people in residence are Māori (Office of

the Children's Commissioner, 2019). While the ideal is to keep young people close to whānau, and in the residence closest to home, the reality is that young people can be placed in any of the residences, and there is often movement of young people between the residences. It is not uncommon for a young person to have been in more than one residence, and some have experienced all four.

There are tensions for social workers in this field, working within justice and social systems that most of us identify as somewhere on the continuum between variable and harmful to young people. The challenge for social workers is to identify the areas where we *do* have influence, and to take the opportunities to exert our influence and effect positive change.

Locating the problem

Alongside the societal issues discussed above, there is also the specific issue of overassessment of young offenders due to youth forensic workforce fragmentation (Appleby, Shepherd, & Staniforth, 2019). While youth forensic clinicians are skilled at collaborating with other local agencies, there has been a lack of collaboration between the various youth forensic teams around the country. This has impacted upon the mental health service that young people receive in youth justice residences, particularly due to the high levels of movement between residences, with some young people being assessed by several youth forensic teams (Appleby et al., 2019).

Each of the four residences has a youth forensic team who provide mental health assessments for young people, usually upon admission to the residence. Despite assessing the same young people, the four youth forensic teams had very little contact between them prior to 2018. There is no shared database of information, and so young people could be involved in multiple mental health assessments, unbeknownst to the assessor. A major contributing factor has been the absence of a national mental health database, as each District Health Board has their own database system. This is a major concern, for reasons pertaining to a young person's experience of assessment and potential risk of poor engagement, but also to issues of risk and safety. Assuming an acceptance of this glaring technological deficit, my focus turned to my potential areas of influence in order to improve the experience of assessment for young offenders.

During my work as a youth forensic social worker, I was involved in a research project about youth justice residences. As part of the project, I was able to meet with all four youth forensic teams, and established ongoing working relationships. It was recognised that those relationships were developed out of face-to-face interactions, whakawhānaungatanga and building trust through the research process. A plan was then made to use those existing relationships to build a network across the whole youth forensic workforce – in order to enhance assessment information-sharing and, hopefully, improve the experience of young people in the residences through a unified and connected workforce. Social workers have a range of tools that are useful when contemplating system change and service reform. In this example, kaupapa Māori approaches, along with networking and using existing resources, were the means for change.

Initiating a solution

After locating part of the problem in a disconnected workforce, the goal was to bring the youth forensic workforce together, to build a professional community, and start the conversation about how best to respond to assessment needs in residences.

The first ever national youth forensic forum was held in October 2018. It was attended by all of the youth forensic teams around the country. It was marae-based, and deeply embedded in kaupapa Māori process.

The theme of the forum was *kanohi-ki-te-kanohi* (face-to-face), to highlight the relational aspect of the kaupapa. The forum began with a pōwhiri, where the kaumatua encouraged youth forensic clinicians to incorporate culture and spirituality within holistic assessments. Following the pōwhiri, there was a hāngi dinner, prepared and cooked by members of the local youth forensic team. The evening was spent in whakawhānaungatanga, getting to know clinicians in personal and professional spheres. Attendees were invited to stay the night on the marae, sleeping next to each other in the wharenui. Breakfast was provided by the hosting team, before the first speaker of the day.

The keynote address was delivered by Julia Whaipooti, a member of the 'Safe and Effective Justice Advisory Group', chair of 'Just Speak', and senior advisor to the Office of the Children's Commissioner. She skilfully challenged the group to seriously consider what can be done for Māori young people in the system. Dr Ian Lambie, Chief Science Advisor for the justice sector, encouraged attendees to consider the political aspect of the work, and ways that clinicians can contribute to policy change. Each region had an opportunity to share some of their local knowledge. A selection of the presentations can be found online at https://werryworkforce.org/professionals/training-and-events/youth-forensic-forum2018.

This was the first time that the youth forensic workforce had come together at a national level, and was the start of cross-DHB relationships within this field of practice. Forum evaluations by the attending clinicians were overwhelmingly positive, particularly regarding the Māoritanga processes. Clinicians committed to continuing the forum on an annual basis, hosted by the various regions. Working relationships were established across teams, resulting in a greater flow of health information shared between teams, particularly for those young people who moved between residences, and who had significant mental health needs. The goal of bringing the workforce together and building relationships had been achieved, and the second youth forensic forum was held in Porirua in November 2019.

Social work approach to system change

There were several key factors that led to the forum's establishment. These include Māori cultural guidance, partnering with existing resources, and having confidence in social work contributions. These social work approaches, which we use on a daily basis, were applied to effect system change.

One of the first steps in the process was to partner with a senior Māori cultural advisor. Given the overwhelming majority of youth forensic work is with Māori rangatahi, and we have an explicit social work and mental health commitment to the Treaty of Waitangi, this was a crucial first step. Patrick Mendes provided invaluable cultural wisdom. It was his idea to turn the event into a noho marae, in order to move beyond strict professional boundaries, to engage in true whakawhānaungatanga. He challenged the group to move beyond theoretical discussions of Māori responsiveness, and to engage in experiential learning about Māoritanga. He worked tirelessly, organising the marae stay, preparing the ground for hāngi, and networking with other cultural advisors. Social workers are committed to bicultural practice. As a Pākehā social worker myself, it was important to ensure that Māori perspectives were prioritised before, during and after the event.

The second factor in the forum's success came from the social work skill of networking and using existing resources. Early on, I partnered with Werry Workforce, Whāraurau. They are funded by the Ministry of Health to deliver a number of workforce development initiatives for the infant, child and adolescent mental health and alcohol and other drugs sectors. The Werry team ensured the smooth running of

the forum through their expertise in event management. Relationships formed during the earlier research process were leveraged to encourage forum participation from all youth forensic teams.

The third factor in the establishment of the forum was my commitment to social work values, and the confidence to stick to these within a hierarchical mental health system. Social workers have the opportunity to challenge the dominant medical paradigm, and to lead initiatives that make services more responsive to the people they serve. In youth forensic services there can be an emphasis on specialist subject knowledge and expertise. While acknowledging the need for expertise, it can also be challenging for social workers working within recovery frameworks, viewing the young person as an expert in their own life. Within competing frameworks, there were tensions in the planning stage between focusing primarily on the forum's content versus process; focusing on specialist expert knowledge dissemination versus building relationships. While agreeing that youth forensic specific learning was important, I was convinced that, for any learning to be meaningful and long term, there needed to be a solid foundation of relationship and connection within the workforce, and that this could lead to improved outcomes for young people. This was based in the research findings about the importance of relationship as a prerequisite for effective information-sharing (Appleby et al., 2019) as well as Māori concepts of whakawhānaungatanga, and ecological systems theory (Bronfenbrenner, 1979).

Finally, establishing this forum was not dependent on any formal leadership position. It simply involved a social worker identifying a service gap, putting forward a proposal, and securing partnerships to help this happen. In mental health, as well as other fields of practice, service improvements can often be seen as only able to be initiated from the level of service leader. This need not be the case. As social workers, wherever we are within a service hierarchy, we can use our critical thinking skills, understanding of systems, commitment to anti-discriminatory practice, and attunement to client needs, in order to shape service reform.

Laying down the wero

Social workers who think critically about systems are well placed to consider how services can work better. Advocating for service change is our core business, and is a real strength of the social work lens within multi-disciplinary teams. Every day we work with people to discover solutions, often in the face of great adversity. These are transferable skills and can, and should, be applied to the organisation we work in.

There is scope for further improvement in lots of youth forensic areas, including working closely with Oranga Tamariki around managing transitions between residences in ways that limit disruptions to therapeutic interventions. The youth forensic forum was just one example of service improvement in a specific context. I hope that this example will encourage other social workers to think about how they can implement improvements in their own services.

There are many opportunities for social workers to effect organisational change in their field of practice. Social workers recently submitted feedback on mental health service transformation, contributing to the Government Inquiry into Mental Health and Addiction (2018). There are several local initiatives in mental health services, partnering and collaborating between community agencies. For social workers in other fields, there will also be practice wisdom and ideas about how services can be more mana-enhancing. Many social workers are quietly influencing services to be flexible in referral criteria, working hard to soften the rigidity of silo-ed agencies. We work within the context of chronically under-resourced social services often competing against

each other for precious funds. Despite these adversities, we continue to practise systemic and strengths-based approaches, looking for ways to work together.

Social workers are great at finding creative solutions. We have a responsibility to share our wisdom, and ensure that there is a social work voice included in service improvement. Social workers are equipped with the theoretical and practical knowledge that is needed to keep services accountable and responsive to the people we serve.

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The Routledge handbook of critical social work

Stephen A. Webb (Ed.)
Routledge, London and New York, 2019
ISBN 978-1-138-57843-2, pp.609, hardback, NZD447.00;
e-book NZD190.00

In Stephen Webb's introduction to this edited book, he describes the coming together of the world's leading scholars of social work providing a "…cutting edge overview of classic and current research and future trends in critical social work." (Webb, 2019, p. *xxx*). His comments are not hyperbole. The text commences with an unusually personal foreword from Jan Fook. The reference book is then broken down into six parts commencing with a historical perspective and moving through the mapping, methods of engagement, various contexts such as justice, geography and politics, followed by a section on education and socialisation, with a finale focussing on future challenges. This eclectic group of professionals have each spoken to their area of expertise in a manner that is accessible, understandable and stimulating.

While I imagine that there will be few readers who would sit down on a beach and read this book cover to cover (though there will be some of us who would delight in this prospect), the discerning reader or the reader who is pushed for time, will be able to dip in and out of their chosen areas with a level of ease and delight.

As an immigrant to New Zealand, I was thrilled to observe that a number of eminent scholars had been asked to contribute. So often the texts that we receive in Aotearoa are written for other communities with a reference to New Zealand or a part on indigeneity quickly added in a tokenistic manner. Not so with this text. Erudite chapters from the writers such as Liz Beddoe ("Contesting doxa in social work education"), Emily Keddell and Tony Stanley ("Critical debates in child protection: the production of risk in changing times") inform this text appropriately and from an Aotearoa New Zealand perspective. Although the Aotearoa indigenous voice is not apparent, there are other chapters that speak to indigeneity, such as Brent Angell ("Indigenous peoples and communities: a critical theory perspective") and Vasilios Ioakimidis with Nicos Trimikliniotis ("Imperialism, colonialism and a Marxist epistemology of critical peace"). This last chapter is one of my favourites, along with "The politics of Michel Foucault" (Paul Michael Garrett) and the editor's own chapter, "Resistance, biopolitics and radical passivity". However, as I read each chapter in more detail, I feel sure that this list of favourites will change.

With over 35 international contributors, this book could have run the risk of being a collaboration of academic egos competing for the limelight of *most critical* or *radical* writer. Instead, it is a genuine coming together of some of the best writers, influential researchers and most experienced practitioners from around the world.

From a radical practitioner's point of view, it could quite easily become the most thumbed text book on the bedside cabinet. From the position of a tertiary educator it is likely to become a well-used book with prominence on the desk. From a researcher's perspective, it is definitely going to become a book with

a number of little coloured stickies exuding from many of the chapters and pages.

However, there is a juxtaposition in having this text sitting on the desk. Firstly the cost. At around $450, the hardback edition is out of reach for most practitioners and organisational budgets. While I am sure that Routledge would justify this with the fact that it would have taken a great deal of work to pull these authors together in this edited text, and that an e-version is more affordable at $190 (though this edition cannot be thumbed or have stickies added), there is a much more important issue to raise for the radical social worker. That is the blatant exploitation of the authors who have written each chapter, probably with little or no financial reward. The time, effort, expertise and knowledge required by the authors to formulate this text is both immeasurable and being capitalised upon by the publisher. At what point do we recognise that this has become abuse of academic means of production?

I write this review from the privileged position of actually having a copy of the text. Many of you reading the review will not necessarily have this opportunity. While I understand this uncomfortable hypocrisy, I am not sure what to do about it, because it is a very good read… All I can say is, if anyone wants to have a look at my copy, you know where you can reach me.

Reviewed by **Simon Lowe**, Lecturer in Social Work, University of Waikato, Tauranga

What is the future of social work?

M. Lavalette (Ed.)
Bristol: Policy Press 2019
ISBN 978-1-4473-4082-9, paperback, pp.200, NZD35.90

Social work faces profound challenges after 40 years of neoliberalism. Financial cuts, political interventions, marketisation and welfare changes have reshaped the relationship between individuals and the state, all of which have led to the title and question this publication aims to answer. It is timely and welcome and, although focussing on the UK, it is clear from the international social work literature that neoliberalism and policies of austerity have had severe impact globally.

The book arose from a series of lectures by distinguished academics given at Liverpool Hope University with each writing up their talk into a chapter for this book. The editor, Michael Lavalette, provides an introduction and conclusion as well as a chapter on austerity and social work, while the other contributors look at the practice areas of child protection, adult care and mental health, as well as practice issues surrounding older people, neoliberalism, neo-eugenics and refugees. Only a few of the chapters can be mentioned here.

Considering my practice experience, perhaps it is no surprise that Brid Featherstone's stood out. She rightly bemoans a child protection practice based on procedures, risk assessment and multi-agency working focussing on the actions/inactions of parents/carers. Instead the argument is for a social model, one that focuses on the economic, social and cultural barriers faced by individuals and families and the socio-relational pressures they face (Featherstone et al., 2018). In short, improving the economic and social circumstances of families must be at the heart of child protection rather than individualised notions of risk and responsibility which act to reinforce the already oppressive circumstances of the marginalised.

John Harris's on the social work labour process was another which resonated with my early practice experience. Although social work offices in the 1970s were often referred to by radicals as 'Seebohm factories' because social work was increasingly like a job in a factory, this was always an exaggeration. As Harris notes, there was often a permissive culture with supervision sessions often being ad hoc and being left to the practitioner to decide when/whether they happened and what should be discussed. Practitioners could also decide 'how' to practise, by, for example utilising group and community work methods where necessary. However, Harris argues that today's social work labour process, involving the ever more breaking down of tasks and managerial control via IT systems, does make social work less 'professional' and more 'job-like'. In short, the radical "analysis was not wrong; it was simply premature" (p. 140).

Peter Beresford's contribution on service user engagement argues that, instead of social work being geared to working with the most disadvantaged and marginalised, there should a "social work by and for all". Drawing on research with service users on what they thought of palliative care/end of life social work he outlines five principles for the future of social work: universalism; a social approach; treating diversity with equality; a participatory approach to learning, practice, organisation, research and knowledge development and exchange; and gap mending and ending to challenge the divisions that can exist in social work, for example between service users and social

workers. The overall call is for social work to be a vehicle for benign personal and social change.

Mark Lymbery's chapter on "The slow death of social work with older people?" was an intriguing read. He rightly argues that practice with this service user group is one of the least-developed areas of the profession and outlines the areas where social work is needed. Examples include where there is an onset of physical illness and an increase in physical disability or frailty, when there are significant levels of cognitive impairment through such as dementia or depression, when the needs of carers become important because of increasing physical/mental frailty, and, not least, responding to elder abuse. He goes on to discuss the history of social work with older people, the impact of austerity and future trends including the often-discussed integration of social care with health, which, incidentally, is likely to add to the power of doctors. This is all well and good but, sadly, I was left feeling it difficult to see the value of the question mark at the end of the chapter title.

Lavalette's conclusion asks questions such as "What kind of social work do we want to see, and what kind of profession do we want to be part of?" (p. 161). He does not want it to be one solely shaped by targets and markets whereby practitioners process people at the behest of a brutalising welfare state. Instead it should be a profession that, despite the challenges of neoliberalism, austerity and managerialism, asserts its independence and values. Readers of this journal, like me, will totally agree. It may be timely for a book that poses a similar question to be developed for social work in Aotearoa New Zealand.

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Reviewed by **Dr Steve Rogowski**. Qualified and registered social worker who has practised mainly with children and families across five decades in the UK.

Social work theory and methods: The essentials

Neil Thompson and Paul Stepney (Eds.)
Routledge, New York, 2018
ISBN 978-1-138-62978-3, pp.251, paperback, NZD67.00

Social Work Theory and Methods: The Essentials, edited by Neil Thompson and Paul Stepney, aims to be an introduction into the study of social work theory and methods. The editors outline three goals in collating this book: To clarify the difference between theory and method, to highlight the importance of evidence based social work practice, and to offer a 'gateway' to the significant literature base relating to theory and methods. The book is divided into two parts: 'Part 1 – Social Work Theory and Methods in Context: Introduction', which looks at theory and methods in a practice, intellectual and policy and organisational context. 'Part 2 – Social Work Theories and Methods in Practice: Introduction' then outlines 14 different theories and models that inform social work practice, with each chapter written by a different contributor.

This book starts with a useful discussion by Neil Thompson on what is meant by 'theory' and 'method' and introduces Thompson's model of 'theorizing practice' in which he demonstrates how to start with a practice example and then draw on the practitioner's knowledge base in order to formulate a response. I found this chapter to be particularly useful, and I know it would have been very helpful for me as a student and new social worker. It is always important to reflect on your methods of practice, and Thompson here stresses the necessity of having an informed knowledge base, rather than being unduly influenced by assumption and stereotype.

Chapters 2 and 3 go on to explore the importance of 'research informed and evidence enriched practice' and how policy and organisational culture can impact on our ability to engage in critically reflective practice. Particularly useful here was the highlighting of how outcome-based operational models can have a negative impact on the quality of supervision that practitioners receive, with a focus on outcomes rather than reflecting on why certain interventions are used – or not used. A timely reminder to not lose focus on the 'why' of our social work practice.

The book then explores the 14 different theories and models mentioned earlier, ranging from Psychodynamic Theory and Cognitive Behavioural Therapy, all the way through to Family Therapy and Ecological theories. Each chapter provides a concise explanation of the origins of each theory and model, and then outlines how it can be applied to social work practice. Each chapter uses 'Practice Focus' examples to illustrate the use of each theory in a practice situation. This is a useful addition and serves to give the reader an idea of how these theories and models may be applied in the real world. Each chapter also finishes with 'Points to Ponder' – questions to encourage further self-reflection. I can see that these would be useful in supervision, both with students and with more experienced practitioners.

'Chapter 10: Solution-focused practice', written by Suki Desai, looks at the origins of solution-focused practice in family therapy intervention. The writer explains that solution-focused practice is based on the belief that people already possess the skills and resources to solve their own problems,

and that it is the role of the practitioner to facilitate this process. This model of working gives a more balanced power relationship between the client and the practitioner, and sees the client as being the expert in their situation. The chapter then uses an in-depth practice example to demonstrate how solution-focused practice can be used in a real-life setting. This case example is a social worker working in Community Mental Health who is supporting a 66-year-old woman who has been experiencing severe anxiety and depression. The example follows the social worker through her assessment of the client's situation, and her use of various questioning techniques to establish what the client's view of the situation is and what they would like to gain from their interaction with the social worker. The chapter ends with highlighting the importance of the practitioner taking time to reflect on their approach, and continues to explore how using such an approach can assist the practitioner in the case example in their ongoing work with their client. The use of an in-depth case study, along with the examples of various techniques such as 'scaling' and the use of the 'miracle question', give a helpful starting point for a practitioner wishing to incorporate this approach into their practice.

Overall this book is a good introduction to the importance of theory and models to social work practice, and gives a good outline of many of the more popular methods of practice. It will be of particular value to students who are beginning to build up their knowledge, and is also of use as a refresher to those of us who are more experienced. *Social Work Theory and Methods: The Essentials* provides a useful starting point for more in-depth study into social work theory and methods.

I found the book to be well written and easy to read. It is, however, a very *Western* text, with most contributors coming from the United Kingdom or Scandinavia. I feel that this book would have been strengthened with the inclusion of some theory and methods of practice stemming from other cultures. In light of this I would recommend that this book is read alongside other literature that explores social work from an Aotearoa New Zealand perspective.

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