AOTEAROA NEW ZEALAND
SOCIAL WORK

Resistance and rangatiratanga in a time of political change

At the end of a very challenging year, we present our editorial—in two parts. The first section addresses the contemporary significant national and international challenges to human wellbeing, written by members of the editorial collective Eileen Joy and Liz Beddoe, and our two guest editors, Donna Baines of the University of British Columbia in Canada and Kendra Cox (Te Ure o Uenukukōpako, Te Whakatōhea, Ngāi Tūhoe, Ngāti Porou) of the University of Auckland. We consider the first year of the Aotearoa New Zealand National-led coalition government in the context of rising populism and the politics of cruelty. The second section is a reflection on rangatiratanga by Kendra Cox. The editorial finishes with introductions to the articles in the issue.

Social work, the politics of cruelty and political resistance

Kendra Cox, Donna Baines, Eileen Joy and Liz Beddoe

It is a year since the general election that resulted in an unattractive alliance between three conservative political parties: ACT, National and New Zealand First. Made possible by the mixed-member proportional electoral system, this three-party alliance brought to power two smaller, more extremist parties on the coattails of the larger, centre-right National party. Despite their combined vote share of 15%, this gave them immense power as 'kingmakers' in the process. As we noted last year, many sacrifices of progressive policy, and especially policies and services designed to address inequities borne of colonisation, were made to achieve a consensus that left many citizens deeply uneasy. Both short- and longer-term political projects reflected the concerns and bugbears of the two extremist right-wing smaller parties, desperate to maintain their small but vocal political base, with little obvious space left for the majority National party's policies at all. The result is a noxious mix of policies, poor economic direction, savage cuts to health and public services and an overarching anti-Māori, anti-Te Tiriti o Waitangi theme. ACT, in particular, relishes every opportunity for race-baiting, enabling the blatant expression of racism, driving a divisive and misleading discourse that is downright dangerous.

Deeply conservative social values and neo-libertarian ideals have prevailed in the year that is ending as we write this extended editorial. These are expressed in policies including reducing regulation across many areas of policy (particularly climate-related), damaging health and safety legislation, despite risks, threatening to remove speed-limits round schools (yes, really, in the interests of business efficiency apparently, right-wing parties have always being willing to sacrifice children to 'industry') reducing workers' rights, removing any recognition of the Treaty of Waitangi and taking more punitive approaches to crime. The list of retrogressive and dangerous policies goes on and on, seemingly without end. Bringing back bootcamps for struggling young people, cutting family support services and funding for foodbanks, requiring specific time in schools to teach reading, writing and maths and banning cell phones in school, and repealing the smokefree legislation that was enacted to reduce smoking across the population, which flies in the face of sound, evidence-based population health policy. Earlier this year, the Māori Health Authority, Te Aka Whai Ora, was disestablished. This body was set up to provide a one-stop funding agency for Māori health providers

with the aim of reducing health disparities such as high rates of cancer, heart disease and lower life expectancy.

As we noted in an editorial earlier this year (Beddoe et al., 2024) year, many of these policy shifts signal a return to very conservative notions of equity and freedom from within a neo-libertarian paradigm, rejecting policies that are inclusive and decolonising. This latter aspect of policy includes a concerted (childishly banal and expensive) rejection of te reo Māori in public ministry and government operations as well as a rejection of Māori rights to sovereignty or governance under Te Tiriti o Waitangi.

The inclusion of te Tiriti o Waitangi in legislation and policy is consistently reconstructed within the ACT party's divisive and race-baiting rhetoric as a threat to equality rather than an expression of it. In line with this, a further win for ACT in the collation agreement negotiations was the introduction of the Treaty Principles Bill. Annoyed that Te Tiriti was influencing legislation and policy, ACT's bill is a scarcely concealed effort to reduce Te Tiriti to a universalist doctrine, rather than one that guarantees rangatiratanga to Māori, and redress for breaches of it. It is grounded in the politics of colonialism, white supremacy and essentially revisits the assimilationism of the 1950s. The threat to our state's founding document that sets out the rights and responsibilities of iwi Māori and the Crown would be put before the house, requiring six months of committee work (despite the prime minister saying that the National party would not support its passing) has caused intense anger and seen a upsurge of activism. Resistance and protest are also invigorated, the strongest tools for saying no.

While we are an island nation, we are not immune to the wider political dynamics of the era. We note that the recent election of Donald Trump to a second term as President of the US, and the success of right-wing politicians in many countries, including

Aotearoa New Zealand, represents a disturbing political shift towards right-wing populism and an ongoing undermining of equity and social justice advances. Populism involves a deep distrust of existing political parties and institutions and can be left or right wing (Baines & Mapedzahama, 2020). Though not always successful, left-wing populism, (such as SYRIZA in Greece) captures the frustrations of workers and marginalised communities and draws them together to collectively advocate for mutual empowerment, an end to austerity and the extension of social justice and social entitlements (Muddle, 2017). However, in most of Europe, the Antipodes and North America, populism most often takes a right-wing form (Schraff & Pontusson, 2024).

Exaggerating some social problems to instil fear (e.g., crime) and demonizing struggles for equity, climate justice, human rights and social justice; right-wing populists target and blame those they construct as "foreign" and "undesirable" (Baines & Mapedzahama, 2020). In Aotearoa New Zealand, we see this construction of 'enemies' in the legislation that bans gang insignia, but which we instinctively know will not be applied to any degree equally. Who decides what constitutes a gang? A group of men in black, on motorbikes, buzzing democratic protests against the Palestine genocide, wearing what to all intents are 'gang' patches; but because they represent a dubious 'church' they are unlikely to be subject to this law.

This pandering to racism and exclusion applies particularly to people outside of the populist movement's notion of authentic citizens and those entitled to opportunities and security in life (Campani et al., 2022; Noble, 2017). Right-wing populism pivots on the idea that communities constructed as outsiders (such as immigrants and refugees, LGTBQI+ people, feminists, and Indigenous communities) are undermining economic stability, and threatening the social fabric and moral order (Taras, 2012). Fear is a major feature of right-wing populism: unfounded fear that the country and

"historic" social values are being destroyed, groundless fear of rampant violence and crime, and intentionally propagated fear that the economy is in steep and unstoppable decline (Nguyen et al., 2022). Right-wing populism also promotes a deep nostalgia for a past of greatness and widespread affluence that never existed for most people and is not going to exist within the policies and practices of right-wing governments. White supremacy and patriarchy have never brought peace and prosperity to people beyond the dominant groups.

Frighteningly, right-wing populist political groupings increasingly include ultra-right and fascist groups. Their association with right-wing populists brings these often violent, white supremacist groups out of the shadows and into the arena of power and legitimacy (Foa & Mounck, 2016). Ultra-right/fascist populists support and perpetuate violence against those speaking out against racism, sexism, coloniality, homophobia and transphobia. These ultra-right and fascist forces are deeply troubling, with faith communities, human rights groups, social justice movements, a wide spectrum of centre, left and even some right-wing politicians warning of the dangers of fascism, its doctrines of hate and violence, and the need to halt its spread (Baines & Mapedzahama, 2020; Campani et al., 2022).

Populisms generally develop in contexts where there is deep dissatisfaction with the economy, the government and those perceived to be power elites, such as corporate leaders, political parties and even social justice movements, unions and religious institutions. Thirty-five years ago, wealthy countries adopted neoliberal policies that cut and privatised government services, reduced or removed regulations, and smoothed the way for unimpeded private profit (Baines & Mapedzahama, 2020). These neoliberal policies produced economies in which the rich have significantly increased their wealth alongside an overall decline in take-home pay, the growth of poverty and precarity, and few government services left

to support or defend people (Stanford, 2015). In the polarised and competitive context of late neoliberalism, discontent and cynicism are widespread. Unfortunately, this creates a fertile ground for populist leaders who promise a break with the past and propose simple solutions to complex problems.

Social workers experience these impacts as they face increasingly complex and heavy caseloads with service users who are caught in despair and destitution. Neoliberalism has meant that social workers have less autonomy and discretion to use equity-engaged practices, they also have less time and space to critically think and have fewer resources, time and capacity to respond to the specific and new needs of service users and communities. In addition, right-wing populism's threat and expansion can seem overwhelming to social workers already juggling multiple demands. However, there are ways that social workers can, and should, be involved in the struggle for equity and social justice, and against right-wing xenophobic, hateful, violence-tolerating policies.

More than thirty-five years of neoliberalism have left communities individualised and fragmented, and with fewer social services, social organisations, social skills and solidarity between people. Ottmann (2017) argued that to challenge right-wing populism, it is time to re-forge networks and deepen linkages with civil society to resist individualism and isolation (p. 34). He also recommended that social workers need to form groups of like-minded peers and community members (Ottmann, 2017, p. 34) who are willing to work to rebuild the social fabric across differences. Ally-ship with advocacy groups, social movements, and unions can provide resources and the broader analysis needed to build solidarity and mutual care strategies in the face of right-wing violence and fearmongering. Ally-ship can also provide important linkages, networking, cross-connections and opportunities to build far-reaching coalitions and caring communities.

In the face of what feels like a daily assault from populist, mostly right-wing politics and policies, how are we meant to find hope, or even resistance? Popular discourses, peddled by those on the left and right, would have us lean into resilience. We should be resilient to the challenges of life and if we currently lack it, or do not have enough of it, then we should absolutely be working on more. Parents are told to step back and instead build resilience through allowing children to experience hurts and disappointments (Robinson, 2024). In the last few decades, resilience has become a buzzword, a required set of attributes indicating grit, optimism, and self-determination in the face of setbacks (Chemaly, 2024). The successful citizen will be one who is resilient to life's shocks, and thereby does not require the state to step in and help their less-than-resilient self. Resiliency could be considered to be one of the required skills in what Nikolas Rose (1999) called governing the soul, a technology of the self, designed to ensure that citizens self-govern according to the advice of experts and in line with social norms.

We wonder how much resilience is needed for tamariki Māori to build a lifetime resistance to racism and poor health outcomes, women to withstand men's indoctrination by the likes of Andrew Tate and calls of 'your body, my choice', or transgender children and their families to persist despite a growing tide of regressive policies and politics? Or, more chillingly, just how much resilience is needed for Palestinian children to become accustomed to daily barrages of bombs, constant loss and injury, displacement and uncertain futures? When considered against these inequities (and more) it becomes clear that resiliency is a buzzword doing a lot of heavy lifting to obscure structural inequalities (Chemaly, 2024; Galpin et al., 2022). Why should anyone have to develop resilience to the machinations of colonisation, misogyny, transphobia, and even genocide?

Such exhortations to be resilient are not only used against marginalised communities—

they are also used to govern the behaviour and conduct of social workers (Galpin et al., 2022). Galpin and colleagues note that, in the UK, the term has been used to blame and responsibilise practitioners for their reactions to events and working conditions rather than consider employer responsibility. They go on to note that resiliency itself has become an expression of competence and enshrined in professional standards of all four UK nations. Fortunately, such encoding has not happened here in Aotearoa with notions of resilience absent from our Aotearoa New Zealand Association of Social Workers *Code of Ethics* (2019) and our regulatory *Code of Conduct* (Social Workers Registration Board, n.d.). Galpin et al. (2022) presented this against concerns of burnout, turnover and staff shortages in social work organisations, something which we also must address here in Aotearoa New Zealand. They suggest that this focus on individual responsibility for organisational shortfalls serves to divert attention from more collective and active responses.

However, resilience is not impossible, indeed it is relatively easy to be resilient if you are privileged enough to have resources and networks to fall back on (Chemaly, 2024). In a particularly direct passage, Soraya Chemaly challenges the siloed thinking that popular notions of resiliency encourage:

> Ask yourself, if the people around you are struggling to survive and spiralling into poverty and sickness, but you are working, healthier and wealthier, are you optimistic and resilient, or are you a hardy, cheerful, entitled asshole who has the resources to justify a way of life sustained through denial, exploitation, and injustice. (pp. 91–92)

Here Chemaly hints at what a better notion of resiliency looks like, and it is not one dependent on independence, instead it relies on *inter*dependence, relationality and equitable distribution of resources. Indeed, women participants in research about mental health note that "resilience was not a 'given',

that it was often based on social resources rather than internal strengths, and that a capacity to depend on others was important" (Tseris, 2019, p. 101).

That capacity to depend on others is critical to resisting calls for individual resiliency. Indeed, as Māori scholars have noted, resilience discourses obscure what is actually happening in people's lives and in communities (Penehira et al., 2014). Instead of accepting a narrative that Māori have developed resilience in the face of colonisation, Penehira and colleagues asked "Why would we re-name and re-frame Māori acts of resistance as acts of resilience? Who benefits from this re-naming, re-framing and re-positioning?" (p. 97). Like other scholars (Chemaly, 2024), Penehira et al. suggested that notions of resilience simply codify and reify survival of the fittest, whereas resistance implies "fighting back [and] actively opposing" (p. 103).

In November of this year, tens of thousands of Māori and Tauiwi demonstrated exactly that, collective resistance to a misinterpretation of our founding document, te Tiriti o Waitangi. Beginning in the far North of the North Island on November 10th, a hīkoi (march) protesting the proposed Treaty Principles Bill wound its way down to Wellington, eventually culminating in what is likely Aotearoa's largest-ever protest with some estimates suggesting 100,000 people were present (MacManus, 2024). The hīkoi, retracing the steps of the 1975 land march protesting the loss of Māori land and breaches to Te Tiriti was a powerful reminder that collective resistance to colonisation has a history, a present, and a future (Walker, 2004). Participants of the hīkoi sang waiata, chanted, performed haka, and critically, collectively resisted the intended policies of a minor right-wing coalition government partner to redefine Te Tiriti in ways that would further systematically disadvantage Māori.

Most social workers joined the profession to make a meaningful difference in the world. The resistance practices discussed here can continue to position social work as a moral project challenging right-wing populism, global and local injustices, and the grim inequities facing humankind. The only way to re-weave the social justice-based social fabric is to start working on it and to hone our skills in the development of new initiatives, solidarities, and optimism.

On rangatiratanga

By Kendra Cox (Te Ure o Uenukukōpako, Te Whakatōhea, Ngāi Tūhoe, Ngāti Porou)

Te Kete Rokiroki a Whakaotirangi—the secure basket of Whakaotirangi. Whakaotirangi is an important ancestress for iwi that descend from both Te Arawa and Tainui waka. In the Te Arawa tradition, it was Whakaotirangi, a wife of Tamatekāpua the captain of our waka, who brought kūmara and other important plants to Aotearoa. Across the long voyage from the island of Rangiātea, and through the encounter with the monstrous whirlpool Te Korokoro o te Parata that nearly destroyed our waka, Whakaotirangi kept a small kete of kūmara safe. At Maketū, the resting place of the Te Arawa waka, Whakaotirangi nurtured the kūmara in the comparatively inhospitable soils of Aotearoa. In doing so she became our first horticulturalist, one of our first scientists on this whenua, and secured the future of Te Arawa uri in a new land. Whakaotirangi brought together the seeds of the old world, the knowledge and values of her tūpuna and the literal hua of that whenua and applied creative new methods and dedication to ensure the continuation of her people. Throughout the rohe of Te Arawa and Tainui waka, there are several lovingly carved and painted representations of Whakaotirangi in private and public places, a testament to her importance to our peoples. Whakaotirangi's actions illustrate critical aspects of rangatiratanga: leadership, perseverance, and a commitment to the protection, sustenance, and flourishing of her people.

While the Crown has attempted to extinguish rangatiratanga for nearly two hundred years, it has yet to be successful.

Like Whakaotirangi holding tight to the seed kūmara that would be critical to the future descendants of Te Arawa, the sovereignty of hapū has always been jealously protected. Mutu (2010) said that the idea of rangatira signing away their political independence and authority to the Crown in 1840 would have been seen as "thoroughly repugnant" (p. 28). Similarly, in his brief of evidence on New Zealand's Abuse in Care inquiry, the late and much-loved Moana Jackson said:

> [T]he fact that there is no word in te reo Māori for 'cede' is not a linguistic shortcoming but an indication that to even contemplate ceding or giving away mana would have been legally impossible, politically untenable, and culturally incomprehensible. (Jackson, 2019, p. 11)

That unceded rangatiratanga has been a core value and practice of hapū well before the arrival of Pākehā (Mutu, 2010) and since, and will be for as long as we have mokopuna for whom we need to prepare and protect the world.

This year has not been short of examples of rangatiratanga—nor of New Zealand's hard right "three headed taniwha" coalition government's attempts to smash it. Near the start of te tau hou Pākehā, the 10,000-person strong hui-ā-motu summoned by the late Kiingi Tuheitia Pootatau Te Wherowhero VII to discuss the government's political attacks on Māori was a vision of what was to come (E-Tangata, 2024). A few weeks later, an estimated 50,000 people attended Waitangi Day commemorations at the Waitangi Treaty Grounds (Piper, 2024). The atmosphere there was electric, taut, and sucked you in like the vortex of Te Korokoro o te Parata. Thousands of people listened to kaumātua and comparatively fresh Māori organisers talk about putting discussions of tino rangatiratanga into concrete steps in our homes, in our hapū, at Parliament and local government, and across Aotearoa. At the same time, it was joyous and loving. The nannies wiping clean mokos' sticky cheeks

were talking revolutionary words—mana motuhake *in action*, tino rangatiratanga *in action*. This āhua has characterised every mass activation since—up to and including the Hīkoi mō te Tiriti this November, which gathered up to an estimated 100,000 people, both tangata whenua and tangata Tiriti, outside Parliament in Pōneke (Gunson, 2024). The message throughout the year has been clear: toitū te Tiriti. Honour te Tiriti. Te Tiriti is everlasting and untouchable.

The challenges for social workers, and the whānau who are impacted by our work and the organisations social workers practise in, have felt innumerable this year in Aotearoa. Some of the most critical to social work practice and our broadly accepted professional aspirations of social justice and equity are all tied to the retrenchment of neoliberal austerity economics in pursuit of deregulation and privatisation. In the Aotearoa context, this is built on the foundation of historic and ongoing processes of settler colonialism and racial capitalism (Comyn, 2023). While the attacks on any steps towards power sharing with Māori—for instance, the repeal of Section 7AA of the Oranga Tamariki Act, the destruction of Te Aka Whai Ora (Māori Health Authority), and the Treaty Principles Bill—are certainly an expression of racism, the underlying aim is to re-establish tighter Crown control over the political and economic governance of Aotearoa New Zealand. The whānau, tamariki, communities, disabled people, poor people, public services, and natural environment that get harmed along the way are apparently acceptable collateral damage.

The whirlpool of Te Korokoro o te Parata likely seemed insurmountable, too. Whakaotirangi held on, white-knuckled, and made it to Maketū to plant and nurture her kūmara. In a dialectical relationship, the contemporary attacks on Māori authority have been met with powerful examples of rangatiratanga. An example critically relevant to social work in Aotearoa is the response to the government's proposed repeal of Section 7AA of the Oranga

Tamariki Act—the section that binds the Chief Executive to a *practical commitment* to Te Tiriti o Waitangi. While Section 7AA is in itself not rangatiratanga (Fitzmaurice-Brown, 2024) and is indeed a concession on the part of Māori attempting to reduce the potential harm of state care on tamariki and whānau, it has represented a small step towards sharing power and resources between Māori and the Crown for better outcomes for Māori (Cox, 2024). And, as Keddell (2024) demonstrated, until this year it has been working as intended—as a high-level mechanism to ensure partnerships with hapū and iwi and reduce disparities in care.

Iwi and kaupapa Māori social services around Aotearoa have been pushing for Māori-led and Māori-controlled alternatives to the state care and protection system for decades (Hyslop, 2022), and their complete rejection of this repeal was mokopuna-focused leadership in action. More than 30 hapū, iwi, rūnanga, post-settlement entities, or marae collectives submitted on the repeal of Section 7AA, all of which rejected it (Oranga Tamariki, 2024). Ngāpuhi led their own hīkoi and rallies before their oral submission rejecting the repeal (Perese, 2024). Ngāpuhi Iwi Social Services took a central role in advocating for halting the repeal of Section 7AA, coupled with renewed calls for devolution of resources and decision-making power to hapū and iwi (Perese, 2024). A total of 119 organisations submitted on the repeal including social services, community and political groups, professional associations, charities, and more—and every single one of those organisations rejected it. More than 100 individuals who submitted on the repeal identified they were doing so in a professional capacity as a social worker, lawyer, social service or community worker, or in an associated profession—and more than 90% of those individuals were in opposition (Oranga Tamariki, 2024). During oral submissions, I watched as several people who rejected the repeal openly identified themselves as care and protection or youth justice practitioners. This was certainly a demonstration of moral courage and a commitment to the holistic

safety and care of mokopuna, whānau, and whakapapa. Rangatiratanga—*in action*. Looking towards 2025, solidifying our obligations as tangata whenua, tangata Tiriti, and social workers in Aotearoa to the continued protection and sustenance of mokopuna will be critical to ensure that, like the uri of Whakaotirangi, we flourish.

In this issue

Most of the articles in this final issue for 2024 were submitted in response to a call for papers with the title of this editorial: "Resistance and rangatiratanga in a time of political change". In the call for papers in this special issue, we invited reflections on the impact of Aotearoa New Zealand's current coalition government and sought ideas for projects of resistance and frameworks that might help counter the renewed neoliberal assault on progressive change in Aotearoa New Zealand that we have described above. We begin the issue with a commentary "The Empire Strikes Back: Māori and the 2023 coalition government" by editorial collective member and Te Komako editor Anaru Eketone (Ngāti Maniapoto, Waikato). Eketone considers the attacks on Māori in the present by reminding us that such responses have always happened when Māori have made gains.

Echoing the themes in this editorial and in Eketone's commentary, in "The possibilities and dissonances of abolitionist social work" Erin Silver explores social work as situated in the justice system with its twin pillars of colonialism and carceralism. Silver employs the three-stage framework of Emancipatory Social Science of Erik Olin Wright (Wright, 2010) to provide a critique of colonial carceralism and colonial carceral social work. Silver considers the potential for transformation offered by abolitionist perspectives in instilling thinking and practice that may strengthen the possibilities of a world beyond colonial carceralism and its role in perpetuating inequity and human suffering.

Wright's work appears again as the central focus of the next article. Social work draws on many different theoretical perspectives, many of which directly address aspects of human oppression, discrimination and marginalisation. Grouped under the umbrella term of *anti-oppressive practice* (Baines et al., 2022), these include anti-discriminatory practice, anti-racist practice, feminist social work, green/ecological and Marxist perspectives. In "Emancipatory social science and anti-oppressive social work: The legacy of Erik Olin Wright", Neil Ballantyne explores the work of the US analytical Marxist sociologist Erik Olin Wright to consider how his concept of emancipatory social science might be applied in the context of anti-oppressive social work (Wright, 2010, 2019). Ballantyne's theoretical article makes the case that Wright's framework offers a valuable complement to existing anti-oppressive social work practice. It is open and flexible, providing space for inclusion of different political traditions and cultural contexts, including Indigenous perspectives. Ballantyne notes that, in these highly challenging times, emancipatory social science provides a common ground on which diverse social groups can connect and work collectively to craft 'real utopias' to offer a vision of a much better world.

The focus of the next article is this very journal: "Not social workers, but social fighters': Navigating the search for macro social work identity in the *Aotearoa New Zealand Social Work Journal*" by Olivia LaMontagne, Yvonne Crichton-Hill and Jane Maidment. The authors conducted qualitative interpretive meta-synthesis was conducted on publications of the *Aotearoa New Zealand Social Work Journal* since it began in 1965 and up to 2020. The research reported in this article sought to assess both historical and current discourses about macro social work in Aotearoa New Zealand. The themes illuminated key tensions between micro and macro social work in the nature of professional identity visible in the journal over this period. The authors make a case for an integrated professional identity

by increasing the discussion of macro social work in the professional discourse in the journal and beyond.

In "Galvanising criticality: Analysing trans health policy in a hostile political context", Rebecca Howe explores how pathologisation has impacted on access to gender-affirming care. She notes that a revision of the World Professional Association for Transgender Health's (WPATH) Standards of Care includes an explicit orientation towards human rights. Howe's article employs the What's the Problem Represented to be? approach to policy analysis (Bacchi & Goodwin, 2016) to undertake a comparison of approaches to depathologisation in the WPATH Standards for Care, version 7 (SOC-7), and an alternative best practices guide created by the Spanish Network for Depathologization of Trans Identities. Howe's analysis argues that, while a rights approach seeks to replace harmful practices, it does little to address underlying colonial mechanisms.

In "'Suicide prevention … I hate that word.' Women's experiences of carceral logics whilst supporting loved ones with suicidal distress in rural Australia", Charlotte Finlayson explores how neoliberal states discipline subjects through state power by making individuals both the object of, and subject of, disciplinary gaze. Caring work in mental health systems is often devalued, carried out mainly by women who occupy marginal positions. Finlayson conducted semi-structured interviews with carers and workers and volunteers in welfare and community sectors from a rural part of Eastern Australia. She found that women's experiences of the mental health system are characterised by carceral logics which limit their choices and impact on relationships with their loved ones. However, this study found examples of resistance in forms of relational feminist justice. Finlayson concludes with several recommendations for social workers: first, it is important for social workers in the mental health system to develop critical self-awareness

of their engagement in responsibilising discourses; secondly, social workers can explore alternatives underpinned by feminist knowledges beyond carceralism. Finally, social workers should engage in actions which oppose involuntary treatment and carceral logics in the mental health system, policy and legislation.

Liz Beddoe, Sonya Hunt, Barbara Staniforth, and Kendra Cox (Te Ure o Uenukukōpako, Te Whakatōhea, Ngāi Tūhoe, Ngāti Porou) report on social work student wellbeing in a further article from the University of Auckland Student hardship study (see Bartley et al., 2024 and Beddoe et al., 2023). In "The impact of studying social work on student social wellbeing in Aotearoa New Zealand: Struggling with incongruent demands" Beddoe et al. report on one element in the findings of the mixed methods study incorporating a survey ($N = 353$) and 31 semi-structured interviews conducted in Aotearoa New Zealand in 2019. Participants in the study were then current students or new graduates in their first 2 years of practice. The findings reported in this article are drawn from analysis of the responses to the relevant open-ended questions in the survey and from qualitative interviews. Social work students and recent graduates reported various challenges of their engagement in a social work qualifying programme and the impacts in their personal and family relationships, social and cultural participation, social activism and physical and emotional wellbeing. The lack of congruence between social work's stated values of social participation and the student experience reported here suggests a dissonance that limits student inclusion and success. The authors recommend the development of meaningful opportunities for stakeholders—students, educators, the professional associations and the regulator—to discuss the implications of this research and consider how the disjuncture it reports can be addressed. It is notable that the impacts are likely to impact on student recruitment and retention (see Kim, 2024 and O'Donoghue in this issue).

In a Viewpoint article, "Sustaining the social work workforce in Aotearoa: A whole system challenge", Kieran O'Donoghue responds to a commentary on the same topic published in our last issue (Kim, 2024). O'Donoghue argues that, while Kim (2024) provided an overview of professionalisation and social work education developments, his focus was on the undergraduate degree and its sustainability rather than considering the wider social work workforce system. O'Donoghue draws extensively on Social Workers Registration Board workforce related reports to show that there is extensive information about the extent of the problem, but the solutions need to come from the wider profession, considering the multiple structural factors that impact on recruitment and retention to the profession.

Lilley and Reid's article "Exploring palliative care debates: Equitable access and the role of social workers" reflects on current palliative care debates relating to equitable access for older adults in Aotearoa New Zealand. The authors present the findings of a literature review that has its roots in postgraduate study. The article highlights many of the tensions faced by palliative care social workers as they work alongside their clients. To do this it reflects on the changing nature of the field and presents considerations for those engaging with a predominantly older client group. The author also engages with literature to explore Māori and social work perspectives. The exploration of literature enables the reader to think about how social workers can use their role to advocate for their clients within this setting, but also acknowledges the complexity of the field including the implications and obligations for social workers to ensure equity of access to quality end-of-life care for older adults.

In "Exploring courage and compassion in social work", Nicki Weld and Liz Beddoe consider how courage and compassion can support social workers' safety and wellbeing, helping to mitigate the emotional impacts

of the work. The article draws on Weld's doctoral research which noted these steps in her participants facing adversity: recognising adversity; making a conscious decision to act; connecting to motivational sources; managing emotions; and acting. The authors argue that courage and compassion can help social workers commit to upholding the worth of people in distress and strive to see them as they were before the hurt and harm.

Finally in this issue, Eileen Joy reviews *Practising Feminism for Social Welfare: A Global Perspective* by Ruth Phillips and Blake Gardiner reviews *Becoming Pākehā* by John Bluck.

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The Empire Strikes Back: Māori and the 2023 coalition government

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The ferocity of the attack on Māori by the coalition government has taken some by surprise. But really it shouldn't have. One of the hallmarks of the past 150 years is that, whenever Māori have made a great deal of progress, reactionaries have fought back to try and reverse those gains, to put us back in our place.

The Treaty Principles Bill is a case in point. The ACT party leadership believe that the scope of the Treaty of Waitangi principles have far exceeded what was intended (in other words what they are comfortable with). Their intentions, and those of the rest of the coalition government, is to rein in Māori and what have been seen as the excesses of the courts and Jacinda Ardern's Labour-led Government. This article will outline some of the context of Māori experience in New Zealand before examining the policies and rationale of the coalition government's attitude to Māori people who prefer to play by our own cultural rules.

The Coalition Government has used, as justification for its attack on the progress Māori have made in the last 20 years, a commitment that public services should be delivered based on need rather than race (Department of the Prime Minister and Cabinet, 2024). Equality is their call and has been used as their catch-cry to the New Zealand public. In response to those who oppose ACT Party's Principles of the Treaty of Waitangi Bill, the party leader stated that "the challenge for people who oppose the Bill is to explain why they are so opposed to the basic principle of equal rights" (Chapman, 2024, n.p.).

This is a classic case of semantic discord, where two differing groups hear the same words, but have a different understanding or response to it.

What people of British settler origin hear are phrases like "equal rights" and "equality before the law", which are underpinned by a centuries-long struggle to insist that everyone is subject to the same laws as everyone else. The Magna Carta and English Civil War were essentially about kings not having the divine right to rule, were not above the law and were subject to the same laws, rules and rights as other rich men. I do find it ironic that the principle used to keep the monarchy under control is also used to keep Māori in our unequal place.

When many Māori hear a Pākehā politician talk about "equal rights for all" and "equality before the law" our usual response is "Yeah right, when has that ever happened?". We have never experienced it and so we dismiss the question as being a further example of the "the deceit of the Pākehā" (Eketone, 2017).

The experience of whānau, hapū and iwi is that New Zealand has a history of containing and constraining Māori, especially whenever we seem to be getting too successful. Before the 1860s, Waikato Māori were making large profits selling goods into the Auckland market and at the same time preventing the sale of those profitable lands to British settlers (Temm, 1990). Is it really a coincidence that the most fertile and profitable farmland in the country in Waikato, Taranaki, Bay of Plenty and Hawkes Bay was also where the government confiscated lands by provoking armed resistance? Māori are permitted to be

subsistence farmers, but not wealthier than their neighbours.

At the University of Otago, we celebrate Sir Peter Buck, Te Rangi Hiroa, as our first medical graduate in 1904. Few realise that this success was questioned in Parliament as to why Māori were attending university at all. When it was realised that it was Te Aute College who had prepared such scholars as lawyer Apirana Ngata and Dr Maui Pomare to enter university, a Royal Commission into the school was held[1]. In his submission to the commission, the inspector general of schools, George Hogben, recommended that the school stop teaching academic subjects required for University Entrance such as Latin, algebra and geometry in favour of manual and agricultural classes. He believed Māori needed to realise "the dignity of manual labour"[2]. Hogben's colleague, William Watson Bird, spelled out the reasoning further—that Māori education was for living amongst Māori and not to compete with Europeans in trade and commerce. Te Aute, the premier Māori secondary school in the country, was threatened with loss of funding if they insisted on teaching academic subjects. They gave in and went back to teaching trades and farming.

While this example might be considered ancient history, 100 years later Te Wananga o Aotearoa was so successful in enrolling Māori in tertiary education that, according to the Ministry of Education, in 2002, 33% of all Māori women over the age of 15 were enrolled that year in tertiary education (Scott, 2003). The Labour government's response was not to celebrate and encourage this success, but to severely cap courses that were particularly attractive to those who had been failed by the school system[3].

There are large sectors of our society that are content to tolerate Māori if we are working class and stick to sport and entertainment. But something seems to stir in them when they see us entering the ranks of the middle class especially if our "Māoriness" is the

source of our success. This is when we start to hear statements from right wing politicians and commentators about the dangers of the nefarious faction of Māori society termed the *Māori elite*[4]. Ironically, who they are actually referring to is the Māori middle class. The genuine wealthy white elite and the pathways they lay down for their children are almost invisible and don't get anything near the remonstration as does the Māori middle class.

The right-wing claim that it is the Māori elite that have caused inequality in this country and this is why their priorities include "ending race based policies" (New Zealand National Party and New Zealand First, 2023). I won't go into the statistics of Māori disadvantage except to say that, in the negative indices of this country, it is probably only skin cancer where Pākehā are at a disadvantage (and yet funding for melanoma isn't referred to as race-based funding).

The Coalition Government has moved very quickly in advancing its agenda that some may have forgotten already what has changed. Among the first things they did was stop all work on "He Puapua," a document that discussed how New Zealand could meet its obligations under the United Nations Declaration on the Rights of Indigenous People (Sowman-Lund, 2024). This document recognised significant rights related to decision making on matters that affect Māori, including education, well-being, welfare, health and, most threatening to a coloniser, the right to self-determination (United Nations, 2007).

The Government often advocates internationally for Indigenous people, such as when Winston Peters stated that New Zealand, as one of the "Pacific Island Forum countries, by virtue of our locations and histories, understand the large indigenous minority population's desire for self-determination" (Young, 2024). I hope you enjoyed the ironic laugh as I did. Unfortunately those in power seem to have

a blind spot when dealing with Māori and so an impartial outsider in the United Nations was seen as a potential ally.

Part of the argument for why UNDRIP was not necessary in New Zealand was because we already had the Treaty of Waitangi which provided "unparalleled system of redress" (Horomia, 2007). However, even that is no longer the case with the coalition removing references to the Treaty of Waitangi in 28 pieces of legislation. Included are: Smokefree Environments and Regulated Products Act 1990, Kāinga Ora Homes and Communities Act 2019, Criminal Cases Review Commission Act 2019, Education and Training Act 2020, Mental Health and Wellbeing Commission Act 2020, and the Pae Ora (Healthy Futures) Act 2022 as well as the upcoming Corrections Amendment Bill (Walters, 2024).

Another of the first actions of the Coalition Government was to abolish Te Aka Whai Ora, The Māori Health Authority. The Authority was set up to ensure equitable access for Māori to health services and to oversee equitable health outcomes Health New Zealand, 2024). Te Aka Whai Ora was an opportunity for Māori, ourselves, to provide leadership and direction using innovative and evidence led initiatives based on research with Māori using Māori cultural values. However, the agency did not meet the ideological right's political correctness test (yes the far right has its own political correctness ideology). The Government's response is to go back to the health sectors previous philosophies that got us into poor health outcomes in the first place. The legislation to shut down the agency was passed within the first 100 days of government but was so rushed that, according to the Waitangi Tribunal, the Crown failed to follow its own guidelines (Natanahira, 2024).

While we are not allowed to see if the Māori Health Authority would work, one of the successes in the last few years has been the aggressive attack on tobacco. In recent years Māori smoking rates have dropped from 38% in 2015 to 17% in 2022 (Nip et al., 2023). With the 2022 Smokefree legislation no one born after 2009 could buy tobacco products and this was expected to have an even greater impact on Māori health outcomes. However, this was repealed, with Minister of Finance Nicola Willis saying that the revenue from the tobacco tax would go to help pay for the Coalition's tax cuts (Corlett, 2023). As Māori still make up a large percentage of active smokers this will hit Māori communities hardest.

The cancellation of government funding of cultural reports was passed through parliament under urgency in March 2024. These reports allowed for pertinent information about the backgrounds of those to be sentenced to come before the courts prior to their sentencing[5]. While these reports could be requested by anyone from any background, it was well known in the legal fraternity that a Māori person had their minimum non-parole period reduced by 12 months to 17 years (Penfold, 2024). This may have influenced those wanting to be tougher on crime to have these reports in their sights especially as Māori could be seen to be benefitting from them. Cultural reports can still be submitted to the court, but they will have to be paid for privately rather than by legal aid and so, because Māori have higher rates of imprisonment and come from poorer backgrounds, it will mean Māori have longer sentences than wealthier criminals (Gledhill, 2024).

There is an ongoing move to repeal Section 7AA of the Oranga Tamariki Act that seeks to give effect to the Treaty of Waitangi "by measuring and reducing disparities for Māori, creating partnerships with iwi and Māori organisations, delegating functions of the Act to Māori organisations, and ensuring cultural competency of staff" (Keddell, 2024, n.p.).

A large part of the justification to repeal Section 7AA came from a video the Minister

saw of the removal of four Māori children taken from "a forever home". She claimed that Oranga Tamariki put race before the welfare of the children and had decided the foster parents were the wrong race and that this led to her decision about repealing 7aa (Chhour, 2024).

The facts were countered recently by the children's uncle with the accusation that Oranga Tamariki social workers had made no attempt to find the children's relatives even though he and his partner were already foster parents and were known to, and had been vetted by, Oranga Tamariki (Maniapoto, 2024). The Iwi leaders forum have argued strongly against removing Section 7AA because these children aren't just numbers, they are the nieces, nephews and grandchildren of their relatives. Section 7aa gives them the opportunity to form partnerships with Oranga Tamariki in caring for these children and hold them accountable for the outcomes of the State's intervention (Paewai, 2024). As a nation we have seen the report on abuse in care as well the horrific outcomes with the indigenous boarding schools in Canada and the "lost generation" of Aboriginal Australians. The involvement of iwi and hapū in the care of their children is vital if we are not to perpetuate the mistakes of the past.

Services to vulnerable communities

Recently we have had a series of announcements that there is to be a raft of cuts to agencies that supply services to vulnerable Māori families and communities.

The Public Service Association (PSA) has announced that 1,478 roles are to be cut from public health initiatives including smoking cessation and Māori public health advisors Howell, 2024). Public health measures are the most effective way of promoting and protecting the health of Māori people. Spending money on treating people with disease and injuries does far less to improve

health than on the prevention of those injuries and diseases.

Oranga Tamariki have cut contracts to 190 services plus reducing contracts to another 142 more[6]. These are the groups that actually deliver services to vulnerable families such as counselling, support, therapy and advice. Oranga Tamariki are currently rolling out a new framework that will provide them with effective tools to make useful quality assessments of the needs and vulnerabilities of the families it works with (Stanley, 2024). However, Oranga Tamariki are not equipped or funded to provide all the services vulnerable families need. If these needs are met it will usually be by the type of community organisations that government are now cutting funding to. Some services are losing up to 40% of their professionally trained counsellors and social workers (Ingoe, 2024).

In October it was announced that four community groups providing mental health support are also having their contracts cut. In 2023 over 4000 counselling and support visits were made to inmates with mental health problem[7]. Once the Department of Corrections has re-evaluated what services it wants, it will invite new tenders for those services. As Māori make up a very high percentage of prison inmates, it is certain to have negative effects on their mental health. We witnessed some of the meltdowns people had in quarantine during Covid-19 who were staying in four-star hotels dealing with accommodating staff with no threats to their safety. Imagine how stressful a true lockdown in prison is.

The Government seems to think that procurement policies for services to vulnerable peoples in the community are identical to purchasing items such as office desks where you can just go for the best price amongst competing office companies.

Purchasing services from community organisations are not just buying KPIs they

are purchasing experience, networks and relationships. NGOs are more agile than the State and more able to meet emerging needs. They are also more vulnerable to staffing changes because they are paid considerably less than those in government agencies (Eketone, 2020). Organisations with insecure funding are in danger of losing experienced workers who normally enjoy greater freedom in NGOs, but in this economic climate it may be foolish to wait for the Government to make up its mind.

The heart-breaking thing is, not that these cuts to services are ideological, but to fund tax breaks for the wealthiest of landlords.

While the cuts to services are causing ongoing distress, it is the Principles of the Treaty of Waitangi Bill that has caused the most outcry. The Bill pretends to be democratic by creating a referendum to vote on what they want the Treaty of Waitangi to mean. Not what it says or what it means, but by what they *want* it to mean, written in a language they have little understanding of. I have written previously that it "makes as much sense as me voting on the meaning of the French national anthem" (Eketone, 2024, n.p.). As long as we democratically vote on it we could make it mean anything we want it to mean.

David Seymour has stated repeatedly that the Bill is based on the premise of Universal Human Rights (Seymour, 2024) which is one of the United Nations Declarations. When it was pointed out by officials that the Treaty Principles Bill may result in "actions or outcomes that are seen to be discriminatory or inconsistent" with the International Convention on the Elimination of All Forms of Racial Discrimination and the UN Declaration on the Rights of Indigenous Peoples (UNDRIP), it was stated by David Seymour that UNDRIP has "no binding legal effect on New Zealand" (Moir, 2024, n.p.). So *he* obviously thinks he gets to decide which United Nations conventions New Zealand adheres to.

Where to from here?

If we just looked at the last year, it could be very depressing. One of the things I noticed in the 3 years before election of the Coalition Government was that there was a lot happening. In fact, my days were taken up with dozens of projects and associated meetings, mostly related to improvements in Māori education outcomes. However, one of the things I started to notice was that there were an increasing number of things that I was expected to do that weren't actually of benefit to me, or to other Māori. They were for the benefit of others, tick-boxes to make them or their institution look good. The analogy I have used is that it was like I was on a boat with the wind behind me going wherever the wind took me, and I was being taken along for the ride. Now I am having to paddle into strong headwinds, and so I head for the destination I choose and focus my attention on that and there is greater purpose in that.

The good news is that whatever the government tries to do to limit Māori progress, in many ways the horse has bolted. Our expectations have risen, our skills have been developed, and our belief and confidence in ourselves has grown. We have become more educated, skilled, knowledgeable and articulate.

The use of Te Reo is growing, Māori cultural practices are becoming the norm. The old guard of urban Māori like me are being replaced with amazing graduates from Kura Kaupapa who have genuine equality in their sights as promised in Article 3 of the Treaty. And they aspire to the genuine self-determination of the Treaty's Article 2, ably described by Sir Mason Durie as "the advancement of Māori people, as Māori, and the protection of the environment for future generations" (Durie, 1998, p. 4).

There are many of us employed in government and local government agencies, education, social services and health and we

have thousands of Tāngata Tiriti allies who are committed to the same future we aspire to. I know the government are desperately trying to hold us back with their legislation and policy, but it is too late.

Disclosure: Some of the ideas for this article have been previously discussed in "He Koorero" my monthly op-ed column in the *Otago Daily Times*.

Notes

[1] Report and evidence of the Royal Commission of the Te Aute and Wanganui School Trusts (1906). AJHR 1906 Session 2 G05. https://gg.govt.nz/sites/default/files/2021-03/RC%2059%20Te%20Aute%20and%20Wanganui%20School%20Trusts.pdf

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[6] https://www.rnz.co.nz/news/political/525470/families-devastated-as-oranga-tamariki-cuts-off-funding-to-190-social-service-providers

[7] Corrections axes mental health contracts for jails. (2024, November 6). RNZ. https://www.rnz.co.nz/news/national/532993/corrections-axes-mental-health-contracts-for-jails

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The possibilities and dissonances of abolitionist social work

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ABSTRACT

INTRODUCTION: The normative ideal of justice in Aotearoa New Zealand is dominated by the twin pillars of colonialism and carceralism. The expansion and entrenchment of this colonial carceral paradigm is facilitated by auxiliary and complicit social systems. How can social work respond to its position as an element of these systems?

APPROACH: This article uses the three-stage framework of Emancipatory Social Science to examine the harms of carceralism and carceral social work, to offer abolitionist social work as an alternative, and to begin an exploration of the possibilities and dissonances presented by this alternative.

CONCLUSIONS: Like carceralism, carceral social work is inherently harmful. However, the alternative praxis of abolitionist social work raises questions for our profession regarding the balancing of immediate relief and wider social change, the potential abolition of many currently accepted forms of social work, and the strengthening or building of non-carceral social works.

Keywords: Carceralism, carceral social work, abolitionist social work, fugitivity

If I were to chronicle the violent imposition of colonial carceralism in Aotearoa New Zealand, one place to begin would be the year 1840—while widely known as the year that Te Tiriti o Waitangi and its fraudulent English-language counterpart was signed, it is also the year prisons were first built on these islands. Prior to this, tikanga Māori had no use for these houses of torture and punishment (Jackson, 2017). Since 1840, the colonial carceralism heralded by these early prisons has been expanded and entrenched to devastating effect. One aspect of understanding and challenging this expansion and entrenchment is to examine how auxiliary and complicit social systems feed and fortify its torturous reach.

This article presents the early and exploratory stage of my current PhD project focused on the position of social work as a potential component of these auxiliary systems, and consequently, as a facilitator or challenger of colonial carceralism. Using the three-stage framework of Emancipatory Social Science (ESS) I lay out a critique of colonial carceralism and colonial carceral social work, offer abolition and abolitionist social work as a necessary alternative, and finally, explore some of the potential contradictions of this transformative praxis. As the project is in its initial stages, I conclude with a set of questions for practitioners committed to abolition. These questions are indicative of both the

dissonance and possibility of abolitionist social work.

Framework: Emancipatory social science

Wright (2010) articulated ESS as an approach to research that holds emancipation at its core and that views social or systemic— rather than individual—change as necessary for this emancipation. ESS contains a three stage process for seeking this socially oriented emancipation. The first stage is *diagnosis and critique*. This refers to "identifying the ways in which existing social institutions and social structures systemically impose harms on people" (Wright, 2010, p. 11). It requires a demonstration that these harms are not just incidental to the current system, but are an inherent part of its function. Following the establishment of a system's intrinsic harm, stage two is *alternatives*. This stage examines alternate ways of organising our society, and of being in relationship with each other – ones that "eliminate, or at least significantly mitigate" the harms we have identified (Wright, 2010, p. 20). Finally, stage three is *transformation*, where the focus shifts to enacting an alternative. This stage is concerned with achievability in a practical sense; it seeks to understand what actions we need to take, the barriers we face, and the opportunities we must seek. With this framework in place, let us turn to carceralism and social work in Aotearoa New Zealand.

Diagnosis and critique: Carceralism and carceral social work

In beginning with *diagnosis and critique*, we must first be clear about the system of carceralism being critiqued. Whilst the central institutions of carceralism, like prisons, police, or courts might appear the most natural focus for diagnosis and critique, carceralism is a much broader system than its most infamous institutions might suggest. In *Discipline and Punish*, Foucault (1995) argued that carceralism is an ideology of

punitive control and surveillance in service of dominant social systems and interests. For Foucault, these dominant interests were largely represented by the capitalist class. However, in Aotearoa New Zealand, a focus only on capitalism is of limited use. The twin forces of colonialism and capitalism must be considered together.

Aotearoa New Zealand's capitalist economic system was (and is) violently imposed through the white supremacist process of colonisation. This is clear in the Doctrine of Discovery that asserted the right of Christian European nations to invade and claim ownership over indigenous lands, "reduce [Indigenous] persons to perpetual slavery," and appropriate land, resources and people for "use and profit" (Nicholas, 2004). As Tina Ngata (2019) established across *Kia Mau*, the Doctrine of Discovery exposes the fundamental, white supremacist tenet of colonisation: the notion that the Christian nations of Europe possess an inherent superiority over Indigenous peoples, granting colonisers unrestricted right to enact genocide and epistemicide via the for-profit theft and extraction of resources that sustain Indigenous life. It was this belief in the right to "use and profit" that led to Cook's mission and secret orders to claim the land of Aotearoa for the British, and to the subsequent and continuing acts of land alienation and cultural suppression—the violence of which cannot be understated. This colonial capitalist system remains in place, and is the system which carceralism and its ideology of punitive control and surveillance seeks to uphold. Carceral logic is the orientation towards punitive control and surveillance to maintain colonial and capitalist interests. The institutions and social relations that use this carceral logic are part of the system of carceralism.

With this understanding of carceralism in place, we can see that carceralism is certainly specific and overt in the form of prisons and police, who protect the colonial notion of private property and profit on behalf of

those who benefit from this system (Rākete, 2023). The predictable result of which is our hyper-incarceration of Māori and those this system holds in poverty. We can also see that carceralism can be widespread and diffuse across many seemingly non-carceral professions—a phenomenon recognised and articulated by many modern abolitionists. Kaba and Ritchie (2022, p. 36) argued that, while police violence is a demonstrable act of carceral logic, it is "not the only grammar of policing". They use the term "soft policing" to describe acts across the medical, education and social service fields that draw on carceral logic of control and surveillance in their interactions with communities they ostensibly support. Davis et al. (2022) drew on Pupavac's (2001) term "therapeutic governance" to describe the use of compulsory counselling or life-skills courses like budgeting, as a form of control over the lives of the poor or incarcerated. Rather than address systemic failures, these forms of soft policing direct correctional and disciplinary solutions at individuals, and in this way "punitive and social service can become indistinguishable" (Richie & Martensen, 2020, p. 14).

Foucault (1995, p. 297) talked about the phenomenon of *diffuse carceralism* as the "carceral archipelago"; each island is connected by the base logic of upholding colonial capitalist interests through punitive surveillance and control. Some islands might be prisons, but others might be a welfare system where an inability to work is a punishable quality, a legal system where collective occupation of ancestral land is criminalised, or a social support system in which social workers are deputised as agents of state control and required to report non-compliance to an overtly carceral arm of the state with the power to punish. This last example might be called carceral social work.

When we understand the breadth of carceralism, two things become clear. Firstly, that it is an inherently harmful system. Colonial carceralism has no space for the full practice of Tino Rangatiratanga; it rejects alternate (non-white supremacist) ways of organising relationships with each other and the land; and it cannot provide reconciliation or a just transformation of relations because it is designed to uphold a white supremacist power structure. Current practices of Tino Rangatiratanga, alternate ways of relating to each other and the land, or justly transforming those relationships occur despite, and in challenge to, colonial carceralism.

Secondly, we can see the way it finds a place in institutions that might seem separate from obvious carceral practices, such is the case with carceral social work. This is a mode of social work practice that relies on, or is complicit in upholding, the carceral logic of control and surveillance. To examine the concept of carceral social work, let us look to the history of the profession. Much of what could be considered mainstream social work can trace its origins to the religious movements for social justice in 18th and 19th century England (Henrickson, 2022). These movements set the stage for the Victorian era of organised charity work with the poor, and for the development of umbrella organisations like the Charity Organisation Society with their campaign to distinguish between the deserving and undeserving poor (Mooney, 2006).

From the early days of charitable work in Aotearoa New Zealand we have seen the carceral logic that only those who can conform to the social standards of a settler colonial occupation are deserving of support. Those who cannot, or will not, conform will be punished in the form of not receiving the support rendered necessary by colonial capitalism. In this way, these interventions form part of carceral web of discipline and compliance—they are concerned "with disciplining the poor and unproductive, as much as with addressing the impact of social suffering" (Hyslop, 2022, p. 23). I saw this logic play in one of my social work student placements at a social service with

an attached food back. This organisation had a policy that if a community member used the food bank more than twice, they must regularly meet with a social worker and must engage *productively* in work that social worker would like them to do. The social worker and organisation has a kind of control over this person's life, there is surveillance in this work, and there is the possible punishment of refusing access to food if compliance is not readily offered.

We can also see carceral social work in historical and current iterations of our child protective social work. Child protection social work shares this Victorian origin with its belief in the deserving poor and the subsequent carceral orientation towards surveillance and compliance. In our colonial setting, the surveilling gaze of social work falls particularly on whānau Māori as community members who sit outside of settler colonial norms. Early child protection work often targeted whānau Māori as not being able to provide for kids in the same way it was assumed that Pākehā would be able to. In the latter half of the 20th century, closed adoption of tamariki Māori into Pākehā families was often encouraged (Ahuriri-Driscoll et al., 2023). These adoptions were carceral in that they served as both a punishment for Māori not meeting standards of Pākehā-ness and as a method of control to ensure that the next generation of tamariki Māori were brought up conforming to this standard. These adoptions also occurred alongside the mass removal of tamariki Māori from their communities for placement in the directly carceral borstal system (Stanley, 2016). The active participation in this surveillance, punishment, and what amounted to the torture of these young people, is part of the carceral history of social work in Aotearoa New Zealand.

We still see elements of this carceral history in a child protection system where sitting outside of a settler colonial norm (Pākehā contributing to the formal economy) is predictive of increased contact with this system (Keddell, 2020). Additionally this modern system is one orientated towards the "identification of risk to individual children" (Hyslop, 2022, p. 25). Such a tendency to avoid risk can mean that decisions about child welfare can resemble a punishment of a parent rather than a desire to work with the parent and their community. This is especially true when perceptions of risk are linked to settler colonial norms, and thus, surveillance to ensure parental compliance with settler colonial norms is associated with risk reduction. Any modern child protection that is oriented towards this control, surveillance and punishment to maintain colonial and capitalist interests is carceral in nature.

Just as we know that carceralism, with its orientation towards upholding colonial and capitalist interests is harmful, we must also concede that carceral social work is harmful. Though it is not often termed "carceral social work", there is an acknowledgement of the harms of this kind of practice within the profession. For example, supporting Rangatiratanga for whānau, hapū and iwi, and Mātātoa or moral courage in challenging situations, are included as Pou in Ngā Tikanga Matatika of the Aotearoa New Zealand Association of Social Workers (2019). Embodiment of these Pou in practice would constitute a challenge to carceral social work. Although carceral social work is a distortion of the values expressed in this Pou, it remains a significant presence in our profession. Given our diagnosis and critique of carceralism and carceral social work as necessarily harmful, we must seek an alternative.

Alternatives: Abolition and abolitionist social work

The standard debate following the recognition of the harms of carceralism is that of reform versus abolition. Reformist rhetoric often opines the promise of gradual change towards a less harmful system.

Since the establishment of Aotearoa New Zealand's first prisons in 1840 there have been over 100 reforms in sentencing laws, capital and corporal punishment, life sentences, parole, probation and community service (Newbold, 2007). Despite this, we remain in a system in which two years after release, 49% of formerly incarcerated people will be reincarcerated (Nadesu, 2008); torture regularly occurs within prison walls (Lamusse et al., 2016); and over 90% of those within prisons have had a mental health or substance use diagnosis (Department of Corrections, 2017). The carceral system is not motivated towards that which genuinely reduces its reach and negative impact on people, but rather, towards that "which increases its effects while diminishing its economic… and political cost" (Foucault, 1995, pp. 85–86). The gradual reform of the carceral system is itself part of carceralism, and part of what sustains this behemoth of colonial torture. The alternative to carceralism cannot be reform, it must be abolition.

Use of the term *abolition* to describe a systemic approach to addressing the harms of an imposed social order was inherited from the efforts of slavery abolitionism. The relationship between these movements is not one of simple analogy, but is that of genealogy (Davis et al., 2022). Just as the current prison system is the direct descendant of slavery, so too, is carceral abolitionism the direct descendent of slavery abolitionism. While there is not space here to lay out the breadth of carceral abolitionism, I will provide a brief overview of its core tenets with a view to establishing how this has been translated in the literature into frameworks of abolitionist social work practice.

Hold a systemic critique of carceralism and carceral social work

The foundation of carceral abolitionism is a strong critique of carceralism as a system, and particularly, a situating of carceralism in relationship with other systems of oppression like colonisation, white supremacy and capitalism (Davis, 2005; Kaba, 2021; Lamusse & McIntosh, 2021; Mathiesen, 1974; Quinney, 1977). In the same way that writers like Du Bois (1935) rejected the idea that slavery could be disestablished in isolation from the adjacent social systems, modern colonial-carceral abolitionism challenges the notion that carceralism can be disestablished without also addressing the injustices of the surrounding social systems that funnel criminalised populations into the torturous carceral web (Davis et al., 2022). Holding this systemic critique is fundamental to carceral abolitionism.

A corresponding systemic critique is also foundational to abolitionist social work (Brock-Petroshius et al., 2022; Jacobs et al., 2021). The practitioner and organisation must have an understanding of the sprawling nature of carceralism and the harm enacted by carceral logic. Brock-Petroshius et al. (2022) particularly argued that an abolitionist lens, rather than a social justice lens, is vital for social work's understanding and critique of carceralism because of de-radicalising enmeshment of social justice with hegemonic liberalism. They argued that this proximity to liberalism, and the subsequent ambiguity of the concept of social justice, allows social workers to claim social justice in their practice without necessarily understanding or critiquing the capitalist, colonial and white supremacist orientation of our social systems.

In contrast, an abolitionist critique includes an understanding of the history of our police as a colonial force intended to support a colonial government in its work of separating Māori from their lands, and an understanding of how this orientation is still in place today. It means understanding that the totalising nature of carceralism undermines Tino Rangatiratanga, and that to support carceralism means being in breach of Te Tiriti. Vitally, it also means understanding the harms of carceralism in its diffuse forms across the carceral archipelago—whether in healthcare, education or social service

(Jacobs et al., 2021). For abolitionist social work, this means a recognition of both our harmful history and of our continued capacity to enact the harm of colonial carceralism (Fortier & Hon-Sing Wong, 2019; Sonsteng-Person et al., 2023). Fortier and Hon-Sing Wong (2019) argued that much of professional social work maintains colonialism through its logics of conquest, management and pacification. By contrast, abolitionist social work must recognise and critique our own use of control and surveillance to maintain colonial and capitalist interests.

Act to dismantle carceralism and carceral social work

These underlying critiques form the vital foundation of abolitionism, and therefore of an abolitionist social work. However, as the authors above agree, abolitionism is not generated through critique alone; it cannot exist in a solely discursive realm, it must be an embodied praxis. In the context of what is typically termed *social work practice*, I use praxis to mean that which "transforms the world in which the practice is carried out" (Kemmis et al., 2014, p. 25).

A common element across organised abolitionist praxis is direct aid and support of those who are trapped within the carceral system, so that they are not abandoned to its torturous confines. This could include advocacy for measures that make "incarceration less burdensome for the inmate" (Mathiesen, 1974, p. 68); the provision of legal aid support to avoid the imposition of prison time, or to shorten the prison time that had been imposed (Davis & Aptheker, 1971; Du Bois, 1935); or the immediate challenging of police brutality in the moment of its occurrence (Newton, 1967). In the Aotearoa New Zealand context, we have seen support for those in the carceral system demonstrated by the actions of the Polynesian Panthers in challenging acts of police brutality (Anae, 2020), in the court monitoring and provision of legal aid by Ngā

Tamatoa (Walker, 2004), and in the current advocacy work of People Against Prisons Aotearoa (PAPA, n.d.). Abolitionist social work must likewise challenge and disrupt the regular functioning of the carceral system, so that there may be relief from its labyrinth of torment.

While the provision of this support is vital to the abolitionist movement, it is equally important that the provision of such support does not sustain or reinforce the power of the prisons system (Davis, 2003). Thus, abolitionists seek the fine balance between substantial support for those captured by carceralism without supporting carceralism itself. This balancing act is achieved in part by what are termed negative or non-reformist reforms. Here, abolitionists distinguish their actions from reforms that appear to improve the situation of an individual, yet further entrench the wider power of the carceral system. Instead, the term *non-reformist reforms* describes a kind of refusal of carceral logic, which leads to systemic changes that are both practical in an immediate sense, and that ease the harms of carceralism through an unravelling and reduction of the power and reach of carceral control (Gilmore, 2007a). For example, in acknowledging the harms that the carceral system has on trans people, reformists offer the solution of prisons (or prison wings) specifically for trans people. While this may ease the immediate harm of a prison sentence for an individual, it is an entrenchment of the right of prisons to incarcerate. In contrast, PAPA (2016) advocated for the cessation of the incarceration of trans people—an act that would reduce the harm of the carceral system through a reduction of its reach and control.

In abolitionist social work praxis, non-reformist action would mean we do not support reforms that see us step in and simply take the place of a directly carceral institution (Jacobs et al., 2021; Murray et al., 2023). This is particularly important in conversations around social workers

responding to mental health crises where police may otherwise attend. Abolitionist social work requires that this only be done if it reduces interactions governed by a carceral logic. If social workers step into this space, working closely with police, and governed by a contract written with carceral logic, we are not reducing the reach of carceralism, we are instead giving it a new face. Abolitionist social work is a refusal to collaborate with methods of carceral control, a refusal to be responsiblised for carceral control and punishment through contracts with carceral institutions, and a self-critical awareness and refusal to let carceral logic into our own praxis.

Alongside the refusal of carceral logic as exemplified by non-reformist reform, abolitionism contains a more generative and creative refusal of carceral logic through the active (re)building of a society that can manage conflict and harm by non-carceral means. This is a commitment both to the regeneration of systems of managing harm that existed prior to colonisation, and to the generation of new systems of conflict and harm management. It is via this (re)generation, this "constellation of alternatives," that abolition renders prisons obsolete (Davis, 2003, p. 107). Du Bois (1935) termed this systemic approach *abolition-democracy*, and viewed it as vital in the reconstruction of society after the nominal abolition of slavery. Abolition Democracy requires not just the negation of the practice of slavery, but the creation of institutions and modes of social relations that support the freedom and power of Black people across society. Likewise, carceral abolition seeks "not so much the abolition of prisons," but through the (re)generation of alternative social systems, "the abolition of a society that could have prisons" (Moten & Harney, 2013, p. 42). Embodied here is the notion that we must "build the future from the present" (Gilmore, 2018, p. 14)—the conviction that acting as an abolitionist now is what makes abolition possible in the future.

In abolitionist social work praxis, this means a radical decentring of the social worker and social work organisation in favour of the true elevation of community voices, and the strengthening of community capacity to manage conflict and harm (Jacobs et al., 2021). Sonsteng-Person et al. (2023, p. 12) argued that this requires a "strategic disinvestment from social work power structures"—or what Brock-Petroshius et al. (2022) and Fortier and Hon-Sing Wong (2019) respectively called a forfeiting and a relinquishing of power and expert status to the community experiencing harm. Given social work's role in inflicting this harm, we may be called to significant accountability in this process. Sonsteng-Person et al. (2023, p. 11) emphasised the importance of prioritising justice as determined by those who are most marginalised "above our own fears about retribution". Thus, abolitionist social work contains an absolute commitment to the disestablishment of systems which currently give mainstream social work its mandate and power, in favour of Indigenous and community self-determination.

Transformation: The possibilities and dissonances of abolitionist social work

Having laid out the demonstrable harms of colonial carceralism and carceral social work, and the consequent necessity of abolition and abolitionist social work as the alternative, this section is more exploratory in nature. It examines some of the possibilities and dissonances contained in the abolitionist social work outlined above.

Can we balance the macro and micro demands of abolitionism?

As noted above, an essential element of carceral abolitionism is the commitment to relieving the suffering of those trapped in the carceral web. Social work is well positioned to provide advocacy for this relief. Our professional requirements

commit us to advocate against injustice and our professionalised position grants us access and power not necessarily available to community members and abolitionist activists. The immediate dissonance that arises in this space is that "service is not liberation," that is, social service work does not necessarily create social change (Kivel, 2007; Richie & Martensen, 2020, p. 15). There are two facets of this dissonance that I will discuss: Does a focus on micro-level service make the development of macro-abolitionism more difficult?; and Are these acts of micro-level service part of what sustains carceralism?

Firstly, there is significant potential for micro-level social work to be responding to constant crises generated by the violence of colonial carceralism and the neoliberal abandonment of communities (Kivel, 2007). While this practice focuses on the real and imminent needs of individuals or whānau trapped by carceralism, it may also narrow our focus away from the necessity of abolitionist macro social work praxis. The overworking of social workers in micro-level practice can lead both to a lack of energy to engage with, and opportunity to develop skills in, macro-level praxis (Darroch, 2017). In this landscape of micro-focused, crisis-response practice, we face the real potential of becoming trauma cleaners for the system of colonial carceralism, and it can become increasingly difficult to engage in macro-practice that addresses the systems that generate this torture.

Secondly, there is potential for this crises-focused practice to lend legitimacy to the broader system of carceralism. While our professional title may afford us an expanded opportunity to advocate for those entrapped by carceralism, it also affords the carceral system an opportunity to claim ethical practice through proximity to a profession ostensibly concerned with social justice. It expands the attempt at an ethical façade into community organisations. There is potential for advocacy from professionals

to lend legitimacy in a way that advocacy from community members does not. The potential of further legitimating carceralism is a genuine concern and dissonance in the journey towards abolitionist social work.

These dissonances do not, however, necessitate an abandonment of micro-level practice—there is also possibility in this space. As Kivel (2007) reminded us, the problem is not necessarily the provision of micro-level service, but rather when this social service occurs to the detriment of social change. Social work must therefore consider how we might structure a micro-level practice that may not itself generate change, but that contributes to the abolitionist aim of reducing immediate suffering without entrenching this suffering in the long-term. To this end, we must seek a framework of anti-carceral micro practice, to be balanced with our abolitionist macro praxis. This leaves us with the question: Is this achievable in the current social work paradigm, or might that paradigm be irrefusably carceral?

Is social work irrefusably carceral?

As discussed above, the history of social work as a profession is bound to the classist origins of English charity. In Aotearoa New Zealand, this includes the particularly colonial construction of charity that foregrounded the *benevolence* of white womanhood in supporting Māori communities to assimilate into Pākehā societies (with accompanying punishment for non-assimilation). This history continues to impact the current construction of mainstream social work and gives rise to the concern that the profession, or at least some of our prominent practices, are irrefusably carceral.

One such area of potentially irrefusable carceralism is that of statutory social work. I want to be clear that I am not commenting on individual social workers who work in this space—in fact, abolitionist praxis

requires us to hold systemic critique alongside empathetic relationships with people (including ourselves) who staff these harmful systems (brown, 2020). Therefore, I am focused on the system of statutory social work and its position as *part of* the colonial government. The legitimacy and mandate for statutory social work is provided through legislation, and thus it is beholden to the bastion of colonial power that is the Crown. While individual decisions can be, and are, made that attempt to refuse the carceralism of the Crown, these decisions remain part of a system of colonial governance—a system undergirded by colonial carceralism. The statutory social work system is a branch of the colonial carceral government. Therefore, to assert that statutory social work *as a system* can refuse colonial carcerality is to assert that colonial carceralism can refuse colonial carceralism; it does not make sense. Without significant transformation away from its current construction, for example, through the abolitionist process of decolonisation (Fitzmaurice-Brown, 2023), the system of statutory social work is irrefusably carceral.

It is important to be clear, however, that this potential irrefusablity of carceralism in social work is not limited to the statutory system. In fact, it is worth considering whether the construction of statutory social work as a separate entity from non-statutory social work, is part of what allows non-statutory social workers to position ourselves as refusing carcerality simply by working for a non-statutory organisation, rather than having to examine more deeply the ways in which non-statutory social work has the potential to maintain carcerality. In rejection of this false dichotomy, let us examine the carcerality of non-statutory social work.

Carceralism is extended into the system of non-statutory social work through third-sector responsibilisation for the carceral desires of the colonial system. Government contracts provide the majority of funding for many non-statutory social service organisations, and a full ecosystem of non-statutory organisations has developed around contracts with the directly carceral arms of the state like Corrections, Police, and Youth Justice. This ecosystem is critiqued as being part of the Non-Profit Industrial Complex (NPIC). Critics of the NPIC argue that organisations are de-radicalised through a financial tethering to the state that can irrefusably position them as contractors of carceralism rather than drivers of liberation (Gilmore, 2007b; Rodriguez, 2007). There is a need for more research around the NPIC phenomenon in Aotearoa New Zealand— though it certainly stands as a potential dissonance for social work in taking on abolitionism, given that it would require the abolition of non-statutory social works that are made irrefusably carceral through co-option or complicity.

Despite the dissonant presence of carceralism in both statutory and non-statutory social work, there is also possibility in the abolition of particular forms of social work. There is also possibility in strengthening modes of social work that already exist outside of this carceral web, and in the creation of new kinds of social working. In both cases we are talking about a kind of fugitive or unprofessional social work that refuses carceral logic and refuses to be responsibilised for carceral desires. Sonsteng-Person et al. (2023) drew on Bey (2019) to propose that fugitive social work requires a cessation of attempts at acceptance by the carceral system. They argued that fugitivity instead demands that acceptance-seeking acts be replaced by: ethical illegality; working outside or against contracts; and a movement "toward the *under*throw of the world" (Bey, 2019, p. 55).

It must be immediately noted that many Kaupapa Māori services (both Iwi/Hapū and Māta Waka), by their very nature, are often relegated to fugitivity by a colonial government. Likewise, their practice is often framed as unprofessional (Lewis et al., 2023). Although this relegation to fugitivity is accompanied by a racist under-

resourcing of these organisations, there is also power in operating from a foundation of refusal of colonial structure and carceral logic. Through an abolitionist social work lens, the possibility here exists not in social work asking for Kaupapa Māori services to be brought into the non-fugitive centre, or to be seen as highly professional, but instead, in challenging the value of colonial professionalism and in working to resource these services to strengthen their fugitivity in challenge to the carceral centre.

Alongside the strengthening of fugitive Kaupapa Māori services, abolitionist social work seeks to create, develop, and strengthen the unprofessionalism of other social works. Forgoing the idea of professional distance, fugitive social work requires a "restructuring of the 'helping' practices of social work back under the control of communities themselves" (Fortier & Hon-Sing Wong, 2019, p. 437). Abolitionist social work requires full trust to be placed in marginalised communities and their ability to (re)build alternatives, and a commitment to supporting this work (Brock-Petroshius et al., 2022; Richie & Martensen, 2020). This is work that supports true community autonomy and devolves the professional power of social work to the fugitivity of community creation. Perhaps there is dissonance here in that this mode of practice calls for the abolition of many mainstream social work practices. Yet, possibility exists in the skill of collective refusal of professionalised carceral complicity. Further possibility lies in the fact that all social workers are part of their own communities in which their skills can become a thread in this community tapestry—that is to say, living our social work, or social work as living, might be one form of abolitionist praxis.

Concluding questions for abolitionist social work

Supported by the framework of ESS, this article has moved through a three-stage examination of social work in our broader context of colonial carceralism. At the *diagnosis and critique* stage, carceralism and its logic of surveillance and control in the service of colonial capitalism was found to be inherently harmful due to its attempted denial of Tino Rangatiratanga for Māori and its rejection of transformative change. Social work that takes on this carceral logic through complicity or responsiblisation is also inherently harmful. At the *alternatives* stage, some core tenets of abolitionism were explored and used to establish fundamental elements of an abolitionist social work. This is a social work that holds a strong critique of carceralism and its co-constructive systems, with a particular awareness of carceral social work (histories and presents) in this space. In praxis, this amounts to a social work that supports those currently trapped within the carceral web, without further entrenching this system through our participation as professionals. It is a social work that works towards the abolition of the carceral elements of our own profession, and that moves away from the idea of profession towards fugitivity.

The final stage of *transformation* recognised that there are uncertainties and inconsistencies alongside the opportunities and promise of abolitionist social work. In providing an initial exploration of these possibilities and dissonances I believe some fundamental questions are raised for social workers committed to abolitionism:

1. (How) can social work balance anti-carceral practice with abolitionist praxis?
2. What are the implications of abolitionist social work calling for the abolition of a significant amount of what is currently accepted as social work (both statutory and non-statutory)?
3. How can mainstream social work divest from itself and invest in Kaupapa Māori practices, fugitive social works, and community-led creation?
4. What can large-scale carceral refusal look like in a currently highly professionalised sector?

Attempting to answer these questions is central to my current PhD project. However, it is important to note that unanswered questions should not stop social workers pursuing abolitionism—for it might be that acting as abolitionist social workers now, makes abolitionist social work possible in the future.

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Emancipatory social science and anti-oppressive social work: The legacy of Erik Olin Wright

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ABSTRACT

INTRODUCTION: The global definition of social work, as articulated by the International Federation of Social Workers (IFSW), states that social work is a practice-based profession and an academic discipline that, amongst other things, promotes the empowerment and liberation of people. The knowledge base for social work has a rich history of different theoretical perspectives, frameworks and practice models, some of which directly address aspects of human oppression, discrimination and marginalisation. These approaches can be grouped under the umbrella term of *anti-oppressive practice* and include anti-discriminatory practice, anti-racist practice, feminist, green and Marxist perspectives.

APPROACH: This paper draws on the work of the US analytical Marxist sociologist Erik Olin Wright to consider how his concept of *emancipatory social science* might be applied in the context of anti-oppressive social work. The article will focus primarily on a close reading of two of Wright's publications—*Envisioning Real Utopias* and *How to Be an Anticapitalist in the 21st Century*—exploring their implications for anti-oppressive practice.

CONCLUSIONS: Wright's concept of emancipatory social science, along with his ideas about social empowerment and building real utopias, are not well known in the social work literature. The framework offers a valuable complement to existing anti-oppressive social work practice. Its open, flexible, and adaptable nature is inclusive of different political traditions and cultural contexts, including Indigenous perspectives. In these challenging times, emancipatory social science provides a rallying point, a tūrangawaewae (common ground) on which diverse social groups can connect and work collectively to craft real utopias.

Keywords: Anti-capitalism, anti-oppressive practice, Marxism, emancipation

The call for abstracts for this special issue invited reflections on the impact of Aotearoa New Zealand's current coalition government—known locally as the three-headed taniwha (Spinoff, 2024)—and ideas for projects of resistance and frameworks that might help counter the renewed neoliberal assault on progressive change.

At the time of writing, the coalition government's actions include the unravelling of legislation to protect workers' rights (RNZ, 2023), offering billions of dollars in tax refunds to landlords (Coughlan, 2024), cutting thousands of jobs in the public sector (Sowman-Lund, 2024) and a number of measures to dilute the already lukewarm

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commitment of previous governments to decolonisation and recognition of *tino rangatiratanga* for Māori (Smale, 2024). As David Harvey has argued, the neoliberal project has always been concerned with "the restoration of class power" (Harvey, 2007, p. 16) and, in the context of Aotearoa, we can add to that the reassertion of settler colonial power.

The call for abstracts resonated with my reflections on recent reading undertaken as part of a project on data justice, where I encountered the uses of Erik Olin Wright's ideas by researchers at the Data Justice Lab at the University of Cardiff in the UK. I was interested in how the Data Justice Lab framed the idea of data justice and how this framing informed their practice as a research centre. Amongst the many ideas utilised by Lina Dencik (co-director of the Data Justice Lab) was Wright's (2010) thinking around what he described as *emancipatory social science*. The details of emancipatory social science were laid out in *Envisioning Real Utopias*, but this text was built on an earlier project (https://www.realutopiasproject. com) that he and his colleagues had worked on since the early 1990s. Wright (2019) later summarised *Envisioning Real Utopias* in a more accessible text aimed at social movement activists entitled *How to be an Anticapitalist in the 20th Century*. Examining how the Data Justice Lab embedded this framework in their research (Dencik, 2022) led me to wonder how these ideas might translate into the context of anti-oppressive social work practice, and that, in a nutshell, is what this article aims to do.

In one sense, this article is nothing more than a reflective review of some key ideas from the two texts (Wright, 2010, 2019) where I explain emancipatory social science and the idea of real utopias but also reflect critically on how Wright's ideas might be mobilised in the context of the preexisting progressive social work frameworks associated with anti-oppressive practice. I am using anti-oppressive practice as an umbrella term—following Baines and

Clark (2022)—for a number of social justice oriented frameworks including approaches such as feminist, Indigenous, anti-racist and critical perspecitves. However, before offering an account of Wright's (2010, 2019) perspective, I want to set the scene by reflecting on the relevance of emancipation and empowerment to social work practice.

Emancipation, empowerment and social work

The global definition of social work, as articulated by the International Federation of Social Workers (IFSW, 2014), states that social work is a practice-based profession and an academic discipline that, amongst other things, "promotes the empowerment and liberation of people" (IFSW, 2014). That is the explicit statement, but this is founded on the assumption that people, or at least some social groups, are dominated and oppressed. The term *emancipation* is not featured in the global definition, although it is implicit and is referred to directly in the commentary notes that expand the definition. In the notes, the term emancipation (IFSW, 2014) appears in the section on *core mandates*. One of the core mandates is described as:

> The development of critical consciousness through reflecting on structural sources of oppression and/or privilege … and developing action strategies towards addressing structural and personal barriers are central to *emancipatory practice* [emphasis added] where the goals are the empowerment and liberation of people.

Notice that this paragraph has a focus on the social worker's role in "the development of critical consciousness" (discussed further below) and "action strategies towards addressing *structural* and *personal* barriers [emphasis added]". Also, in the section on *knowledge*:

> The uniqueness of social work research and theories is that they are *applied and emancipatory* [emphasis added].

And again, in the section on *practice*:

> From an *emancipatory perspective*
> [emphasis added] … this definition
> supports social work strategies … aimed
> at increasing people's hope, self-esteem
> and creative potential to confront and
> challenge oppressive power dynamics
> and structural sources of injustices…

These statements are made at a high level, and we know that the generation of the global definition was controversial and contested. It led to many debates about the nature of global social work (Gray & Webb, 2008; Jones, 2024) and the complete redrafting of an earlier version of the definition (Ioakimidis, 2013). We also know that there are multiple and contested meanings of the term *empowerment* in social work practice, from those aimed at micro-level practices addressing issues of social skills and self-esteem to more policy-level and political forms of practice (see Rivest & Moreau, 2015, for a helpful review). Rivest and Moreau (2015), for example, critiqued the concept of individual empowerment and highlighted how it channels depoliticised and socially normative concepts of "independence, personal initiative and responsibility" (p. 1965).

This is not to suggest that practices that empower individual people, especially members of historically marginalised and oppressed social groups, are not an important part of the repertoire of social work practice. Individual members of marginalised and oppressed social groups can (and should) be supported to surmount negative self-evaluations and contextualise their lived experience of societal discrimination and prejudice as sources of stigma rather than negative inner traits or personal failings. Personal empowerment, in this sense, can help address important issues of self-stigmatisation (Brohan et al., 2011; Parkinson et al., 2021). The ideas of restorying, or counterstorying, are key components of contemporary anti-oppressive practice, or what has been described as *critical clinical social work* (Brown & MacDonald, 2020). For many scholars, especially those in the Freirian and feminist traditions, individual empowerment is a form of consciousness-raising intended to establish that "the personal is political" (Freire, 1970; Hanisch, 1970) and is a necessary precursor of social action aimed at societal transformation (Rivest & Moreau, 2015).

While this connection between consciousness-raising and social action is evident in the practices of historical and contemporary social movements—such as the movements for Black, women's and transgender liberation—the connection is less obvious in the practice of mainstream social workers and their employing agencies where uses of power and empowerment are more firmly focussed on immediate individual and family dynamics (Tew, 2006). In this latter context, "the accent in practice remains on the individual dimensions of empowerment" (Rivest & Moreau, 2015, p. 1864).

We should also acknowledge that some uses of the concept of empowerment in mainstream social work practice strip out the context of oppression and marginalisation entirely. As Baines and Clark (2022) put it, "[a]lthough often claiming otherwise, mainstream social work tends to view social problems in a depoliticized way that emphasizes individual shortcomings, pathology and inadequacy" (p. 24). In this mainstream context—under the influence of over 30 years of neoliberal ideology and organisational cultures based on managerialism (Garrett, 2019)—empowerment may be used to refer to efforts to engage the motivation and agency of a service user to meet their responsibilities for achieving personal change (in their roles as parent, carer, beneficiary, tenant, patient and so on) without reference to class exploitation, racism, sexism, or other structural issues. Commenting on the influence of neoliberalism on social work in the UK, Rogowski (2012) stated, "We have witnessed a move from a collectivist welfare state to a

competitive individualist society in which everyone takes responsibility for themselves. If individuals cannot do this, they are increasingly dealt with in authoritarian ways" (p. 32). As Rivest and Moreau (2015) argued, in some contexts, the "emancipatory project of empowerment" has become depoliticised and transformed into "an individualised project of self-actualisation" (p. 1866). If this analysis is correct, then, as currently constituted, mainstream social work (at least in Western anglophone countries) does not refer to emancipatory or empowering practices in ways intended by the IFSW (2014) definition. That is, they are not defined in terms of the development of *critical consciousness* or *action strategies* but are instead, if the terms are used at all, deployed in more individualised and responsibilised forms (Liebenberg et al., 2013).

When Erik Olin Wright uses the terms *emancipatory social science* and *social empowerment*, his meanings are closer to the intentions of the IFSW and align closely with the principles of anti-oppressive practice. Let us now turn to Erik Olin Wright and the subject of emancipatory social science before reflecting on what this way of thinking might contribute to the anti-oppressive traditions within social work practice.

Who was Erik Olin Wright?

Erik Olin Wright (1947–2019) was, until his untimely death in 2019, a professor of sociology and an analytical Marxist based at the University of Wisconsin-Madison in the USA. For many years, he established a reputation for modernising Marxist theory and maintaining its contemporary relevance by revising the core concepts of social class, inequality and democracy. During the first two decades of his career, from the 1970s to the 1980s, he focused on reconstructing Marxism, particularly its framework for the analysis of class (Wright, 2023). Later, from the 1990s onwards, he turned his attention to "the theme of utopia and emancipatory transformation" (Wright, 2010, p. x) and did so at a time when the world seemed to be

moving in the opposite direction—when the Berlin Wall had fallen, neoliberalism was on the ascendant and the "end of history" was prematurely announced (Fukuyama, 1992).

This historical conjuncture had a deep influence on Wright's work. He had no interest in defending failed authoritarian socialist states but wanted to revitalise and modernise Marxist theory in a project grounded in democratic socialist values. In a project titled *The Real Utopias Project,* Wright (2010, 2019) advocated a pragmatic approach to achieving real-world changes in social institutions that might promote social empowerment and lead to emancipatory practices. By conjoining the words *real* and *utopia,* Wright signalled the core purpose of the project, described on its website in the following way:

> The Real Utopias Project embraces a tension between dreams and practice. It is founded on the belief that what is pragmatically possible is not fixed independently of our imaginations, but is itself shaped by our visions. The fulfillment of such a belief involves "real utopias" – utopian ideals that are grounded in the real potentials for redesigning social institutions. (Real Utopias Project, n.d.)

Although Wright never used the term himself, we might—following Dencik (2018)—consider the project akin to developing alternative *social and political imaginaries* (Castoriadis, 1987; Ricoeur, 1986; C. Taylor, 2004) that challenge the taken-for-granted idea that neoliberal capitalism and its existing social institutions were somehow natural and inevitable. The project's intention was not to design detailed blueprints for a socialist future. Wright agreed with Karl Marx that designing blueprints was a pointless exercise in fantasy. Rather, Wright (2010) and the many people who became involved with the Real Utopias Project wanted to achieve "a clear elaboration of workable institutional principles that could inform emancipatory alternatives to the existing world" (p. x).

Envisioning real utopias

For our present purposes, it is important to note that Erik Olin Wright did not set out to articulate a model of social work practice, nor does he make any reference to social work. However, he does repeatedly refer to emancipation, social empowerment, poverty, inequality, social justice, social change, and the kinds of policies and practices that support human flourishing (a concept that resonates strongly with the idea of *thrivance* proposed by Indigenous scholars (Baumann, 2023)). His primary focus was on strategies for developing non-capitalist and anti-capitalist institutions that support social empowerment. Importantly, he also referred to the kinds of non-capitalist organisational forms that might be used to support individuals and families and offer community-based care, including childcare and care for older people (Wright, 2010, 2019).

Wright (2010) opens *Envisioning Real Utopias*, by laying out a pragmatic approach to building an emancipatory social science. He began with a focused and distinct definition of emancipatory social science:

> The word *emancipatory* identifies a central moral purpose in the production of knowledge – the elimination of oppression and the creation of the conditions for human flourishing. And the word *social* implies the belief that human emancipation depends upon the transformation of the social world, not just the inner life of persons. (Wright, 2010, p. 10)

As Masquelier (2019) stated, Wright constructed emancipatory social science "around three main axes: a diagnosis of capitalism, a look at some alternatives to capitalism and a theory of transformation … Wright wished to show the reader why a socialist alternative is not only desirable but also something achievable". As Wright (2010) put it, the tasks of emancipatory social science were to:

- elaborate a systematic diagnosis and critique of the world as it exists;
- envision viable alternatives; and
- understand the obstacles, possibilities and dilemmas of transformation.

In different places and at different historical conjunctures, one or another of these three tasks may be more pressing than the others, "but all are necessary for a comprehensive emancipatory theory" (Wright, 2010, p. 10). The first task of diagnosis and critique is the starting point and involves assessing:

> … ways in which existing social institutions and social structures systematically impose harms on people. It is not enough to show that people are suffering or that there are enormous inequalities in the extent to which people may live flourishing lives. A scientific emancipatory theory must show that the explanation for such suffering and inequality lies in specific properties of institutions and social structures. The first task of emancipatory social science, therefore, is the diagnosis and critique of the causal processes that generate these harms. (Wright, 2010, p. 11)

Diagnosing social harms

The idea of diagnosing social harms is not new. This is familiar territory for social work practitioners and researchers, and there is an emerging sociological sub-field called *zemiology* dedicated to conceptualising and studying structural social harms (Boukli & Kotzé, 2018; Canning & Tombs, 2021). Wright (2010, 2019) acknowledged that diagnosis and critique are standard practice in a wide range of anti-oppressive movements, including feminist, anti-racist, green, and labour movements. Across the social sciences, it is widely acknowledged that social harms—including, for example, physical and mental health conditions (Murali & Oyebode, 2004), crime rates (De Courson & Nettle, 2021), and the prevalence of child maltreatment

(Hunter & Flores, 2021)—are strongly associated with poverty and inequality. Wilkinson and Picket (2010) provided convincing international, empirical evidence of the consistent correlation between income inequality and a host of negative health and social outcomes. Poverty and inequality are often described as being amongst the key *social determinants* of harmful health and social outcomes (Te Whatu Ora, 2024; World Health Organisation, 2024) and strategies have been proposed by successive governments to tackle specific outcomes such as child poverty, health inequity, child maltreatment and homelessness.

However, if we consider, as Wright (2010, 2019) does, that many of these social harms are tied to the routine operation of the capitalist mode of production, then solutions require more than specific policy initiatives targeted at achieving particular social and health outcomes. An outcome-focused approach that ignores the need for systemic social and economic change cannot hope to alter the reality of ongoing oppression and marginalisation. As Ioakimidis (2013) argued, "neoliberal capitalism, a brutal system based on exploitation and unequal distribution of resources, is responsible for most of the causes pushing people to interact—voluntarily or involuntarily—with social services" (Ioakimidis, 2013, p. 185). Mirroring our earlier discussion about mainstream social work, Ioakimidis (2013) also contended that "much of mainstream social work has turned a blind eye towards this reality" and that "pathologisation, stigmatisation and surveillance have been the norm rather than the exception in much of the history of top-down welfare" (p. 186).

Not all social harms can be laid at the door of the capitalist system. Wright (2010) acknowledged that there are other social dynamics at play "such as racism, sexism, war, religious fundamentalism, homophobia and so on" (p. 38). These other forms of oppression and domination—and their interlocking, intersectional impacts—are recognised within emancipatory social science as much as they were in the statement of the Combahee River Collective (Taylor, 2017). Diagnosing social harm is the first task of emancipatory social science, but the value of the framework is that it does not stop there. Put simply, as Karl Marx wrote, "Philosophers have hitherto only *interpreted* the world in various ways; the point is to *change* it" (Marx, 1845). The next two tasks focus on social change by envisioning viable alternatives to the present predicament and then planning steps towards achieving transformational changes.

Significantly, these steps are not focussed on a complete ruptural transformation of the social order but on changes in social institutions that offer practical, tangible movements towards social empowerment. Although the examples offered by Wright (2010, 2019) foreground changes in economic structures—such as the creation of workers' cooperatives, economic democracy and building the solidarity economy—his conceptual framework for social transformation is equally valid in the context of social service institutions including education, health and social work institutions.

Before outlining the next two tasks of emancipatory social science, Wright (2010, 2019) sought to ground diagnosis and critique in two normative principles concerned with social and political justice. He considered this necessary because "[t]o describe a social arrangement as generating 'harms' is to infuse the analysis with a moral judgement" (Wright, 2010, p. 12). Wright (2010) delineated two broad normative principles, one concerning *social justice* focusing on the conditions for human flourishing and the second on *political justice* highlighting conditions for freedom and democracy. Later Wright (2019), expressed these two principles in the form of three clusters of values defined as follows:

- *Equality/Fairness*: In a just society, all persons would have broadly equal access to the material and social means necessary to live a flourishing life (p.10)
- *Democracy/Freedom*: In a fully democratic society, all people would have broadly equal access to the necessary means to participate meaningfully in decisions about things that affect their lives (p. 15)
- *Community/Solidarity*: Expresses the principle that people ought to cooperate with each other not simply because of what they personally receive but also from a real commitment to the wellbeing of others and a sense of moral obligation that it is right to do so. (p.18)

It is worth noting that the first cluster concerns both the material *distribution,* or redistribution, of resources (for example, food, shelter, clothing, health and social services); and the *social* recognition of status and identity (ethnicity, sexual orientation, gender identity and so on). The second cluster concerns *participation,* especially in decisions about matters that affect our lives. For Wright (2010, 2019), this included workplace democracy and civil society fora like citizen assemblies, but it pertains equally to service user involvement in social service decision-making. The third acknowledges the inherent value of human solidarity, community and collectivism. It is difficult to imagine that even mainstream social work agencies would object to these values or that social workers would not acknowledge that their service users would not benefit from social policies and practices that enact them. The code of ethics of the Aotearoa New Zealand Association of Social Workers (ANZASW, 2019), for example, includes the core value of *kotahitanga* (solidarity) with the implication that:

> Social workers work to build a sense of community, solidarity and collective action for social change. We challenge injustice and oppression in all its forms, including exploitation, marginalisation, powerlessness, cultural imperialism and violence. (ANZASW, 2019, p. 12)

These values are critical for emancipatory social science; in part because they delineate the moral positioning of the good, making it possible to articulate the bad, and diagnose social harms. But they are also critical because, in the final chapter of Wright (2019) we learn that when it comes to identifying the *agents of transformation*, or those key actors who can be mobilised to create real utopias, the three values become a rallying point, a collective tūrangawaewae (place to stand) beyond the different identity formations and separate interests of different social groups. As Wright (2019) put it:

> The discussion of values should be at the very centre of progressive politics. The three clusters of values ... should be made explicitly and explained. Discussions of values, of course, can become high-sounding but empty window dressing. It is important to emphasize how these values relate to concrete policies that advance radical economic democracy. (p. 142)

Envisioning viable alternatives

The second task of emancipatory social science involves envisioning viable alternatives. Wright (2010) carefully distinguished his vision of viable democratic socialist alternatives from Soviet-style state socialism. He argued for a socialism that takes the *social* seriously and differentiated *statism* (state control of the means of production and resource allocation) from *democratic socialism* (or social ownership of the means of production and allocation). His definition of socialism is rooted in *social power* or democratic control where:

> … the idea of "democracy" … can be thought of as a specific way of linking social power and state power: in the ideal of democracy, state power is fully subordinated to and accountable to social power … If "democracy" is the label for the subordination of state power to social power, "socialism" is the term for the subordination of economic power to social power. (Wright, 2010, p. 121)

This is what Wright meant by *social empowerment*: the subordination of state power and economic power to social power rooted in civil society. The emphasis is on empowerment at the macro and mezzo levels of society, although changes at these levels are anticipated to impact micro-level changes in social relations. To fully understand the complexity and subtlety of his argument, we need to grasp two key ideas. Firstly, each society, at different places and points in time, can be characterised by the current balance between three different spheres of social interaction and their respective forms of power: *state power*, *economic power* and *social power*. Secondly, these three spheres of social interaction are in dynamic interplay. Every human society can be considered to be a *hybrid* ecosystem (Wright, 2010, 2019) in relation to the respective influence of each sphere.

According to Wright (2010, 2019) the three spheres of social interaction are the state, the economy and civil society:

- *The state* consists of institutions empowered to impose administrative rules and regulations on citizens of a territory. *State power* lies in the capacity of state actors to impose those rules through the routine operation of governance, control of information and communications, ideological influence over citizens, and, when necessary, the use of coercion, force and the judicial system.
- *The economy* is the sphere of the market where citizens interact to produce, distribute and procure goods and services. *Economic power* is based on distributing, deploying and controlling economic resources. The massively asymmetric control of economic power by privately owned firms is characteristic of the distribution of economic power in states where the capitalist mode of production is dominant.
- *Civil society* is the sphere where citizens voluntarily engage in different kinds of association, from loose, affiliative social networks to more highly structured organisations, including churches, trade unions and political parties. Civil society organisations can be said to have *social power* when they have the capacity to take collective action for social change. The expansion of social power and civil society engagement in running social institutions is at the heart of Wright's vision for social transformation.

As mentioned above, the notion of hybridity is of central importance to Wright's thinking about alternatives to capitalism and to his thinking about theories of transformation. Societal change, on this view, is not an all-or-nothing, zero-sum game but one where the balance of forces can shift towards more or less progressive forms depending on the balance of power between the civil society, the state and the market, "[t]reating these concepts as varying in degree opens the possibility of complex mixed cases— *hybrids* in which an economy is capitalist in certain respects and in others statist or socialist" (Wright, 2010, p. 124). Wright discussed the myriad ways civil society can exercise social power, influence and control over the state and the economy. He cites several living examples of real utopias or the practical implementation of ideas for redesigning social institutions, including participatory city budgeting, open-source software design, workers' cooperatives and the solidarity economy.

Achieving transformational change

From diagnosing social harms to exploring viable alternatives, emancipatory social science leads to an appreciation of achievable pathways towards transformational, socially empowering change. Understanding the obstacles, possibilities and dilemmas of transformation is an essential prerequisite to creating and sustaining progressive institutional changes and nudging society towards democratic socialism. Wright (2010) identified three broad and familiar strategies

for transformational change (associated with three established political traditions). First is the familiar classical Marxist view of revolutionary or ruptural transformation associated with the revolutionary socialist tradition. This is contrasted with two types of gradual metamorphosis towards a democratic socialist future. Of the two gradualist transformations, Wright (2010) describes one as *interstitial transformation*—associated with the bottom-up anarchist tradition—where civil society actors develop alternative institutions in the "spaces and the cracks within some dominant social structure of power" (p. 322). The second gradualist transformation is entitled *symbiotic transformation*, suggesting a symbiotic relationship between political elites and the working class where compromise is in the interests of both. The classic example is the post-World War II *class compromise* when top-down, social democratic governments introduced regulations to mitigate the harms of the free market and measures of social protection in the form of the welfare state.

In Wright (2019), the three typologies of transformational change were revisited and expanded, and the nomenclature was altered for his intended activist audience. This time he delineates five different "strategic logics" for the anticapitalist struggle. In addition, Wright argued that these strategic logics are not mutually exclusive and that four of them can be combined in an approach described as *eroding capitalism* that "offers the most plausible strategic vision for transcending capitalism in the twenty-first century" (Wright, 2019, p. 38). Wright (2019) called the five strategic logics: *smashing capitalism*; *dismantling capitalism*; *taming capitalism; resisting capitalism*; and *escaping capitalism*. He considers that the first is an unlikely pathway for high-income capitalist countries but that the last four can be used in combination to erode and undermine capitalist logic. These last four strategic logics are evident in contemporary social movements and are recognisable in the literature on anti-oppressive social work

practice (see, for example Baines et al. (2022) and Shaikh et al. (2022)).

Smashing capitalism

Smashing capitalism maps onto Wright's (2010) earlier concept of ruptural transformation. It aims to overthrow the capitalist system in a decisive ruptural moment where the people seize state power. Wright (2019) argued that—given its tendencies towards contradictions and recurrent crises—a radical rupture is not impossible in high-income, liberal democracies but is an unlikely prospect in the 21st century. Also, if it did occur, it would be vulnerable to takeover by anti-democratic forces in ways that lead to state-based authoritarian solutions (of the left or the right) rather than a deeply democratic form of social empowerment. As Wright (2109) put it, "[v]isions that resonate with anger are not enough; what is needed is a strategic logic that has some chance of working in practice" (p. 42). He reframes smashing capitalism as a long-term goal, a final outcome that provides a vision for the ultimate transformation of society. In the meantime, according to Wright (2019), the other four strategic logics can work in combination towards creating the conditions necessary for such a revolutionary change.

Dismantling capitalism

Dismantling capitalism is one aspect of the state-directed strategy of symbiotic transformation referred to in Wright (2010). It involves gradually installing elements of democratic socialism from above through state-directed reforms that progressively replace capitalist structures with democratic socialist ones. The aim is to change the rules of the capitalist game, open up space for emancipatory alternatives and lay the foundations for a transition towards socialism. Crucially this strategy depends on the existence of political parties with socially progressive policies. There are few 21st-century social democratic parties that

adopt this logic, but one exception was the radical policy proposal on "Alternative Models of Ownership" proposed by the British Labour Party in 2017 under the leadership of Jeremy Corbyn (Labour Party, 2017; *New Socialist*, 2017; Rozoworski, 2017). This policy proposal advocated for a combination of support for workers' cooperatives, municipal socialism and selective nationalisation of infrastructure. Of course, progressive political parties also require popular electoral support to survive the inevitable onslaught of opposition to their policies from powerful political elites. In spite of a dramatic surge in popular support for the Labour Party after Corbyn was nominated as the leadership candidate (Whiteley et al., 2019), the media campaign mounted against Corbyn, and the emerging issue of Brexit assured his electoral defeat in 2019 (Gough, 2020).

Taming capitalism

If dismantling capitalism is one aspect of the state-directed strategy of symbiotic transformation, taming capitalism is the other. This strategic logic seeks to minimise the harms of capitalism by implementing regulations, measures of redistribution and reforms that mitigate its negative impacts without undermining its existence, making life more tolerable within the capitalist framework. Actions might include progressive taxation policies, labour market regulations, health and safety legislation, support for trade union rights and collective bargaining, rent controls, public sector housing, welfare benefits, providing comprehensive state-funded health and social services and so on. As Wright (2019) put it, "The idea of taming capitalism does not eliminate the underlying tendency for capitalism to cause harm; it simply counteracts that effect" (p. 45). Countering this strategic logic was the main objective of neoliberalism in the 1980s with the dismantling of welfare provision, privatisation of services, regressive cuts in taxation and a drive to deregulate capitalist dynamics (Harvey, 2007). The

trend continues to be evident in the policies of mainstream parties that remain under the pervasive influence of neoliberal ideas, parties such as those that comprise the current Aotearoa New Zealand coalition government, who are more interested in unleashing capitalism than in taming it. Publically funded health and social service agencies also exist as part of the strategic logic to tame capitalism by ensuring the social reproduction of labour (Bhattacharya, 2017). These services—whether run by the state or NGOs—continue to be at the forefront of the struggle.

Resisting capitalism

For Wright (2019), resisting capitalism is a term used "to identify struggles that oppose capitalism from outside the state but do not themselves attempt to gain state power" (p. 49). Resisting capitalism is related to Wright's (2010) concept of interstitial transformation involving civil society, social movements and activists using direct action and mobilisations, such as protests and occupations, to highlight, confront and block the depredations of capitalism and pro-capitalist governments. This is often the driving force for labour, trade unions, and social movements and is very evident in the current series of mobilisations against the current coalition government of Aotearoa New Zealand. These forms of resistance can bring matters to the attention of the public that political elites would rather ignore, they politicise issues by making them public. They are often concerned with fair pay, working conditions, social and economic justice, environmental justice, human rights, Indigenous rights, democracy and fairness. Social movements are not solely anticapitalist in nature but mobilise on a wide range of related, intersectional issues campaigning for Indigenous rights, redistribution, status recognition and wider participation (Fraser, 1998; Young, 2022). Once again, these ideas resonate strongly with accounts of anti-oppressive practice that connect social work practice to social movements and activism (Baines & Sauer, 2022).

Escaping capitalism

Escaping capitalism is a strategic logic related to interstitial transformation (Wright, 2010) and focuses on creating alternative spaces of economic activity and relations within—but outside—the capitalist system, such as workers' cooperatives, peer-to-peer production and promoting the social and solidarity economy. These initiatives can serve as practical examples of viable alternatives to capitalism, demonstrating that other ways of organising economic and social life are possible. Forms of mutual aid have always been part of the labour movement, as have cooperatives, and, although far from mainstream, there are some stunning modern success stories, such as the Mondragon Federation in Spain, which operates workers' owned cooperative companies, including a cooperative university (Romeo, 2022; The Young Foundation, 2017). Wright (2019) argued that escaping capitalism is not about individual lifestyle choices but can include genuine experiments in anticapitalist workplace organisational forms that prefigure alternative ways of arranging economic activity and providing services (Monticelli, 2022). The journal you are reading is a good example of an attempt to produce and distribute social work knowledge outside of the ambit of capitalist publishing houses. It is part of the open-source movement, run by an editorial collective and supported by a social work professional organisation (Ballantyne, 2022; Gair et al., 2020). There are several international examples of workers' cooperatives in the caring economy (McMullen et al., 2024) and, in Aotearoa New Zealand, a vibrant, if underfunded, programme of health and social services is organised by Iwi-led organisations (Kawiti-Bishara, 2023).

Eroding capitalism

The five strategic logics described by Wright (2019) are not unfamiliar to any social movement activist or student of political change. Historically, they have often been associated with separate and competing political traditions: social revolutionary, social democratic and anarchist. What is refreshing about Wright's (2019) perspective is his use of the idea of society as an open, hybrid, indeterminate ecosystem. In that context, alliances between social movements and other actors, including social workers committed to anti-oppressive practice, become pivotal as agents of transformational change. Wright (2019) argued that contemporary social movements were beginning to embrace and argue for top-down democratic socialist, state-directed attempts to dismantle and tame capitalism while encouraging bottom-up, civil society efforts to resist neoliberalism and escape capitalism by creating alternative, prefigurative economic structures.

In Aotearoa New Zealand today, our social fabric is being ravaged by a coalition government with far-right elements intent on rolling back the small progressive steps made by previous centre-left governments. However, we are also experiencing significant popular resistance to those regressive measures and a leftward shift in minority parties who are not to be ruled out in a Mixed Member Proportional (MMP) voting system. For example, Te Pati Māori is committed to a programme of prison abolition by 2040 (Neilson, 2023) and the Green Party currently advocate for a form of unconditional basic income (Radio New Zealand, 2023), a measure supported by Wright (2010, 2019) as a type of non-reformist reform (Engler & Engler, 2021). The vision of emancipatory social science articulated by Wright (2010, 2019) offers social movements and coalitions of collective actors a multifaceted approach to eroding capitalism, unravelling it one institution at a time. Civil society actors resisting and escaping capitalism can build grassroots support and demonstrate the feasibility of alternatives. Progressive political parties can tame and dismantle capitalism by creating the institutional and regulatory frameworks required to sustain these alternatives.

Emancipatory social science for anti-oppressive practice?

My primary purpose in writing this article was to introduce the legacy of Erik Olin Wright to a community of practitioners who seem unlikely to be aware of the value of his work. Despite his eminent reputation in international sociological circles—and the fact that he visited the University of Otago—he is seldom cited in social work journals in Aotearoa New Zealand or elsewhere. And yet, as a framework for thinking about social change, emancipatory social science aligns well with existing perspectives on anti-oppressive social work. It also adds a much more open and dynamic dimension of Marxist theory for social work (de Montigny, 2022; Garrett, 2022; Pike & Vickers, 2022). The openness of the framework to adaptation is illustrated in one of the modifications proposed by Lina Dencik of the Data Justice Lab. She argued for the use of emancipatory social science to diagnose the harms arising from datafication but insisted that this diagnosis should not be top-down but—informed by feminist theory and sensibilities (Kalsem & Williams, 2010; Young, 2022)—must directly involve those impacted by the harms done, putting the lived experiences of marginalised social groups at the centre of our concern (Dencik, 2019). Although Wright makes no specific reference to bottom-up approaches to diagnosing social harm, his commitment to social empowerment, deep democracy, and participatory approaches to governance align well with such a commitment, as do the values of emancipatory social science outlined above. This is important because, as Baines and Clark (2022) have argued, participatory approaches to work with service users and communities are a key aspect of anti-oppressive social work practice.

A more fundamental challenge to emancipatory social science might emanate from scholars committed to decolonisation.

How relevant is a framework, developed primarily by Western social theorists, to the lives, aspirations and emancipation of Indigenous peoples? And if it has no relevance, we should not be advocating its use in the context of anti-oppressive social work. I am happy to report that the adaptability of Wright's framework has been recognised by at least one Indigenous scholar in Aotearoa New Zealand. In an article entitled "A socialist compass for Aotearoa: Envisioning Māori socialism", Danielle Webb (2019) adapts Wright's (2010) three forms of power—state power, economic power and social power—that he described as three points on a compass for achieving socialism (Wright, 2006). To this compass, Webb (2019) added a fourth point, *tino rangatiratanga* or Māori self-determination. As Webb (2019) put it:

> … there is a major problem with Wright's compass: it only has three points (state power, economic power, and social power). I extend Wright's vision for socialism by completing the compass, adding to it a much needed fourth point: tino rangatiratanga. The resulting "Aotearoa socialist compass" can be used to orient us towards Māori socialism—a socialist economy in which tino rangatiratanga is realised. (p. 72)

Conclusion

My purpose in writing this article has not been to offer emancipatory social science as a fully fledged model of social work practice. It was never intended to fulfil that role. However, it resonates well with the broad range of tendencies—Indigenous, feminist, socialist, anarchist and others—associated with anti-oppressive practice. In addition, because of its adaptability, openness and encouragement of collective experimentation it offers activists, progressive politicians and anti-oppressive social workers, a tūrangawaewae (common ground) on which to stand and work collectively to craft real utopias. As Wright (2012) said:

The framework rejects the arrogance of "there is one best way" and encourages activists to embrace experimentation and openness. This probably will not appeal to people for whom inspiration requires dogmatic certainties, but I think it may provide a matrix of ideas that bolster the pragmatic enthusiasm of many activists and social movements. (p. 403)

Audre Lorde offered the provocative warning, "The master's tools will never dismantle the master's house." Perhaps Erik Olin Wright's legacy is to bequeath to us a toolkit we can use in combination with other tools to fashion a new house.

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"Not social workers, but social fighters": Navigating the search for macro social work identity in the *Aotearoa New Zealand Social Work Journal*

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ABSTRACT

INTRODUCTION: Given the social work profession's roots in social justice, macro social work is an essential part of professional identity, both for individual social workers and the profession as a whole. However, the influence of neoliberalism may have an impact on the amount of macro work that is feasible in the practice environment because of a sustained emphasis on micro work.

METHODS: To better understand macro social work's place in the profession, this research sought to assess the historical and current discourses surrounding macro social work in Aotearoa New Zealand. To do this, a qualitative interpretive meta-synthesis was conducted on publications of the *Aotearoa New Zealand Social Work Journal* since it began in 1965 to 2020. This meta-synthesis was one part of a broader study on macro social work for a PhD thesis.

FINDINGS: The analysis focused on finding journal articles that relate to macro social work to generate themes around how social workers think and feel about the place of macro social work in the profession. Themes around historical trends, scope of practice and the status of the profession were discussed in the context of macro social work and social change. The themes illuminated key tensions between micro and macro social work in the professional identity.

CONCLUSIONS: This article makes a case for an integrated professional identity by increasing the discussion of macro social work in the professional discourse in the Journal and beyond.

Keywords: Macro social work, social work identity, meta-synthesis, social justice

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Since its inception, the social work profession has had to grapple with its identity and purpose as a discipline. Social work as a profession is often associated with the founding of the Charity Organisation Society (COS) and the Settlement House Movement (SHM) which had overlapping but sometimes competing ideologies about the nature of social problems (Netting et al., 2012). While the COS headed by Mary Richmond promoted systematic management of individual problems, the SHM headed by the pioneering work of Jane Addams concentrated more on

economic and social reform (Netting et al., 2012). These two traditions led to the idea of a dualistic focus of the profession where social workers focus both on individuals (micro) and social systems (macro) (Netting et al., 2012). In the current Aotearoa New Zealand Association of Social Workers' *Code of ethics*, social work is said to have a "dual focus", meaning that social workers need to "empower individuals" on the micro level while informing "society at large about the injustices in its midst" at the macro level (Aotearoa New Zealand Association of Social Workers, 2019, p. 7). However, in practice, both sides of the dual focus are not always equally supported and encouraged, creating a tension in how social work is practised and how social work identity is viewed both within and outside of the profession (Mosely, 2013; Reisch, 2013; Renau et al., 2023). The article explores this micro and macro tension through the years in Aotearoa New Zealand by looking back through a key place where social work voices were and are heard: the *Aotearoa New Zealand Social Work Journal*.

In 1964, the constitution of the New Zealand Association of Social Workers was adopted and in 1965, the association began to release a journal (*Social Work in New Zealand*, 1965). Notably, in the *Interim code of ethics* of 1965, it was specifically stated that social work is an occupation concerned with "individual wellbeing" (New Zealand Association of Social Workers, 1965). But the idea of social work being focused on individual concerns as opposed to social concerns has changed throughout the years. In 2020, the Social Work Registration Board (SWRB) created the "Aotearoa New Zealand General Scope of Practice (Hokaitanga o nga Mahi")" because a scope of practice was required to be in place following mandatory registration in 2019 (SWRB, 2020). Part of the scope explicitly addresses practising at different levels of social work:

> Social workers apply their knowledge and expertise in a variety of ways and roles at micro, meso and macro levels. This includes direct work with

people and whānau, therapeutic social work, community-led development, consultancy, research, education, supervision, facilitation, advocacy, management, policy development and leadership. (SWRB, 2020, p. 2)

In addition, the ANZASW released a resource called "He Whakamārama Mō Te Tauwhirotanga (Social Work Explained)" which was to be used alongside the "General Scope of Practice" (ANZASW, 2020). The resource featured a clear mandate to service the wider society of Aotearoa and facilitate social change. For example, He Whakamārama Mō Te Tauwhirotanga specifically states that social workers should "seek to influence persistent issues of poverty, inequality, violence, discrimination and ongoing failures of social systems" (ANZASW, 2020). This resource also points to the need for social workers to address wider social issues by:

> … actively challenging discriminatory practices, inequality and social injustice in organisations and wider society and "work to influence change at individual, family, whanau, hapu, iwi, community and government levels". (ANZASW, 2020, para 8)

While our contemporary definitions accept social work as dually responsible for both micro and macro concerns, social workers have long debated the practical, theoretical and professional ramifications of this dual focus. In practice, generating social change and being critical of systems may simply not be a part of the day-to-day work for many social workers. Due to a variety of factors, social workers often find it difficult to engage in political change or discourse as a part of their role due to the increasing neoliberal environment surrounding social work and managerial restrictions faced by social workers (Baines, 2022; Rocha et al., 2010). Aotearoa New Zealand entered its neoliberal phase during the late 1980s, but the negative effects on the social service sector were not immediately evident

(Aimers & Walker, 2016). Macro social work is much more difficult to focus on when practitioners are fighting for their own professional needs and are overworked and underfunded with their individual casework responsibilities (Hughes & Wearing, 2013; Weiss-Gal, 2017). In addition to the rise in neoliberalism during the late 1980s, social work as a profession was very preoccupied in Aotearoa New Zealand with establishing itself as a registered profession (Nash, 2009). It was a time in which the profession was fighting for itself (and within itself) in a difficult environment. This struggle is still evident in contemporary practice. Although the social work profession in contemporary Aotearoa New Zealand has definitions and mandates regarding generating social change, it can be an uphill battle for social workers in practice (Renau et al., 2023).

The qualitative meta-synthesis reported in this article examines the history of social work in Aotearoa New Zealand using the ANZSW journal with the intent to understand how macro social work has and will fit into the social work profession. The particular focus on macro practice was due to the meta-synthesis being a part of a larger study on macro social work. Macro social work or macro practice is defined as "professionally guided intervention designed to bring about change in organisational, community, and policy arenas" (Netting et al., 2012, p. 5). Therefore, macro social work is the practice to address macro concerns and bring about social change. The ANZSW journal was chosen for this research as the publication

reflects social work knowledge, debates and innovations over the last 64 years in Aotearoa New Zealand. According to McKenzie and Nash (2008), "Our journal is a prime site for an archaeological dig into the knowledge base of New Zealand social work, providing a critical lens with which to track the historical development of the profession and its knowledge base" (p. 5). By understanding the discourse and tensions through history, this study sought to illuminate key themes and future directions for the profession now.

Methods

The qualitative meta-synthesis was part of a larger study of macro social work for a PhD thesis. Ethical approval for the larger study was granted by the University of Canterbury Human Ethics Committee in 2019. The meta-synthesis focused on articles from the *Aotearoa New Zealand Social Work (ANZSW) Journal* since its inception in 1965 to Vol 32(1), 2020[1]. Qualitative interpretive meta-synthesis (QIMS) was used to analyse the articles. QIMS involved grouping studies on a related topic to synthesise an improved understanding of the topic and generate new knowledge. QIMS involves integrating the products of existing research about a certain subject (macro social work in this case) and systematically generating inductive conclusions about this subject (Given, 2012). The goal was to create a "web of knowledge about the topic where a synergy among the studies creates a new, deeper and broader understanding" (Aguirre & Bolton, 2014, p. 283). QIMS had four steps as listed in Figure 1.

Figure 1. Steps for Qualitative Interpretive Meta-Synthesis
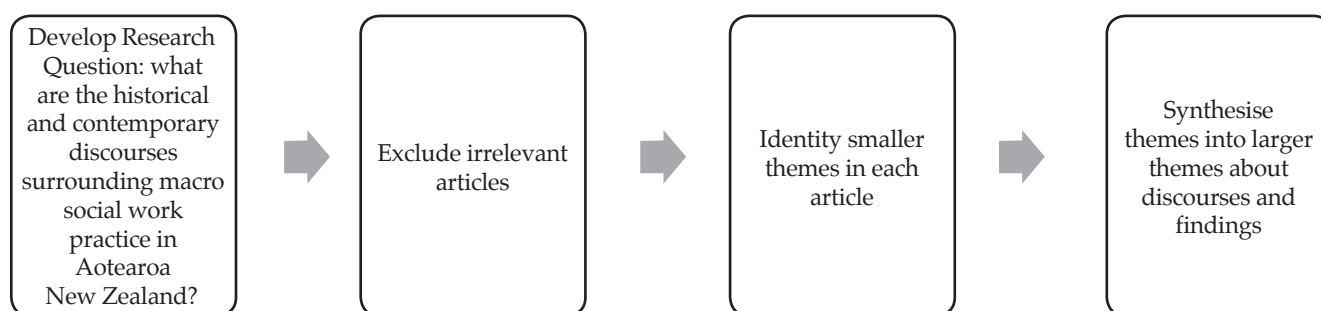
The first step in QIMS, as in any meta-analysis, was to develop a research question that informs the meta-synthesis (Aguirre & Bolton, 2014; Timulak, 2013). For the meta-synthesis, that question was: What are the historical and contemporary discourses surrounding macro social work practice in Aotearoa New Zealand?

The next step in QIMS was the sampling step which involved exhausting the literature about the topic using purposive sampling (Aguirre & Bolton, 2014). The analysis solely focused on articles relating to macro practice in the ANZSW journal. The articles in the journal did not need to be qualitative studies, in fact, many of them were not. While the synthesis did not use qualitative studies per se, it used a variety of studies, editorials and other works to analyse trends, findings and publicly stated opinions about the social work role. Therefore, the methods of a qualitative meta-synthesis were borrowed and adapted to the purpose of this research.

Not all the articles related to the research question. Inclusion and exclusion criteria for which articles to examine were used in the meta-synthesis. The following criteria were used: the article must explicitly be about how or why social work (or social workers) engage with macro issues (as opposed to how macro issues affect micro practice), and the article must be related to how or why social workers can generate social change (as opposed to a critical analysis of a social policy or phenomenon). These criteria focused the meta-synthesis on articles that directly relate to the study's topic as opposed to articles that may speak to advocacy work on a micro level or how macro issues affect clinical practice. As noted in Figure 2, 2,263 articles in the ANZSW journal were reviewed (every article). The first review involved reading both the title and the abstract. If it was not apparent from the title and abstract that the article met the criteria, then the article was reviewed a second time by skimming the full article. In total 81 articles were used for the meta-synthesis.

Next, the articles were read repeatedly to identify key terms and phrases in order to generate themes (Aguirre & Bolton, 2014). This involved two main steps: 1) making a table with every article that related to macro social work and highlighting key themes

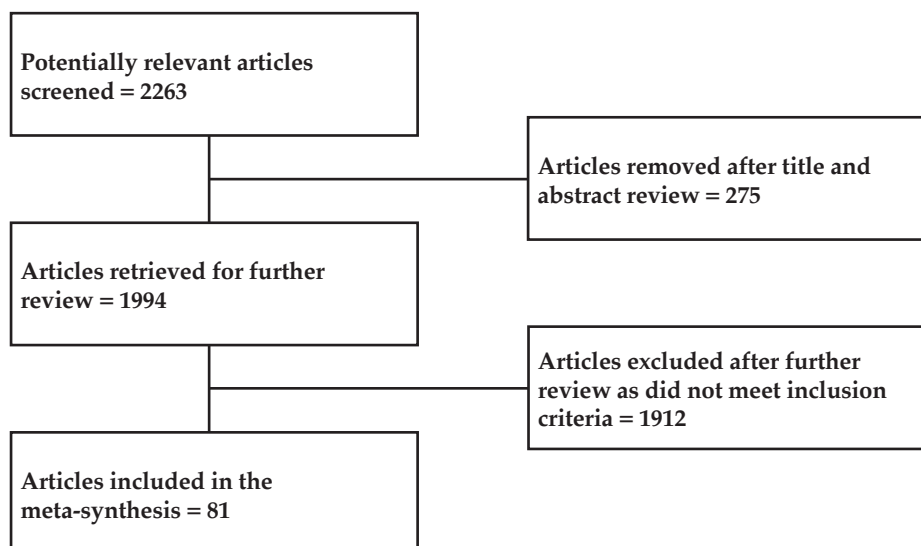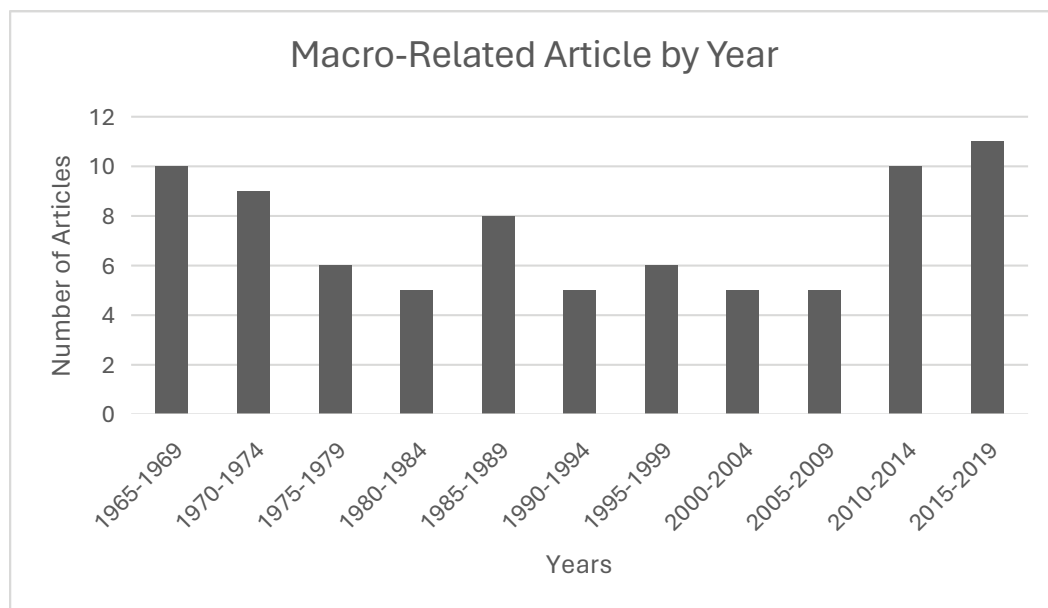Figure 2. Exclusion of Articles for the Meta-synthesis

Figure 3. Number of Macro-related Articles in 5-Year Increments

(Article Table); 2) synthesising those themes further and creating a theme table of over-arching themes (Theme Table). Generating themes involved the interpretive element of QIMS which focused on interpreting the data for theory and concept development (Aguirre & Bolton, 2014). The synthesis of themes went beyond aggregating results of the articles and focused on developing a new understanding of macro social work through the ways in which the knowledge in the articles were connected (Aguirre & Bolton, 2014).

The 81 articles included in the meta-synthesis spanned from 1965 to 2019. Figure 3 shows the number of articles found in this meta-synthesis in 5-year blocks.

Findings

It was apparent that macro social work and social change has been a topic of interest throughout the social work profession's history in Aotearoa New Zealand. In analysing the findings, two major themes were identified: the scope of social work practice and the status of the profession.

The scope of social work practice

The theme of social work identity and scope was prominent in most (58) of the 81 articles included in the meta-synthesis. While some articles discussed the "dual" focus of the profession in which both individual and social change is a focus, a few articles defined social work as more one than the other. It is clearly a topic of some debate as it is for social work internationally and historically (see Colby et al., 2013; Cunningham & Cunningham, 2017; Gal & Weiss-Gal, 2015; McLaughlin, 2009; Netting et al., 2012). For example, as stated above, the ANZASW Interim *Code of ethics* was featured in the ANZSW journal in 1965 which clearly defined social work as mainly concerned with "individual social wellbeing" (NZ Association of Social Workers, 1965). Conversely, an article published the very next year, specifically advocated for accepting "responsibility for the broad purposes of social welfare" (Brown, 1966).

Advocating for macro practice

A total of 37 articles specifically advocated for macro work and social change to take

a larger part in the scope of social work practice as a whole (e.g., Baretta-Herman, 1993; Hunapo & Ohia, 1986; Jones, 1974; Mendes, 2001; O'Brien, 2014; Papadopoulos, 2017). The discussion around advocating for macro practice used a variety of techniques and appeals to encourage social workers to get involved in macro work. The large presence in the journal of articles which advocate for macro work shows the journal itself has been an avenue to facilitate macro work and raise awareness.

General comments about awareness raising of the possibilities of general social change activity was one technique for advocating for macro practice. For example, in comments made in 1973, John Fry, the then president of the New Zealand Association of Social Workers stated:

> It would help if we all occasionally moved away from our offices and our pre-occupation in helping individual clients in face-to-face therapeutic relationships and moved into the wider circle of community activity. (J. Fry, 1973, p. 5)

O'Brien (2014) also highlighted the importance of extending practice to social change:

> We need to reflect on not just the immediate dimensions, but to extend that to the wider social and economic considerations. (p. 12)

Other articles used more specific arguments, suggesting that macro activities (management, community development, etc.) could naturally be included in the scope of the profession. These articles focused on more practical arguments such as what specific skills and knowledge the social work profession can bring to macro practice in certain settings. Webster et al. (2015) advocated for social workers to use their specific skills in management roles and the creation of management standards for social workers. In addition, when discussing public

health activities such as health policy and community development, Nuthall (1989) stated that:

> Social workers have the most relevant core training for these activities. (p. 10)

Another technique to advocate for macro practice involved appealing to more values-based causes that tended to provoke emotion or righteous anger or frustration in order to advocate for macro work. Papadopoulos (2017) wrote directly about the centrality of the values of radical social work:

> The values enacted by radical projects are too important to be made vulnerable to the vicissitudes of political fashion. (p. 54)

In addition to value-based causes, articles also sought to provoke a response by directly criticising the social work profession for the perceived lack of priority of macro work in the professional scope and practice. For example, Ross (2014) pointed out that, in social work literature:

> There is considerably less emphasis on the broader systemic social justice work and almost no discussion on what may assist us to work sustainably and effectively towards social justice and human rights on all levels in real-world environments. (p. 6)

Hunapo and Ohia (1986) were also concerned about the lack of focus on social change:

> Thus, social work was catapulted into a preoccupation with individual pathology rather than major structural change. (p. 4)

Two articles specifically focus on the historical importance of macro practice in the social work identity as a way to advocate for the place of macro work in the profession. Using historical arguments provided legitimacy that macro practice is indeed part of the profession's history from the beginning and therefore part of its scope now. Fraser

and Briggs (2016) detailed key historical events relating to biculturalism and the ANZASW, specifically highlighting events when Māori social workers advocated for equal representation. This article used quotes from newsletters, reports and journals to tell the story of how biculturalism has been developed in the ANZASW since 1984, including discussion of how qualification and competency assessments were developed (Fraser & Briggs, 2016). In addition, Jennisseen and Lundy (2018) overviewed female North American social workers throughout history, including Jane Addams and Bessie Touzel. Jennisseen and Lundy (2018) did this to highlight how radical women social workers have created social change:

> Their legacy reflects the possibilities and potential for positive social change when we come together in solidarity to challenge the policies and practices that disadvantage a significant segment of the population. (p. 55)

Other studies focused on advocating for macro practice in the social work identity using specific approaches in order to help their own communities and beyond (Hunapo & Ohia, 1986; Jennissen & Lundy, 2018; Serrallach, 1988; Walsh-Tapiata, 2000). Serrallach (1988) discussed historical and contemporary programmes to develop biculturalism and reduce disparities for Māori. This article suggested that,

> … there is a great gap between policy makers and the principles [to] which practitioners verbally adhere. (p. 8)

The article asserted that social workers should close that gap by advocating specifically for Māori in the social, cultural and economic realms (Serrallach, 1988, p. 8). Haitana (1995) underscored the importance of macro work for and by Māori:

> This means that as tangata whenua social/community worker you need to consider (always) the collective well-being above that of the individual. (p. 30)

Walsh-Tapiata (2000) also focused on the challenges for Māori and spoke directly to Māori social workers. This article advocated for Māori social workers to engage in social change by constantly assessing the organisation for its cultural appropriateness and "finding appropriate ways to challenges these systems" encouraging Māori social workers to focus on "the support of our whānau and the vision of a better existence for Māori" (p. 12). Hunapo and Ohia (1986) were also critical of social work's practice with Māori on the micro and macro level, asserting that:

> Thus far, social work's interactions with the Māori people have contributed little-altering neither the micro nor macro concerns. (p. 4)

Effects of an exclusive micro focus

Rather than advocating for macro practice, the place for macro work in the scope of the profession was also debated by discussing the dangers of exclusively or disproportionately focusing on micro or individual practice. A dichotomy of the profession that is often framed in opposition of each other is the idea that the profession could be focused on social control versus focusing on social change (Aimers & Walker, 2011; Baretta-Herman, 1993; Barretta-Herman, 1994; Jones, 1974; "Notes on social work: A Marxist view", 1974; Lloyd, 1977; Morley & Ablett, 2017; Opie, 1993; Papadopoulos, 2017; Sawyers, 2016; Uttley, 1977). Similar to the professionalisation debate discussed in the next section, the meta-synthesis identified an ongoing concern in these articles that social work will be used as a way to control service users and "fix" them to fit into society, as opposed to generating social change. Jones (1974) asserted that:

> In New Zealand the social control function of social work, associated with social casework, has always outweighed the social reform function. (p. 29)

In the same year, another article, "Notes on Social Work: A Marxist View" (1974), promoted moving away from an exclusive micro focus:

> What is needed in New Zealand is not people who do social work, but people who do anti-social work: not social workers, but social fighters. (p. 5)

This framing of *typical* social work (micro work) as a type of social control or a threat to more radical work was a regular theme throughout the journal (e.g., Jones, "Notes on Social Work: A Marxist View", 1974; Lloyd, 1977). This framing of an almost *us versus them* split in the social work profession illustrated a fracturing of the profession into two distinct groups which points to possible barriers when attempting to have a collective social work voice.

In other articles, this framing was still displayed, but with more nuance. According to Barretta-Herman (1983), social workers should work on keeping the tension *"between bureaucracies and social work practitioners"* in order to practise social change instead of social control (p. 17). In Papadopoulos (2017), mainstream social work and more politically active social work were both seen as necessary for the profession and the wider society and can work together to achieve social change. Similarly, in Hunapo and Ohia (1986), micro and macro interdependence was viewed as essential in order to emphasise systems and social factors that directly relate to individual issues.

Status of the profession

In addition to the larger debate about the place of macro work in the social work profession, the status of the profession was an important piece of how macro social work was understood in Aotearoa New Zealand, specifically discussions around professionalisation. This theme featured prominently in 28 articles across the journal. This is perhaps not surprising given that the time period (1965–2020) saw the profession

becoming a registered and regulated profession with the introduction of the Social Workers Registration Act 2003, and then with an amendment in 2019 moving the profession to mandatory registration. From very early on, it seemed there were concerns about professionalisation (see Jones, 1974; Lloyd, 1977; Throssell, 1971). In 1971, an article from the *Australia Journal of Social Work* reprinted in the ANZSW journal expressed strong reservations about professionalisation (Throssell, 1971). The article was mainly concerned about what could be lost in the effort to gain "professional prestige", fearing that activism and questioning systems may be impossible if social workers are not able to act outside of the system (Throssell, 1971, p. 9). The article described a satirical dystopian reality in Australia where social work ceases to exist because their lack of power. The main explanation as to why social work disappeared was at the end of the article:

> Through their [social work's] need to become an Establishment profession, they changed from identifying with the aggressors and in the end were only required to be able to read and obey instructions. (Throssell, 1971, p. 11)

These concerns are again echoed in 1974, when Jones (1974) asserted that professionalisation would cause the occupation to lose power and oversight to the state.

As professionalisation and registration became more of a reality in Aotearoa New Zealand, increasing numbers of articles began to move the discussion of professionalisation away from the abstract and toward the more specific dangers and possible benefits (e.g., Baretta-Harman, 1993; Maharey, 1998; Mendes, 2001). Barretta-Herman (1993) pointed out that social work could remain committed to the dual focus of social work by:

> Using power and status of increased professionalization to improve services to clients and enhance social justice. (p. 35)

Maharey (1998) stated that:

> A robust social work profession would have been in a much better position to tell those who have driven the policy agenda over recent years that they were wrong. (p. 26)

Several articles discussed how social workers can perform macro work to enhance the status of the profession (K. Fry, 2010; Hanna, 2000; Maharey, 1998; Ross, 2014; Webster et al., 2015). For example, Ross (2014) explored how union activity could strengthen social work practice. By participating in unions and advocating as a collective, the status of the profession could be enhanced with better working conditions and more political respect for the discipline (Ross, 2014). Other articles pointed out the importance of social workers seeking leadership and management positions in order to advocate for the profession (K. Fry, 2010; Webster et al., 2015).

This idea that social work needs to fight for the profession's status seemed to be a response to the rise of neoliberalism and managerialism which presented a variety of barriers for social workers. Professionalisation appeared to be increasingly discussed as a way forward in the ideological and economic environment to increase the status and power of the profession (e.g., Aimers & Walker, 2011; Hibbs, 2005; O'Brien, 2005, 2014). That did not mean there were not still reservations about professionalisation as noted in Hibbs (2005):

> Professionalization of social work might potentially threaten its ability to respond to the wider societal causes of oppression, especially when those cases involve the state. (p. 39)

Discussion

Despite increasing marginalisation in practice settings due to neoliberal and managerial policies, there have been calls from social work voices in Aotearoa to have more of a social justice focus, a more radical focus. And still this call persists. However, throughout the history of the profession, the tension between the micro work and macro work was often a push-pull relationship. The framing from "Notes on Social Work: A Marxist View" (1974) illustrated this push-pull dichotomy: "not social workers, but social fighters" (p. 5). Social workers vs. social fighters, social work vs. anti-social work: this discourse echoes the idea of the dual focus of the profession and the tension between individual and social change. But this quote is not just discussing professional identity tensions, it also refers directly to individual social workers needing to choose a side, either one of *us* or one of *them*. This concept is reflected in the professional discourse historically which has often framed the dual focus of the profession as oppositional (Keenan et al., 2016).

Professionalisation has only made this tension more complicated, as now social work has a statutory regulatory body telling social work what it is and what it can do. The articles in the meta-synthesis raised both concerns and opportunities that might result from professionalisation. After reading about the fears of professionalisation and the radical language used in the ANZSW journal, some important distinctions between the SWRB General Scope of Practice and the ANZASW *Code of ethics* became apparent. While the Scope of Practice by the SWRB does acknowledge the existence of macro social work, it uses neutral and task-based phrasing. In contrast, the ANZASW document (much like the journal) explicitly notes the role of social work "addressing wider impacts such as the historical impacts of colonisation, assimilation, institutional racism, exploitation, violence and oppression" (ANZASW, 2021). Conversely, the General Scope of Practice developed by the SWRB, a Crown enterprise, does not contain the words *challenging*, *discrimination*, *inequality*, *poverty*, *colonialism*, *racism* (much less *institutional racism*) nor does it point to any innate failures of social systems and policy. The terms listed are arguably

more politically charged terms and seem to align with a much more critical perspective rooted in a more radical approach. The internal tensions in the social work identity are again seen here with the statutory agency stating the professional scope in one way, while the professional association is asserting something that is inherently different. It is out of the scope of this article to debate the full merits and drawbacks of professionalisation, but the historical discourses and current language about professional social work do reflect again a notion of uncertainty about how to include macro practice in the profession.

Articles accessed for examination in the meta-synthesis also pointed to a fear of an increasingly diluted profession: a profession that is apolitical, non-confrontational and focused on changing individuals instead of society. It is a fear that macro practice will essentially be trained out of the profession. From inductively linking concepts from the articles in the meta-synthesis, a cycle of individualisation resulting from both internal professional factors and external factors was created. Figure 4 shows the cycle of individualisation that was developed as a result of the meta-synthesis: roles appeared to become increasingly individualised due to perceived needs in society, therefore the educational needs of social workers becomes more individualised, therefore people choose to enter the social work field who are more interested in micro work, therefore social workers are viewed as more micro workers, therefore social work roles increasingly reflect individualised work. All of these factors together could result in a perpetual cycle emphasising individualisation.

Figure 4. Multi-directional Cycle of Individualisation
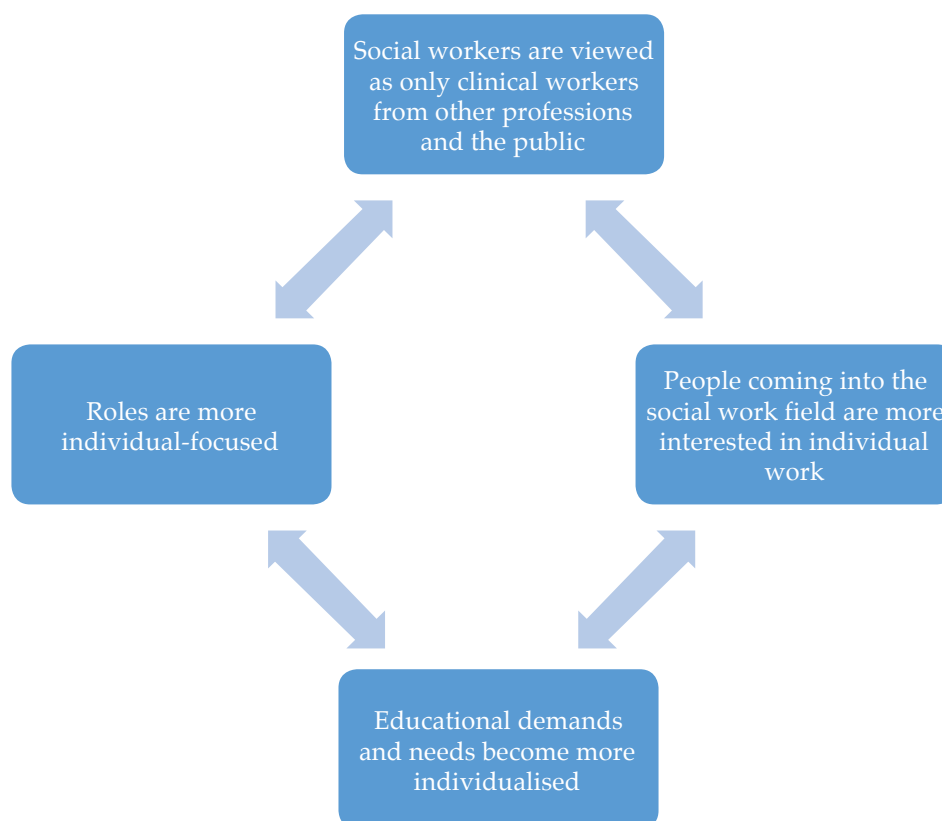
This cycle points to some of the difficulty of including macro practice in predominately micro roles. This move toward individualisation due to neoliberal policies and discourse is reflected in international literature as well (see Mosley, 2013; Reisch, 2013; Rocha et al., 2010). The impact of this cycle is that those advocating for macro practice are put in the position of seeming impractical and ignoring the realities of over-worked social workers as their roles are focused on micro practice. Maybe this is why calls for more macro practice, alongside criticism of the profession's focus on clinical practice alone has been so consistent throughout the years. Given this cycle created from the articles, it seems that there is a perception that macro practice is still marginalised because social work is still being told what it is by the state and wider societal structures defined by neoliberalism. The separation and internal tensions between social workers may be a product of external forces telling social workers who they are and then the profession is internalising those things. This is neither an accident on the part of the external forces nor something that was unforeseen by social workers historically in Aotearoa.

Conclusion

In advocating for macro practice in the journal, the articles examined in the meta-synthesis discuss how macro practice has been marginalised due to neoliberal forces and regulatory bodies. Some articles also feature a discourse that frames the dual focus of the profession as a battle within the profession when perhaps that discourse was forced on social work by those same external pressures and then internalised by the profession. What this does mean is that the oppositional nature of the dichotomy that we have been given about micro and macro work is a false one. According to Keenan et al. (2016), while micro and macro practice are different methods to succeed in the goal of social work, the distinction between micro and macro has been "overemphasised" and reduces the possibilities for collaboration and action (p. 26). While framing social workers and social fighters as in opposition to each

other may have been helpful to encourage dissent in the past, rejecting this discourse now may be important in finding a way to bring social workers together and discover the nuance of practising micro and macro work interdependently in a way that is feasible in their practice reality. Because of the marginalisation of macro practice, interdependent micro and macro social work will involve an increased focus on bringing macro practice into existing discourse and practice, while continuing to uphold micro practice as an essential part of social work.

The hopeful part of this discussion about social work identity and macro practice is that there seem to be increasing numbers of articles in the journal and beyond that focus on developing macro practice. While there have always been radical edges and sections in the profession, making macro practice an equal part of the interdependent dual focus of the profession seems possible. Creating a shared vision for social work is essential. This will take bridging the us vs. them divide without compromising the radical agenda that was/is so strongly advocated for by social workers past and present. It will take some amount of rejection of external narratives and the creation of a vision of what social work can be. Ironically, it may be through looking in the past that we can see our future emerge as both *social workers* and *social fighters*.

Acknowledgements

Note:

[1]The journal has gone through several name changes as you will note in the references, but its current name is *Aotearoa New Zealand Social Work*.

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Galvanising criticality: Analysing trans health policy in a hostile political context

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ABSTRACT

INTRODUCTION: Pathologisation has long provided the architecture for governing access to gender-affirming medical care. An explicit orientation towards human rights in the latest revision of the World Professional Association for Transgender Health's (WPATH) Standards of Care appears as an important success in achieving trans depathologisation. This development is largely the result of sustained efforts by trans activists who have been dismantling pathologising structures and practices in the face of intensifying opposition and vitriolic attacks.

METHODS: This article presents findings from the comparison of approaches to depathologisation in the WPATH Standards for Care, version 7 (SOC-7), and an alternative best practices guide created by the Spanish Network for Depathologization of Trans Identities (the Guide) using the What's the Problem Represented to be? (WPR) approach to policy analysis. This WPR analysis is informed by the work of trans and First Nations policy workers, scholars, and activists. This methodological–conceptual approach is used to explore uncertainties about the limits of a liberal rights model in the Guide.

FINDINGS: Situating rights in the broader field of governing logics indicates that, although this approach seeks to replace harmful practices, it does little to address underlying colonial mechanisms. Noticing uncertainty supported consideration of the dynamic ways that medicalisation and rights, liberalism and neoliberalism, and colonial power are sustained in trans health policy.

CONCLUSION: In an increasingly hostile context, when uncertainty about the transformative capacity of human rights necessarily shifts focus, returning to trans analytics provides solid ground for deepening interrogation of the colonial conditions of care to enable full depathologisation to unfold.

Keywords: Transgender, human rights, trans health, depathologisation, anti-colonialism

For over fifty years, polyvocal trans-led activist movements have been dismantling the pathologising structures and practices of care in trans health. All while being met with a steady barrage of opposition. In this article, I report on comparing different approaches to trans depathologisation and the usefulness of uncertainty in research within an increasingly hostile political context. It might seem distracting (or even irrelevant) to raise concerns about the transformative capacity of human rights at this time. I believe that asking these questions is crucial because it can (re)orient the work towards disrupting the colonial conditions of care to support full depathologisation.

Pathologisation has long provided the architecture for an entire process of governing gender and access to care. Ansara

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and Hegarty (2014) clarified its foundation, arguing that because "authorities in English language contexts typically assign 'permanent' gender at or before birth … people's own descriptions of their genders and bodies are treated as invalid unless they are typically associated with their assigned sex designations" (p. 259). This invalidation forms the basis for a pathologising structure that incorporates medical concepts classifying these non-medical states of being into the leading diagnostic manual for mental disorders and an international disease classification system. Medical, psychiatric and sexological expertise is authorised in the construction of diagnostic categories used to identify and thus "treat" gender self-designation as a medical problem. Struggles for trans depathologisation carry on political legacies of highlighting collective experiences of institutional oppression and providing a framework for protest (Stone, 1991; Worley, 2011), strengthening community networks (Malatino, 2020; Meronek & Griffin-Gracy, 2023), building multi-issue education for health care practitioners (Sharman, 2016; Zoe Belle Gender Collective, 2021), and collaborative engagement at the level of international human rights law and policy reform (GATE, 2012; Yogyakarta Principles, 2017).

Yet, in the face of this work, trans people are facing increasing harm in the current political context. On this basis, trans-led advocacy organisations have been tracking the growing power and geographical reach of right-wing populist anti-gender movements, documenting its dangerous flow-on effects as resources that support community organising to challenge the intensification of this opposition at all levels of society (GATE, 2024; TGEU, 2024). The impacts of an increasingly hostile environment, fostered by well-resourced and networked anti-trans groups have been documented in the UK (Horton & Pearce, 2024), both historically and more recently the US (Billard, 2024; shuster, 2021; Stryker, 2017), Aotearoa New Zealand (Hattotuwa

et al., 2023), and Australia (Stoff, 2023). The effects of invalidation and attempts at obliteration have cumulative and often devastating impacts on trans people's daily living, highlighting what is at stake in the determination and continuity of trans resistance.

Proposals for a rights-based model in trans health have been circulating for over a decade but have still received, at best, only a partial application. In what has been touted by many as an important success, the SOC-8 now clearly states that its guidelines are "rooted in the fundamental rights of TGD people", with each section containing recommendations reiterating that these can and should be applied "to promote equity and human rights" (Coleman et al., 2022, p. 58). This incorporation of rights, informed consent models, and widening the scope of advocacy responds to many of the longstanding demands of trans depathologisation activists and movements. However, close readings of the SOC-8 find that any achievements are undermined by contradictory language, compromises on its principles (Winters, 2022), and concerns that it can still be used to enforce transnormativity (Jacobsen, 2024). As a rights framework forms much of the foundation for a depathologisation position (Schwend, 2020), it can be difficult to find in-depth engagement with expressed concerns about its consequences in healthcare settings. However, in a legal context, there have long been arguments that rights produce "individualized states of existence" that, intentionally or not, also legitimise established relations of neoliberal governing of "social subjects according to the hegemonic colonial, capitalist, nationalist, racialized and heteronormative logics" that are "obscured through such liberal democratic exercises" (Irving, 2013, p. 320). These arguments coincide with what Spade (2015) has called a critical trans politics, an invitation to expansive and resistive thinking beyond a rights-based politics. Because an alternative and emancipatory framework of rights has

not been subject to as much critical or influential scrutiny as the prevailing illness model, there remain unaddressed concerns about the potential rendering inevitable these underlying governing mechanisms known to cause harm. These concerns suggest that examining the different strategies for depathologisation through rights is crucial.

This research project took form within this context of ongoing struggle for depathologisation. For nearly a decade, I coordinated therapeutic social support programmes at a specialist LGBTIQA+ homelessness service where trans young people often shared their experience negotiating (resisting) the privileging of so-called expert knowledge over their own (Howe et al., 2019). The 2010s was a period of intensive activism and change. As I became aware of different depathologisation struggles, evidence was mounting—from my practice experience and research (Strauss et al., 2017)—that diagnostic criteria were still being used to delay, deny, and otherwise regulate young people's access to care. Working as I was with young people experiencing the maddening and motivating effects of empty assertions of depathologisation, I kept returning to ask: What would it take to relinquish both psy-authority and a system focused on restriction and risk mitigation? Although I have many professional and personal connections and solidarities in this area, following this line of inquiry did not change the fact that I was problematising approaches to depathologising care that I had no direct experience seeking. These realities translate into obligations that include continually asking, "What am I contributing?" and proactively taking accountability for what I do. In the context of this research, it meant working reciprocally with a group of counsellors who provide support for non-binary, trans, and gender-diverse people. Together, we produced a group policy analysis, and I joined a working group writing a shared ethos for their community of practice.

Using this context, I summarise the findings of a comparative analysis of the WPATH *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*, version 7 (the SOC-7) (Coleman et al., 2012) and the *Best Practices Guide to Trans Health Care in the National Health Care System* (the Guide), created by the Spanish Network for Depathologization of Trans Identities (STP, 2010). I then outline a set of uncertainties to explain why I think expressing concern about a human rights approach is important and how asking questions about the relevance of a critique can be galvanising. The change in focus signifies a return to the analytical tools offered by trans-led scholarship, policy work, and activism. The Guide is a model for how critical interrogation led *by* trans people is achieved in and through practice *for* trans people. Extending an analysis that starts with a focus on the colonial mechanisms governing gender broadens the scope for action. It is also a way to locate the potential for political mobilisation, for an intertwining of anti-pathologisation and anti-colonial political projects and social movements.

A critical comparative analysis of two trans health policies

I used the What's the Problem Represented to be? (WPR) approach to critically compare each policy's conceptual premise and underpinnings, to trace how these have developed over time, examine practices that sustain their logics of medicalisation and rights, and consider their effects (Bacchi & Goodwin, 2016). I used a reciprocal approach to facilitate group policy analysis that sought to analyse each policy's proposals for governing access in ways that also consider the politics and relationships inherent in knowledge production. Meaning that, while the research received approval from the University of Sydney Human Research Ethics Committee, working reciprocally supported proactive accountability to people working 'on the ground' for trans depathologisation and provoked a deeper consideration of the requirements of centring

Indigenous sovereignty, especially in an Australian settler colonial research context (Barker, 2017; Carlson et al., 2023; O'Sullivan, 2021; Pehl, 2024). Using WPR's directive to self-scrutiny (Bacchi & Goodwin, 2016) as part of this combined approach offered a way to practise what is required to build relations in non-pathologising and anti-colonial work.

Published a decade and a half ago, these policies appear obsolete at first glance. Given their age, it is important to locate the chosen policies in time and relate them to other authoritative texts in the field. Published in 2012, the SOC-7 was selected as the prevailing international trans health policy when the research began and because it actively sought to rework its gatekeeping reputation. Although published in 2010, the Guide was selected for its uniqueness in the field. The STP (2010) created the Guide to provide "analytical tools and reference points for developing alternative non-pathologizing trans health care protocols that have local and international applicability" (p. 5) amid revisions to the DSM-IV (American Psychiatric Association, 2000), SOC-6 (Meyer et al., 2002), and ICD-10 (World Health Organization, 2016). In doing so, STP (2010) simultaneously offered a framework and developed an entirely new protocol for care in the Spanish health system, which was submitted as a proposal for fundamental change to the SOC-7 (Coleman et al., 2012). The analysis done as part of this article was bookended by the release of the ICD-11 (World Health Organization, 2019) and the SOC-8 (Coleman et al., 2022), leaving pressing questions of research relevance now that psychiatric diagnosis is no longer a prerequisite for care and rights have come into ascendancy. As a result, it appears that many of the issues raised in the Guide either no longer apply or have been superseded by concerns about the rise in anti-gender populism. However, the Guide issuing four interconnected demands—autonomy in decision-making, access without illness diagnosis, improving knowledge about medical technologies,

and state-funded healthcare—remains an instructive and crucial means of establishing a rights-based approach (STP, 2010, p. 12). Although the SOC-8 declares that its guidelines are rooted in fundamental rights, its objective appears instead to *promote* equity and rights (Coleman et al., 2022). I see a significant difference between using a multi-pronged approach for establishing rights as a basis *for* care and suggesting ways of promoting rights *in* care. The Guide and its demands have been circulating for nearly 15 years yet have received surface-level application. Irrespective of my uncertainty about the transformative capacity of a human rights approach, the current research shows that scrutinising co-option and containment of its demands can be helpful in confronting the pushback that has occurred in its wake.

Analysis of the SOC-7

As a policy on responding to requests for access to gender-affirming medical technologies, the SOC-7 offered flexible "standards for promoting optimal health care" and guidance on "the treatment of people experiencing gender dysphoria" (Coleman et al., 2012, p. 2). Conceding that "most of the research and experience" originates from North American and Western European standpoints, the SOC-7 suggested that its standards could be adapted to any setting by "thinking about cultural relativity and cultural competence" (Coleman et al. 2012, p. 1). The SOC-7 repeated an earlier public statement that self-designated gender identities and expressions "should not be judged as inherently pathological", instead using the term "gender dysphoric" in reference to people who "experience gender dysphoria at such a level that the distress meets criteria for a formal diagnosis that *might* [emphasis added] be classified as a mental disorder" (Coleman et al. 2012, pp. 4–5). Even with the transformation from diagnosing a person's identity as *disordered* to assessing the level of distress, attention remains at an individual level, with limited problematisation of social and economic components or the process itself.

As mentioned, this analysis proceeds from an established critique of an illness-based approach and the pathologising practices embedded in the *Standards of Care*. I hoped to contribute by delving into how verifying the distress of gender dysphoria, used as a method of depathologising care, effectively legitimated and expanded the existing illness paradigm. Clarifying how the SOC-7 relied upon and reproduced a logic of medicalisation encouraged reflection on how redirecting attention onto individual distress maintained the authority of psychiatric knowledges and continued to prioritise professional judgement.

Considering the preservation of mechanisms and hierarchies of clinical and geopolitical relations opened space to analyse further how this occurs as a continuation of the conditions of colonial state-making projects. Expanding the scope to consider the colonial basis of contemporary governing is made possible through a sovereign Indigenous critical analysis. This includes what Pehl (2024), who belongs to the Cherokee Nation of Oklahoma, named as a trans* Indigenous framework and critique that starts from the potentiality of an anti-colonial otherwise to uncover the workings of settler colonial logics in the here and now. This is what Wiradjuri critical Indigenous scholar O'Sullivan (2021) skilfully identifies as the colonial project of gender—and everything else—that requires persistent erasure of multiplicity and complexity to render specific formations of Indigenous bodies, genders, and relationships visible for governing. Trans health is still reckoning with the effects of representing an illness paradigm as an irreducible component of care. It should be cause for alarm when an approach to depathologisation that advances a logic of medicalisation appears as an inevitable and reasonable means of governing access. I see Indigenous trans scholarship that visibilises and rejects colonial conditions of care as setting a crucial direction for creating alternatives to making gender self-designation identifiable and thus treatable as a health "problem".

Analysis of the Guide

Compared to the SOC-7, the Guide explicitly states that the problem of pathologisation in trans health can be addressed by replacing the prevailing illness model with a rights paradigm. This alternative protocol for the Spanish healthcare system is premised on a person's right to access quality, gender-affirming medical care that is publicly funded and free from psychiatric requirements (STP, 2010). Equally as important, the Guide was created using analytical tools and reference points made available to develop multiple, locally responsive trans depathologisation projects (STP, 2010). These include the identification of "the scientific model developed in the West" regarding "sexuality, the body and gender … as an imperialistic colonizing mechanism" that invokes notions of progress to elide alternative understandings of gender and negate experiences of violence (STP, 2010, p. 10). Arjonilla (2014) showed how the Guide substitutes a diagnosis and treatment model "for a new one in which every single trans person is responsible for the process, because they are considered experts on their own processes" (p. 41). Reflecting on how the Guide strategically positions those requesting and providing care on an equal footing raises questions about rendering both governable through rights. Yet, for Arjonilla (2014), democratising the structures and practices of care remains key. The Guide's problematisation of care at this paradigmatic level promotes accountability to human rights, which provides an important challenge to the hierarchy of relations between those who seek access and those with the power to allow access. The Guide's critical analysis and alternative protocol attempts to reconfigure the potential response to requests for access to gender-affirming medical technologies. The Guide is a policy that both declares and enacts "the objective of health care for trans people … to create conditions that improve their quality of life" (STP, 2010, p. 1). Thus, it set an entirely different policy trajectory that remains an essential resource in the current political moment.

This section describes the methods and summarises the research findings. It also situates the SOC-7 and the Guide in time to underscore what is dynamic yet entrenched in this policy space. Given the focus of this article is uncertainty and its utility in research, the following section outlines four issues that raise questions about the consequences for care under the Guide's proposed human rights paradigm.

A set of uncertainties

The research findings indicate that the SOC-7 undermined its own attempts to rework a gatekeeping position. This occurred through the use of qualifying language that pressed people into status relations established and maintained by psy-professions, Western medicine, and that are replicated within Western law and correspond to citizenship requirements. In contrast, the Guide problematises the entire illness-based paradigm, arguing that the Western, medico-scientific model of sexuality, the body, and gender has colonially conditioned trans health. As an alternative, the Guide makes demands for publicly funded gender-affirming medical technologies (based on a right to healthcare) that are accessible via a process of informed decision-making (based on a right to bodily integrity, autonomy, and self-determination) without a requirement for a diagnosis of illness (based on the interrelationship between health and citizenship rights). Although many of these demands appear to have been met in more recent policies, the Guide remains unique in presenting an alternative care protocol in Spain that is also a model for developing other localised, non-pathologising protocols. This layered approach to depathologisation seems quite radical compared to the SOC-7 and -8. Yet, without critical examination, an alternative rights framework may also legitimise underlying oppressive governing mechanisms. Noticing when uncertainty about a transformation through rights began to appear revealed the dynamic ways medicalisation and rights, liberalism and neoliberalism, and colonial power appear in trans health policy. This section examines four uncertainties that reveal the operation and limits of these governing rationales. It is important to note that the following discussion is not an attempt to undermine the movement for trans depathologisation. As I started to notice uncertainty about the Guide's analytical tools and reference points, careful reading helped me appreciate what their limitations offer for engaging critically in the difficult task of establishing rights.

Normalising neoliberal responsibilisation

The first uncertainty about the Guide concerns a tacit normalisation of neoliberal responsibilisation. Considering the time of its publication, the Guide was radical in its representation of trans people as active, autonomous, self-determining, rights-bearing subjects and positioning health professionals as providing professional accompaniment for trans people in their decision-making process, free from psychiatric requirements (Arjonilla, 2014). Over time, the selective uptake of different demands in revisions of the DSM, ICD, and SOC suggests an enduring pattern containing activist strategies for change to maintain established status relations. The Guide attempted to intercept co-option, emphasising the right of people with self-designated genders to make autonomous decisions throughout the entire process of body modification, not only providing consent to receive "treatment". Ongoing conversations about informed consent models (Ashley et al., 2021; Jacobsen, 2024) allowed me to notice that normative forms of governing—that produce self-managing political subjects within Western healthcare—are not disrupted or addressed when the concept of autonomy is anchored to informed consent within a rights paradigm. A concerning alignment with an imperative towards "health" to become/remain productive is tempered by the Guide's aim to decouple gender self-designation "from a medicalized vision" (STP, 2010, p.

20). However, facilitating the autonomy of people with self-designated genders and honouring their requests to modify their bodies is constrained by neoliberal racial capitalism, which presumes personal power and entitlement that marks certain groups of people for social and literal death (Gossett, 2014; Puar, 2017). Gould's (2024) rigorous analysis echoes similar concerns about broadly liberal responses to coordinated attacks on trans health that align with the same late-capitalist structuring of US anti-trans laws. The Guide interrupts health professionals' unidirectional and regulatory role, but its compatibility with a neoliberal rationality, even if unintended, raises concerns about uncritically mobilising rights as a paradigm in care.

Normalising psychiatric diagnoses

Further investigation of the Guide's informed decision-making process reveals another implication of tacit normalisation. The Guide is clear in its objection to the "imposition of a diagnosis of a mental disorder" when responding to requests for access to care (STP, 2010, p. 16). It asserts that "a prior psychiatric diagnosis" should not disqualify someone from care, yet includes an "absence of identity delusions" as a component of its decision-making protocol (STP, 2010, pp. 28–29). The concern is that the objection to the imposition of psychiatric diagnoses related to gender self-designation does not extend to problematising the consequences of imposing other sorts of diagnostic categorisations—specifically, what it means when delusions are represented as the "psychotic features" of multiple mental disorder diagnoses (APA, 2013). The Guide defends "treatment" as a means of establishing a liveable life rather than medically managing specific modes of living (STP, 2010). Yet there remains a latent tension in the Guide between outright rejection and tacit normalisation (legitimisation) of some psychiatric diagnoses. This tension is equally made apparent through critical analyses of the SOC-8 (Winters, 2022). Jacobsen (2024) also revealed

the implications of recommending extended assessments for young people labelled as risky, as well as a further multidisciplinary assessment for people who request seemingly unconventional *individually customised* combinations of surgical technologies. The discourses surrounding the Guide's demands do not conceive of depathologisation as a single trans-specific issue but as one "part of the structural violence inherent to the social gender order" (Schwend et al., 2014, p. 7576). Consequently, the "link between the demand of trans depathologization and a broader questioning of Western psychiatric classification systems and practices" is seen as generating "potential alliances with other critical theoretical reflections and social movements, among them intersex, body diversity, and antipsychiatry discourses and activisms" (Schwend et al., 2014, p. 7576). The inadvertent normalisation of some psychiatric diagnoses is a worrying limit of the Guide, not only on these potential alliances but also on how far depathologisation extends.

Identifying but not accounting for colonialism

Another important uncertainty lies in how the Guide presents its analysis as a reference point for developing other localised and responsive protocols in trans health. The Guide sees trans health as colonially conditioned by the *Western* medico-scientific model of sexuality, the body, and gender and, further, by the invention of *transsexuality* as a term to categorise, label and pathologise "the life trajectories" of people with self-designated genders (STP, 2010, p. 10). Crucial for developing the Guide was how this pathologisation functions as part of a progress-oriented, imperial-colonial mechanism. These are the colonial conditions historicised as the origins of pathologisation, the medical situation in Spain, and the status of international trans depathologisation activism (STP, 2010, pp. 8–10). Marking these reference points is a significant offering that could remarkably transform policy development, particularly extending beyond

North America and Western Europe as the places from which knowledge for protocol development emanates. However, the elision of Spain's position as a colonising nation limits these possibilities. For example, the writings of Spanish colonial missionaries, explorers, and administrators during the colonisation of the Philippines in the late 16th and early 17th centuries show that Indigenous Peoples' pre-existing ancestral gender systems were rendered "incomprehensible within the [Catholic] binarist and patriarchal gender system" (binaohan, 2014, p. 105). This is only one instance of Spain exerting colonial power in invading, claiming, settling, and attempting to incorporate multiple islands in the Caribbean, large portions of Central and South America, Mexico and parts of North America, and Western Sahara into the Spanish Empire. The Guide calls attention to the coloniality of an illness-based model, which is a crucial contribution. The concern is how selective attention to colonial mechanisms limits the analytical strategy's ability to address the colonial mechanisms in developing other emancipatory models.

Perpetuating liberalism while rejecting universalism

The final uncertainty arises through the failure to identify the human rights paradigm as part of a colonial mechanism. Despite clarifying that it does not aim to "establish a new universal model" for care, the Guide appears to perpetuate liberal notions of universal human rights (STP, 2010, p. 16). There is a pervasive silence on how constructions of the *human* justify colonial invasion, genocide, and occupation, which has effects when ideas of human are universalised into a neutral and non-hierarchical position in rights discourse. Hunt (2007) argued that human rights are made legible, not only through the formulation of doctrine, but also by "a set of convictions about what people are like and how they know right and wrong in the secular world" (p. 27). In her comprehensive critique of Western research from a critical Māori positionality, Smith (2021) explained how the tenet of "humanity" functions within

established, gendered, and hierarchical "systems of rule and forms of social relations which governed interaction with the Indigenous peoples being colonized", making it possible "to consider Indigenous peoples as not fully human, or not human at all", in ways that "enabled distance to be maintained and justified various policies of either extermination or domestication" (p. 99).

The current political moment demonstrates that these continue as real-time practices. Colonialism has distinct life-threatening effects on converging Indigenous resurgences that must not be conflated with, or minimised by, making comparisons to struggles for gender self-determination. Yet, these ideas and systems do manifest as conditions of trans health. Hence, another implication is how dominant rights discourse closes off interrogation of assumptions of proprietary ownership underpinning an individualised notion of bodily autonomy. Access to care is implicitly connected to bodily integration and citizenship entitlements within nation-state formations that play a central role in colonial projects. Bodily integrity is widely used when invoking a person's decision-making rights over what happens to their body. However, this invocation also discursively connects the body to liberal assumptions of individuality, including property rights (Stryker & Sullivan, 2009). A rights paradigm does not appear to register how these broadly liberal ideas of proprietary ownership, bodily integration, and citizenship align with colonial political projects that create and maintain the terms of recognition by the state.

In terms of practical application, Platero (2020) outlined arguments by activists in a Spanish context that because "transgender laws make it easier for people to change their name and sex on national and social security IDs and to access hormonal treatments in a self-chosen path, they mitigate the impact of transphobic violence" (Platero, 2020, p. 262). Such an argument is countered by an assertion that "these actions rely on the individual being able to navigate the often transphobic social reality and do not directly tackle their economic

marginalization" (Platero, 2020, p. 262). These two arguments in an ongoing conversation draw attention to parallels between the governing of access to gender-affirming medical technologies and the benefits of citizenship through recognition of (some) rights. Such a connection raises questions about whether a rights-based paradigm creates positive transformation or maintains processes integral to the state-securing colonial logics of claiming proprietary ownership and granting citizenship.

These four uncertainties about a human-rights-based approach come from a concern that it becomes another layer over, rather than a replacement for, this oppressive governing mechanism. The Guide uses its analysis to support an argument that "the objective of health care for trans people should be to create conditions that improve their quality of life" (STP, 2010, p. 16). However, questioning what care ought to be directs attention to the conditions needed for a liveable life. The Guide, therefore, develops its best practices by locating pathologisation within a colonising mechanism and marking both as key conditions shaping what is possible for people requesting access to gender-affirming medical technologies. Asking what uncertainty can do has meant returning to the Guide for a close (re) reading of how its analytics are applied and what they continue to offer. Asking this question has also meant (re)turning to critical interrogations led by trans people, which broaden thinking about alternatives that can disrupt a liberal logic of rights and dismantle the underlying colonial structures. Identifying this pathway makes possible the reflections in the final part of this article on how analytical tools galvanise this work in an increasingly hostile political context.

Analytical tools galvanising criticality

I began thinking about the importance of the word galvanise as I heard Puar (2017) discussing *The Right to Maim*, what she wanted for an anti-imperial politics and why she thought it was so important to be thinking

"not just in terms of political mobilisation, and … solidarity organising, [but also] how we can kind of galvanize in relation to each other" (Adler-Bolton & Gill-Peterson, 2022). The uncertainty in this research came from situating rights in a wider field of governing logics, which has meant asking some difficult questions about who and what a liberal human rights paradigm serves. Although I still struggle to shake the uncertainty, I look to the work of trans policy workers, activists, and scholars—of whom only a tiny fraction are cited here—for the lines of inquiry they offer. Introducing rights into the medical and gatekeeping logics of care may positively change practices while further obfuscating oppressive governing. These analytical tools, especially those offered by First Nations scholars, set a direction for interrogating the colonial conditions of care. This thinking occurs amid an ongoing fight against coordinated anti-gender mobilisations and working for its alternatives that Gilmore and Lambert (2019) so cogently asserts "already exists in fragments and pieces, experiments and possibilities" (p. 14). I see the Guide's proposal for a complete paradigm change as a valuable strategy for depathologisation because it pushes for considering what underpins and is contained within different models of care. The emerging issues help to sustain attention on dismantling the colonial conditions of its governing.

Conclusion

This article discusses findings from a critical analysis of trans health policy that works through the author's uncertainty about the transformative capacity of human rights to find a solid grounding from which to proceed. Important changes in trans health policy at the international level have occurred because of sustained efforts to reorganise care around a rights framework. The purpose of this analysis is not to discount or undermine the struggle for trans depathologisation but to focus attention on the underlying conditions and potential consequences of taking up a rights-based approach. Uncertainty does not necessarily mean letting go of rights. It means returning

to the analytical tools offered by trans policy workers, scholars, and activists to keep asking difficult questions. Rights may help to change harmful practices and increase access while securing underlying colonial domination and oppressive state power. I believe that raising concerns about mobilising a human rights paradigm alongside or even to replace an illness model can strengthen the coalitions and the relations needed to create alternatives to that which maintains and normalises harm. Strengthening and sustaining work for depathologisation is necessary because overlooking the ways a policy contributes to, and maintains, a process of classification and containment in service of securing projects of colonial expansion has devastating effects.

It seems appropriate to end by highlighting the Guide's use of "we" as an essential component of its approach to depathologisation. An assertion of "continuing to fight tirelessly against the violence, stigmatization and marginalization to which we've been subjected" characterises the Guide as wanting change through being part of that change (STP, 2010, p. 5). Indeed, this statement is a precursor to the Guide articulating a hope that it "will stimulate debate over alternative ways to implement a non-pathologizing health care model" (STP, 2010, p. 29). The anticipation of being part of a continued and contested process is underscored by STP (2010) viewing this work "as another turning point in a historic struggle", one that "gives voice to the trans community, which invites all to join us in crafting new alternatives that replace the customary pathologization of our lives" (p. 29).

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"Suicide prevention … I hate that word." Women's experiences of carceral logics whilst supporting loved ones with suicidal distress in rural Australia

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ABSTRACT

INTRODUCTION: Modern neoliberal states discipline subjects through diffuse operations of state power by making individuals both the object of and subject of disciplinary gaze. Constructions of activities like caring, which are overwhelmingly performed by women, are devalued and marginalised.

METHODS: Semi-structured interviews were conducted with carers and workers and volunteers in the welfare and community sector from a rural part of Eastern Australia.

FINDINGS: Women's experiences of the mainstream mental health system are characterised by carceral logics which limit women's choice and their relationships with their loved ones, yet some women resist through enacting a form of relational feminist justice.

IMPLICATIONS FOR PRACTICE: This study contributes to broader literature on women's embodied experiences of legislation and critical mental health scholarship on the harms of coercion in the mental health system in many modern neoliberal states. I encourage social workers practising in neoliberal settings to critically reflect on the impact of carceral logics on women who support loved ones with suicidal distress, and I discuss ways social work practice can promote social justice through centring mutuality in relationships.

Keywords: Carceral logics, feminist research, critical mental health, suicide, suicide prevention

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This article examines how carceral logics are enacted on women who support loved ones engaging with mainstream mental health services. It presents unexpected findings from a broader research project examining experiences of help-seeking for suicidal distress in rural and remote New South Wales (NSW), Australia. Specifically, findings from carers and workers/volunteers in the community that emerged during analysis. This paper will present a critical feminist analysis exploring the way the NSW Mental Health Act 2007 and the outflowing carceral logics limited the opportunities for some women. Although this research focused specifically on rural and remote NSW, it is relevant to social workers practising in other largely neoliberal settings, many of which also have mental health legislation containing grounds for involuntary treatment.

Firstly, a note on language. Feminists have critiqued the term *woman* as denoting

potentially hegemonic ideals that invisibilise different experiences of race, gender and sexuality (Lloyd, 2005). Throughout this article I will use the terms *woman* and *women* as these are terms the participants used for themselves in this context; however, this use is with the acknowledgement that this does not mean it is language preferred by all scholars and activists.

Literature

There are approximately 50,000 people caring for a loved one experiencing mental and emotional distress in NSW (Australian Bureau of Statistics, 2019). Of those, the majority are women. Much of the current research literature on experiences of caring for people in suicidal distress examines impacts on the family. This includes the emotional, relational, financial and time burdens of providing support (Grant et al., 2015; C. McLaughlin et al., 2014, 2016). Other studies highlight service deficits, such as barriers to care (Olasoji et al., 2017), lack of collaborative care (including communication issues), limited supports and education for carers (Berzins et al., 2020; Grant et al., 2015; C. McLaughlin et al., 2016). Others position carers as potential threats which may exacerbate a person's suicidal experience (Edwards et al., 2021; Grant et al., 2015). Overall, this literature lacks a critical lens. It fails to attend to the broader issues of psychiatric power and gender, a concerning absence given the over-representation of women within this group.

Recent feminist scholarship has argued that neoliberal mechanisms within the state have co-opted feminist social issues with carceral logic (Gruber, 2020). Carceral logics describe a particular way in which power operates focusing on imprisonment and punishment for socially undesirable behaviour (Gruber, 2020). Critical mental health and feminist scholars have argued that modern neoliberal nation states rely on carceral measures to exert power on the minds and emotions of state subjects (Rose & Lentzos, 2017; Rose & Miller, 2013; Tseris, 2017).

A significant body of research exists from a lived experience of distress on the harms of involuntary treatment and coercion under mental health legislation. This includes iatrogenic harms, trauma from medical and physical restraint, removal of choice, and further exposure to gender based violence (Jones et al., 2021; P. McLaughlin et al., 2016; Seed et al., 2016; Tseris et al., 2022). Women experience psychiatric power in gendered ways. This may include re-experiencing gendered violence, pathologising experiences of gendered oppression as "trauma" as well as the accompanying emotional responses (Rees et al., 2011; Tseris et al., 2022). This functions to de-politicise gendered experiences through disconnection from broader social processes.

The concept of "care" is troubled in feminist scholarship. Some feminist scholars contrast masculinist emphasis on independence and autonomy with interdependence, which is defined as acts of caregiving and receiving across the life course (Tronto, 2020; West & Bowman, 2019). Care and caring in this sense are the foundation of moral reasoning, rather than a state of burdensomeness as often construed through masculine logics (Tronto, 2020).

Yet disability advocates have argued care can be coercive. Care typically involves high degrees of surveillance over disabled people as well as regulation of disabled people's bodies (Hughes et al., 2005). Despite the many changes which have occurred in the mental health system recently (for example, de-institutionalisation, and the "recovery" approach), the coercive powers of psychiatry and its associated professions, including social work, continues (Kent et al., 2022). This has often come under the guise of "care", however, it has resulted in forced engagement with services, involuntary use of medication, and for some, seclusion and physical restraint (Cohen, 1994).

Critical scholars in Australia and the UK have argued that *carers* are discursively constructed. The notion of an informal carer

did not exist prior to deinstitutionalisation of the mental health system in the 1980s and 1990s (Heaton, 1999; Henderson, 2005). As modern neoliberal democracies moved toward defunding institutional settings for treating "mental illness", unpaid carers became central to the functioning of the mainstream mental health system (Henderson, 2005). Heaton (1999) argued that, in the modern neoliberal state, carers have been incorporated, both as operators of and objects in a Foucauldian disciplinary gaze of minds, bodies and emotions. Carers are thus made complicit in the carceral logics of the mental health system in a dispersed neoliberal power structure.

Method

The findings presented here were unexpected findings from a broader research study which explored experiences of help-seeking for suicidal distress in rural and remote NSW emerging during analysis.

Semi-structured qualitative interviews were conducted with workers and volunteers in the mental health and/or social welfare sectors (six participants) and people who identified as carers (three). All participants were from a similar geographic area. Participants were recruited through advertising in newsletters, professional networks and contact with local gatekeepers.

This study did not exclude men from participating; however, all the participants who identified as carers also identified as women. Two provided care for children aged under 18, and one for her spouse. One carer support worker was interviewed, who reported on multiple other caring experiences as well as her own. The six workers interviewed came from a range of backgrounds including social workers, general practitioners, and volunteers.

The interviews were transcribed and analysed using reflexive thematic analysis (Braun & Clarke, 2019). The data were read closely and coded into themes which were reviewed

using conceptual analysis. This included adopting a critical, gendered lens which focused on exploring constructs of gendered experiences. Particular attention was paid to the inconsistencies, incongruences and "missing" pieces of discursive logic to identify potential subjugated knowledges/resistances (Foucault, 1981).

Ethics approval for this study was provided by the University of Sydney Human Research Ethics Committee.

Limitations

The study sample was small, meaning the findings do not represent all caring experiences. This is likely due to the challenge of recruiting participants from small towns and communities.

Further, all the participants identified as white. This is problematic when considering caring. Intersectional feminists have argued the majority of low and underpaid workers who provide care are Black, Asian, First Nations and Latinx, it is largely the white who have the privilege of choosing an interdependent caring position (Sahraoui, 2019). There is evidence of this in Australia. For example, the history of forced labour for First Nations peoples, including caring roles for First Nations women, and current over-representation of women from Central and South-East Asia in the aged care workforce (Australian Institute of Health and Welfare, 2023). Further research is needed to examine intersectional experiences of caring and the mental health system.

Findings

Three main themes emerged. Firstly, engagement with mainstream mental health systems redefined relationships to support carceral logics. Secondly, women themselves became objects of disciplinary gaze requiring regulation or control. Finally, some women engaged in resistances. Radically reforming relationships with their loved ones outside of the regulation of the mental health system.

Redefining relationships to support carceral logics

When women in this study discussed what they wanted for their loved one, it was for them to be safe and well, with an emphasis on wanting to maintain a loving relationship.

In contrast, service providers positioned carers as extensions of the care system. Carers were part of the risk-mitigation strategy, primarily fulfilling a panoptic role—providing surveillance and information which should be fed back to the treatment team. The degree and nature of the involvement of carers featured in the considerations of workers about the degree of restrictive measures used in managing suicidal distress. Workers associated the presence of carers with increased safety, reducing the likelihood of involuntary treatment.

> Worker 4: … and it's very important who someone's living with. So, are they alone? Do they have any supports? … because you want to do some safety planning with the person, but sometimes people just—there's nothing you can put in that plan, because there's no one in their life, there's no one they can feel they can contact.

> Worker 1: And yeah, between the parents and the police, they made that call that they could guarantee the safety [of the service user] overnight.

NSW Mental Health legislation empowers police to involuntarily transport people for assessment if police determine the person is at significant risk of harm to themselves or others. Here, a worker describes why a person was not admitted to hospital. The worker creates a parallel between parents and police. Carers are positioned by the police and health system as delimiting their loved one's suicidal actions, outsourcing the carceral role of the hospital. Carers also remarked on how their relationships with their children typically changed after they encountered mainstream mental health

services. They discussed "boundaries" which they had to put around their loved ones' behaviour.

> Carer support worker: … it's just a role they find easy to slip into sort of, um, yeah. So and they just … think, oh, well, I'll go back to when, you know, they were little. And yeah, you sort of were managing more of their life. But of course, you know, that's unrealistic. But I think that's just their protective mechanism. And for trying to make sense of what they can do to help.

Carers found themselves being (re) positioned as extensions of the care system, including the carceral logics of surveillance and control.

In addition, carers mentioned being expected to have a high level of knowledge about diagnosis and treatments. This included understanding how to manage medications and support engagement in therapy. One carer reported being asked to care for her son at home during a medication transition which resulted in police being called.

> Carer 1: Yeah, and I think one of the things I've really found with [NAME] is, there's no case management of it. Yeah. So we're leaving it up to an individual. To a kid because not everyone has a family, to kid or an adolescent, for them to manage their own pathway through getting support. Or we're leaving it up to a mum or dad or an auntie or carer.

This again demonstrates the expectation that carers will perform functions equivalent to a specialist mental health service.

Disciplining female carers

At the same time as it was presumed carers would be able to provide ongoing and, at times, highly skilled support for their loved ones, carers were problematised. Workers discussed concerns that carers may be a cause of distress, particularly amongst young

people. Carers themselves reported being assessed by professionals based on their emotional expression.

> Carer 1: … we then got a call to say sorry we don't have a bed anymore. And we were like, "we don't understand, how do we not have a bed?" What we've since learned … That a mother in [town name] hospital was so overwhelmed and emotional that her child got my child's bed because they thought she won't cope with taking the child home.

In this example, the two mothers' emotions were being assessed resulting in different degrees of carceral response. The mother who was considered non-emotive was perceived as capable of performing the functions of surveillance and adherence to the "treatment" regime. Her child was "safe" enough; whereas the highly emotional mother was deemed "unable" to provide the necessary supports, which merited state intervention.

Women who support loved ones may be disciplined for attempting alternative supports. A carer support worker discussed receiving multiple referrals from Child and Adolescent Mental Health workers because parents were acting in opposition to the psychologists' advice.

> Carer support worker: I think that they come out of that health system, often having poor understanding of the relationship between the child and the psychologist. Poor understanding of what the psychologists aim is, or how, what sort of therapy they're applying.

Most of the carers in this research discussed becoming therapeutised themselves, often having engaged in their own counselling or therapy. Their own distress, often directly resulting from their interaction with the mainstream mental health system, was pathologised. Thus, caregiving women became objects of the disciplinary gaze.

Resistance

Carers engaged in multiple types of resistances to the carceral logics of the mental health system. This included self-advocacy and, at times, choosing to oppose the recommendations of psychiatric professionals. Carers engaged in self-guided learning, online groups, research projects and, in some cases, even changed careers.

Significantly, women who had been in caring roles for longer discussed intentionally moving away from the panoptic role to one which encompassed a radical choice for their loved one and rejected the carceral response.

> Carer: Suicide prevention … I hate that word. Because I didn't, I wasn't able to prevent it from happening. It's, it's like you should be able to prevent every suicide, which, you know, lots of people that I've spoken to … their children have been in therapy, their children have been in institutions ... and they still take their own life. So you know, what more can you do then? Have them engaging in the services and on medication and the outcome's still the same.
> Carer worker: ... but when they're older; when they're older. … And they're sort of and they've had a bit more experience with services. … they've reached that point where they know they really don't have any control over the person's, um, what that person does with their life. And they may choose death.

Carers intentionally stepped away from a carceral role to one of respect. They resisted the carceral narrative, even to the point of acknowledging that their loved one may choose to end their own life. This is radically different from the logics of the mainstream mental health system in which the potential of harm to oneself (or others) is controlled through involuntary and unwanted treatment. Rather, this position represents a form of radical acceptance within the relationship far more closely aligned with feminist ethics. At the same time, by

positioning their relationship in this way, women also enable their loved ones' agency which the mental health system denies, thus challenging the disabling that occurs within the mental health system.

Discussion

This research contributes to understanding the embodied experience of the harms felt by women who support loved ones through carceral logics within the mental health system (Alexander, 2021). This study found that carer's choices are significantly restricted when interacting with the mainstream mental health system. There is an expectation that carers will perform a carceral role by providing surveillance and restriction in the home, and failure to do so results in the carer herself becoming the object of disciplinary power. Workers actively constructed carers as either an extension of the apparatus of the state, or as problems which need to be "treated".

The above is reflective of the carceral logics of the caring role. Carers are positioned as responsible for regulating the emotions within the domestic sphere, which is seen as requiring less expertise and value than professional workers. Carers must manage their loved one's "messy" emotions and problems associated with suicidal distress, ensuring that emotional "detritus" remains contained (Hughes et al., 2005). This demarcation of distress further others and (dis)ables people experiencing distress by excluding them from participation outside of the domestic sphere.

Despite this, the women in this study actively engaged in a range of resistances. Significantly for some, there was a change—a rejection of the carceral role to one of respect. The focus was not on treatment or removing the person's desires for death. Rather, with time and the opportunity for reflection, some women adopted a position of respect for their loved one, including a right to die, and maintained deep relational connectivity.

This displaced suicidality as the object of gaze, and instead positioned the integrity of the relationship between two people as the central focus. This position represents a radical step away from carceral power. This echoes Gruber's (2020) call to engage in new feminist imaginations to find alternatives to carceral logics. It represents a more feminist notion of ethics which positions mutuality in relationship as the centre of justice.

Conclusion

Social workers have an ethical obligation to oppose injustice and promote social flourishing. The findings of this study indicate several recommendations. Firstly, the importance of social workers in the mental health system developing critical self-awareness of their engagement in discourses that responsibilise and discipline carers. Secondly, that social workers embrace creative alternatives based on feminist knowledges outside of carceral measures. Thirdly, that social workers engage in actions which advocate opposing involuntary treatment and carceral logics throughout the mental health system, including in legislation.

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The impact of studying social work on student social wellbeing in Aotearoa New Zealand: Struggling with incongruent demands

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ABSTRACT

INTRODUCTION: Social work education places many demands on students, including dealing with challenging content, demanding assessment requirements, and long unpaid placements. A growing literature reports that social work students are experiencing social and financial hardship with impacts on their health and wellbeing.

METHOD: A mixed methods study incorporating a survey ($n = 353$) and 31 semi-structured interviews was conducted in Aotearoa New Zealand in 2019. Participants in the study were then current students or new graduates in their first 2 years of practice.

FINDINGS: The findings reported in this article are drawn from analysis of the responses to the relevant open-ended questions in the survey and the qualitative interviews. Participants reported various challenging impacts of their engagement in a social work qualifying programme. These impacts were felt in their personal and family relationships, social and cultural participation, and physical and emotional wellbeing. Some students reported impacts on their opportunities to participate in social activism.

IMPLICATIONS: These findings confirm, in a local context, those from Australia and elsewhere. It is recommended that professional bodies and social work education providers should urgently address how study in social work could have a less detrimental impact on students. It is vital that we avoid an overly responsiblising emphasis on self-care but rather acknowledge the impact of structural factors. The lack of congruence between social work stated values of social connection and participation and the student experience reported here suggests a dissonance that limits student inclusion and success.

Keywords: Social work students, social work placements, social work education, student wellbeing

Background

In 2020, approximately 2,666 students were enrolled in a recognised social work qualification with one of the 18 SWRB recognised providers (Social Workers Registration Board [SWRB], 2021) in Aotearoa New Zealand. Most of these students were women (86.9%), with Māori students making up over 31% of those enrolled, Pākehā (non-Māori) students about 45%, and almost 22% were Pasifika students[1]. Almost two-thirds of all enrolled students were over 24 years old and could be classified as mature, thus being more likely

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to have caregiving responsibilities, noted in extant literature as more likely to experience various forms of hardship (Baglow & Gair, 2019; Heagney & Benson, 2017). Approximately 500 students were eligible to graduate in 2020, down from a peak in 2016 of about 900 students (SWRB, 2021a).

Students in Aotearoa New Zealand navigate several hardships including financial hardship (Point Research, 2022; Strauss & Hunter, 2018), and hardship related to their mental health (Gharibi, 2018). In social work education internationally, these impacts are influenced by a number of factors at macro, meso and micro levels such the neoliberal ideology that requires individual responsibility (Cox et al., 2022); regulatory and programme design requirements including in Aotearoa New Zealand the necessity to undertake 120 days of full-time practicum placement (SWRB, 2021b), the length of the qualifying qualification, as well as the confronting content of the qualification (Campbell et al., 2024). Personal factors included those such as the motivation and biographical pathway into study followed by individual social work students (Delahunty & O'Shea, 2020; Newcomb et al., 2019; Newcomb et al., 2017). Student poverty is exacerbated by long placements and the argument has been made that unpaid placements not only cause hardship (Gair & Baglow, 2018a, 2018b; Hodge et al., 2021) but are exploitative (Farr, 2024; Howells, 2024). The psychosocial stress experienced, particularly by students pursuing a social work career, has received increased attention in recent decades and the impacts of both a rigorous social work curriculum and stresses of their life circumstances are well known (Collins et al., 2010; Wilks & Spivey, 2010). Mature students are often juggling parenting and caregiving (Hulme-Moir et al., 2022), and all students may need to contend with intense social problems addressed in the curriculum with consequent risks of vicarious trauma (Moore et al., 2011).

Illuminating the social work student experience, recent studies have highlighted

high levels of hardship, stress and psychological distress (Campbell et al., 2024; Collins et al., 2010; Stanley & Mettilda Bhuvaneswari, 2016; Wilks & Spivey, 2010), posing challenges to social work educators to address the incongruence, for example, of their own students struggling with food insecurity (Gair & Baglow, 2018b). Research points to financial hardship, often related to long unpaid placements (Gair & Baglow, 2018a, 2018b; Hodge et al., 2020) and concerns about indebtedness (Bartley et al., 2024; Morley et al., 2023).

Noteworthy also is the concern that students are reluctant to disclose their emotional reactions to practice and admit that they need help (Wilks & Spivey, 2010). The study reported in this present article found that stigma and fear of repercussions lay behind this reluctance (Beddoe et al., 2023). It is increasingly recognised that social work educators need to prepare students for the emotional demands of practice more effectively (Moore et al., 2011; O'Connor et al., 2009).

Within professional expectations of capabilities and competencies are exhortations that, in order to practise effectively, social workers must safeguard their own wellbeing and enhance their emotional resilience. While well-intended, calls that ignore or minimise the structural factors behind student distress invoke neoliberal ideological notions of intensified individual responsibility which have infected higher education for several decades (see, for example, Bay, 2011). In the New Zealand context, SWRB Core Competence Standard 10 includes the requirement that a social worker "knows the limits of their own practice and experience, practices appropriate self-care and seeks advice where necessary" (SWRB, n.d.). Barks et al. (2023) have challenged an uncritical acceptance of self-care as overly responsiblised. In their systematic review they note that, "[o]verwhelmingly, social workers who reported greater sociostructural, economic, professional, and physical health privilege

engaged in more self-care" (Barks et al., 2023, p. 926). As noted previously by Myers et al. (2022), amongst social work educators themselves, high workloads, competing demands, and an overburden of personal and professional responsibilities posed barriers to self-care.

Defining wellbeing

Vidal and Osteen (2022) noted that defining wellbeing is challenging due in part to the wishes of policy makers to make it quantifiable and unambiguous (Dodge et al., 2012). Wellbeing has been simply defined by Elliot et al. (2022, p. 1) as, "what helps people's lives go better for them". Wellbeing, like health, is more than the absence of illness or injury, rather it is the presence of several elements: living with purpose and a sense of fulfilment, positive feelings of self-worth, social connections, and strong personal relationships. Arguments have also been made that link a nation's wealth and growth to wellbeing, but this has been challenged as limited thinking, grounded in neoliberalism and avoiding issues of racial and gender inequalities, capitalist exploitation and limited ability for political participation (Nussbaum, 2003). Social wellbeing, the focus of this article, includes the external resources that people have available to them and their perception of their ability to engage in and enjoy their social world without structural barriers.

Recent literature has also contested the Western, highly individualised approach to defining wellbeing, shifting from a biomedical model to a more holistic approach and challenging the idea that there is a universal meaning (Vidal & Osteen, 2022). In Aotearoa New Zealand, literature provides strong explorations of Māori conceptualisation of wellbeing that have challenged narrow Western accounts (Elers & Dutta, 2024; Mark & Lyons, 2010; McLachlan, Wirihana et al., 2017; McLachlan, Waitoki et al., 2021). This scholarship posits that Māori concepts of wellbeing are grounded in a fundamental relationship with the natural world and cultural traditions. This philosophical approach finds that wellbeing is defined within "ancient cultural knowledge and traditions which see the mind, body, spirit, family, and land as essential aspects of health and wellbeing" (Mark & Lyons, 2010, p. 1762). In social work in Aotearoa New Zealand, a holistic approach underpins one of our core values, manaakitanga: "Social workers recognise and support the mana of others. We act towards others with respect, kindness and compassion. We practice empathic solidarity, ensure safe space, acknowledge boundaries and meet obligations" (Aotearoa New Zealand Association of Social Workers [ANZASW], 2019). It behoves all social workers, including educators, to strive to ensure that these obligations are met. We will return to these stated values of our profession in Aotearoa New Zealand in the discussion.

The focus of this article is to identify the challenges to personal, relational, and social wellbeing that were highlighted by the participants in response to questions about their social wellbeing. We also asked study participants to articulate a range of strategies to cope with the challenges they faced, and these will be reported elsewhere. A detailed analysis of the financial hardships faced, and the impacts of student debt is reported in Bartley et al. (2024).

Method

An online survey was designed to be undertaken by current students and recent graduates of all qualifying social work programmes in Aotearoa New Zealand. The research received ethical approval from the University of Auckland Human Participant Ethics Committee.

To reach current students, we enlisted the support of professional bodies to advertise the survey to practitioners and students. We also advertised via the social work professional Facebook groups to attract recent graduates. While

membership is voluntary, the ANZASW had a membership of around 3,800 social workers (ANZASW, 2018) at that time. The survey contained a total of 33 questions, which were a mixture of closed and open-ended questions that addressed a range of topics, including: demographic variables (including age, gender, and ethnicity); caring responsibilities; details of the social work qualification undertaken (e.g., undergraduate/postgraduate, year completed or expected to complete, part-time or full-time study), but not including the educational institution, to preserve anonymity; financial matters, including employment while studying, forms of financial support, details of student loan debt and attitudes towards debt, and details of the impact of financial hardship; aspects of social wellbeing, including questions about the impact of study pressures on relationships with partners, family members, friends, community and hapū/iwi, and on other cultural pursuits; aspects of mental wellbeing, including experience of mental distress and use of professional help; and any positive strategies that they may have employed to cope with the impact of studying. While our survey was not planned as a solely qualitative survey (Terry & Braun, 2017), open-ended questions in surveys can deepen the understanding of a response to a preceding question, adding richness to the data available for analysis (Ballou, 2008).

The survey was available online, via Qualtrics, for the first three months of the academic year, 2019. In total, 353 social work students or recent graduates completed the questionnaire. Given that just over 90% of the respondents identified as female, gender has not been incorporated into our analysis of the results although we have reported elsewhere that female students with caring responsibilities experienced particular struggles (Hulme-Moir et al., 2022). The survey gained more than 48,000 words in responses to the open questions, and in this article, we draw mainly on responses to "tell us more" questions about the impacts on social life of study demands. Those completing the survey were invited to

participate in an interview and 31 interviews were conducted by phone or video call and transcribed.

Author two conducted a thematic analysis of both data sets by undertaking an initial coding of interviews and relevant sections of open responses and then development of themes that were reviewed and further developed and constructed by authors one and three. Nuanced codes created across the team were compared and refined to create the themes that provide a compelling reading of the data (Braun & Clarke, 2022). Author four conducted the initial literature review (Cox et al., 2022).

Participant demographics

Of the 31 interview participants, 28 identified as female and three identified as male. Twenty-five identified primarily as Pākehā, four as Māori, one as Cook Island Māori, one as Samoan/Pākehā. Eleven were aged 45–54, six were 35–44, seven were 25–34, and seven were aged 24 and under. Interview participants came from 12 different tertiary institutions. A total of 14 attended university schools of social work and 17 studied in other programmes. Most students ($n = 25$) were or had been, engaged in full-time study, and the other six were part-time students.

Details of the survey participants are presented in Table 1. The high proportion of female responses was to be expected, given that social work is a highly gendered profession. The participants were all in the process of completing or had recently completed a tertiary qualification in social work. Of the participants who provided details of their degree studies 82.7% ($n = 282$) were studying in an undergraduate and 17.3% ($n = 59$) were studying in a postgraduate social work qualification. In total, 82% ($n = 288$) were (or had been) studying full-time and 18% ($n = 63$) were (or had been) studying part-time. Nearly two-thirds of the participants (64.3%) were aged under 35, while six participants identified as being 55 or older.

As to ethnic identity, while participants were able to choose more than one ethnicity, their answers were prioritised according to the government guidelines (Te Whatu Ora, 2024). Proceeding with a prioritised ethnicity variable allowed us to keep the initial size of the sample. These results are presented in Table 2.

Findings

These data are drawn from the responses to the open-ended questions in the survey as well as the qualitative interviews that relate to social life, including family and study activities. To enhance readability and ensure clarity of meaning, quotes have been reduced

Table 1. Survey Participant Demographics

	n	%
Age		
Under 20	6	1.7
20 to 24	111	31.4
25 to 34	110	31.2
35 to 44	68	19.3
45 to 54	52	14.7
55 to 64	5	1.4
65 or over	1	0.3
Gender		
Female	323	91.5
Male	28	7.9
Gender diverse	2	0.6
Current Student/Recent Graduate		
Current Student	267	75.6%
Recent Graduate	86	24.4%
Currently studying Full-time / Part-time (current students)		
Full-time	216	80.9%
Part-time	49	18.4%
Not Ascertained	2	0.7%
Spent most time studying Full-time / Part-time (recent graduates)		
Full-time	72	83.7
Part-time	14	16.3

Table 2. Prioritised Ethnicity Survey Participants

Ethnicity	Frequency	M	SD
NZ/European	218	25.4	8.5
Māori	67	30.65	9.26
Pacific	28	28.59	10.68
Asian	19	21.79	7.62
Middle Eastern/Latin American/African.	8	25	11.64

with ellipses or paraphrasing signified by square brackets without altering meaning. Interview participants are identified by a pseudonym to distinguish these data from the open-text answers from the survey, which are not labelled.

Social work students face varied impacts from their study, some of which may have not always been acknowledged. We found that personal wellbeing, as well as relationships with whānau, family, friends, and peers, were affected. The ability to respond to cultural responsibilities was often negatively impacted, along with the capacity to participate in social, sporting, and other enriching cultural activities. Societal connections including social activism and volunteering were often curtailed.

"You just have to do what you got to do": Challenges to living a balanced life

Social work educators urge students to maintain a healthy work–life balance in accordance with the SWRB's expectations. And yet the structural barriers of poverty and precarious incomes made this very challenging for students. Working many jobs was a common experience, juggling paid and unpaid responsibilities with studies and needing to plan ahead to survive. In results from the study published in Bartley et al. (2024) it was reported that only 16.1 % of respondents ($n = 57$) never worked while studying, while 67.7 % ($n = 241$) undertook casual or part time work and 15.6 ($n = 55$) were in full-time work. It is unsurprising then, that in interview and open-question responses, paid employment featured heavily as essential but created significant social and psychological pressure.

The pressure of study, often combined with the requirement to have at least part-time employment to mitigate financial hardship, regularly had a negative impact on wellbeing for participants.

> I think people need a balance while studying. if we didn't have to work (as much maybe) to support ourselves we would be able to spend more time on our wellbeing, doing things that make us happy. Studying should be treated like a full-time job.

For Angi, her understanding at the beginning of her study that placement was coming meant both planning and tight budgeting:

> I am going to be working on placement for three months for two years. So, working over the holidays which meant a hit to my social life throughout the summer. But yeah, it is just necessary you just have to do what you got to do. Working and budgeting, yes there have been weeks when oh no got to choose between the milk or the bread. (Angi)

Part-time work over summer "brought in a little bit of money, but it was just a short period of time, [but] it meant I worked during the holidays, so that took its toll stress-wise" (Bella). Debt became inevitable for some, offset by taking any work that was available and for those previously employed, juggling employers' expectations of doing some work through placement:

> I shall have to go back into work because the job that I do I can't kind of up and leave for that amount of time and not have any contact with my job. They are expecting at least two days' work out of me when I am on placement, which kind of does help financially, but it does stretch the placement out longer (Brenda).

Brenda noted that juggling paid work was a source of tension for fellow students as working:

> … makes things a bit easier because you have a little bit of money coming in, but then everything else is a lot harder at the same time. Do you really suck it up and try not to work so you can be there for placement fully? But then it impacts in other ways. It is a very tricky situation that one.

Students may have appreciated the need for balance but the ability to achieve this was not borne out in their realities: "No time to fill up my own tank; all relationships have suffered; my children have barely seen me".

The study participants spoke of many different challenges to their social wellbeing over the course of their studies. Ellen succinctly stated: "I felt like my overall hauora … that's our whole wellbeing, was impacted negatively." Another participant simply declared 'Social work makes it too challenging to live a balanced lifestyle'.

Sam reflected that the cost to their wellbeing was greater than expected and more challenging to manage than even the financial impact of being a full-time student:

> I quit a pretty well-paying job to come here. I realised that it was going to be quite a challenge, but in terms of the dollars in the pocket in the end of the day hasn't been quite as bad as I thought, but the cost to my wellbeing has been more than I thought. It's really changed the whole way that I live.

The participants reflected upon the challenging impact of study on their personal sense of identity and self-development. In particular, social work programme content impacted on students' social wellbeing and they discussed experiencing paradigm shifts to their underlying assumptions and beliefs and the intensity of the process, for example from a survey respondent: "It is hard every year, but more because of the learning and self-development that can be at times rapid."

> The main thing would be that with social work is not just something that you can research and write. It requires a lot of self-reflecting, like your bias and positioning, and so it does require a lot of unpacking of yourself, and what you believe. (Jade)

> In social work the topics themselves can be challenging of course, that's an extra.

> You're not just learning about something academic, it's kind of real. It has real applications, real experiences. (Sam)

Losing relationships might arise because of the changing attitudes, beliefs and values of the students: "It is crazy that you are studying social work and yeah you do lose a lot of friends. I think it is hard because the conversations you have are different as well" (Jane).

Many also commented on needing to work through personal issues raised by the topics discussed in class:

> Mental health can be triggered while studying social work due to the sensitive topics you encounter and [that] can hit close to home. For example, during a mental health class, the topic of depression came up and made me unable to focus on the class content without thinking about my own experiences with depression.

> I think that some of the papers impacted me emotionally and as a result and on reflection I felt I had to address those issues before I felt I could complete my studies. (Ellen)

Participants explored the impact of study on their spirituality, noting their ability to participate in their spiritual beliefs was reduced due to study demands: "often I have skipped church because like I just need to get study done." Time and energy constraints also resulted in students limiting their religious practice: "[I] temporarily worked an 8-hour shift on Sundays and struggled to have the energy to attend church in the evening".

Struggling with guilt and recognising incongruence: The impact on relationships

Participants reflected on the impact of study on their relationships with partners, children, family, whānau, and friends: "It's

hard to balance time with loved ones when assignments pile up." University work fills up all the gaps: "I have seen an impact on my social life (not spending as much time with my family, partner or friends) as I am either working at university or studying". Doreen noted, "I feel for my husband because he doesn't always have a very nice wife because she's so task focused. You're still wanting to support your children; you're supporting elderly parents, and you have a partner".

The incongruence between the values and ethics of social work as a profession and the reality for social work students, was intensified for parenting students, bringing feelings of guilt and a reflective critique of the dissonance present in the intersection between their study focus and personal lives:

> I have struggled with the guilt of not being available for my family. I struggle with the incongruent nature of social work which works for families and children to have the best care and love they can have from their caregivers, yet as a social work student my children experience a lack of basic needs from me.

> … I carried a lot of guilt because of not being completely present for my child because of the multiple responsibilities I had.

> … sometimes I neglected to spend time with my daughter because I have been so busy that actually if I just put that [work] down for 10 minutes and give her a hug and have a little bit of time with her it is actually all she wants. (Millie)

Feelings of guilt and anxiety because of unavailability to wider family and friends were also prevalent in student stories. When Natalie, for example, did spend time with whānau and friends, she still did not relax: "When you do, you're probably a little bit stressed cos you're often thinking about your next assignment or your next thing that's due". Jade tried to see her recently widowed grandma once a week,

"but sometimes with study I'm like I won't want to see her if I'm just going to be stressed and wanting to be elsewhere".

> I have struggled to see whānau throughout the degree. My anxiety has increased due to lack of contact with whānau and friends. I feel guilt for not seeing them as much as I would like.

> My father lives in [a different town] and I haven't really travelled to see him since I've been at university, so that's related to money, but it's also time because I need to go to work. (Sam)

> I've got an auntie with a serious mental health disorder, so I feel I can't be there as much for her as much as I used to and feel quite a lot of guilt actually. (Bella)

> [I'm] less available to help out with family at times – less emotional energy to put into things that I usually would have before study. … I needed to put bigger boundaries up with family. (Maria)

As a result of the constant stresses of juggling time for study and personal commitments, some relationships and friendships ended during the time of study: "I lost a lot of friends while studying as did not have time to see them or money to visit them".

> My relationship with my partner has suffered as well, because of studying and working. It's driven by finances, because if I don't work then I'm jeopardising … being able to study basically. It's a catch-22 where you want to have quality relationships, but then if you're working, and committed to university, seven days a week, then my relationship was not really sustainable. (Sam)

The negative impact on relationships was particularly intense at pressure points of the degree such as final year of study, the end of a semester when many assignments were due, or when there were compulsory block course requirements:

Especially in this final year, I have had barely any time to spend with friends and whānau. I have had time for one trip to see my family who live [away from where I study].

It's really hard to keep up with family and friends in the fourth year particularly. Especially if you have a family that is emotionally draining to you. You need to keep all of your emotional energy for placement.

The trade-offs required in managing competing demands added to the sense of incongruity of social work students feeling stressed by the needs of their children. The juggling of parenting responsibilities and studying was described by one participant as "punishing":

I have so little time for my kids. When I have assignments due the only way I can study is go to bed at the same time as them at 8.30pm, sleep until midnight, then get up and work until 4.00am, sleep for 2 more hours, then get them up at 6.00am for school and day-care. It is punishing.

Many parent participants commented about not having sufficient time for their children including: "there was barely any time to spend with my own child" or "You have no life especially if you have children." Parents frequently commented on the constant stress of conflicting demands for example: "The time pressure was a constant nagging stress I often felt my children missed out on time, resources and opportunities." Children missing out was a common refrain:

I chose to do this for [my eight-year-old son] … as I will get a better life afterwards and have a job, … but at the same time this is four years out of his young life where I haven't been there as much as I would like to. Often on weekends I am studying, so it's like … "oh if you be good while I study for 20 minutes, then I will play cards with you". (Bella)

My son and I] haven't had a proper holiday for two years. I did summer school this year, so we couldn't [go away] … It's been non-stop study. (Sally)

[I] often feel stressed and some important things I want to do I can't, such as parent nights at my kids' school, or helping more at [the] kids' school. All socialising is very limited but I am a single parent, so this also impacts.

However, some students felt that there was also a benefit for their children of having their parent study, even though they missed out on time with their parent:

I feel like my children have missed out on a lot of my time because of my study but it has also been important for me to set an example to them, of commitment to further education and achieving my goals.

My children have commented about my regular response as "I have to [study]. I have an assignment due." However, they do now understand the importance of the sacrifices I needed to make.

Impact of life's curveballs: Dealing with loss and change

Exacerbating the impact on participants' personal and relational dimensions of wellbeing, was the impact of unexpected stressors or "life's curveballs". The combination of these stresses at times overwhelmed students as the following quotes highlight:

We had a family member pass away and I had to fit around going to funerals and keeping an eye out supporting my parents in their grief. I was doing it around studies, I had one day at her funeral the next day I'm presenting and the next day I'm back with my parents trying to support them because they were going through grief and loss themselves. So, I have struggled with that because I couldn't stop. If I had been working

fulltime, I would have taken bereavement leave and just gone. (Janet)

I think the exhaustion I'm feeling now is probably not from work but just from a lot of things that have happened with me in the past year, so that exhaustion's coming from grief, depression, anxiety, medication I suppose. (Karen)

"All I do is work, study and complete family responsibilities": No room for leisure

We asked respondents to comment on the impact of study on social, sporting, and other cultural activities. Students' opportunities to participate in other activities outside of family, whānau and friend relationships were curtailed because of the demands of studying. Student participants disclosed their internal prioritisation process to respond to the multiple demands they were facing. Participants were unequivocal about the trade-offs necessary to complete their degrees. Getting through required sacrifice of activities that they knew were beneficial to their health and wellbeing. And for this survey respondent, it was about being "productive":

I can't spend as much time doing [leisure] activities, which I consider self-care, as I would like. Because doing them means that I'm not working and not studying, so even though I know doing these things would be beneficial for my health, I simply don't have the time or the peace of mind to be able to do them because I feel guilty, I'm not being "productive" (either earning money or doing assignments).

Hobbies, fitness, and sport and socialising were often sidelined due to both financial and time constraints, even though they knew these things had great benefit for their social wellbeing: "Me and a fellow student often talk about wanting to go out somewhere and socialise but never have the money...", and "there simply is not any time for [leisure]

activities. All I do is work, study and complete family responsibilities".

… when trying to fit in other activities for a balanced life, study necessarily takes priority and my social/sporting/cultural interests/activities take a backseat. Therefore, I get very little downtime and very little time to socialize, all circling back round to have an impact on my mental and physical health and wellbeing.

… keeping up my health and fitness is so important to my mental and physical wellbeing but I found this slipped when I was juggling placement and completing coursework, or completing coursework [while working] three part-time jobs.

Students were conscious of the struggles and the downstream effects. Impact on body weight and sleep (discussed in Beddoe et al., 2023) were the most frequently mentioned consequences.

I've probably put on about 3 kilos in the last 12 weeks … I make my mental health a priority over my physical health. (Sally)

I used to do a lot of hunting and tramping and fly-fishing and outdoor stuff and I just don't do it. I've put on about 4 kilos, my fitness has dropped a little bit. (Sam)

I didn't have time to do regular exercise, and I gained weight, I had very bad skin. And I've noticed a difference since I stopped study, I've gotten much healthier. (Ellen)

We have all noticed that everyone [in cohort] slowly puts on weight. (Millie)

Financial constraints mean sport, socialising and other cultural activities were unaffordable to many of the participants: "Sport can be unaffordable due to fees which hinders socialising. Really affects the mental health being unable to participate in team sports", and

"there is no money to live so essentially training becomes almost impossible" and "I don't have a life outside of study because I don't have the funds. My life revolves around work and study. No social life". Even students who competed at high levels within their sport, or were very familiar with the benefits of sport, did not feel able to continue with this because of study commitments and finances:

> I competed in [sport named] competitively at a national level and wished to compete internationally, however I was unable to maintain training requirements during my 4th year because of balancing placement and work and being unable to afford the travel and coaching fees I needed at that level.

Participants explained that they were unable to prioritise cultural responsibilities at times and this negatively impacted on their social wellbeing, and clashed with expectations within their wider communities:

> I started learning Te Reo Māori last year, which I just couldn't continue with this year, because of time constraints. (Saria)

> It is hard because cultural activities should take priority, as it is good for my whānau wellbeing. Unfortunately, I cannot afford time or money to do these visits to my marae.

> As a Pacific Islander, a lot of our cultural things for those of us living in New Zealand are … big celebrations – funerals, birthdays and weddings. I wouldn't be able to go to [these] for people who are very close, immediate family, or even just outside of the immediate family. If there was a tangi for a close family member, I would go, but a lot of the cultural things I probably wouldn't 100% commit to. (Linda)

Participants noted that activities, including volunteering that were not directly related to their social work degree, were often set aside during their student years despite the social justice connection in the degree content:

> I used to volunteer at Trade Aid last year until I ran out of time. I have done that a lot in the past, so it was like an easy goer. Sometimes I don't think I've volunteered this year. (Kate)

> I volunteered for [foodbank] and also prison visiting … running 12-step meetings in the jail. But I've pretty much stopped with [foodbank] and I just go to the prison maybe once every couple of months now. I just don't have the time to give. (Sam)

> I volunteered with [Pasifika disability advocacy] … I used to do cultural performances, I used to help teach some cultural items, … but have recently stopped because yeah, my priority is study. (Karen)

Similarly, social activism was also off the agenda, in spite of students' prior involvements, Kate reflected: "I have been thinking I have got this essay due next week and I want to go to this activism thing on Saturday and I'm trying to figure out which one is more important".

> I'm a very political person and in my background, I've done a lot of activism, and I've been involved in political spheres and environmental stuff, and I did a lot of protesting. There's been a lot of things that I've looked at that I've wanted to get more engaged in, more involved in, whether it's fighting against racism, some of the justice reform issues…. but I just don't feel I have the time to engage in political issues. (Saria)

Limitations

There are some limitations of the sample, because the experiences of people who did not complete their degree programme were not obtained; however, the study does provide a snapshot of several cohorts

of students, and with data collected pre-Covid-19. A second dataset, essentially exploring the same questions has been collected in 2023 which will provide a fuller picture and will also capture the impacts of pandemic-related lockdowns on students' experiences while studying social work.

Discussion

The participants' sense of wellbeing and a balanced life were challenged by the demands of studying social work. This impacted on them individually and also on their personal relationships leading to anxiety and guilt, especially for those with caring responsibilities. Their fitness, leisure activities, sleep, and physical health were compromised, along with their ability to contribute to their communities. The findings here echo prior work conducted elsewhere where elements of student life that underscored student stress included "the transitional nature of university experiences, relationships strained by the pressure of study" (Collins et al., 2010, p. 964). In this research, the transient nature of social work study however underpinned the notion that the sacrifices made were a trade-off for a future better life. Being focused on that end goal enabled participants to make sense of the strong negative feelings of guilt, anxiety and the incongruity of their actual versus idealised notions of self-care and work–life balance.

Students who were undertaking part-time work or studying part time while in full-time employment were subject to significantly more demands than other students. As noted in Bartley et al. (2024), nearly one in four survey respondents reported experiencing moderate or severe financial hardship while studying, and that this had a significant impact on their mental and social wellbeing. However, the students in this study also developed strategies for surviving and managing the challenges that they faced, and these will be reported in a subsequent article

on students' strategies to "survive" their studies. Our findings confirmed those of Collins et al. (2010) that, while support was obtained from fellow students and educators, significant numbers of students experienced problems with emotional and physical exhaustion. Our student participants reported sleep disturbance and weight gain, which they related to lack of time for exercise or sport, and significant mental distress (reported in Beddoe et al., 2023).

Findings from our study indicate that many faced a significant impact on their family and social relationships, which should be of great concern. The combination of course work and field education demands, alongside the need to undertake paid work, impacted on the time and emotional energy available for partners, children, family, whānau, and friends. Sporting and cultural activities and volunteering which were likely to have been of social, psychological and cultural benefits were often decreased over the course of their studies.

Furthermore, students' efforts in social activism, in pursuit of cultural and social justice aims were also curtailed. The evidence of the impact of the shift in costs from state to students are borne out in this study. In the introduction we highlighted manaakitanga as one of the pou or values in our *Code of Ethics* (ANZASW, 2019), but we note here that additional principles should be considered when we think about the implications of this research. The pou rangatiratanga suggests that as a professional discipline in higher education we could do better to support diversity and cultural identity in our programmes as evidenced by students struggling to meet whanau/family and cultural responsibilities and contribute to community life.

Morley (2019) argued that "social work education should be explicitly *critical* in

nature if it is to prepare practitioners to meet the universally espoused activist goals of the discipline" (p. 47). If we are to meet this aspiration as a profession, then time needs to be available for students to experience praxis: enacting their values and political orientations through social and community engagement and activism. The impact of neoliberal ideology, and the shift of costs of higher education from the state to the student have created the combination of circumstances in which activism is neither taught nor facilitated (Russell, 2017; Russell & Lessing, 2024) with downstream effects on practitioner attitudes to social justice practice (Renau et al., 2023). Morley (2019) noted that social work education "does not socialise students to be activists because from this perspective, social work has no legitimate role in advocating for social change; rather social workers seek to assist people to cope with and adapt to their particular hardships" (p. 438).

We also raise the issue of potential exploitation of students on placement. Students may experience marginalisation and powerlessness as the requirements of their study limit other facets of their life. We pose the question: Are we doing enough to challenge this and realising the potential of *kotahitanga* and *wairuatanga* which both connect to wellbeing and underpin our duty of care to our students?

Conclusion

The impacts of social work education on the participants in this study suggest that radical change is needed in our social work education system. We recommend the development of meaningful opportunities for the stakeholders—students, educators, the professional associations and the regulator (SWRB)—to discuss the implications of this research and consider how we can address the disjuncture it reports between our stated values and our students' realities. We endorse the

scholarship of Gair and Baglow (2018b) who have challenged the disconnect between social work's social justice agenda and a lack of empathy or action regarding student hardship highlighting implications for curricula, universities, accrediting bodies and educators who want to facilitate social justice education. Gair and Baglow (2018b, p. 107) stated: "[u]niversity student identity in past eras has been synonymous with social activism. Equally, social work has a mandate to uphold social justice. Yet tertiary students' own growing material hardships appear to constitute an unacknowledged injustice".

We finish with a comment from Angi who finished her interview with this wry observation:

> I think in terms of creating or fostering of collective voice as social work students and social workers in general in terms of the supports that we need, I think advocating for ourselves in creating that change because [… you know] the classic line, the revolution won't be funded, right?

At the time of writing this article, research increasingly supports the call for paid placements. Leaders (see, for example, Howells, 2024) and supporters of a highly visible campaign for paid placements lodged a petition to the New Zealand Parliament with over 16,000 signatures with the aim of convincing government to assist social work, nursing and other students who face long, unpaid placements as requirements in their degrees (https://www.paidplacementsaotearoa.org/).

As a profession we need to build on this work, as it is important that educators and practitioners keep this issue alive. It is not tenable to ignore the dissonance between our embedded ethic of care and principles of social justice and these lived student realities. It is time for a review of curricula alongside supporting the campaign for

paid placements. This should not be gained by reducing or weakening what we teach.

Note: [1]Students were able to choose more than one ethnicity that they identified with.

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Sustaining the social work workforce in Aotearoa: A whole system challenge

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Recently the Government has been systematic in its attempt to ration social services through the contract revision in Oranga Tamariki, public services cuts, and fiscal restraint in the health sector (Gibbens, 2024; Ignoe, 2024; Quinn, 2024). Despite the government's rationing of services and its social investment approach (Palmer, 2024), a social work workforce development strategy remains some way off. Given this context, I read the viewpoint on the sustainability of social work education during low enrolment with interest (Kim, 2024). While Kim (2024) overviewed professionalisation and social work education developments, the focus is on the undergraduate degree and questioning its sustainability. He did not consider the wider social work workforce system. The social work workforce system is the context in which the sustainability questions concerning social work education, social worker employment and the broader social work profession must be considered.

It is acknowledged that the Social Workers Registration Board (SWRB), as the lead workforce development agency, has developed an evidence-based foundation for the social work workforce. The most recent spotlight reports on social workers employed by Oranga Tamariki, Health Hauora, and non-governmental organisations highlighted that workforce sustainability needs attention from all employer groups (SWRB, 2023c, 2023d, 2023e).

This viewpoint explores the challenges facing the social work workforce by discussing the pipeline of future social workers, the recruitment of social workers into the profession, and the retention and

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development of the social work workforce. Hopefully, this will promote an ongoing conversation and collective engagement with challenges and work together on a workforce development strategy and plan.

The *Demand for Social Work Services Report* (SWRB, 2022a) highlighted the challenge of filling social worker vacancies and the mismatch between the supply and demand for social work services. The report noted that the number of graduates produced in Aotearoa over the past 4 years has averaged 500 per year, far less than the advertised vacancies. The report estimated a shortage of 707 social workers among the employers surveyed. The report identifies an obvious need to recruit more people to become social workers and support them through their studies and into employment. The *SWRB Briefing to the Incoming Minister of Social Development and Employment* (SWRB, 2023a, p. 7) detailed workforce issues regarding the supply and demand for social workers and stated, "At the current rate, by 2024, there will likely be more social workers leaving the profession than registering with the SWRB". The report also identifies that "90% (585) of 650 newly registered social workers in 2022/23 were New Zealand-qualified, 6% (39) were internationally qualified, and the remaining 4% (26) were on the S13 experience pathway" (SWRB, 2023a, p. 25). Similarly, the *SWRB Annual Social Worker Workforce report* (SWRB, 2023b, p. 15) recorded, from a total of 4,411 respondents, the pathway to registration was 86% (3,792) New Zealand Qualification, Overseas Qualification including Australia 12.2% (520) and 2% S13 (99) Experience pathway. These data show that most of the social work

workforce in Aotearoa are New Zealand-qualified social workers. The SWRB Social Work Education reports show a declining enrolment trend from a high of 3,885 students in 2015 to 2,793 students in 2022 (SWRB, 2022b). Table 1 below compares the number of domestic students enrolled nationally and the number of social work students from 2015 to 2022. It also shows the percentage of social work student enrolments of the total domestic enrolments across the period.

The trends for overall domestic enrolment show that it decreased markedly between 2015 and 2019. It rose slightly in 2020 and 2021, then decreased by almost 15,000 students in 2022. The social work student enrolments mirror the overall decreasing trend between 2015 and 2018, which saw a marked decrease in the percentage of domestic enrolments. The period 2019 to 2022 has seen fluctuations in social work student numbers, and a trend emerged where the percentage of overall enrolments has declined from 2020 to 2022. Since 2015, there have been significant challenges to the social work profession. These have included the external review of Child, Youth and Family, the transformation from the Ministry for Vulnerable Children to Oranga Tamariki, and several high-profile reviews and inquiries into events and practice (Dale et al., 2017; Oranga Tamariki, 2023). In

addition, public trust in social workers is not high (SWRB, 2023f). Notably, the NGO study awards scheme funded by the Ministry of Social Development was discontinued and stopped taking new entrants in 2017. This scheme was the only specific social work award that supported employment-based students in completing their social work qualifications and doing this with financial stability (Yeung et al., 2020). Table 2 provides an overview of the data for all full-time and part-time students and shows that the percentage of part-time students has ranged from 18% in 2020 to 27% in 2022.

An increase in part-time students has implications for the social work workforce. This means that more students are taking longer to complete their qualifications. Possible reasons for an increase in part-time students are the lack of scholarship support for social work students, the impacts of financial hardship, and the need to work whilst studying to support themselves, family and whānau (SWRB, 2021). The 2022 SWRB Annual Providers Education report reviewed the attrition rate across bachelor's degrees. It estimated an attrition rate of 45% from year 1 to year 4, with the highest attrition rate between years 1 and 2 at 31%, the year 2 to 3 attrition rate was 18%, and the rate between years 3 and 4 of 4% was the lowest (SWRB, 2022b). While the report does not identify

Table 1. Comparison between NZ Domestic students and Social Work students 2015–2022

Years	NZ Domestic Students Enrolments	Social Work students SWRB Education provider reports	% of Social Work students of Domestic Enrolments
2022	343,990	2793	0.0081
2021	358,845	3059	0.0085
2020	328,940	2899	0.0088
2019	327,915	2927	0.0089
2018	335,560	2841	0.0085
2017	343,555	3310	0.0096
2016	353,440	3337	0.0094
2015	357,860	3885	0.0108

Sources: Te Tāhuhu o te Mātauranga Ministry of Education (2023), Refer to Figure 5, Part 1, Page 13 of the Student Loan Scheme Annual Report 2022/23 https://www.educationcounts.govt.nz/publications/80898/2555/student-loan-scheme-annual-report-2023 and (SWRB, 2017, 2018, 2019, 2020, 2021, 2022b)

reasons for the non-completion, the impacts of student financial hardship on mental and social wellbeing must be considered in the context of the call for greater support for those preparing to enter the social work workforce (Bartley et al., 2024).

Overall, there are challenges to the pipeline of social work graduates going into the workforce locally. The number of students has trended down in recent years, and an increasing number are taking longer to complete. For the bachelor's degree nationally, 45% of those who start a degree are arguably not completing it. The fastest pipeline for graduates of prescribed qualifications is at the master's level, and it is growing, with 55% of these students completing their studies in 2 years (SWRB, 2021, 2022b). The challenge for the profession is how the local pipeline, which provides 90% of newly registered social workers, can increase its inputs (the number of students entering programmes), throughput (the number of students completing programmes), and output (graduates who register and practise as social workers). The current pathways for recruiting domestic students into social work are:

- School leavers and adults over 20 years old with no previous qualifications complete the prescribed 4-year BSW.
- Those who hold Level 5 and 6 qualifications in support work, community work and youthwork may receive credit or recognition of prior learning and thereby complete the degree in less than 4 years.

- Those with a relevant degree may also get some credit towards the BSW, meaning they can complete it in less than 4 years.
- Those with a relevant degree and sufficient GPA can complete a prescribed 2-year master's degree.

In addition to recruiting domestic students, programmes also recruit international students, who may go on to practise in Aotearoa and become residents or citizens. This is due to the social worker role being currently on Immigration New Zealand's Green List as a pathway straight to a residence visa (Immigration New Zealand, 2024). This situation raises the question of whether international student recruitment and a pathway to residence via the Green List are to be explored.

Turning to retention in programmes through to registration as social workers, several areas remain unexplored by the profession and employers, for example:

- How can we, as professionals and employers, support students in completing their programmes?
- What support avenues exist for students through scholarships and bursaries nationally and across institutions? How can we, as a professional community, promote these?
- Is there a need for a student support programme for student members of the Aotearoa New Zealand Association of Social Workers, and what might that look like?

Table 2 Full-time and Part-time Students 2017-2022

Year	Full-time (N)	Full-time (%)	Part-time (N)	Part-Time (%)
2017	2483	75	827	25
2018	2307	81	534	19
2019	2155	74	772	26
2020	2180	82	480	18
2021	2366	78	698	22
2022	1827	73	766	27

Source: (SWRB, 2017, 2018, 2019, 2020, 2021, 2022b)

- What hardship funds are available to students?
- What can we do as a professional community to support students navigate the challenges of hardship during placements?
- Who could the professional community work with concerning providing support for students?

Questions related to the throughput of the pipeline of registered social workers are:

- How could we streamline the pathway through the BSW by recognising prior learning, particularly in the first 2 years?
- How can we optimise the fast-track pathway of the prescribed master's degrees?
- How could the pathway be streamlined for those with social-work-like roles to registration?

Beyond the locally qualified social worker pipeline, there is the question of whether the profession wants to increase the percentage of internationally qualified social workers. This, in turn, raises the following questions:

- Do we actively recruit overseas and strive to increase the number of internationally qualified social workers?
- If so, where do we look to streamline the recognition of international qualifications with particular countries?
- Do we also look to formalise education towards competencies 1 and 2 for provisionally registered, internationally qualified social workers?

The last section of this paper concerns the retention and development of the social work workforce. The 2023 Workforce Survey identified that 16% (714) of their sample of 4414 Social Workers intend to leave the profession in the next 5 years. The report extrapolates this to an estimated 1,400 social workers holding practising certificates (SWRB, 2023b). The report also identifies that over two-thirds (67%) of respondents believe the recruitment and retention of social workers is our greatest challenge (SWRB, 2023b).

The five most common reasons given for leaving identified in the report are retirement (46%), burnout (34%), high workload (28%), poor pay (21%) and lack of career progression (20%) (SWRB, 2023b). Looking at the five reasons, one wonders if there are discussions to be had about planning for retirement, how to prevent and manage burnout, and how to develop tools and support with workloads. Perhaps the reason for the poor pay reflects the challenges in implementing the various pay parity settlements and the extent of coverage of these. It might also reflect that the increasing cost of living has reduced any gains from pay parity. The lack of career progression raises questions about career planning in the profession and how to establish pathways across fields of practice, organisations, and the profession that facilitate social workers' professional growth and development. Related to career development is the question of how we, as a professional community, build capability and capacity in professional supervision, practice leadership, social work management, and social work education and research. Does the professional community do this through micro-credentialing? Do we use a post-qualifying pathway like the New Entry to Specialist Practice for Allied Mental Health (see Te Pou, 2024)? Do we do both? Or is it something that is field-of-practice specific? And how are these developments supported and funded by social service organisations and funders? Is there a need for a specific commissioning organisation for the social work workforce?

This viewpoint has summarised the evidence and raised questions about how we respond to the workforce challenges facing us as a professional community. The SWRB, as the lead agency, have named the issues and provided the information from which we can ask questions and start conversations. Our challenge as contributors to the social work workforce system is to live the questions, engage in courageous and creative

conversations and work together to develop workforce plans for the next 10 years and beyond.

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Exploring palliative care debates:
Equitable access and the role of social workers

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ABSTRACT

INTRODUCTION: Equity of access to palliative care for older adults and the role of social work are interwoven as older adults are the largest population group requiring end-of-life care and hospice social workers predominantly work alongside older adults. This article explores the intersections of palliative care policy and practice, older adults' inequitable outcomes, Te Tiriti o Waitangi (1840), and challenges faced by social workers seeking to be effective advocates for older adults.

APPROACH: Undertaking post-graduate study in palliative care allowed for an exploration of the literature and older adults' experiences of inequity observed in practice through a social work lens. Literature reviews completed during post-graduate study foreground the literature search informing this article. The literature search was completed using University of Canterbury Library and CINAHL Health sciences databases focused on palliative and end-of-life care, older adults and caregivers. Keywords used included *literature reviews, palliative or end-of-life, older adults or elderly, caregivers or family, psychosocial, New Zealand, caregiver distress*, and *ageism*. Abstracts of articles were reviewed; literature was chosen based on relevance to the topic. Additional literature was sourced through Google Scholar, Google searches of current proposals/reports, and international databases.

CONCLUSIONS: The current Aotearoa New Zealand Ministry of Health (MoH) (2001) Palliative Care Strategy does not effectively respond to older adults' end-of-life care needs or acknowledge the roles and contributions of social workers within palliative care. Improving older adults' equity of access to palliative care requires interlinking and prioritising older adults' end-of-life care and empowering the contributions of social workers.

Keywords: Literature review, older adults, equity, palliative care, social work

Preserving the philosophy of palliative care, recognising inequity experienced by older adults, and considering the role of social work within these contexts, is a multifaceted journey. The journey begins with the philosophy of palliative care and the future of specialist palliative care services. Palliative care encompasses family / whānau-inclusive, patient-centred healthcare with a focus on comfort and relieving suffering for people with life-limiting and quality-of-life-limiting conditions (Carroll & Quill, 2015; World Health Organisation [WHO], 2022). Palliative care improves quality-of-life and general wellbeing by positively impacting symptom burden,

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including depression, anxiety, nausea, pain and insomnia (Coym et al., 2020; Enguidanos et al., 2014). Specialist services are predicted to drive future development with hospital-based palliative care and hospices working collaboratively alongside primary healthcare services within compassionate community approaches (Carroll & Quill, 2015; Hogan, 2021; Van Den Block, 2015). WHO recognises disparities within specialist services noting that palliative care is more accessible in high-income countries and there is a lack of access within developing countries (Bates et al., 2019). The philosophy of palliative care challenges public health systems worldwide; increasingly impersonal, technology-dependent, and medication-focused care are attributed to cost-saving priorities, growing global populations and subsequent increases in deaths (Jackson & Healthwatch, 2019; Randall & Downie, 2006; Smith et al., 2002).

The purpose of this article is to examine the key debates within palliative care literature in relation to improving older adults' end-of-life experiences within Aotearoa New Zealand and to consider how social workers can provide meaningful contributions within this context. The article has its roots in post-graduate study with literature being sourced from the University of Canterbury Library, CINAHL Health sciences databases as well as Google Scholar. The literature focused on palliative and end-of-life care, older adults and caregivers. The discussion that follows here encompasses the key debates identified within the literature. These debates include palliative care becoming an over-complicated, specialist service that does not prioritise equity of access for older adults; social workers' positionality and capacity to be effective advocates for older adults; medical model dominance within interdisciplinary team approaches and the implications for social work; the effects of ageism and social devaluation of aging New Zealanders; inequity experienced by dementia sufferers and older adults in aged care; as well as Māori older adult perspectives within biculturalism debates. The article concludes with a summary of key points and future

pathways to improve equity of access for older adults.

Older adults inequity is central within the "over-complicated palliative care debate"; this is evident within fragmented public health systems with inadequate, services that struggle to meet the end-of-life needs of older adults (Clark, 2019; Gott et al., 2017; Morgan et al., 2021; Nicholson & Richardson, 2018; Randall & Downie, 2006). This is oppositional to the origins of palliative care that sat outside traditional medical practices by focusing on comfort, and patient-led care. Clark (2019) maintained there is a growing ambivalence towards normalising death, a feature of hospice care, stating palliative care is increasingly viewed as a new medical/specialist field with a unique clinical territory and compliant patient population.

Palliative care is challenged by being viewed exclusively as a specialist service for "the dying only". Hospice and comfort care are often seen by patients and whānau as medical personnel "giving up on them" (Coym et al., 2020; Firn et al., 2016). The challenge for future palliative care provision is broadening the scope of specialised care while retaining Dame Cecily Saunders' (founder of the modern hospice movement) original vision of achieving a "good death" through person-centred care that prioritises individual preferences (Randall & Downie, 2006). Inequitable resource distribution will marginalise the healthcare needs of older adults, especially people living with dementia, who are predicted to be the main group requiring primary healthcare (Carroll & Quinn, 2015; Kellerhear, 2015; Van Den Block, 2015; Volicer et al., 2015).

Unfortunately, allied healthcare contributions, including social workers, are minimised within palliative care debates that prioritise medical-model services. Worldwide, the need for palliative care exceeds the capacity of hospices and specialist units; this reduces the possibility patients with life-limiting conditions will access specialist care (Coym et al., 2020;

Erlenwein et al., 2014; Etkind et al., 2017; Hess et al., 2014; Luckett et al., 2014). Observations within practice reflect this; older adults are less likely to receive no-cost inpatient specialist care and more likely to access asset-tested aged residential care (ARC).

The medical model's dominance is evident within evolving palliative care approaches. Coym et al.'s (2020) qualitative study showed incorporating inpatient palliative care consultation (IPCC) within hospital practices improved patient care. IPCC improves patients' and family/whānau mental/emotional wellbeing by incorporating spiritual care, and high-quality communication (Coym et al., 2020). Holistic care was shown to be secondary to requests for pain and symptom management, IPCCs primary source of referral. The broader scope of palliative care is underutilised, especially those that social workers provide including: psychosocial and communication support for patients and family/whānau, trauma-informed care, and information to assist with decision-making (Erlenwein et al., 2014; Gaertner et al., 2012; Sasahara et al., 2010). Older adults are more likely to be detrimentally impacted by end-of-life care that does not prioritise age-attuned communication and psychosocial assessments, an over-emphasis on treating symptoms encourages reductionism and reduces social workers' input. Policy development plays an important role within these contexts by defining palliative care services and providing an outline of resource allocation to improve service delivery and address inequity.

Aotearoa New Zealand context

Policy outlining future palliative care practices within Aotearoa New Zealand include an outdated Ministry of Health [MoH] Strategy (2001) and recent review, MoH (2017). These documents express a commitment to providing palliative care as a unique philosophy that ensures everyone can have a "good death" conversant with individual needs and aspirations. Providing sustainable service provision, and equitable access to palliative care is endorsed as everyone's concern with a commitment to providing community-attuned service delivery.

Compassionate community and public health approaches are recommended throughout palliative care research; collective responses to death, dying, bereavement and aging are encouraged as they affect everyone and have widespread consequences throughout society including detrimental mental health outcomes, such as suicide, social withdrawal, job loss, discrimination and stigma (Carroll & Quinn, 2015; Kellerhear, 2015; Van Den Block, 2015).

The MoH (2012) recommends providing one level of specialist palliative care throughout the public health system utilising a hub-and-spoke approach. This involves one site (hub) providing a base for services to support satellite sites (spokes). This is indicative of compassionate community approaches; hospice services could become repositories of knowledge and specialist skills and provide support through collaborations with community organisations and primary healthcare providers. Hub-and-spoke models could perpetuate older adults' marginalisation if current deficits are not addressed. The MoH (2012) aspiration to ensure everyone can access "all components of specialist palliative care" is problematic if existing resource deficits persist. The MoH (2012) stated when specialist palliative care cannot be provided, existing resources will compensate. This potentially perpetuates rural service delivery deficits observed within practice, especially rural older adults lacking access to no-cost hospice supports and funded in-home care.

Primary palliative care is mainly provided by Aged Residential Care (ARC), Primary Health Organisations (PHOs), General Practitioners (GPs), and district nursing. Integrated specialist support within primary care is required to ensure everyone has

access to comprehensive care (McLeod & Atkinson, 2019; MoH, 2012). McLeod and Atkinson (2019) maintained the hub-and-spoke model can potentially meet current and future needs, including an expected 50% increase in deaths by 2038. The authors recommend measuring the extent of indirect support required and improving national data collection related to specialist palliative care provision. For hub-and-spoke models to be effective, allied health and medical practitioners will be required to work collaboratively within interdisciplinary teams (IDT).

Palliative care and interdisciplinary team approaches

Older adults are the largest population group dying globally with deaths predicted to increase significantly by 2034 due to increased growth of elderly populations. Specialist hospice services will not be able to meet growing demand for older adults' end-of-life care unless government investment and the availability of specialist practitioners is increased (Jackson & Healthwatch, 2019; McLeod & Atkinson, 2019; Van Den Block, 2015; Volicer et al., 2015). Funding pressures will enable medical-model dominance, especially if medical services are prioritised over other services (Allied Health Work Group [AHWG], 2022; Cheyne et al, 2011; Hogan, 2021; Payne, 2014).

Ageism and devaluing of older adults is exacerbated when limited IDT integration between gerontologists and palliative care specialists occurs; incorporating theoretical frameworks responsive to older adults' specific needs, perspectives, and aspirations is encouraged (Gott et al., 2011; Nicholson & Richardson, 2018). Within Aotearoa New Zealand 38.5% of deaths receive specialist palliative care from accredited expert-level practitioners; non-specialists provide most primary care (McLeod & Atkinson, 2019; MoH, 2015). Integrated public health systems can ensure specialist palliative care is available throughout primary care (McLeod & Atkinson, 2019; MoH, 2012).

Research shows older adults benefit from specialist palliative care across an illness trajectory, including bereavement support, education, and information for caregivers (Frey et al., 2020: Murray et al., 2017). Gerontologists and palliative care specialists recommend compassionate community approaches that incorporate geriatric nursing, primary care, and allied health collaborations (Cardona-Morell et al., 2016; Gjerberg et al., 2015; Gott et al., 2011; Motamedi et al., 2021; Rodríguez-Prat et al., 2017; Rosa et al., 2022).

Compassionate community responses and IDT approaches incorporating public health systems, acute care, ARC, and primary care can address deficits (Motamedi et al., 2021; Tarter et al., 2016). Simplifying palliative care, normalising death and dying, increasing practitioner education and understanding the effects of fragility and comorbidities within age-related illnesses is encouraged throughout the literature (Devik et al., 2015; Motamedi et al., 2021; Tarter et al., 2016).

Older adults' inequity

Older adults are the disadvantaged dying within palliative care. There is a global need for advocacy and increased awareness of older adults' inequitable outcomes (Castelli Dransart et al., 2021; Gott & Ingleton, 2011; Gott et al., 2011; Lilley & Reid, 2023). Gott et al.'s (2011) study of ageism within palliative care included a survey of 2,074 bereaved carers. The study showed those aged over 85 are almost three times less likely to receive inpatient hospice care than those less than 75 years old. Gott et al. (2017) and Smith et al. (2002) concur; these studies show those of advanced age, defined by gerontologists as 85 years old and older, experience the highest levels of inequity.

Palliative care policy development and service delivery for older adults is influenced by philosophical and political agendas. Older adults' societal value determines the level of care they receive (Frey et al., 2020:

Gott et al., 2017: Jackson & Healthwatch, 2019: Motamedi et al., 2021; Murray et al., 2017; Rodríguez-Prat et al., 2017; Rosa et al., 2022). A lack of societal value was noted within media coverage and policy responses during the Covid-19 pandemic. Ageism and devaluing older adults was evident, older adults were described as frail, passive and unworthy of social investment, the cost to society was prioritised with an emphasis on implementing cost-saving strategies (Cheyne et al., 2011; Gott et al., 2017; Morgan et al., 2021). Ageism observed within practice is reflected within the literature, particularly age-related practices that restrict funded care options.

Population growth amongst older adults will affect Aotearoa New Zealand's health system; 1.2 million people are expected to be aged 65 years or older by 2034, almost 180,000 older adults will be 85 years old or older, older adults are predicted to constitute over a fifth of the total population (Jackson & Healthwatch, 2019). Although older adults are predicted to be the largest population group requiring end-of-life care, funding and resourcing for older adults are lacking within policy (McLeod & Atkinson, 2019; MoH, 2002, 2017).

Limited social investment in older adults' healthcare increases the care load and financial cost to caregivers (Belasco et al., 2006: Gott et al., 2017; Schoenmakers et al., 2010; Wong et al., 2022). Caregivers can experience social isolation, depression, anxiety, fatigue, and deterioration of family relationships (Belasco et al., 2006: Gott et al., 2011; Gott et al., 2017; Maidment & Beddoe, 2016; Schoenmakers et al., 2010; Wong et al., 2022). This is a significant issue as family/unpaid caregivers are estimated to provide 75-90% of in-home end-of-life care (Dunbrack, 2005). Specialist palliative care is shown to reduce caregiver distress and increase positive experiences for older adults, caregivers and family/whānau by providing information about illness trajectories, care and comfort support (Wong et al., 2022; Yang et al., 2012). Current

funding shortfalls are predicted to increase, increasing the burden of unpaid caregivers. Third-way policies favour unpaid family support where "family is best" is viewed as "family is cheapest" (Cheyne et al., 2011; Payne 2014). Gott et al. (2015) recommended prioritising quantifying the social, financial, and personal costs experienced by family caregivers as community-based palliative care increases globally. Identifying and quantifying the cumulative cost to unpaid caregivers is an important step towards increasing government funding and the availability of funded care.

Older adults fear being a burden and will decline whanaungatanga (reciprocity), including receiving unpaid care from family/whānau. 'Te Puawaitangi O Nga Tapuwae Kia Ora Tonu, Life and Living in Advanced Age,' study shows Māori and non-Māori participants prioritise not being a burden to family above all other end-of-life care concerns, including dying at home (Gott et al., 2017). Older adults' concern they are a burden is observed in practice and can lead to pre-emptive admissions to ARC and older adults considering assisted dying. Assisted dying research shows negative self-perception can be an underlying factor for requesting a quicker death (Castelli Dransart et al., 2021; Coyle & Sculco, 2004; Kelly et al., 2002; Rodríguez-Prat et al., 2017). The MoH (2001) strategy is committed to supporting home-based deaths, claiming 50-70% of people prefer dying at home. Gott et al. (2017) challenged the view that older adults prefer to die at home, an outcome that can require high levels of unpaid care and older adults perceiving themselves as a burden. The authors state older adults do not prefer home-based death, and reliance on family members to provide care, challenging national and international policy development that states home death is essential to a good death.

Older adults in the end stages of chronic illness are susceptible to overtreatment and can receive aggressive, and potentially harmful, medical interventions, that do not

improve quality-of-life (Cardona-Morell et al., 2016; Motamedi et al., 2021). Randall and Downie (2006) maintained "letting dying happen" challenges overtreatment. They state accepting death as a natural part of disease progression ethically encompasses the philosophy of palliative care by withholding or withdrawing life-prolonging treatments when risk and harm outweigh potential benefits. Listening to the goals and values of patients and family/whānau, providing information about the impacts of treatment, and prioritising quality-of-life as a lived experience instead of focusing on prolonging living can prevent overtreatment—this is particularly relevant for those living with neurological deterioration and older adults in ARC (Randall & Downie, 2006).

Dementia and ARC inequity

Another key debate are people living with dementia, they are often excluded from palliative care although there are no effective treatments; sufferers lose their independence and, eventually, their lives (Honinx et al., 2019; Van Den Block, 2015; Volicer et al., 2015; Wang & Wang, 2020). Future projections show dementia care and care for adults of advanced age will significantly increase within the next 10 years (Jackson & Healthwatch, 2019; McLeod & Atkinson, 2019; Van Den Block, 2015; Volicer et al., 2015). McLeod and Atkinson's (2019) data analysis showed the number of people dying with dementia is greater than previously known. Total deaths in 2015 within Aotearoa New Zealand reveal a pattern determined by age that strongly indicates the number of people with dementia will continue to increase within our ageing population.

The MoH (2001) strategy does not recognise dementia care or older adults in ARC specific needs or aspirations, including access to holistic treatments or support to maintain family connections and relationships. Over 43.8% of total deaths in 2015 within Aotearoa New Zealand occurred in ARC

or had a residential care subsidy. McLeod and Atkinson (2019) challenge assumptions that older adults stay in ARC for extended periods prior to dying, or that ARC is like home. The authors state 24.3% of people were first admitted to ARC within the last three months of life, with 43.7% dying in ARC less than a year after admission. Older adults increasingly access ARC for short stays and are presenting with increased fragility and complex needs (Boyd et al., 2011; Connolly et al., 2014; Phillips & Currow, 2017).

The Covid-19 pandemic intensified pre-existing oppression and showed inequity of access to palliative care for older adults living with dementia is a worldwide public health priority (Gilissen et al., 2020; Pivodic et al., 2018; WHO, 2020). Access to palliative care enhances quality-of-life and supports symptom relief for Alzheimer's and progressive dementias, including vascular, frontotemporal, and dementia with Lewy bodies, as it does not exclude curative treatments and interventions for other conditions that occur during disease progression (Van Den Block, 2015; Volicer et al, 2015). Older adults with dementia are more likely to be asset-tested and experience restricted access to funded care (Jackson & Healthwatch, 2019; McLeod & Atkinson, 2019). Ageist policies marginalise financial implications experienced by older adults and prioritise societal costs, reflecting third-way political agendas that suggest older adults are less worthy of social investment (Cheyne et al., 2011; Gott et al., 2011; Payne, 2014).

Māori perspectives

Māori experience persistent inequitable outcomes across all health and wellbeing indicators, including palliative care. Māori disadvantage is recognised within strategic planning, empowering te Māoritanga perspectives is required to achieve positive outcomes (MoH, 2001, 2017). Durie's (2011) Te Whare Tapa Wha wellbeing model is widely utilised as an indigenous healthcare

initiative; whole-person/whānau wellbeing conceptualised as achieving balance within four walls of a whare (house), representing mental health, family/whānau, physical, emotional and spiritual wellness, that is connected to whenua or a place of belonging. Concepts of whenua are particularly relevant as Māori are recognised as Tangata Whenua or belonging to the land.

Aotearoa New Zealand is a bicultural nation, an equal partnership between Māori and the British Crown and achieving meaningful equality is essential to achieving equitable access to quality end-of-life care for Māori. Boulton et al. (2020) stated biculturalism requires authentic power-sharing at structural levels. Bevin et al.'s (2023) investigation of Aotearoa New Zealand 2019/2020 healthcare plans shows Te Tiriti o Waitangi (1840) principles are disempowered within constrained options. Te Pae Tata (2022) interim health plan marginalises the palliative care needs of older Māori and non-Māori adults. Mason et al. (2019) maintained rising deaths amongst older Māori requires increased government investment into improving culturally appropriate end-of-life care. The authors state Māori whānau provide the bulk of end-of-life care whilst experiencing high levels of socioeconomic disadvantage.

Social workers are committed to empowering Te Tiriti o Waitangi (1840), especially te Tiriti articles that encompass concepts of sovereignty, land, and rights, this includes responding to loss of rights, land, and culture, and the impacts of historical Māori oppression and trauma across the lifespan (Aotearoa New Zealand Association of Social Workers [ANZASW], 2019; Durie, 2011; Egan & Maidment, 2016; International Federation of Social Workers, 2024; Kidd et al., 2021; Maidment & Beddoe, 2016; Pihama, Smith, Evans-Campbell et al., 2017; Pihama, Smith, Cameron et al., 2020; Social Workers Registration Board [SWRB], 2024; Roberts, 2016; Zambas & Wright, 2016). Palliative care practitioners, hospices and healthcare

providers will be challenged by persistent Māori marginalisation until meaningful biculturalism is achieved.

Social work perspectives

Social work practice empowers equitable outcomes for older adults; practitioners are guided by codes of conduct and research-informed care that prioritises patient and family/whānau holistic wellbeing and participation in decision-making (Maidment & Beddoe, 2015; Payne, 2004, 2014). Social work skills, values and knowledgebases reflect age-attuned policy development, including care coordination, continuity of care, and holistic psychosocial assessments (Connolly & Harms, 2015; Egan & Maidment, 2016; Golden, 2019; Nicholson & Richardson, 2018).

Social workers are an integral part of hospice whakapapa (history), Dame Cicely Saunders' vision of holistic palliative care reflected her training as a physician, nurse, and social worker. The origins of hospice care incorporate allied health alongside medical care (Reese, 2013). Palliative care social workers are informed by comprehensive, evidence-based practice, and specialist knowledge, including trauma-informed care and approaches responsive to grief and loss experienced across the lifespan (AHWG, 2022; Altilio & Otis-Green, 2011; ANZASW, 2018, 2019; Gamondi et al., 2013a; Gamondi et al., 2013b; Golden, 2019; Hunt et al., 2016; Payne, 2004, 2014; Reese, 2013; SWRB, 2024). Social workers are ideally situated to provide age-attuned care for older adults (Connolly & Harms, 2015; Egan & Maidment, 2016; Nicholson & Richardson, 2018; Reese, 2013; Taels et al., 2021). Yet social work perspectives are often marginalised throughout palliative care policy and practice (Golden, 2019; Taels et al., 2021).

Social workers are committed to seeking social justice for disadvantaged populations, and providing strengths-based care underpinned by anti-oppressive theoretical

frameworks. Social workers often utilise systems theory to analyse and critique social systems and policies to identify oppressive forces within human systems; including the interconnections between palliative care policy development and older adults' inequity (Cheyne et al., 2011; Connolly & Harms, 2015; Devik et al., 2015; Egan & Maidment, 2016, Motamedi et al., 2021; Payne, 2014; Tarter et al., 2016). Systems theory informs solution-focused practice and reduces practitioner dominance as people in adversity are viewed as having unlimited potential to identify goals and resolve challenges (Connolly & Harms, 2015; Maidment & Beddoe, 2016; Payne, 2014; Reese, 2013). Social workers utilising systems theory approaches can challenge over-professionalisation of palliative care and problem-focused practice that view patients and whānau as sites of disease (AHWG, 2022; Giles, 2016; Payne, 2014; Randall & Downie, 2006; Reese, 2013; Thompson, 2016). Reductionist pathology and medical-model dominance can be disrupted by effective social workers (Agnew et al., 2011; Brandsen, 2005; Cadell et al., 2010; Chambers et al., 2013; Golden, 2019; Hogan, 2021; Motamedi et al., 2021; Wang & Wang, 2020).

Patient-centred planning, comprehensive psychosocial assessments, collaborative networking skills, age-attuned care and compassionate community responses underpin palliative care social work (ANZASW, 2019; Cardona-Morell et al., 2016; Connolly & Harms, 2015; Gjerberg et al., 2015; Golden, 2019; Motamedi et al., 2021; Reese, 2013). Social workers' specialist skills and contributions are pivotal to achieving meaningful change (Altilio & Otis-Green, 2011; ANZASW, 2019; Connolly & Harms, 2015; Egan & Maidment, 2016; Gamondi et al., 2013a; Gamondi et al., 2013b; Hunt et al., 2016; Payne, 2004; Reese, 2013; SWRB, 2024). Hogan (2021) highlighted challenges faced by allied health workers, including the privileging of medical practitioners throughout Aotearoa New Zealand healthcare, and recommends providing direct access to social workers.

Social workers' roles and contributions are unrecognised within the MoH (2001) strategy and national policy development (AHWG, 2022; Hogan, 2021). Allied health professionals' qualifications are not prioritised or incentivised; hospices are shown to discourage upskilling of non-medical personnel (AHWG, 2022, Hogan, 2021). If entrenched IDT practitioner-inequity continues, there is a risk social workers will be assimilated into nursing teams, losing their uniqueness and ability to make meaningful contributions (Coym et al., 2020; Reese, 2013; Wang & Wang, 2020).

Improving future outcomes

Older adults are disadvantaged throughout palliative care research, dementia care and ARC inequity are a significant public health concern (McLeod & Atkinson, 2019). Improving equity involves empathetic, age-attuned care planning, and education that balances normalising death and dying with responding appropriately to age-related illnesses, comorbidities, and fragility (Devik et al., 2015; Motamedi et al., 2021; Tarter et al., 2016). Continuous contact and communication with palliative care specialists is shown to reduce to overtreatment (Cardona-Morell et al., 2016; Gjerberg et al., 2015; Motamedi et al., 2021). Research shows equitable outcomes require IDT approaches, holistic models of care, and information and support provided to family / whānau and caregivers to prevent caregiver distress (Lewis et al., 2019; Motamedi et al., 2021; Tarter et al., 2016).

The literature shows reducing medical-model dominance and 'problem-focused' practice will improve older adults' outcomes (Agnew et al., 2011; Chambers et al., 2013; Golden, 2019; Giles, 2016; Gott et al., 2011; Hogan, 2021; Motamedi et al., 2021; Payne, 2014; Reese & Sontag, 2001; Thompson; 2016; Wang & Wang, 2020). Social workers can disrupt inequity in palliative care and are committed to challenging systems and social structures that disadvantage marginalised population groups (ANZASW, 2019; AHWG,

2022; Connolly & Harms, 2015; Egan & Maidment, 2016; IFSW, 2021; Payne, 2004, 2014).

Preventing practitioner burnout is fundamental, particularly dissatisfaction when social workers' contributions are undervalued by other professionals, and practitioners are unable to function autonomously (AHWG, 2022: Blacker et al., 2016; Marmo & Berkman, 2020; Taels et al., 2021). Collective advocacy within the social work profession is indicated as research shows disempowerment is pre-existing, this challenges practitioners' capacity to self-advocate, raise awareness and maintain relationships with peers and colleagues (AHWG, 2022; Giles, 2016; Hogan, 2021; Payne, 2014; Randall & Downie, 2006; Reese, 2013).

Conclusion

Improving equity of access to quality end-of-life care for older adults is contested with conflicting views on the evolution of palliative care throughout the literature. Currently, increasing education and specialisation of the field is challenged by concern that palliative care is over-professionalised and death and dying have become over-complicated. Integrated, compassionate community collaborations, involving social workers and allied health practitioners within IDT approaches can improve older adults' equity. Social workers capacity to make meaningful contributions and older adults' inequity are interwoven and susceptible to being marginalised within larger palliative care debates. Robust policy development that prioritises empowering age-attuned care for older adults and the role of social work is required to achieve positive outcomes.

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Exploring courage and compassion in social work

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ABSTRACT

INTRODUCTION: Both courage and compassion can contribute to the process of managing adverse situations in social work, particularly where there are high levels of distress or confronting behaviour. Courage can enable social workers to enter and remain engaged in these situations, while compassion can be considered essential to support the relational work required to increase safety and contribute to sustained change. These concepts can also support social worker safety and wellbeing, helping mitigate the emotional impacts of the work.

APPROACH: This article defines and explores the potential application of both courage and compassion to social work practice. The potential contribution of both concepts to sustaining social worker wellbeing, safe practice and personal growth are also identified. The intention of the article is to invite further discussion and articulation of these concepts in social work practice.

CONCLUSIONS: Courage and compassion can offer ways to support social workers to be steadfast in their practice, while developing relationships that can contribute to increased wellbeing and safety for both themselves and others. This, in turn, can bring profound rewards through the experiences of vicarious resilience, compassion satisfaction, and even post-traumatic growth. Further application and discussion of these concepts within social work is warranted.

Keywords: Courage, compassion, social work

Social work is a profession recognised as being inherently stressful, emotionally challenging, draining, and with high consequences for error (WorkSafe New Zealand, 2003, p.13). Social workers enter people's worlds during times of adversity, distress, and challenge. They must develop a relationship to assist with restoring and strengthening wellbeing, increasing safety and sustaining change. This is especially difficult in situations of complexity and crisis, and when confronted by hostile resistance or harmful behaviour. Ferguson et al. (2020) noted hostility is especially evident in child protection settings, where there is largely involuntary involvement. The need to remain steadfast when managing situations of high complexity and risk, while also providing a relationship that is supportive and can assist with change, can be enabled through the concepts of courage and compassion.

Halifax (2008), in her work in the palliative care space, noted the importance of having a "soft front" and a "strong back" which invites an image of remaining strong yet flexible, open, anchored, and engaged (Weld, 2023, p. 106). A strong back can be conceived as having courage, while a soft

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front speaks to relational skills enabled through compassion. Collins (2023) noted that "kindness and warmth should be allied with courage, with an ability to tolerate distress, so that compassionate tolerance can become a focus" (p. 37). To do this, courage is required to help social workers engage in complex, adverse, and challenging situations.

The concepts of courage and compassion provide an ideal combination in social work practice, especially when confronting and adverse situations. They also support safe practice and social worker wellbeing, enabling more sustainable and satisfying work. The article will explore definitions of both courage and compassion, their potential application in social work practice, and how they can also support social worker professional development and wellbeing.

Defining and applying courage and compassion.

Although it is a concept that has been around for hundreds of years and firstly positioned as a virtue, courage remains an elusive concept to universally define. Walton (1986) noted that courage is about "keeping one's head and doing a creditable job of deliberately acting sensibly and appropriately despite dangerous, painful, or very adverse situations" (p. 100). Finfgeld (1995) suggested that courage results in a sense of mastery, competence, accomplishment, self-respect, self-worth, and dignity, noting further investigation into the process of courage could assist both professionals and clients. While different types of courage have been defined, such as physical and moral courage, the process of response remains similar.

Weld (2019), in her doctoral research into the concept of courage undertaken with older adults who experienced the Canterbury earthquakes and also a focus group of social workers, developed the following definition of courage:

Courage is a way of responding to situations that generate fear, vulnerability, doubt and uncertainty. It involves a conscious and intentional undertaking of perceived meaningful and important action. The decision to undertake this action is motivated by values, beliefs, morals, duty, and responsibility. Courage is characterised through a number of traits, attributes and behaviours, such as logical thinking, calmness, determination, acceptance, endurance and perseverance. (Weld, 2019, p. 139)

Within this definition, the following process steps were observed:

1. Recognising adversity.
2. Making a conscious decision to act.
3. Connecting to motivational sources.
4. Managing emotions.
5. Taking action.

(Weld, 2019)

Recognising adversity is assisted by identifying the presence of fear, doubt uncertainty, and vulnerability. Without the presence of these emotions, which indicate a physical and/or psychological threat to safety, courage is unlikely to be required. These emotions were identified by the older adults in Weld's 2019 research, through a range of adverse experiences, including the Canterbury earthquakes, and in the focus group of health social workers who also contributed. In relation to the February 2011 earthquake, one health social worker shared her thoughts as she stood across the road from the hospital at the traffic lights, aware that there had been mass fatalities in the city. She commented that:

> … I'm standing there on my own and I'm just looking across to the hospital and I'm saying to myself, "OK, you did all those years of training and you were lucky", and I was saying to myself, "What am I going to find over there?" and "Will

I be good enough?" was the question that I asked of myself and I guess that is the thing for us professionals—there's no book written on it really. You can do training about things and then you get confronted by things, and it is that deep fear of "Will I be good enough? Will I do the right thing? Will I cope?" because you are the professional. (Heather) (Weld, 2019, p. 165)

In this quote, fear, uncertainty, doubt, and ultimately vulnerability are expressed which are indicative of facing adversity. What generates these emotions for one person may not be the same for another, so the perception of physical or psychological threat is subjective to the individual. It should also be noted in disasters such as the Canterbury earthquakes, the health social workers interviewed were also personally affected by the experience, therefore experiencing a dual exposure, so their own lived experience and exposure to the trauma of others. This equates to a "shared traumatic reality" (Tosone et al., 2012, p. 233), a term developed after the World Trade Centre bombings in 2001 where the professionals have also experienced the collective trauma. Tosone et al. (2012) noted that "personal and peer support, supervision, and additional training are critical components to mitigate the negative effects of shared trauma" (p. 238). This reminder of also looking after practitioners must be actioned by the organisations social workers practise in (Sewell et al., 2023).

The next step to apply courage can be seen as *making a conscious decision to act*, so to turn, face and engage with adversity. Even in the quickest of courageous acts, a conscious decision to respond to the situation has occurred. In making this conscious decision, people *connect to motivation sources* such as beliefs, values, commitment to another, morals, love, integrity, upbringing in, duty and responsibility. These motivate a person to face what is happening and to keep going in situations of prolonged adversity. Along with personal sources of motivation, there are also professional ones which include professional integrity, ethics, codes of conduct, and a desire to uphold professional standards. Usually personal and professional motivations are intertwined, an example being, for social work, that a personal value such as fairness would combine with the commitment to the professional value of social justice.

Managing one's own emotions is a key aspect of enabling courage. Adamson et al. (2014) note that, when faced with an adverse event that is not easily changed, such as a natural disaster or serious health diagnosis, that "coping that focused on primarily managing feelings or emotional distress may be more useful in the context of supporting resilience than coping that emphasises problem solving which focuses on the source of the stress" (p. 527). Managing emotions recognises the intrinsic link between thoughts and feelings, with deliberate cognitive processes engaged to help be focused, calm, and logical. In social work practice, the management of emotion in highly stressful situations can require temporary suppression of one's own feelings to assist another. These might be in response to witnessing another person's distress, observing the impacts of harm or experiencing harm ourselves through threatening or violent behaviour.

This also highlights the importance of safe reflective spaces such as professional supervision, where the social worker can discharge, reflect on, and process their emotional response. This can help reduce the possibility of indirect trauma responses such as secondary traumatic stress, and vicarious trauma. Sewell et al. (2023) noted that supervision is observed to have beneficial impacts such as enhancing worker wellbeing, job satisfaction, job retention, and increased morale. Professional supervision is also essential for social workers experiencing moral distress from work expectations, inadequate resources (Mänttäri-van der Kuip, 2026) or requirements that may go

against their own personal and professional values and moral code (Palma Contreras & Pardo Adriasola, 2024). Moral distress typically arises from persistent ethically compromising issues that often indicate a struggle with organisational direction and expectations generating an internal dilemma (Palma Contreras & Pardo Adriasola, 2024). A lack of organisational recognition and support worsens these feelings, adding isolation, and a sense of personal failure. Fantus et al. (2017) identified moral distress to involve a "integrity compromising experience" (p. 2274), The opportunity to name, critically reflect and explore emotions connected to situations which may generate moral distress, can help a social worker find a way forward.

Without the opportunity to critically reflect, moral distress can lead to the risk of moral injury which Halifax (2018) defined as a "psychological wound resulting from witnessing or participating in a morally transgressive act' (p. 101). Currier et al. (2021) identified moral injury as a "violation of one's basic sense of humanity and morality" (p. 6), noting an inability to prevent suffering is a key factor, and that moral injury is often evidenced by intense feelings of shame, guilt, grief, spiritual suffering or self-blame. Currier et al. (2021) also observed that moral injury can show through similar symptoms to post traumatic stress disorder, with intrusion, avoidance, numbing or high levels of arousal. With both moral distress and moral injury, a supervisor can support the application of courage to help the social worker to be empowered to examine, challenge or speak up in such situations, or to "put their ethics into practice" (Tupou, 2019, p. 95).

Recognising adversity, making a conscious decision to face it, connecting to motivational sources, and managing emotions, all support *taking action* and remaining in the situation. When people show courage, they step in and act despite fear, uncertainty and doubt about how they will manage. This includes

the choice of attitude especially when all control has been taken from a person noted by Frankl (1946/2006), as well as possibly ascribing some type of meaning to the situation. Social workers frequently experience a range of situations characterised by trauma, loss, and violence, indicating the need for courage. This is aptly described by this social worker from Weld's 2019 doctoral research:

> We do walk into the unknown, don't we? … we walk into all the emotion and everything and expectation and stuff like that. It is quite huge, really, and is leading to the courage thing. So I think just walking in that door, even a couple of times a week if you got something really horrendous, that is courage. (Heather) (Weld, 2019, p. 167)

In her review of the United Kingdom Child protection system, Eileen Munro commented that, "[s]ocial workers need skills in adopting an authoritative yet compassionate style of working" (Munro, 2011, p. 96). Authoritative practice (which could be reframed as courageous practice) requires anchoring to purpose, having role clarity, and holding clear expectations around safety and wellbeing that are grounded in human development theory.

When working with danger and harm in families, social workers need to respectfully question and, at times, challenge behaviour, and confidently apply evidence-based practice and practice-based evidence in their assessments and analysis. This begins with clear identification of danger and harm factors, and the required actions that will evidence increased safety. Measurable evidence of change for the most vulnerable person must then be sought and gathered, all the while maintaining a relational connection with those who have perpetrated the harmful behaviour. It can take courage to do this, especially when faced with understandable, distressed and defensive, reactive behaviour from parents (Ferguson et al., 2020).

The requirement of courage is also evident within the Aotearoa New Zealand Association of Social Work's Ngā Tikanga Matatika Pou ("Code of Ethics Values"). While we note that the concepts of courage and compassion as defined in this article tend to draw mainly on Western understandings, we feel there is a strong resonance with te Ao Māori concepts. Māori concepts of wellbeing challenge narrow Western accounts (see for example, Mark & Lyons, 2010; McLachlan et al., 2021) emphasising that te Ao Māori concepts of wellbeing are embedded holistically within the natural world, culture and spirituality. In Aotearoa New Zealand social work, the core values of Mātātoa (applying moral courage to bring about change and uphold integrity), Rangatiratanga (striving for social justice and self-determination), Kotahitanga (challenging oppression and promoting solidarity to support social change). The richness of these concepts is best understood through the lens from Mātauranga Māori (Māori knowledge and teaching), but they invite a commitment for social workers to stand up to oppression, to speak up and out, and to continuously seek to address underlying causes of social injustice on a more macro level.

Courage is, ideally, partnered with compassion, where themes of genuine concern about the suffering of another person, and the taking of action, where possible, that contributes to the alleviation or transformation of that suffering are evident. Nickson et al. (2019) commented that "compassion is a concept, feeling, action, philosophy, belief and motivation known to humans throughout history" (p. 175). Collins (2023) noted that compassion has been relatively unexplored in social work contexts and is often confused with other concepts such as care, and empathy.

Compassion differs from empathy which requires an emotional sensing into the response of another, which may inadvertently engage personal memories, leading to possible transference or counter-transference. Tanner (2020) noted that

empathy is affective, including sensing and potentially experiencing the emotions of others, whereas compassion, while sensitive to the suffering of others, also has a strong behavioral altruistic component of wanting to take action to alleviate suffering that is observed to be happening. Singer and Klimecki (2014) succinctly summarised the difference with compassion noted as "feeling for, not feeling with" (p. 75).

It is now understood that compassion and empathy can generate different psychological and neurological responses. Singer and Klimecki (2014) commented:

> Accordingly, exposure to the distress and suffering of others can lead to two different emotional reactions. Empathic distress, on the one hand, results in negative feelings and is associated with withdrawal. When experienced chronically, empathic distress most likely gives rise to negative health outcomes. On the other hand, compassionate responses are based on positive, other-oriented feelings and the activation of prosocial motivation and behaviour. (p. 78)

The neurological pathway of compassion tends toward reward pathways in the brain, whilst empathy can potentially connect to fear pathway, especially if there is joining in the distress of another. As Singer and Klimecki (2014) noted, fear may evoke a self-protective emotional response, which could cause a social worker to pull away from interaction with a client when they are experiencing distress. Compassion assists workers to build understanding and demonstrate acceptance, both of which assist in remaining in connection with a person, and therefore, wider humanity.

Key components of compassion were identified by Strauss et al. (2016), namely: "recognising suffering in others, understanding the common humanity of this suffering, feeling emotionally connected with the person who is suffering, tolerating

difficult feelings that may arise; and acting or being motivated to act to help the person" (p. 26). Buddhist teacher, Joan Halifax, identifies four capacities that are required for compassion:

1. The capacity to attend to the experience of others.
2. To feel concern for others.
3. To sense into what will serve others.
4. To act in order to enhance the wellbeing of others (or at least wanting the best for the person, while not being attached to the outcome). (Halifax, 2018, p. 238)

Courage plays a role in responding with compassion, through remaining with uncomfortable or difficult situations, and like courage, a process can be observed to support the application of compassion. This involves self-awareness, emotional regulation, anchoring to motivation, consciously engaging, developing understanding, and demonstrating acceptance to support connection.

The first step of *self-awareness* begins with noticing what strong reactions, emotions and beliefs are being generated. This includes applying foresight, intentionality, self-reactiveness, and self-reflectiveness which contribute to self-regulation (Lester et al., 2010). Self-awareness requires presence, and attunement to our inner world, requiring attention to prejudice, fear, the desire to pull away and "othering". Othering is a very young developmental task of determining what is good and bad, but when applied in adulthood, this can contribute to people and groups being excluded and discriminated against. Jacob et al. (2021) noted that othering marginalises people through a process of differentiating and stigma, and can occur both in individual interactions, and in institutions, often supported by wider societal views. Self-awareness requires analysing personal cultural lens, including privilege, bias, assumptions and fears that may contribute to processes such as othering. Being self-aware supports the ability to be more socially aware.

Similar to the process step within courage, *emotionally regulating* requires the management of strong emotions such as fear, distaste, revulsion, anger, and sadness that may cause withdrawal from a situation or person. Emotions can be acknowledged and explored for key information and regulated through the use of breath and cognition. This helps a social worker to be with what is happening right here, right now, and so remain present and attuned. Ferguson et al. (2021) noted the importance of not emotionally retaliating when hostility is directed at the social worker, or personalising this, and to instead develop the capacity to consider why the person is acting in this way. Strong emotions such as anger can be changed to sadness by imagining the daily life of a person, the possible rejection and ostracizing they might experience, and the trauma story they may hold. Emotional regulation can then move to emotional knowledge to build insight and understanding of the daily experiences of a person and the struggles they may face. To manage emotions, the social worker can connect to their role clarity and professional intent for being there, uphold their professionalism, identify and examine their anxiety responses, and apply empathy and compassion to help stay in relationship (Ferguson, et al., 2021).

Within the International Federation of Social Work's definition of social work (2014), social work is recognised to be:

> … a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. (IFSW, 2014)

Therefore, social work is underpinned and driven by the motivation of social justice, which commits to upholding the humanity and dignity of all. Social work requires the strengths-based belief that everybody is

capable of growth and change. *Anchoring to motivation* such as these professional values, contributes to compassion and supports the notion that harm experienced through relationship is best healed through relationship. Social work is relational work and requires a willingness to reflect on experiences and commit to a process of lifelong learning, which must be supported in social work employing organisations (Beddoe, 2009). Social work as a profession aspires to alleviate and transform suffering and requires upholding of professionalism. These motivational sources support the enactment of compassion.

Compassion is demonstrated through *consciously engaging* with a person. This requires the expression of tolerance toward a person even if their behaviour is challenging or difficult. The strengths-based practice principle of the problem is the problem, not the person (St Luke's Centre Bendigo, 2001), supports the separating of a person from their behaviour while examining their relationship to it. This requires striving to see the person through a trauma-informed lens of "what happened to you?" and remember that abuse teaches cruelty and violence. This is a commitment to the Māori concept of tēnā koe, which embodies the intention to truly see another person. Consciously engaging with a person requires leaning in rather than pulling back, through sensitive eye contact and careful choice of language. Social workers need to wonder and be curious about the needs behind the behaviour, and gently enquire into this. They can also observe and emphasise strengths that can be further developed to help contribute to safety.

To *develop understanding* requires a non-judgmental attitude while still holding an authoritative position around harmful and dangerous behaviour. *Demonstrating acceptance* is then expressed through the expression of what is seen, recognised, shared, and appreciated. Through this,

belonging and *connection* can occur, which reduce isolation and suffering.

As with courage, the concept of compassion is evident in the Aotearoa New Zealand Association of Social Work's Ngā Tikanga Matatika Pou ("Code of Ethics Values") through the Te O Māori concepts of Whanaungatanga (supporting belonging, relationships, and connections), Aroha (identifying strengths, bringing acceptance and understanding), Manaakitanga (treating people with kindness, dignity and respect), and Wairuatanga (supporting a person's holistic and spiritual wellbeing and that of the wider context they live in). Again, the depth of these concepts is best understood through the application of Mātauranga Māori wisdom and teaching rather than a limited English interpretation but signals a deep commitment to developing and sustaining relationship and seeing this a powerful vehicle for change.

Courage and compassion as responses to emotional impacts

The emotional impacts of human service work, such as social work, can be summarised as stress, distress, emotional labour, trauma and indirect trauma (Weld, 2023). While not inevitable, situations of suffering, and the unpredictable nature of human behaviour can contribute to these impacts for social workers. Winter et al. (2019) also noted organisational expectations on workers, recognising covert and overt work cultures that induce workers to overly contain or suppress their emotions, including denying feelings such as being frightened. Ferguson et al. (2021) commented on the need for "reflective, emotionally supportive supervision" (p. 29), that is not compromised by organisational performance indicators and targets and kept separate to line management supervision. Without space to express and examine emotions as a critical source of information and learning, social workers are left to potentially carry these

into their next client interaction and may become caught in a self-protective mindset.

Compassion can reduce the effort of producing an emotional state for another person, as captured in the concept of emotional labour (Hochschild, 1983) and contribute to professional fulfilment and rewarding connection. Miller and Sprang (2017) suggested that generating "radical compassion" can reduce emotional labour, and hence reduce the risk of compassion fatigue. Remaining a relationship with someone who has experienced trauma and adversity can also support compassion satisfaction where there is a sense of professional achievement and positive contribution.

The application of compassion includes emotional awareness which recognises when too much of a social worker's own experience, thoughts or emotions are being applied to the situation. Halifax (2018) commented that "[c]ompassion is the path out of pathological altruism, empathic distress, moral suffering, disrespect, and burnout" (p. 206). Instead, the social worker remains in a position of wondering about the person's potential suffering, but not joining in this. Differentiating between empathy and compassion reduces the likelihood of over-empathetically identifying with what is happening and maintaining a focus on the person. Responding with compassion can activate the reward pathway in the brain, giving the worker a sense of satisfaction and pleasure from their work—which supports wellbeing.

Professional supervision is a key place where these emotions and impacts can be expressed, integrated and enabled to contribute to learning and practice wisdom. Without reflective opportunities such as professional supervision, these impacts can accumulate and impact work satisfaction, wellbeing for social workers, and contribute to poor decision making, practice mistakes, and professional dangerousness (Morrison, 1993). Supervision can provide safe space

for the reflection that is needed but can be performative and compliance focused, leaving little room for the relational (Beddoe et al., 2021). Professional reflective supervision needs to be prioritised by organisations and can be indicative of an organisational learning and development culture (Hawkins & McMahon, 2020). A learning and development culture priorities reflection and learning and promotes opportunities for professional development and building of critical reflection skills.

Places for critical reflection, such as professional supervision, support the analysis of own thinking, beliefs, values, reactions, and unconscious biases, also support the development of compassion and self-awareness (Beddoe et al., 2021; Weld, 2023). Collins (2023) also notes the importance of role models for social work students, such as educators and supervisors, who demonstrate compassion through their actions and ways of being. Experiential practices such as meditations on loving kindness can help workers to better access compassion in their work. Critical reflection also supports the harnessing and articulation of courage which is especially important if a social worker is facing a situation which is generating feelings of uncertainty, fear, doubt and vulnerability.

To support social workers to draw on their existing courage, grit, and resilience, the following questions are helpful for supervisors to apply:

Reflective questions for supervisors:

1. Is there an experience you can think of where you felt coped with something frightening or uncertain?
2. In this experience, did you find yourself experiencing uncertainty, vulnerability or fear? Can you describe what your top three worries were?
3. It sounds like you made a conscious decision to act despite these feelings. Can you tell me what has motivated that for you?

4. When you talk about the motivating factors for deciding to act, how do these connect to your personal beliefs and values?
5. Tell me what you then did?
6. If someone else had been watching you, what attributes or behaviours would they have seen you enacting? (Weld, 2019, 2023).

These questions contribute to an anchoring to strengths, resilience, and self-belief, reminding workers of their skills and capability, while also following the process model of courage.

Courage and compassion can also contribute to the concepts of vicarious resilience and compassion satisfaction which support wellbeing. Through applying courage to work with trauma survivors, and compassion to remain in relationship with them, the exposure to their resilience can assist in professionals developing vicarious resilience (Hernandez-Wolfe et al., 2015). Vicarious resilience can assist the professional in their own learning about how to overcome adversity, by hearing how a client has achieved this, and supporting them through their recovery. This highlights a reciprocity of learning that occurs in relationship with another person, where new perspectives can be developed on one's own life situation or challenges through hearing of the experiences of other people.

Another potential benefit from facing into and managing adversity is the concept of post traumatic growth which also evidences increased resilience, meaning making, and personal and spiritual growth. Tedeschi (2023), who coined the term post traumatic growth, define five domains within it: "… improved relationships with others, new possibilities for the life path, a greater appreciation for life, a greater sense of personal strength, and new perspectives on spiritual and existential issues" (Tedeschi, p. 328). Tedeschi observes that traumatic events can disrupt assumptions and beliefs about safety and security, causing anxiety and a need to reconstruct core beliefs (Tedeschi, 2023). Key to this is believing that difficult experiences contain potential meaning and learning, and therefore have a purpose; however Tedeschi notes:

> The traumatic events that they have experienced do not provide this meaning, but represent an opportunity to reconstruct a system of core beliefs that yields a life of purpose, where the trauma survivors see their value and are more devoted to a mission they find meaningful, as it benefits others as well as themselves. (Tedeschi, 2023, p. 328)

The transformation of difficult life events into a meaning that may lead to being of better service to others will likely resonate with social workers who may have their own personal experiences of adversity. It is important though that these events have been well processed and that the work of healing oneself is not done at the expense of vulnerable population groups. Courage and compassion are important companions on our own journeys of self-discovery and healing, to face into, and to bring kindness and acceptance to ourselves.

Conclusion

Social work is a challenging field of practice, where workers are often exposed to situations of complexity, vulnerability, trauma, and suffering. When faced with adversity, social workers can respond with both courage and compassion. The process of applying these concepts draw on mutual themes of connecting to motivation, managing emotion, and enabling engagement and connection. By stepping forward with courage into engagement, the social worker can invite and bear witness to a trauma story that may never have been told, or is yet to be heard. The social worker can use courage to stay present and anchored, and compassion to lean in relationally and listen deeply. Compassion

assists a social worker to imagine the daily world of a person and commit to giving them a voice. They can apply understanding of experiences such as historical trauma, violence and abuse, and how these can contribute to perpetuating behaviours of cruelty and violence. The social worker can commit to upholding the worth of the person and strive to see them as they were before the hurt and harm. Courage and compassion can support social workers to be steadfast in their responsibility for those who are the most vulnerable in our societies, and to stand relationally alongside them in partnership. This in turn can bring profound rewards through the experiences of vicarious resilience and compassion satisfaction for social workers.

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Practising feminism for social welfare:
A global perspective

The need for a feminist approach to social work and social care has always been present. Still, given the increasing prominence of misogyny online and in global populist movements, it seems increasingly so. As Mattsson (2014) rightly points out, being an anti-oppressive social worker is not enough if you do not understand the nature of different (and almost always intersecting) oppressions. Being able to consider, for example, how patriarchy and misogyny intersect in the lives of wāhine Māori is essential for practice when working with them. What Phillips offers here in her book *Practising feminism for social welfare: A global perspective* is a needed re-examination and, indeed, re-affirmation of how vital a feminist perspective is in social *welfare,* not simply in social *work*. Phillips is clear that she chose the title to include all types of social interventions—from policy to social work to human services—and while I might quibble over this (arguing that social work includes policy and human services), I think this choice can appeal to readers who might otherwise avoid a social work specific text.

Phillips helpfully begins her re-examination by talking about feminism as praxis: practising feminism. Here, she deftly avoids an artificial distinction between theory and practice by explaining that "feminism is about putting theory into practice: praxis is theory in action" (p. 8). However, in making this claim, she takes care to avoid the mistakes of feminists gone by, mainly white feminists. She affirms that feminism is not a monolith, that it requires and necessitates a constant re-examination of where we are 'at', and that past iterations have all too often been focused on the voices and needs of white middle-class women at the expense of those racialised, disabled, and having diverse gender and sexual identities. Indeed, instead of feminism, perhaps we can consider feminism*s* as being a more encompassing term.

Indeed, it is feminisms that Phillips attempts to include in each of the chapters. Consideration of different positionalities is important, even critical, in any field, and it is this inclusion (which should be standard) that makes familiar feminist topics like domestic violence, motherhood, and reproductive rights more engaging and relevant. Phillips frames this in her second chapter, focusing on global feminism, social policy and social welfare. She critiques a reliance on Western feminism and the Global North, noting that feminists from these regions have often positioned themselves as saviours of women in the Global South. Phillips also notes that while feminists might work in nations and within those in their communities and areas of practice, neoliberalism has global effects and influences all areas, including co-opting feminism and feminist work.

Her third chapter traverses familiar territory, focusing on domestic violence, albeit centring on the Global South. However, I

found Phillip's fourth chapter to be the most exciting in that she focuses on motherhood, maternal rights and *trans parenthood.* Phillips explicitly includes trans parenthood in the chapter title and content—it is not ignored or reduced to a footnote. This explicit inclusion is refreshing, and while Phillips does acknowledge that the chapter is "mostly about women", she also points out that "much of the key social justice issues are relevant to those who don't identify as women but choose to bear children" (p. 73). Phillips' assertion here is essential in an environment where moral panic about trans women, in particular, has ramifications for *all* genders. For example, having to perform gender in a highly visible and normative way—regardless of being cis or trans—to be able to go to the bathroom is becoming a reality for many women who resist feminine norms.

In the remainder of this excellent middle chapter on motherhood, Phillips addresses the pernicious good and bad mother binary, noting that even women who do not have children (by choice or not) are subject to its effects. This is a significant chapter for those of us who work in social welfare, as women, often mothers, are the majority of our clients. She deftly notes a need for practitioner reflexivity in considering what motherhood looks like and can look like, for mothering identities intersected with class, ethnicity, and age. Such reflexivity is essential for any practitioner working with parents, but especially those in child protection where unexamined beliefs and assumptions— often privileging white, western parenting norms—can and do have devastating consequences for racialised mothers.

The remaining chapters cover reproductive justice, older women, and feminist perspectives on the law before concluding with a discussion about the 'fourth wave' of feminism. Like the earlier chapters, each of these later chapters deliberately engages with both expected and less expected (but still necessary) material. For example, the chapter on reproductive rights covers abortion, contraception, and assisted reproductive technologies, but she also (briefly) addresses perimenopause and menopause. Arguably, more room could have been made for a deeper discussion; however, menopause is rarely discussed, even in the context of reproductive justice, and seldom in social work, so I was pleasantly surprised to see its inclusion here.

Phillips' book is a great taster for those practitioners (actively) feminist or not, who want to consider gender in their practice. It should appeal to those like myself, who have spent years working in feminist circles and those new to the field. What I simultaneously liked and did not like about her book is the explicit inclusion of non-Western perspectives. This concomitant like and dislike was connected as so many similar texts of the past (and present) have not made this effort, so this is a bittersweet observation borne from the knowledge that white feminists have much more work to do in decentring themselves from feminist praxis. Here, I would encourage readers and practitioners to not stop their exploration of gender and practice with texts like this. Instead, go beyond by gathering the pearls in the references of such works to engage with, and support, the work and praxis of practitioners whose voices are frequently marginalised. Curating and, therefore, choosing to read with a critically minded lens can then be used to inform a more liberatory and emancipatory praxis.

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Becoming Pākehā

John Bluck
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To be Pākehā is to tick a box on the national census. To become Pākehā is a journey. In this memoir commentary, John Bluck confronts the complexity of the bicultural debate within Aotearoa, raising confronting questions for any reader who identifies as Pākehā. The essence of Bluck's position is found on p. 127 where he states simply, "I am a Pākehā because I live in a Māori country." Throughout the pages, Bluck revolves around this central idea: that the essence of Pākehā is, first and foremost, in relation to Māori. As a result, his commentary intertwines the difficulty of understanding what it means to be Pākehā and the history of colonialism perpetuated against Māori.

Bluck, the 14th Anglican Bishop of Waiapu from 2002 to 2008, speaks predominantly from his own experiences of growing up in a Māori village as a Pākehā and his experience as a clergyman. As a result, Bluck speaks from his own religious perspective and the loss of a cultural spirituality within Pākehā identity. Bluck makes time to speak largely on the role of the Anglican Church within Aotearoa and, historically, the mana of Māori within Anglican circles, juxtaposed against the short-sighted failings of Pākehā church leaders in seeking ecumenical unity. Though this rhetoric may not naturally appeal to all audiences, Bluck goes to lengths to link this loss of spirituality with a loss of identity and knowing oneself, ultimately suggesting Pākehā, in general, do not know themselves as well as they think they do. Despite these bold claims, Bluck recognises the limited anecdotal nature of his prose, suggesting it will become outdated in due course as the bi-cultural conversation evolves.

In the early chapters the book concerns itself with the issues of cultural identity and self-identification. Once Bluck acknowledges that ethnicity is often regionally bound (p. 71) and that ethno-nationalism, the idea that oneself is defined ultimately by race (p. 93), are two key tenets of the bicultural debate, Bluck spends the remainder of the book suggesting, time and again, that Pākehā identity is essentially lost. Bluck posits that what it means to be Pākehā is no longer as easily articulated as it once might have been. This notion threads through many of the ideas connected in the book, drawing on voices, such as the late Archdeacon Hone Kaa, who stated at Waitangi in 2006, "It's good that you Pākehā are who you are, and it's important that you know who you are. But you need to understand how you are and who you are—and how powerfully you are who you are" (p. 125).

Throughout the book, Bluck identifies existing misconceptions in the bicultural environment and turns them on their head. Confronting the excuse that racism did not happen because it was not intended, he writes wittingly, "for Pākehā to argue they didn't mean what they said to be racist is about as helpful as telling the driver of the car you've crashed into that you weren't looking" (p. 126). In other areas, Bluck's reflections challenge deeper fears behind racist rhetoric,

For a culture that has enjoyed privilege and priority, dominated language and cultural

choices for so long, all these fears speak more about projection than real threat. The deepest fear might be that Māori might not be as good to Pākehā as Pākehā think they've been to Māori. (p. 136)

As someone who is (or perhaps, is becoming) Pākehā, I found this book challenging, controversial, and inspiring in equal measures. Challenging for highlighting parts of Aotearoa's history I did not previously know, controversial because the book undermines popular racial rhetoric which continues to remain pervasive in 2024, and inspiring for painting a picture of what a bicultural society in Aotearoa could aspire to be.

Bluck spends the later portions of book reflecting on what this picture of Aotearoa could look like in light of *He Puapua* and the goals within to better improve the New Zealand Government's compliance with the United Nations Declaration on the Rights of Indigenous Peoples. Bluck's musings imply what the report's ideas might mean for everyday people seeking to work alongside each other, converse, and seek the betterment of our fellow citizens across culture.

Reflecting back on reading *Becoming Pākehā*, I found that the essence of Bluck's argument lay not at the end, but halfway through when, quoting author Andrew Eruera Vercoe, Bluck shares, "Every time a Māori is locked up in prison, every time a Māori is denied his or her basic rights, every time a Māori assaults someone else we all, yes even Pākehā, lose a little bit of mana" (p. 134). The vision Bluck lays out seeks to portray this very idea—that whenever inequality occurs for Māori, it impacts all of us. As people living in Aotearoa New Zealand, we would do well to remember that and the impact it has on our collective wellbeing as we seek a more culturally conversant Aotearoa in honour of Te Tiriti O Waitangi.

Reviewed by **Blake Gardiner**