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Past, Present and Future Perspectives on the Role of Counselling in Social Work in Aotearoa New Zealand

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Abstract

Since the profession of social work began, there has been debate about whether it should be involved in helping individuals make change, or in encouraging societal change. Towards gaining an understanding of how this debate has played out in Aotearoa New Zealand, this research explores the question “What are the past present and future perspectives on the role of counselling in social work in Aotearoa New Zealand?”

A mixed methodology format was used in this research. Qualitative interviews with individuals who had helped create the professions of social work, counselling and psychology were conducted to help understand the historical development of counselling within social work, and the factors which had impacted upon it. Questionnaires were then sent out to 985 members of the Aotearoa New Zealand Association of Social Workers that asked about members’ current views on, and practice of, counselling within social work.

The research shows that social work developed late in New Zealand within a welfare state where governments questioned the need for it. With social work education not widely available until the 1970s there was limited training in counselling type approaches. The drive for professionalism (often aligned with those doing counselling) was tempered by those mindful of community and bicultural commitments due to differing ideologies and lack of access to education. Tangata whenua have had a major impact on the development of social work, and counselling within it.

Respondents in this research were clear that aspects of counselling fell within their definitions of social work and that counselling in Aotearoa New Zealand should hold a strengths-based, collaborative stance that recognised the importance of a bicultural perspective. Most respondents indicated that they did some amount of counselling within their practice, but only 34% of respondents felt that their basic social work qualification had prepared them adequately or really well for their counselling role. The majority of questionnaire respondents had undertaken additional training to help them with their counselling role and over two-thirds indicated a strong desire to engage in further study in counselling.

Registration of the helping professions presents challenges that include the potential for unhelpful competition between them. The thesis concludes that there is a need for more counselling education options for social workers and that there is a need for the profession of social work to formally define its scopes of practice.

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Glossary of Māori Terms

| | |
|-----------------------|---|
| Ake ake | Forever |
| Aroha | Love |
| Awhi | Help or embrace |
| Hapu | Sub-tribe or clan |
| Hui | Meeting |
| Hui taumata | Meeting to determine the vision |
| Iwi | Tribe |
| Te Kaiawhina Ahumahi | Social services training organisation |
| Kaimahi tautoko | Support worker |
| Kaiwhakahaere | Leader |
| Karakia | Prayer |
| Kaupapa | Ideology |
| Kaumātua | Elder |
| Kawa | Protocol |
| Kete | Basket |
| Kupu | Word |
| Mahi | Work |
| Mana | Prestige, status, spiritual power, charisma |
| Manaaki | Care for |
| Mauri ora | Be |
| Noho | “Live in” style |
| Pakeha | European or Caucasian |
| Poutama | Steps pattern |
| Puao-te-ata tu | Daybreak |
| Pūhā | Sow thistle eaten as green vegetable |
| Raranga | Weave |
| Rōpū | Group |
| Takawaenga o Aotearoa | Māori caucus of ANZASW |
| Tangata whaiora | Consumer of health services |
| Tangata Whenua | Native people of the land |
| Taonga | Treasure |
| Tauiwi | Foreigner |
| Tautoko | Support |
| Te ao Māori | Māori world view |

| | |
|-----------------------|---|
| Te Pae Mahutonga | Constellation of stars known as Southern Cross. |
| Te Wānanga O Aotearoa | University of Aotearoa |
| Te Wheke | Octopus |
| Te taha Māori | Māori dimension, aspect |
| Te Tiriti o Waitangi | Treaty of Waitangi |
| Te whariki | Mat |
| Tikanga | Rules for living |
| Tino rangatirota | Chieftainship |
| Tohu | Degree |
| Tumeke | Exclamation |
| Wahine | Woman |
| Wairua | Spirit |
| Wairuatanga | Māori spirituality |
| Waka rua | Two-hulled canoe |
| Wananga | University |
| Whakapapa | Genealogy |
| Whānau | Nuclear or close family |
| Whanaunga | Relative by blood |
| Whanaungatanga | Relationship, kinship |
| Whare tapa wha | Four-sided house. Model of Māori health. |

Chapter One: Introduction

People do not agree about what social work is, and different groups within social work argue for and against different views. Moreover what they do every day as social workers creates social work (Payne, 2005, p. 7).

We live in a postmodern time where the view that there can be multiple realities which co-exist is prevalent. Research has often come about through the curiosity of lived experiences, which are seen through particular sets of lenses or perspectives. The idea for this research emerged out of an experience of immigration and subsequent readjustment of role which demonstrated that social work and how it is conceptualised and practiced is very much a construct of the time and place in which it finds itself.

Since social work began, it has been faced with a dilemma in terms of how it is defined and perceived, with one of the central tensions revolving around where it should place its energy; whether to work at helping individuals change themselves or adjust to their circumstances, or to create change within environments or greater society. While it is often now acknowledged that this need not be an either/or argument, these tensions have often been historically represented through the counselling/therapy branches of social work, and the community development/social change branches. It is these tensions which are considered in a local context in this thesis through the exploration of the main research question, **“What are the past, present and future perspectives on the role of counselling within social work in Aotearoa New Zealand?”** While it is not the intention of this thesis to resolve these tensions, it will provide an extensive view of one side of the continuum of change and how it sits within the context of social work in Aotearoa New Zealand. While social work is discussed extensively, it is the role of counselling within social work which is the main focus of this thesis. The discussion of the views or definitions of social work helps frame this focus.

Counselling within Social Work Practice

The role of counselling within social work has long been a contentious one. From tensions between Toynbee Hall and the Charity Organisation Society in the United Kingdom in the

1900s (Younghusband, 1981) and the contributions of Jane Addams and Mary Richmond in the United States (Reisch, 2001), the role of social work has often been seen to be poised between two points on a continuum with community work/social change on one end and therapeutic work with individuals, families or groups on the other. Many authors have addressed these tensions both historically and currently (Abramovitz, 1998; Asquith, 2005; Blewett, 2007; Dore, 1999). While authors such as Specht and Courtney (1994) write about how social workers who practice counselling or therapy have “sold out” and moved away from social work’s roots of social justice, several authors have attempted to move social work beyond the dichotomy presented in the community/therapy split, and while many social workers say that their heart lies with social change, their practice often focuses on individual change (Buchbinder, 2004). Bamford described how this synthesis plays out for many social workers:

The psychodynamic and the overtly political model of practice stand at two ends of a broad spectrum of practice. Both have their adherents. The bulk of practitioners operate eclectically somewhere in the middle, using attitudes and skills derived from both, working sometimes as advocates, sometimes in the community network building and sometimes as counselors in a helping relationship (Bamford, 1990, p. 28).

Several recent social work texts for, and out of, the New Zealand context have discussed these tensions (Beddoe & Maidment, 2009; Connolly & Harmes, 2009; Maidment & Egan, 2009; Weld & Appleton, 2008). These texts all attest to the fact that the tensions appear to be receding within the New Zealand context and that there is a growing recognition that a “both/and” view is necessary in relation to the skills required for working at micro or macro change levels, and that both sides can sit within a practice framework which holds social justice as an overarching principle. Egan described this view in the statement that, “...the relationships between broad macro changes and cultural and individual changes is a dialectical one, with each aspect exerting an influence on the others” (2009, p.205). In the foreword to the Connolly and Harmes text (2009), Humphreys also described this shift in thinking:

At the heart of this evolving practice lies the development of knowledge and skills that constantly strive to create opportunities for 'both/and' rather than 'either/or' in the interplay between the individual and the social world in all its complex dimensions (2009, p. iii).

This dialectical view is seen in practice. For those social workers who may not see themselves as "clinical workers", working perhaps in more social change and/or advocacy roles, there is also recognition of the necessity of being able to listen to clients in order to understand and communicate their needs. Seden made such a link between counselling skills and advocacy:

Professionals who seek to promote and enable, to empower, to work to user strengths and to advocate must first effectively use their listening and responding and linked counselling skills before moving to enactment. Failure to use these counselling skills in the processes of social work may contribute to mismatches between service request and outcome, and the gap between the aspirations to empowerment and the failure to achieve it. Accurate advocacy is based on accurate listening and responding (1999, p. 57).

Even those who sit on one end of the spectrum, such as those who call themselves "clinical social workers" have tried to reconcile this divide. As social work has moved to more strengths-based perspectives (Saleebey, 2009), so too has clinical social work. Svenson (1998) described the various aspects of current day clinical practice which have contributed to, or at least sat alongside, a social justice perspective. These include such things as:

- Strengths Perspectives
- Ethnic Sensitive Practice
- Feminist Practice
- Justice-Oriented Practice
- Self-Awareness or Reflexivity of Therapist
- Narrative Approaches

- Oppressors as Clients with Narrative Approach of Inviting Responsibility
- “Just Therapy”
- Mutual Aid Groups
- Empowerment Practice (pp. 530-535).

Many of these concepts and approaches will be discussed throughout this thesis.

Authors such as Seden (1999, 2005) and Brearley (1995) have written about the importance of the counselling role within social work, and both have produced textbooks to help social workers learn and practice counselling skills. Social workers have always recognised the importance of relationship. Since Truax and Carkhuff’s 1967 research, which demonstrated that the most important function of the therapeutic relationship was the strength of the interpersonal relationship between the worker and the client, this view has been validated. Seden described how counselling skills or “understanding of the therapeutic relationship” are also critical for much of the work which is engaged at more “macro” levels:

Assessment and planning in all social work practice requires practitioners who are able to use their interpersonal skills in complex and sensitive work in a way which serves legislation and public policy. Assessment frameworks alone are only tools to collect information. They cannot balance, weigh risk and formulate plans. This task requires understanding of defensiveness, blocks and resistance, and the ability to enable users to abandon such strategies and engage openly in tasks. It requires the balance of personal and structural factors and being able to plan relevantly. It requires sustaining a relationship of partnership, often in difficult and unpromising circumstances. Professional judgment based on knowledge and skill is required in at least equal measure to well researched assessment tools. Advanced counselling skills are part of this professional skill (Seden, 1999, p. 77).

Broadly, this thesis explores the role of counselling in social work practice in Aotearoa, an area which traditionally would have sat at the micro end of the social work change

continuum. This exploration has been divided into three general areas; past, present and future perspectives. These are broken down and represented as a series of aims for the thesis which are presented below.

Aims of the Research and this Thesis:

The overarching research question addressed in the research presented in this thesis is “What are the past, present and future perspectives on the role of counselling in social work in Aotearoa New Zealand?” In order to answer this question three aims were developed:

1. To develop an understanding of the historical evolution of the role and practice of counselling within social work practice both internationally and in Aotearoa New Zealand, including an examination of the particular historical and contextual variables, and bicultural context, of this country.
2. To explore current perspectives of the role of counselling in social work through an examination of how social workers define social work (and references to counselling within it), “what social workers think” about counselling within social work practice and “what social workers do” in relation to counselling within social work practice;
3. To move beyond a description of the findings of the thesis to an understanding of the implications of the data, through an exploration of “what social workers want” in relation to counselling training within their practice, and to look at future directions and issues which are likely to impact on counselling within social work.

In order to address these aims, a mixed methods approach was used to create this “story” with two major pieces of research being described in this thesis. The initial piece of research, which mainly addressed the aims of past perspectives, was qualitative and created the context and development of the role of counselling in social work through a series of interviews with various prominent social workers, counsellors, psychologists and educators who had been involved in the creation of the history of social work and counselling in Aotearoa. Various themes were explored in these interviews to gain a better understanding of the evolution of social work in this country, with special focus on how the

role of counselling within social work has evolved (or not evolved). These interviews occurred around the country from November 2005 to August of 2006. Information from these interviews and available literature was used in the development of the next phase of the research project described in this thesis.

The second part of the research addressed present and future aims, and was more quantitative in nature. Nine hundred and eighty-five questionnaires were sent to members of the Aotearoa New Zealand Association of Social Workers (ANZASW), at the beginning of 2007. Present perspectives were elicited by asking recipients to consider their definitions of counselling and social work, their views on the role of counselling in social work, and their current practice of counselling within social work. Future perspectives were sought in regards to whether respondents had any desire for further training in relation to their counselling roles, and if so, what form it would take. Data from the questionnaires was analysed through the use of a statistical analysis package (SPSS 15).

Structure of the Thesis

The structure of this thesis revolves mainly around the aims as described previously, but it is at times non-traditional. Most chapters incorporate both contextual material and data, in an effort to address the problem described below.

Many countries attempt to define what makes them unique. Often it is not until one leaves, or is outside one's context, that one is able to look back upon what in fact made up the particular aspects of that culture. This appears to be a prominent feature for many in Aotearoa, particularly for Pakeha who may sometimes not have the same awareness of their cultural markers. Our culture is constructed by we who live in it, but also by the stories or impressions that are told to us about who we are by outsiders looking in.

Social work, and the role of counselling within social work, is much the same. If we completely situate ourselves within our culture, then it is difficult to see what makes us unique. It is for this reason that most chapters move from a discussion of what is occurring internationally (more particularly in the USA and UK) and then move into looking at the situation in Aotearoa New Zealand. By juxtaposition we are able to see the differences more clearly. The structure of the thesis also broadly moves from a past perspective

(chapters 3, 4, 5) to a present perspective (chapters 6, 7, 8), to a future orientation in the final two chapters, consistent with the aims described previously.

Chapter two begins with an explanation of the methodology. As there is so little written on this topic from an Aotearoa perspective, part of the goal of this project was to make some contribution to this literature. At the beginning stage, Dr. Mary Nash, a New Zealand academic who has written and researched in the area of social work and social work history in Aotearoa, was consulted to see if there were any publications or sources that she recommended in relation to the topic of this thesis. She was emphatic that the best way to learn about the history was to ask the people who had created it. As such, the qualitative interviews in many ways have become the literature. It was important therefore to be able to explain the methods and describe the participants or “sample” prior to other parts of the thesis, as the “findings” are presented very early in describing the historical context of social work and counselling in Aotearoa. Connolly (2009, 2001), McDonald (1998) and Nash (2009, 2001), all prominent social workers and social work academics in Aotearoa New Zealand, have argued that the Western construct of social work which began in New Zealand, was for the most part imported from American and British forms of social work. Thus, **chapter three** addresses the aim of gaining an understanding of the role of counselling within social work, firstly from an international perspective, by describing the evolution of social work and counselling within these countries with reference to particular themes. These themes are related to the socio political and economic climates of those societies at the time of social work’s development, the clinical versus community debates, the education of social workers, and professionalisation and status. From here an attempt is made to gain an understanding of what has gone into making up social work, and the role of counselling within it, in Aotearoa New Zealand.

Chapter four combines some of the growing New Zealand social work and counselling literature, as well as the interviews conducted as part of the author’s research project, to describe some of the themes which have likely contributed to the development of social work (and particularly the role of counselling in social work), within this country and to gain a better understanding of the local context. There are several issues which appear to have gone into the process of the development of social work. Many of these themes are similar to those reported in the previous chapter. Prominent here though is that social work

education was late to come to Aotearoa, and its adolescence came at a time of major social and cultural upheaval. This adolescence was then followed by a series of neo liberal economic reforms that had a major impact upon the conceptualisation and delivery of social work and the counselling role within it. Particularly unique to this country is that social work and its evolution have occurred predominantly within a bicultural context.

Chapter five explores this unique bicultural environment. There is a growing pool of Māori literature in social work in New Zealand. Authors such as Walsh Tapiata (2004) have written about the history of social work for Māori, while Ruwhiu (2009, 2001) has discussed the role of colonisation and its impact on tangata whenua. Hibbs (2005) has challenged social workers to look at “who defines the problem” through a critical analysis of power in relation to colonisation, and new models of conceptualising well being for Māori have emerged (Durie, 1985a, 1985b, 1999; Pere, 1991) that challenge the dualistic notions of health from a Western perspective. This chapter explores some of these issues through a consideration of the literature and lived experience. It also explores the work of the “Just Therapy” approach (Waldegrave 2003), which considers the impact of race, gender, and poverty on people and how these issues need to be taken into account in order to provide safe and effective therapeutic interventions with different communities. These models seem to represent the best marriage of counselling and social work perspectives within Aotearoa New Zealand.

One view that is maintained throughout this thesis is that social work is socially constructed. Social constructionism places the development of language and its use at “centre-stage” in terms of the development of culture and the constructs within it. **Chapter six** looks at the historical evolution of the terms “social work” and “counselling”, and then presents data from the questionnaires which asked participants to provide a definition of their view of social work. Inherent in this question was the aim of seeing how counselling or therapeutic work was framed within participants’ views of what social work was. Definitions of counselling and psychotherapy are also employed in exploring the key features that go into making up views about each profession or activity.

Chapter seven begins to look at what social workers think about the role of counselling within social work practice. Examples from the literature are explored in terms of previous

research that has looked at the role of counselling within social work. The chapter begins by looking at the international literature before moving inwards towards research conducted within Aotearoa New Zealand. From here, results from the analysis of interviews and the questionnaires are presented to show how social workers in Aotearoa view the relationship and/or practice of counselling within social work. From looking at “what social workers think” in regards to counselling in social work, the next chapter moves to looking at “what social workers do”.

The international literature and research in relation to what social workers actually do in their practice is scant. Consequently, **Chapter eight** attempts to look at what social workers “do” in terms of counselling within their practice, focussing more on two previous studies done in Aotearoa New Zealand in the 1980s (Rochford & Robb, 1981; Sheafor, 1982).

From here, the chapter moves into looking at the research conducted by the author which forms the basis for discussion in this thesis. Data from the interviews and from the questionnaires are presented. Social work respondents were asked to comment upon the degree to which counselling was part of their work, and whether counselling was endorsed in their practice by its inclusion in their job descriptions. The models which social workers use in their practice are explored as well as the degree to which they felt that their basic social work qualification had prepared them for counselling within their social work role. Respondents were also asked if they had undertaken any other training to help them with their counselling role, and if so, what form this education had taken. A large number of social workers reported having taken additional training, with still more reporting a desire to undertake more training in the area of counselling. Chapter nine explores this theme.

Chapter nine begins with an exploration of what it is that social workers want in relation to further education in counselling techniques or models, and then moves into a future-oriented discussion of some of the themes that are likely to impact upon the practice of counselling within social work in Aotearoa New Zealand. Foremost amongst these themes is that of registration. Social work obtained voluntary registration status in 2003, psychotherapy mandatory registration in 2008, and counselling has made application to the Ministry of Health to become registered under the Health Practitioners Competence

Assurance Act 2003. The professions of psychotherapy, psychology, and potentially counselling (currently under ministerial review, August 2009), have protection in terms of who can use these titles. Social work does not currently have protection of title due to the voluntary nature of its registration status. This chapter looks at some of the potential issues surrounding registration and if/how social workers may be able to label themselves and what they do, with particular reference to their counselling functions. The chapter ends with a summary of some of the points raised during this thesis.

Chapter ten concludes the thesis. Limitations of the study are discussed as well as areas for future research consideration. Conclusions are drawn from the thesis in regards to data presented and considerations and recommendations are made.

Other Research Considerations

What to Call it?

The defining of terms is sometimes problematic. Different people have different words to describe similar processes, use the same word to describe different processes, and views of these terms can also shift over time. In terms of the research described in this thesis, the author believed that the term “social work” would be generally understood by the interviewees and participants, within the parameters of its contested nature, while the term counselling may not have been so clear. The terms are considered briefly here, and then described more fully in chapter six.

Social work: Views on social work vary from place to place. The International Federation of Social Work and the International Association of Schools of Social Work adopted the following definition of social work in 2001:

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work (IFSW, 2005).

Each interviewee was asked to provide his or her definition of social work within the qualitative interviews. No standardised definition of social work was given in the questionnaire, but respondents were asked to provide their own definition of social work. These definitions were analysed and results from this analysis are presented and discussed in chapter six.

Counselling: Essentially the researcher was hoping to capture the tasks within social work which were concerned with internal process or change, interpersonal process, adaptation or problem solving. As with social work, the individual interviewees were asked to provide a definition of their view of what counselling was. Questionnaire respondents were provided with a standardised definition of counselling taken from Ludbrook (2003):

A therapeutic process involving interaction between a counsellor and a client aimed at enhancing the quality of the client's life by assisting them to overcome relationship difficulties, to deal with the consequences of trauma, to cope better with difficulties encountered in relationships in the workplace, or to change patterns of behaviour that are actually or potentially harmful to the client or others (p.4).

Questionnaire respondents were also asked to provide commentary on if they felt that there was any way to amend this definition to make it more acceptable to their view of counselling within social work in Aotearoa. Results to this question are presented and discussed in chapter six.

One of the themes which emerged through the course of the research was that there appears to be a differentiation for many social workers between utilising the skills of counselling within their practice, and “doing” counselling. This is further explored in chapter seven.

Psychotherapy: Interviewees were also asked for their definition of psychotherapy, while the questionnaire did not use this term at all. For the most part, interviewees described psychotherapy being a therapeutic process aimed at internal change, working at greater length and for a longer period of time than counselling or social work. This is illustrated by

a segment of the definition of psychotherapy provided by the New Zealand Association of Psychotherapists:

The concern of treatment is therapy of the psyche - which can be understood as the interrelated physical, emotional, mental and spiritual aspects of being human. The foundations of psychotherapy are associated with basic human impulses concerned with existence, meaning and self-realisation (NZAP, 2005).

In Aotearoa New Zealand a whole separate profession of psychotherapy exists with its own educational pathway and accreditation process. As will be discussed in chapter four, social workers who practice psychotherapy in New Zealand are more likely to distance themselves from the title “social worker”. There are also very few courses within New Zealand social work programmes which deal with therapeutic techniques at a post graduate level. As such, the tradition of psychotherapy has not grown up within social work.

The decision was then made to use the term “counselling” within this thesis and most particularly within the questionnaires where a working definition of counselling was also provided. It was thought that this was a term that most social workers would be familiar with in reference to their practice.

Diversity

The Aotearoa New Zealand Association of Social Work and the Social Work Registration Board both acknowledge the importance of working under bicultural frameworks. There is also growing recognition of the importance of awareness and skills to deal with other cultures and ethnic identities (see ANZASW, 2008 and SWRB, 2007). While consultation was sought in the beginning stages of this research with the Asian Social Workers’ Interest Group of the ANZASW and the Pasifika Interest Group of the ANZASW, the thesis has not attempted to address the particular issues of these or other ethnic or cultural groups, other than to acknowledge that Western constructs of social work have often been imposed on other groups and that social work in the Asia/Pacific region is unique in its construct. It is acknowledged here that social work education and literature have increasingly

emphasised the need for all social workers to be competent in cross-cultural communication (Coulshed & Orme, 2008, Maidment & Egan, 2009, Payne 2005). This is an assumption that is implicit in the view of the author and within this thesis.

Acknowledgement of Social Work Contributions Made to Aotearoa

The researcher, in consultation with her supervisors, chose to limit the discussion in chapter three of international contributions to social work in Aotearoa New Zealand to the UK and the USA. This decision was made in the interests of brevity, while allowing recognition of the early influence these countries had on the development of social work throughout the world. Clearly other countries and immigrants from those countries have impacted upon social work's development in Aotearoa. The ANZASW has been a member of the International Federation of Social Workers since 1964, and as such has been influenced by its membership in this body, as well as having made contributions to it. In terms of this thesis, a third of the respondents to the research questionnaire have come from overseas, bringing with them ideas of what social work is and how it should be practiced. These ideas have continued to shape the development of social work in this country.

While traditionally social work in Australia and New Zealand have not had much “cross pollination” (Connolly and Harms, 2009), there has recently been a growing momentum of collaboration in the writings of New Zealand and Australian authors (see Beddoe & Maidment, 2009; Connolly & Harms, 2009; and Maidment & Egan, 2009). Similarly, texts which draw on an Asia-Pacific perspective are anticipated (Noble, Henrickson & Han, in press).

Situating the Person in the Thesis

Authors such as Payne (2005) have described social work as a socially constructed activity. If this is the case, then this thesis is also the product of social construction. It is contextualised to a time, a place, and to the person who researches and writes it, with all that they bring to those tasks.

The author is a Canadian born and trained social worker who has spent much of her social work career involved in the counselling or therapy realms of social work. These form the

subjective lenses through which her world is viewed. With this in mind, an attempt has been made to acknowledge that subjectivity in the presentation of the stories that have been told, read, and observed here. The result of this is a heavy use of quotations, in order that the stories of the people of this country speak for themselves. Telling and re telling stories is inevitably done through a set of lenses however, and no complete claims can be made in regards to objectivity.

Supervision has been a valuable process in this issue as when one side of a perspective may have been overly biased in the author's reporting, this has been noted, and attempts have been made to remedy this bias.

Language

There are several points to raise in regards to language throughout this thesis.

The researcher acknowledges the bicultural status of this country by referring to it in both the Māori name (Aotearoa) and its English name (New Zealand). At times these names are used together, at times separately. They are used interchangeably throughout the thesis. Similarly, the researcher recognises the Māori people of Aotearoa as tangata whenua. Throughout this thesis both "Maori" and "tangata whenua" are used to describe the indigenous peoples of New Zealand.

At times labels have been used when referring to people. People have been called "social workers", "therapists", "clients" etcetera. Rather than intending for these words to label people, they refer more to a particular role that people may be playing at a certain point in time. It is believed that these roles are fluid, at times overlap, and certainly can shift.

There are assumptions made here that the readership of this thesis will mainly be a local (Aotearoa New Zealand) one. As such Māori words which fall within the local lexicon are used throughout the thesis. A glossary of terms is provided at the beginning of this thesis.

Throughout the thesis the term "interviewees" is used to describe those who were interviewed as part of the qualitative arm of the research project, and "respondents" is used to describe those who responded to the questionnaires sent to ANZASW members.

Conclusion

This thesis has grown out of the author's experience of differing perceptions of the role of counselling in social work that became evident after emigrating from Canada to New Zealand in 1995. The thesis aims to explore how the role of counselling within social work has been conceptualised from past, present and future perspectives. It explores the development of the counselling role within social work first from an international perspective, and then particularly within Aotearoa New Zealand. The context of Aotearoa's bicultural status is explored in relation to counselling in social work. Research is presented that explores the current perceptions of social workers here in relation to their views and practice of counselling, and an examination of future issues in relation to counselling within social work is provided.

Chapter 2 – Methodology

Chapter Two: Methodology

Introduction

This chapter tells the story of the process of the research conducted by the author and described in this thesis, from the kernel of thought at the beginning, through its growth and development, to its current state. It describes the rationale for the design of the research and its mixed method approach, the theoretical underpinnings at various stages, and the challenges and considerations that have been dealt with throughout.

Descriptions of the qualitative and quantitative aspects of the research are presented along with the process of data collection and analysis. The samples from both the qualitative interviews and the questionnaires are presented in terms of their various demographic characteristics. Ethical issues inherent in this project are then described.

Research Design

The initial idea for this project had been to develop a snap shot of the views of practicing social workers regarding their practice and perspectives of counselling within social work. As such the initial plan was to send out a large number of questionnaires to current members of the ANZASW and analyse responses according to current views and practice of counselling within social work.

An initial review of the literature described the histories of social work within both the UK and the USA, as social work in Aotearoa has been heavily influenced by the development of social work in these countries. Reading these accounts, an interest developed in seeing how the individual versus community/ change debate had played out in this country. Reading Mary Nash's thesis on the History of Social Work Education in Aotearoa New Zealand (1998) was inspirational and it appeared that this author's initial research idea needed to sit within its developmental context. And so, the decision to move back in time was made with the idea of attempting to shed new light on the history of counselling within social work in Aotearoa New Zealand, which had not been previously addressed in a detailed way. It was also hoped that this historical and contextual analysis, to be conducted through in-depth qualitative interviews, would inform the design of

questionnaires for obtaining quantitative current information in the later part of the research project.

There is current support in the literature for a mixed methodology format. Tashakkori and Teddlie (1998) outlined the paradigm wars which have taken place over the past forty years or so between the positivists (quantitative) and the constructivists (qualitative) regarding superiority of research paradigms or models. They described a third camp which they referred to as “the pragmatists”. The pragmatists advocated for use of both quantitative and qualitative methods in social science research. Tashakkori and Teddlie (1998) also stated that they “believe that pragmatists consider the research question to be more important than either the method they use or the worldview that is supposed to underlie the method” (p. 21). The choice of method follows from the question and the phase of the research being conducted. Padgett claimed that “despite their demands, mixed-method studies present unique possibilities for synergy and knowledge growth that mono-method studies cannot match (2009, p. 104).

There are several designs possible in mixed method research. This project followed a linear format with a qualitative method first and then a quantitative method in the next phase which Creswell (2003, 1995) described as being a “Sequential” or “Two-phase” study. In this format the two phases are seen as being separate. While often they could stand as separate pieces of research, in this project the qualitative section was used to some extent in the development of the survey questionnaire which followed.

This mixed method format also created several opportunities throughout the project for triangulation of data (Tashakkori and Teddlie, 1998). In this project, the historical data from the interviews was corroborated against data found in archives and other written sources. The opinions in regards to the current state of social work and counselling were sought in the interviews, and were then again asked about in the questionnaires. Future predictions of the interviewees were also matched against the training needs indicated by the respondents in the questionnaires.

Qualitative Design

Part of the initial piece of this research could be classified as historical research, drawing on previously documented and undocumented sources, but with a heavy reliance on personal oral histories (Fyfe, 1999). Newbold (1999) advocated an atheoretical stance while conducting research, stating that placing a theoretical stance upon the research will by its very nature affect the results which are obtained from it (p.289). In so much as the writer accepts this idea, if the supposition is that social work is itself socially constructed to time and place (Payne, 2005), then it would follow that a postmodernist approach was also used in this section of the research, especially in its heavy reliance on the personal recollections of the persons interviewed. There is never only one true version of a history. The “stories” of history have been interpreted by the interviewees, were then interpreted by the interviewer, and will then again be interpreted by the reader.

In supervision a list was made of potential candidates in this country who could likely contribute to the writing of this history. At the top of this list was Merv Hancock. This was a man who had lived (and significantly contributed to the development of) the history of social work here, and who also had worked as a private practitioner providing counselling and therapy to individuals, couples and families as well as being actively involved in social change. It was decided early on to request an interview with Merv Hancock as the first point of contact, and to then ask him to provide a list of other potential interview candidates, based on his awareness of the “major players in the field”, or those who were likely to be able to comment usefully on the topic of the development of the role of counselling in social work. This Snowball technique (Bouma, 2000) would ensure that the pool of candidates for interviews would be relevant and exhaustive to the topic. It was hoped that there would be ten to twenty candidates identified in this process. Each successive candidate would also be asked to consider who they thought should be interviewed, in relation to the criteria of being able to contribute to the development of the “story” of the role of counselling in social work. The idea was initially that the lists would be cross referenced until new names stopped appearing. It was also decided that these names should not be limited to social work practitioners, as this may limit the information available from people from such professions as counselling, psychotherapy or psychology who may have also been able to make a significant contribution to this project.

Very quickly there proved to be an enthusiasm for this project. Merv Hancock, as the first interviewee, was able to easily provide the names of five other potential interviewees. Four out of the five responded favourably to a request for an interview. While in discussion for the next round of interviews, one of the participants quickly suggested several other interviewees whom she felt could contribute to the research. It quickly became apparent that the “snow ball” had turned into an avalanche! Another interesting variable occurred in relation to the professions of interviewees which resulted initially in very few social workers being named, with more representation from psychotherapy and counselling. Finally, no tangata whenua were named within the first round of potential interviewees.

These were limitations that needed to be addressed. It was decided in consultation with the thesis supervisors that a change to design would be needed in order to limit the number of participants (due to time and financial constraints) and to actively solicit tangata whenua representation. It had become clear that the pool of data provided through the interviews was getting very large and there was increasing repetition in the “stories” being told. A “purposive” or “judgmental” sample design (Neuman & Krueger, 2003) was incorporated for the remaining interviews. This was achieved through deciding to interview some of the suggested interviewees through the second round, but not all, and through making a request to a tangata whenua social worker to interview her or to suggest another possible person to interview. The initial request was made to a prominent tangata whenua social worker, but this was not responded to. A second request was then made of the Kaiwhakahaere of the Takawaenga caucus of the ANZASW who provided names of members of the Association who could contribute to the project from a tangata whenua perspective. Three tangata whenua social workers were eventually interviewed. Finally, nearing the end of the interview process it was decided that one or two interviewees representing the “community” debate in social work should be consulted, and this was then done. All interviewees agreed to be named in this thesis and a list of interviewees is provided in Appendix IIIa.

Interview Schedule

A semi-structured interview schedule was devised (see Appendix IIIe) which addressed some of the areas of interest to the author and which were relevant to this thesis. The first

question asked the interviewees to locate themselves within the fields of social work and counselling and describe the roles they had played within these areas. The first methodological dilemma was the difficulty of defining what social work was seen to be in this country, and how the term counselling was viewed. This was important both in framing the context of this historical work, but also for coming up with some kind of definition to include in the later questionnaires. Interviewees were asked for their definitions of both.

The next question asked the interviewees to consider and describe the impressions they had about the paths which social work and counselling had taken as well as the historical events which had contributed to these developments. As well as hoping to be able to pull the significant historical developments from the participants, the researcher wanted to ensure that the role and influence of tangata whenua were acknowledged and identified within this work. Due to the initial snowball sampling technique, a guarantee of who would be interviewed could not be made. It was decided therefore to include this as an interview question in its own right, recognising of course, that it potentially may have only been the Pakeha view of this area being represented. In the end, three tangata whenua interviewees were consulted. A question was also asked regarding any other variables which were exclusive to Aotearoa/New Zealand which may have impacted on the development of social work and counselling.

Interviewees were asked about their current impressions regarding the relationship of social work and counselling. A small section of the interview was also devoted to looking at interviewee forecasts in relation to potential future trends regarding how the paths of counselling and social work would proceed in times to come.

Interview Process

It was decided that the interviews should be recorded, and that interviewees would be asked to be identified in the writing up of the research and other potential publications. Because the interviews were also of potential historical significance, interviewees were also asked for permission to archive the digital recordings of the interviews in a formal collection within the Massey University Library, so that they would be available for others to use.

Chapter 2 – Methodology

Ethics Approval was sought and obtained for this first stage of the research from the Massey University Ethics Committee in September of 2005 (see Appendix I). Soon after, interviews were arranged with Merv Hancock and other interviewees identified by Mr Hancock. These interviews were conducted in Palmerston North, Christchurch, Wellington area, Tauranga and Auckland between November of 2005 and August of 2006.

Requests for interviews were made by letter (Appendix IIIb) of 16 candidates in total. Of those, two did not respond to the initial request and were not recontacted. Interviewees were provided with the information sheets and interview schedule in advance. Consents were considered and signed prior to commencement of the interviews. The consent sheet (Appendix IIIc), asked for participants to consent to: 1) interviews being digitally recorded; 2) having CD copies of interviews archived, and 3) for information to be available for use in this project and any others as so deemed by the researcher. The only criterion which appeared to present a challenge for some of the interviewees was that of the CD of the interview being archived and accessible. Some chose to not consent to this initially, but rather to wait until either the interview was completed, or following the review of the interview and the transcripts. All agreed to archiving of the interviews after having listened to the recordings.

Copies of the interview on CD and the transcripts were mailed out to participants following the interviews. Release of transcript forms were sent out with request to sign and return if the interviewees remained happy for information to be used as previously agreed to (Appendix III d).

Most interviewees reported a positive experience through their participation in the interview process. Interviewees represented various threads of the evolving social work debates within the profession over time. Many remembered enjoyable moments, while others remembered quite painful and frustrating circumstances. The process was a very powerful one at times, and supervision was sometimes used to reflect on the feelings evoked for the researcher. The interviews brought to life the history of social work in this country for the researcher in a way that books or articles would not have been able to do. The interviewees gave freely and generously of their time and knowledge and all were extremely gracious in the process.

All interviewees were given a small koha following the interviews. This was at times food, but many were given handmade scarves or broaches created by the researcher. The knitting and beadwork which was done through this time was symbolic for the author, and held together the strands and stories of the interviews through that time.

Quantitative Design

The second part of the research, comprising a quantitative questionnaire, occurred after the interviews had been completed. This decision was made so that information obtained from the qualitative interviews and historical analysis could be used to help in the design of the questionnaire. A structured questionnaire was seen to be the most efficient way to obtain quantitative data from a large sample (Grinell & Unrau, 2005).

The ANZASW was written to, requesting their support for the project, as it was hoped that the membership of the ANZASW would provide a sampling frame for a population of social workers in NZ from which a random sample could be drawn in order to generalise the findings to all members of ANZASW. This was reviewed in a meeting of the Executive in January of 2006 and approval was given for this project to proceed under the auspices of the ANZASW. The Executive then wrote to the Kaiwhakahare of the Takawaenga O Aotearoa Caucus of the Association and the interest groups to alert them to the project and to let them know that their support would be requested. A request was made of the Takawaenga caucus as well as Pacific Island and Chinese interest groups to provide early and ongoing consultation for the development of the questionnaire. Representatives of each of these interest groups circulated questionnaire drafts amongst their membership for feedback and comment. Turoa Haronga, Kaumātua of the ANZASW was particularly helpful in this process and agreed to be identified on the questionnaires as available to anyone who felt a need for cultural support following completion of the questionnaires.

Pilot questionnaires were also given to four members of the social work practice community representing health, child welfare, mental health and a non-government social work agency. Feedback from the pilot responses led to minor alterations being made to the questionnaire. The questionnaire was also reviewed by a colleague who was very familiar with statistical analysis and the SPSS software which would be used for later analysis. She suggested some minor changes which were also incorporated.

The eventual questionnaire (Appendix V) was a 28 question tool which looked at four main areas: 1) beliefs about the appropriateness of counselling within social work; 2) Participants' understanding of the use of the terms social work and counselling and their use of counselling or counselling skills within their practice; 3) Their need or want for training in the area of counselling in social work; and finally 4) Demographic information.

Ethics consent was sought and given for this second part of the project in November of 2006 (Appendix II).

Data Collection

This research was conducted at a time of transition both in society and within the ANZASW in regards to the use of technology in data collection. For many years, the ANZASW did not have the capacity to keep up with advancements in technology and communications. At the time of this study, the Association did not have its members' email addresses as part of its Excel data base. Questionnaires would therefore have to be sent out via the traditional mail system. Had the email addresses been available, it is still likely that "snail mail" mail would have been used. Social work traditionally has an older demographic which may not be as quick in embracing advancing technologies (See Staniforth, Butterfield and Fenaughty, 2006).

Another option for distribution would have been to make the questionnaire available to members on-line. In this instance members would be alerted to the fact that they could fill in and submit the questionnaire on line. This method has been used successfully in Aotearoa in such studies as The Lavender Islands Study conducted by Mark Henrickson and colleagues in 2004 (Henrickson, Neville, Jordan & Donaghey, 2007). Responses in this type of situation are inputted directly into the SPSS program which saves much time and effort. While efficient, it would have been very difficult to track responses with this method and a second survey mail out, as was done in this study in order to improve the response rate, could not have been done (Babbie, 2004).

The ANZASW was exceptionally helpful throughout this process. When ethics approval was received, the executive officer emailed 1000 randomly produced names and addresses of practicing members from the ANZASW data base on an Excel spreadsheet.

From this database, each member was given a unique identifier for the study. Two sets of labels were produced bearing the identification number. One label, with the recipient's name and address, was attached to the survey envelope, and the other label was placed on a freepost return envelope with the same identification number. This coding was used to track responses, as a second mail out was planned for those not responding to the initial mail out. The first mail out of questionnaires occurred in late January of 2007 with a second mail out occurring in March of 2007.

Sample

A sample of social workers from the ANZASW database was decided upon as it represented the most comprehensively available database of social workers in the country at the time of this research being undertaken. At the time that the sample was taken there were approximately 3000 members on the ANZASW database. Social workers from health, mental health, statutory and non-statutory child welfare and non-government agencies were all represented within the ANZASW membership sample. As there is also an accreditation process involved in obtaining full membership, the membership sample represented a standard of peer reviewed social work practice. It was recognised however, that a certain segment of the social worker population that was without qualification or accreditation was not accessible through this sampling procedure. Thus, findings in this research are limited exclusively to social workers who have passed their ANZASW competency assessments. This was seen as a limitation of the survey design. Also, social workers who may have identified more predominantly as counsellors or psychotherapists may have chosen to be members of those professional bodies, rather than the ANZASW for philosophical or monetary (costs associated with belonging to more than one association) reasons. This was another limitation of the sampling design.

From this sampling frame a random sample of 1000 social workers was selected. Of the 1000 randomly generated names, 12 did not have addresses provided, and three had addresses outside of Aotearoa. From the first mail out, 14 questionnaires were "returned to sender" unopened, and 291 completed questionnaires were returned. As these envelopes had been given unique identifiers, it was possible to determine who had not yet returned their questionnaire. In April of 2007, 700 further questionnaires were sent out. Of these, 15

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were returned to sender, and 113 further completed questionnaires were returned. This meant there was a total of 956 potential eligible responses. Of those, 404 questionnaires in total were returned, giving a return rate of 42.5%. The margin of error or sampling error in this sample is +/- five percent. Three more questionnaires were returned after data analysis had begun. These were not included in the analysed sample.

The following section will discuss the demographic details of the respondent sample. A summary of available data comparing sample information from the research sample to that of the sampling frame (ANZASW membership) is presented in Table 2.1 (Following page).

Table 2.1. Comparison of Demographic Information from Research Sample and Sampling Frame

| | % of ResearchSample | % of ANZASW Sample |
|---------------------------------------|------------------------|--------------------------|
| Gender | | |
| Male | 18 | 18 |
| Female | 82 | 82 |
| Age | | |
| 20-30 | 6 | 8 |
| 31-40 | 21 | 20 |
| 41-50 | 33 | 30 |
| 51-60 | 32 | 26 |
| 61 plus | 8 | 7 |
| Unknown | 1 | 10 |
| Ethnicity | | |
| Pakeha/NewZealander/European | 68 | 39 |
| Māori | 11 | 20 |
| Pacific Island | 3 | 4 |
| Indian | 2 | 1 |
| British/English | 1 | 2 |
| Dutch | 2 | 0.2 |
| European/Māori | 3 | 0.2 |
| Other | 10 | 6 |
| Not reported | 2 | 28 |
| Qualifications | | |
| No social work qualification | 2 | 4 |
| Other non-social work qualification | 5 | 10 |
| Certificate or Diploma Social Work | 47 | 47 |
| BSW | 34 | 28 |
| Post grad diploma, MSW or MSW Applied | 16 | 16 |
| PhD | 1 | 0.4 |
| Field of Practice | | |
| Education and Training | 10 | 16 |
| Health | 18 | 16 |
| Mental Health | 28 | 23 |
| Care and Protection | 22 | 32 |
| Corrections | 2 | 2 |
| Counselling | 8 | 18 |
| Community/Iwi Development | 9 | 9 |
| N of samples | 404 | 3830 |

Numbers within the research sample were calculated in 2007, while numbers presented within the ANZASW sampling frame were given for 2009. This is slightly problematic, although it is not likely that the composition would have changed significantly over this time.

In terms of gender we see that the research sample has a near perfect match to the sampling frame or members of ANZASW with both having an 18% male representation and 82% female representation. Age representations also appear to be quite well matched between the research sample and the ANZASW sampling frame.

There is a very good representation in the research sample in regards to age with a very close match in all age bands. Ten percent of the sampling frame age is unknown however which could skew the results. For statistical analysis, age bands were collapsed into categories of 20-40 years, 41-50 years and 51 years and older in order to have sufficient numbers within each category to make analysis meaningful.

Ethnicity is problematic. In both samples, members self reported their ethnicity. While there appears to be a much greater representation of Pakeha within the research sample, and higher representation of Māori amongst the ANZASW sampling frame, there are 28% of the sampling frame who have not stated an ethnicity. Even taking this into account however, there does appear to be a difference in reference to ethnicity around the balance of Pakeha/Māori representation between the two groups. For statistical analysis, ethnicity was collapsed into the categories of Pakeha, Māori (those indicating Māori and another ethnicity were grouped under Māori), and other.

The research sample appears to have good representation in regards to educational qualifications. Potential areas of difference include those who hold another type of qualification (5% for research sample versus 10% for ANZASW sampling frame) and those who hold a BSW (34% for research sample versus 28% for sampling frame). For statistical analysis, educational qualifications were grouped into three bands, Diploma in Social Work, Bachelor of Social Work, and postgraduate qualifications.

There is a fairly good match between samples in regards to fields of practice. In both instances, members were able to self select into as many fields of practice as they liked.

Totals shown here are percentage of the sample who have indicated this as one of their choices. The greatest differences lie in the areas of child protection (22% research sample versus 32% ANZASW sampling frame), and in counselling (8% in research sample versus 18% of sampling frame). The difference between counselling representations is important as it allows us to discount the possibility that more people who had an interest in counselling (there were significantly fewer in the research sample) than in community development responded to this survey. Community development field numbers were the same in both samples (9%).

In summary, there appears to be a very close match between the research sample and members of the sampling frame in all areas except for ethnicity. It would appear that there is a greater representation of Pakeha social workers within the research sample and an underrepresentation of Māori social workers within the research sample. As there is a large percentage (28%) of members of the sampling frame who have not given their ethnicity, it is impossible to compare the two groups properly in this area. The research sample also shows an underrepresentation of those involved in child protection work and counselling.

More information was obtained about the research sample population than was made available from the ANZASW database. Some of this additional information about the research sample is provided in Table 2.2 (Following page).

Table 2.2 Other Sample Characteristics

| | |
|--|----|
| Identification with form of spirituality? | |
| Yes | 58 |
| No | 42 |
| Place of Birth | |
| New Zealand | 73 |
| Overseas | 27 |
| Where born overseas? N=108 | |
| United Kingdom | 37 |
| Australia | 12 |
| South Africa | 10 |
| USA | 6 |
| India | 5 |
| Samoa | 4 |
| Other | 27 |
| Time in NZ for Overseas- born N=108 | |
| 0-5 years | 20 |
| 6-10 years | 16 |
| 11-20 years | 26 |
| 21 or more years | 38 |
| Length of time working as a social worker | |
| 1-2 years | 7 |
| 3-5 years | 20 |
| 6-10 years | 25 |
| 11-20 years | 27 |
| 21 or more years | 22 |
| Sector of Employment | |
| State Sector | 62 |
| Not-For-Profit | 38 |
| Private Practice | 8 |
| Iwi Services | 2 |
| Role of Majority of Practice | |
| Direct practice | 59 |
| Management | 18 |
| Teaching | 7 |
| Research | 2 |
| Other | 13 |
| Clientele Worked With | |
| Individuals | 83 |
| Families/Whānau | 84 |
| Groups | 39 |
| Communities | 31 |

While there is no comparative data for the sampling frame, many of the above variables were used for the bivariate or crosstabulation analysis.

During the survey design, feedback was received from interest groups that the questionnaire should ask a question in regards to identification with a form of spirituality. A majority of respondents indicated that they did identify with a form of spirituality, (58%) and of these, 77% felt that their spirituality impacted upon their practice. While these results are of interest, they have not been explored further in this study. This would potentially be a good area for further research in terms of the impact of spirituality on social work practice.

The variable of “born in New Zealand” was used in crosstab analysis, but details on “where born overseas?” were not used. It is of interest however that nearly one third of survey respondents were born overseas. Time in New Zealand for overseas born social workers was not used for analysis purposes and is reported only as a frequency percentage.

Length of time working in social work was used in crosstab analysis. As so few social workers had been in the field less than two years, the 1-2 years and 3-5 years groups were collapsed into one category of 1-5 years. Remaining categories for analysis were 6-10 years, 11-20 years and 21 years and over.

Sector of employment was also used for bivariate analysis. In terms of analysis, iwi sector was removed as numbers in this cell were too small for analysis. Private practice numbers were also very low (8%) but due to their relevance to this study, they were maintained. Due to inclusion of private practice, results of bivariate analysis with sector of employment are indicative only.

In terms of roles of practice and clientele worked with, respondents often indicated more than one area. These results are presented as frequency of response and percentage of the total group who indicated particular areas.

Data Analysis

Data analysis is described below for both the qualitative and quantitative aspects of the research project.

Qualitative Interviews

Interviews were transcribed by an outside transcriber. Data analysis did not occur until after all interviews had been completed. A “fixed qualitative analysis” (Sarantakos, 2005) was then conducted where data was initially open coded (Babbie, 2007). Initial coding revealed themes which corresponded loosely to the questions which had been asked of the interviewees. A cut and paste technique was used to pull from each interview transcript the data that had a relationship to each of the initially identified themes. The initial themes included:

- Definitions of social work and counselling
- Relationships of social work and counselling
- Historical variables influencing the relationships and development of social work and counselling
- Contextual variables influencing the relationships of social work and counselling
- Cultural considerations
- Future predictions regarding the direction of social work and counselling.
- Other issues

Secondary coding was then done through each of the above themes in line with a variable-oriented analysis (Babbie, 2007), pulling out themes across transcripts. These results are presented throughout the thesis.

Statistical Analysis

The Statistical Package for the Social Sciences (Version 14) was used for quantitative analysis.

Respondents were invited to participate through an introductory information sheet. This information sheet provided a definition of counselling for them to consider while answering the questionnaire (Appendix IV).

The questionnaire (Appendix V) was divided into five different areas which will now be described. The first section asked for respondents to indicate their degree of belief on a scale of 1(I do not believe at all) to 5(I believe this completely) in response to various statements made about counselling in social work.

The second part of the questionnaire asked participants to provide their definition of social work and comment upon a definition of counselling provided through open-ended questions. Respondents were then asked a series of closed questions in relation to their experience and practice of counselling within social work.

Demographic data was then solicited through a fixed format. Respondents were asked to provide information about their gender, age, ethnicity, identification with spirituality, place of birth, length of time in social work, educational qualifications, fields of practice, sector of practice, roles within practice and clientele worked with. Finally, respondents were asked to provide any additional comments they wished to make. Data from fixed format questions was entered directly into the SPSS database.

Definitions were elicited with an open question format. For these responses, themes were analysed manually and then coded. Coded definitions were then entered into the SPSS data base. This was also done for ethnicity as respondents were asked to self-identify their ethnicity rather than choose from a predetermined list. Final open-ended comments were typed into a word document and used throughout the writing up of this thesis as appropriate and needed.

The SPSS data file was checked for inconsistencies and any apparent errors. From the cleaned file, univariate statistics (frequencies) were run. When multiple responses were provided within one question, the percentage of cases was reported as well as the number of responses.

Bivariate analysis or cross tabulations of questions were done in relation to the following variables:

- Age of respondents
- Gender of respondents
- Years of practice in social work

- Ethnicity
- Educational qualifications
- Spiritual affiliation
- Born in NZ or overseas
- Sector of practice
- New Zealand or Overseas qualified

Some categories were collapsed as discussed in Sample section.

Sector of practice could not be used to test for significance due to the small number of those involved in private practice, but indicative results have been presented by sector for each of the questions in later chapters. In terms of descriptive statistics, phi has been reported and used for nominal variables and Gamma coefficient has been reported and used for ordinal variables (Sarantakos, 2005). Differences have been reported as statistically significant when the p value is less than .05.

Ethical Issues

Overall, this research did not appear to present any glaring ethical dilemmas or pose serious threat to either participants or the researcher. There were a few areas where ethical issues were identified and decisions made. Some of these have been discussed previously throughout this chapter and are further explored here.

Confidentiality

Confidentiality was considered in relation to both individual interviews and questionnaire responses. It was decided early in the research process that, due to the potential historical significance of the interviews, transcripts and recordings of the interviews should be made available for further research or other purposes. All interviewees were asked to consider this, and all agreed to these conditions.

In terms of the questionnaires, it was decided that a follow up mail out would yield a higher response rate, making the research more relevant. In this instance each return envelope was given a unique identifier which corresponded to a name on the sample list. As responses were returned, the sample was amended by eliminating those who had

returned their responses. The second mail out of questionnaires was then sent to those remaining on the list. A potential ethical dilemma which arose here was that respondents' responses could easily have been identified and attributed to an individual. This was addressed by questionnaires being removed from envelopes prior to the unique identifiers being consulted to amend the sample. It was also felt by the researcher and supervisors that the information given within the questionnaires was not likely to be of a serious sensitive nature.

Cross Cultural Research

There has recently been greater attention paid to the ethical issues associated with research which occurs across cultures (Rubin & Babbie, 2007). Particular importance has been placed on research which is conducted with ethnic minorities that have historically been subject to discrimination. In Aotearoa New Zealand, there has been a growing awareness of the need for special care in conducting research with or upon tangata whenua who have lived with the legacy of the effects of colonisation (*Centre for Social Research and Evaluation/Te Pokapū Rangahau Arotake Hapori, 2004*).

In the case of this research, the researcher was of Canadian origin. Particular care needed to be taken in terms of representation of participants, the interviews, preparation of questionnaires, and reporting of data because of having come from a different cultural context.

As has been detailed previously in this chapter, additional tangata whenua social workers were recruited for the interviews, as none had been nominated in the snowball sampling technique. The interview structure was designed to allow for cultural needs, with all participants being asked if they would like to begin the interview in any particular fashion, and koha being offered at the end of each interview.

The questionnaire was developed in consultation with members of the Takawaienga O Aotearoa caucus of the ANZASW and feedback about the need to include questions in regards to spirituality was incorporated into the final draft of the questionnaire. Members of the Takawaienga-Māori caucus, and the Pasifika and Chinese interest groups were asked for feedback in regards to the cultural suitability of the questionnaires. Kaumātua of

ANZASW, Turoa Haronga, also was consulted in regards to the questionnaires and he also allowed himself to be named on the questionnaires as someone who could be contacted in regards to cultural issues which arose for people in relation to completing the questionnaires.

Impact of Interviews

One important tenet of ethical research is the importance of ensuring that as little harm as possible is done to participants (ANZASW, 2008). One unanticipated issue that arose during the course of the interviews was that for some participants, difficult and powerful memories and emotions were evoked, which involved a degree of perceived injustice on the part of the social work profession. This process obviously impacted on the interviewees, but also had an impact upon the interviewer. In instances where this occurred, supervision was used by the researcher to discuss this process and potential ways forward. Ongoing contact was kept with interviewees and action was also taken in these instances to address some of the perceived historical injustices. This cannot be further discussed without potential identification of participants.

Over-Research on Small Pool of Social Workers

Ethical issues in regards to over researching groups of people have been well documented (Davidson & Tolich, 2003). As social work moves more towards professionalisation and emphasis upon evidence-based practice, it is likely that the ANZASW and its members will be looked upon to provide information for research and education purposes. As this is a somewhat limited pool, the potential for over-research on this group is possible. In regards to the research project described in this thesis, the Executive group of the ANZASW was consulted and gave their permission for the research to occur. They will continue to act as gatekeepers to this group and will likely consider requests in regards to potential harm versus benefit of the research being conducted. The potential for “research fatigue” on members is also an issue.

Bias in Data Analysis and Reporting

The introductory chapter situated the author of this research in a particular ideological and professional context of being educated in social work in Canada, and an ongoing link to

the practice and teaching of clinical social work. While the author believes that complete objectivity is seldom (if ever) possible in regards to the conducting and reporting of research, reflection and reflexivity have been attempted throughout this process. Feedback from supervisors and from the survey research consultant was used through this process to attempt to balance any biases in the perspectives of the researcher.

Conclusion

There are many things to consider when preparing a research project of this scope. This chapter has explored these various considerations, implementation of these decisions and the research process.

This chapter began by considering historical debates in regards to the merits of qualitative versus quantitative approaches to research. The decision to implement a mixed methods design in this project, in order to elicit different kinds of information, was canvassed. The design, data collection methods, data collection process and data analysis were described for both qualitative and quantitative aspects of the research project. The qualitative focus of the research revolved around thirteen interviews conducted with people in Aotearoa New Zealand who have somehow contributed to the development of social work or counselling or who were identified as being able to make comment on the development of social work and counselling. These interviews informed the development of the second, quantitative phase of the research.

The chapter went on to describe the quantitative stage of the research. Here, approximately 1000 questionnaires were sent out to members of the ANZASW with a follow up mail out of approximately 700 questionnaires, resulting in total of 956 eligible questionnaires. These questionnaires explored members' views on counselling within social work, their practice of counselling within social work and their interest in pursuing further education in regards to counselling within social work. Just over 400 questionnaires were returned, a valid response rate of 42.5%, with a margin of sampling error of +/- 5%. The results, which were analysed either through use of qualitative analysis (definitions of social work etc) or statistical analysis (SPSS), were presented.

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The sample of participants who responded to the questionnaire was described in detail. Gender, age of participants, ethnicity and place of birth were explored as were length of time in social work and affiliation with spirituality. Level of education achieved as well as kind of social work engaged in and groups worked with were also explored. Through comparison of the research sample and the sampling frame it was evident that most demographic characteristics were consistent between the groups except in the instance of ethnicity where there appears to be an overrepresentation of Pakeha in the research sample and an underrepresentation of Māori. Due to the fact that almost a third of the sampling frame had not identified their ethnicity, it is difficult to say how much sample bias there actually is.

Finally, ethical issues involved in conducting this research were reviewed. These included issues involved in privacy and confidentiality for respondents, and cross cultural considerations. The interviews stirred up historical thoughts and feelings for some participants, and this issue was discussed in terms of the “do no harm” aspect of ethical research. The issues of conducting research on a small pool of participants and the potential for over researching this group were discussed. Finally the possible bias in the interpretation and presentation of the findings was discussed in reference to the author’s association with the topic.

Chapter three begins to set the scene for the context of the research which has been described here. The history and development of social work and counselling, particularly within the USA and the UK are explored in this chapter.

Chapter Three: The Evolution of Social Work and Counselling in the United Kingdom and the United States of America.

Introduction

This chapter introduces the reader to the beginnings of the Western construct of social work, and more particularly to the evolution of counselling within it. There are two main reasons for including the development of social work in the USA and the UK in this thesis. The first reason is that in order to trace the roots of social work in Aotearoa/New Zealand (and the role of counselling within it) one can begin by understanding the developments which preceded those in Aotearoa. As many of our early social work educators in Aotearoa were recruited from the UK, and some of our early educators looked to the USA to help shape the development of social workers in this country (discussed in more depth in chapter four), it seems appropriate to start here. The other reason, as stated in the introduction is that by painting a picture of the evolution of social work (and counselling within it) in these two areas, a foil is created for viewing the development of counselling within social work in Aotearoa. An understanding of what is unique here comes out of the comparison with the development of social work and the role of counselling in other places.

There are several themes which emerge when tracing the history of social work in both the UK and the USA. Social work in the UK grew out of poverty and a long established class system, while social work in the USA grew out of a newly colonised country with a strong pioneer spirit, less hindered by adherence to class.

Both countries established Charity Organisation Societies (COS) early on, and both countries had concordant socialist or settlement type movements, which established the individual/community oriented split, right from the point of social work's inception. Different individuals, socio economic movements and social policies shaped the course that social work would eventually take in each country.

Social casework formed the basis of much of social work within the twentieth century, arising out of the COS and a move away from a philanthropic orientation to a more

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scientific approach. Private practice and a strong adherence to this model was to play a large part in the development of social work in the USA, while the UK's stronger commitment to government funded social welfare provision created an initial climate where social work was practiced mainly within government agencies, and the tradition of private practice within social work was not fostered.

Two other areas that were significant in terms of the development of social work were those of professionalism and education, which were closely aligned in each country. In the UK, social work's first formal education programmes were aligned to psychiatry and a social casework approach, while in the USA, the beginnings of formal social work education emerged from the work of Mary Richmond and the social casework approach.

In the USA, social work aligned itself with professionalisation from the beginning, and early social workers were required to qualify through post graduate (Master's level) education in order to qualify for membership within the professional body which was established in 1957. Social work education in the UK took longer to become organised as did the drive for professionalism.

The clinical/community split appears to have been stronger in the USA over time, as there has been a large proportion of social workers who have historically practiced as psychotherapists. With most social workers in the UK historically working within government funded roles, a more generalist approach was often taken. Still, both countries have had various radical movements which have shifted the place of counselling or community work within social work practice over the years.

This chapter will explore the evolution of social work within the UK and the USA, with particular emphasis upon the shifting place of counselling within practice in each of these countries. The chapter attempts to do this thematically with some chronological flow. As such the beginning seems to be the best place to start.

Roots of Social Work

"Social work was born in the slums of London in the late nineteenth century" (Younghusband, 1981, p.11).

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Many of the accounts of the beginning of what we have come to view as social work describe it arising out of the Elizabethan Poor Laws of 1598 and 1601. Horner described the conditions from which the Poor Laws emerged:

By the end of the sixteenth century in Britain, the ruling elites and government were most concerned about the spiralling levels of public destitution, and the perceived risks to private property and public order (2003, p. 17).

From 1601 to 1834 the Poor Laws mandated a climate whereby the poor were set to work, a compulsory rate was paid to the poor and “overseers” were charged with the task of supervising relief payments (Horner, 2003). The year 1834 saw the enactment of the Poor Law (Amendment) Act which significantly restricted the payment of outdoor relief resulting in the poor being pushed into work houses.

The Poor Laws and work houses were often seen as inhumane and insufficient to address the burgeoning needs of a rapidly developing society. As such, the late nineteenth century was a time of rapid development for social work. Again, Horner described the emergence of those who began some of the initial philanthropic associations to social work:

The nineteenth century threw up a number of middle class reformers- Elizabeth Fry, Florence Nightingale, Mary Carpenter, Octavia Hill, Dr Barnardo, General Booth, Edwin Chadwick, Edward Foster, Dr Thomas Arnold, Lord Shaftesbury, seen by a bourgeois reading of history as almost ‘saintly’ men and women, shaping the emerging welfare systems (2003, p. 21).

As with many countries that have been colonised, the common story of social work within the USA does not begin until the arrival of the British on American shores. As a British colony, America imported many of the traditions and ideas of the motherland. Many however were rejected or altered. One of the most significant differences was the rejection of the class system in favour of a more apparently democratic society. Leiby described the consequences of a de-emphasis on class which was to have a significant impact on the development of social work:

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Arising in these circumstances of social equality and change was a remarkable sense of a common situation and destiny. Many people thought the United States was in the vanguard of an equalitarian democratic revolution that would, in time, sweep aside the world's kings and aristocrats and advance the common people to their proper role in social progress (1978, p. 9).

In the early 1800s the frontier mentality of settlement and the democratic ideals described previously, made an early contribution to the idea that if one worked hard enough, one could succeed. Leiby (1978) described how work and moral purity (which were thought to be synonymous) were the roads to success in a country where birth right was no longer the guarantee of social or economic position or success. This, combined with fervent Christianity, created the climate from which charity and relief were to be delivered.

These liberalist assumptions, while eventually contributing to the role of case work in social work, were reflected also in the role that government was encouraged to play at the time. It was believed, "that government and administrators were best decentralized to local communities; that it was generally unwise for government to interfere much in the play of market forces; and that voluntary arrangements were likely to have a better spirit and better results than public agencies" (Leiby, 1978, p. 34).

These beliefs resulted in a system of administration of poor relief through voluntary agencies rather than being seen as the responsibility of the federal government. This was to contribute to social work being located less in the public sector over time than was to be the case in the UK.

Waves of European immigration during this time saw the concentration of the poor, sick and needy located in cities and seaports where "the town fathers usually delegated authority to a poormaster, and often there were specialized institutions and hospitals for the homeless sick" (Leiby, 1978, p. 41). These roles were similar to those early "overseers" of the poor described in the UK from the 1700s on. Similarly, the next contributions to the development in what was to become social work, occurred through philanthropy and the Church.

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As in the UK, “The early development of the public and voluntary sectors of social welfare was accompanied by the development of purveyors of service seemingly appropriate to the purposes of each- the overseer of the poor and the lady bountiful respectively” (Axinn & Levin, 1975, p. 2). In both countries this was exemplified through the work of the Charity Organisation Society.

Charity Organisation Society

The Charity Organisation Society played a large role in the development of social work in both the UK and the USA in many different ways.

The COS was established in the UK in 1869. “The COS was primarily concerned with extreme material need, with preventing pauperism, eliminating small doles and hand-outs, and encouraging thrift” (Younghusband, 1981, p. 12). While poor relief had traditionally been associated with philanthropy and religion, the COS moved the provision of welfare into more scientific realms through individual casework and a systematised form of record keeping.

Younghusband (1981) further explained that:

The COS was undoubtedly the originator of casework, the process of individualising people (‘treating the family as a whole’ they called it) by thorough enquiry, discovering all the relevant factors in the situation, making a plan with the applicant (we might call it negotiating a contract), giving help adequate to meet the need if help was given, and following the case through (p. 12).

As such, the COS has been seen in retrospect to represent the beginnings of social work’s individual or more clinically oriented function, but in both the UK and the USA, there was early recognition of the importance of community organisation.

“The COS thought that to ‘organise the district’ was more important than casework with individuals” (Younghusband, 1981, p. 13), but it was not particularly successful in this endeavour. It was however, successful at systematising the provision of aid. Younghusband described the process of the beginnings of a more scientific approach:

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Octavia Hill, the Charity Organisation Society, (the COS) and the Barnetts at Toynbee Hall Settlement in London's East End- began to keep more or less systematic records, to discuss their experiences and to draw deductions from these....It is probably the reason why social work pioneered by this particular group of philanthropists survived and later became a career in its own right with its distinctive practice (1981, p. 11).

Brearley (1995) described the significance of the COS in terms of the development of the beginnings of a kind of formal "social work" training:

It was the COS that first established the principle of supervision, and then, in 1896, introduced lectures and practical work in a training scheme that was eventually to become the Department of Social Science and Administration of the London School of Economics (LSE) (p.10).

The Charity Organisation Society which had formed in England in 1869 very quickly established itself in the USA in Buffalo when an English clergyman proposed its establishment to help deal with "their city's benevolent chaos" (Lubove, 1965, p. 2).

As in the UK, Specht and Courtney described the importance of the COS in terms of its innovation in the field of social work in that it, "represented the first institutional effort to go about the business of dealing with poor people in a systematic way" (1994, p. 74). This was to contribute to the view of scientific philanthropy which developed during the last years of the 1800s. The COS was to greatly shape the course of social work and its relationship to counselling or psychotherapy throughout the next century and beyond in the USA.

Just as in the UK, where the Charity Organisation Society was to contribute to the development of the field of social casework and the professionalisation of social work, the COS in the USA was to revolutionise the development of the field of social work through the work of Mary Richmond and her associates through the progression of social casework, professional education and the professionalisation of social work.

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Fabian Society and the Settlement Movement

The Charity Organisation Society is attributed with beginning the provision of social work type interventions to individuals and families, often based on the view of worthy or unworthy poor, defective moral character, and the view that individuals or families could be “taught” ways to improve their own economic standing. In both countries, movements grew simultaneously which challenged this perception, and placed the causes of poverty more clearly on social (or class) situations. In the UK, this movement has come to be associated with Fabian Socialists, and within the USA, the Settlement Movement.

In the UK, Younghusband described the clash at the end of the nineteenth century of social attitudes between those people associated with the COS and Sidney and Beatrice Webb. This clash was seen to be between the COS’ actions of helping individuals live independent of state support through individual improvement and the Webb’s who saw degrading poverty and its influence on people where the “moral failure lay primarily with employers of sweated labour, slum landlords, supine local authorities and the ignorant rich” (Younghusband, 1981, p. 16).

Younghusband went on to describe the importance of this split by saying that, “The significance of the COS-Webb controversy was that it began to clarify those ills which only large-scale public action could remedy, ills which could not be eliminated by social work with individuals” (1981, p.16).

Just as Sidney and Beatrice Webb of Toynbee Hall in Britain had argued with the COS that the root of an individual’s problems lay in institutional poverty and oppression, so too did the settlement movement in the USA in the late 1800s with its American COS counterparts. Toynbee Hall’s influence was to cross the Atlantic in the form of Vida Scudder who in 1887 had returned to the USA from studying at Oxford the previous year. In Toynbee Hall she had seen a model which she believed could contribute to the betterment of the poor and immigrant populations in New York. Vida Scudder joined with classmates from Smith College and other schools to form the College Settlement in New York City.

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The settlement houses created environments where educated, often wealthy, individuals “lived in”, and created a different community for the mainly poor immigrants who lived in the neighbourhood. The settlement houses would provide cultural or educational activities, support and advocacy and would also attempt to be instrumental in social change (Leiby, 1978; Payne, 2005b).

Whereas Charity Organization Societies assumed a well-functioning society but with malfunctioning families as the starting point of their operation, Social Settlements assumed as their operational base the adequate functioning of the families they served (Axinn & Levin, 1975, p. 98).

Reish (1998) described the evolution of the settlement movement and its early association with a community oriented view to change, which began to represent another side to a social work continuum of change:

Because there was no consensus among settlement workers as to what should constitute their practical program or methods, three approaches appeared within such agencies. One emphasized the delivery of concrete services as a temporary solution to social problems that economic growth would eventually correct. A second approach expanded this notion to include advocacy on behalf of low-income children and families. The third, and most radical, approach viewed the settlement as a vehicle for radical reform (p. 167).

The settlement houses were to influence social policy in lobbying for and winning the “passage of worker’s compensation, mother’s pensions, and protective labor legislation” (Abramovitz, 1998, p. 514).

While these tensions have represented some of the major conflicts or tensions within the profession of social work since the beginning, there is no doubt about the important influence which each of these movements have had. One of these developments, most central to this thesis, is that of social casework.

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Social Casework

Social casework had its origins in friendly visiting, which occurred as a matter of course when a family applied to the COS for relief. Lubove described how at that time, it was believed that the family would benefit through association (friendship) with a person of good morals and social standing. This person was often a volunteer who would visit the family and provide support over a long period of time.

Efficient charity was essentially a process of character regeneration, not social reform, and involved the direct influence of successful, educated, and cultured representatives of the middle class upon the dependent individual or family (1965, p. 12).

Mary Richmond

Mary Richmond, an executive of the COS in the USA, who had risen through the ranks from clerk to director (Leiby, 1978) had a strong interest in friendly visiting. Her contribution was to transform this into the notion of deliberate and constructive casework (Leiby, 1978, p. 122). Through her contribution to education and the 1917 publication of "Social Diagnosis" and its 1922 follow up, "What is Social Casework? An Introductory Description", Richmond pioneered one of the first systematised descriptions of social work assessment. The development of social casework was also accredited with the beginning of seeing the problem lying within an individual (although the tradition of almsgiving and poor relief had always held this belief in terms of morality).

Richmond herself initially did not see the dichotomy of either/or in terms of where the problem lay (society or individual?) as is evidenced from these quotes from "What is Social Case Work?":

Where a maladjustment proves to be predominantly individual and mental, one form of skill is needed; where it is predominantly environmental and social the other; while both are probably indispensable where there is a disturbed personality in an unfavorable and complicated situation (Richmond, 1922, p. 133).

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The whole of social work is greater than any of its parts. All parts serve personality, but in different ways. Case work serves it by effecting better adjustments between individual and their social environment; group work serves it by dealing with people face to face but no longer one by one; social reform serves it by effecting mass betterment through propaganda and social legislation; and social research serves personality by making original discoveries and re-interpreting known facts for the use of these other forms of social work. The case worker should know something of all forms-the more knowledge he has of all the better-and should carry through his special task in such a way as to advance all of the types of social work just enumerated (Richmond, 1922, p. 259).

The story of Richmond giving advice to a middle class woman after hours, who then insisted on providing her with payment, is often cited (Baskerville & Durrant, 1996; van Heugten, 1994) as one of the first descriptions of private practice in social work.

While developed in the USA, social casework also became very influential in terms of social work within the UK. This, coupled with the work of Sigmund Freud, was to underpin much of social work practice which was to occur in the UK for much of the mid 1900s (Brearly, 1995). Butrym (1976) described the beginnings and evolution of the model of social casework in the UK context and also why it superseded the development of other forms of social work:

Casework as a conceptual framework for social work with individuals and families, was a latecomer to this country, being an import from the United States in the 1950s. This obviously does not mean that casework was not practised by British social workers up till then; what it does mean is that it was practised alongside a good deal of community work...and a certain amount of group work...neither of which activities was separately labelled. When formalised teaching in social casework was started in this country, this form of social work was 'dignified' and acquired a good deal of resulting prestige.

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Because there was no parallel 'dignification' at the time of either social group work or of community work, the latter activities atrophied rather than developed- throughout the 1950s and early 1960s- they were certainly not greatly discussed or written about (p. 6).

While social casework became the predominant model of social work for several decades, Butrym (1976) argued that its influence was significantly different within the context of the UK to that of the USA. She addressed some of the criticism, levelled at the model in other countries, that it pathologised individuals:

In Britain, unlike the United States, social work has from its very early days been an integral part of various statutory bodies: general hospitals and magistrates' courts at first, followed by psychiatric hospitals and child-guidance clinics, and then gradually, as the Welfare State came into being, becoming incorporated into many other public agencies such as local authority children's, welfare and health departments and education departments. ...unlike their American colleagues in many of the voluntary family-welfare agencies, British social workers had a limited scope...for professional autonomy, and even had they so wished they could not disregard the various tangible factors in their clients' lives (p. 3).

While generally social casework and counselling may describe similar activities, the term "counselling" did not become widely used within social work until the 1960s (Brearily, 1995, p. 4).

Developing Context

Younghusband described the beginning of the twentieth century as a time of disappointingly slow growth for social work in the UK.

The creative pioneers had somehow failed to disentangle social work as a relevant form of practice to meet social need from an outmoded ideology. And when they themselves retired or died no second generation more attuned with the times but with their force or zest,

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indeed with their influence in the corridors of power, succeeded them (1981, p. 19).

There were several significant events occurring throughout this time that did have a major impact on the shape of Britain's social welfare system. The Fabian Society which formed in 1884, believed in social change through evolutionary means (Jones, 1994). In 1884 the London Society for the Prevention of Cruelty to Children was founded, followed soon after by the Prevention of Cruelty to and Protection of Children's Act in 1889. In 1891 the Custody of Children Act was enacted, while 1907 saw the Probation Offender Act and 1908 the Children's Act which separated juvenile offenders from adults with a juvenile court system.

Younghusband described some of the advances taking place at this stage, but made it clear that social work was not able to take responsibility for these:

The great advances came from other directions, embodied in social legislation that included school meals for children...school medical inspection and treatment, secondary education, juvenile courts, protection of neglected children, old age pensions (and later benefits for the unemployed, the sick, orphans and widows), trade boards with compulsory powers to fix wages in certain sweated industries, labour exchanges, and better public health provision...A balance so disastrously lacking earlier thus began to be redressed through large scale public services but only social workers were either not employed in them or else thought only marginally relevant (1981, p. 19).

Younghusband also described that situations such as those created by insufficient housing and unemployment were both serious after WWI, although "social work did not progress either during or as a consequence" (1981, p.20).

The lack of a systemic body of knowledge and comprehensive training impacted on the ability of social work as a profession to grow through to the 1920s. Some fields of practice emerged, reflected in the legislation which came before them.

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Given the fragmented nature of social work practice...and the absence of an explicit body of knowledge to define practice, it was inevitable that two branches of work-psychiatric social work, and work with children-would seek intellectual and professional prestige by the adoption of theory from psychiatry and psychology (Horner, 2003, p. 82).

As indicated however, these grew mainly through their association with more firmly rooted professions outside of social work (Brearley, 1995). Unlike the UK, social work in the USA was able to contribute to the humanitarian response following World War One, and grow through the process.

World War One

The influence of World War One was pervasive in terms of its impact upon the development of social work in the USA. Of particular interest to this thesis are the development of the Home Service through the Red Cross and Mary Richmond, and the vilification of settlement leaders who were labelled unpatriotic for their pacifist stance in regards to the war.

During World War One part of the funds generated for the Red Cross were distributed to a programme within the Organisation known as “Home Service”. This service was “intended to apply the principles of social casework with disorganized families to help servicemen and their families cope with the emergencies of wartime separation....” (Leiby, 1978, p. 160). Mary Richmond took responsibility for the training of the many volunteers necessary for this effort and through, “institutes that lasted six weeks, full time,...taught volunteers how to approach families, aid them in defining their problems, and go about helping” (Leiby, 1978, p. 161).

The Home Service was a significant programme as it began associating the tasks of social work no longer with just the poor or undeserving. The stigma associated with asking for help was thus decreased, and this was to have a significant impact upon social work’s association with psychotherapy or counselling in the future (Leiby, 1978).

Through the War, social work also drew itself closer to the profession of psychiatry:

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At this time with the return of many soldiers who were suffering from what would become known as shell shock, social workers served as aids to psychiatrists who were treating these patients in the form of history taking and discharge planning (McGlaughlin, 2002).

Social workers feared that the outbreak of war would curb some of the momentum of the social welfare movement which had occurred prior (in terms of such things as child labour laws). “They were pleased to see that there was still a warm hearing for their notions of social reform...Social justice became important because it was a key to good morale and patriotism” (Leiby, 1978, pp. 155-156). While this may have been the case, those within the settlement movement who held pacifist ideals and did not support the war were blacklisted. Workers such as Jane Addams, who before the war had been lauded for their efforts in the settlement movement, found themselves labelled as threats to security and unpatriotic. They were generally not supported by their social work colleagues of the time (Reisch & Andrews, 2002).

Reisch and Andrews described how radical ideas were repressed following World War One through what they describe as a government organised “red scare”:

Although social workers were not primarily targets of these repressive activities, they often were singled out and accused of unpatriotic or “Bolshevik” sympathies. The explicit attacks on social work leaders like Addams, Kelley, and Wald have been well-documented recently by historians, yet the broader significance of these events for the history of social work receives scant attention in the profession’s literature (Reisch & Andrews, 2002, p.9).

One could perhaps deduce that social workers may have been wary of identifying with more radical social work reform movements at this time. They may also have been further drawn to the field of social casework, which continued to grow rapidly and appeared congruent with social workers’ desire for a greater sense of professionalism. “Social work chose the path of professionalism because the alternative- the pursuit of radical change- was too fraught with political danger” (Reisch & Andrews, 2001, p.41).

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The Depression

The 1930s saw the arrival of an economic depression which was to impact upon the world. The Depression created situations in which previous notions of poverty were challenged. The impact upon social policy and social work as a result of the Depression varied between the UK and the USA.

Prior to this time, there remained a legacy of the perspective that in some way an individual was responsible for the fate which befell him (or her) in regards to poverty. In fact the COS ascribed the causes of poverty to the giving of relief itself, and to individual deficiency. While the earlier years had blamed poor moral character for poverty, more recently social casework had been concerned with transforming one's personality in order to overcome poverty, poor neighbourhoods, and etcetera. The Depression brought a wave of unemployment and destitution which was to challenge these beliefs as no other thing had.

According to Payne (2005b), Britain had had a stronger tie to a settlement mentality prior to the Depression years, and as a result, many social workers advocated for universal changes to welfare provision. As such, some of these movements set the foundations of the development of the Welfare State in the 1940s following the Beveridge Report (1942), but social work's role in this process was not clearly established. Social work's role and its impact upon social policy through the Depression in the USA were much more pronounced.

The COS and other charitable associations had for a long time argued against a federal institutional giving of aid, arguing that charities were in the best position to determine who should receive aid and what "treatment" should be considered and administered in each situation (the casework). During the Depression, "caseloads soared; agency resources were drained; and with the traditional sources of philanthropy jumping out of Wall Street windows, a financial crisis loomed in many agencies" (Ehrenreich, 1985, p. 102). Social workers who had held on to the perspective of the role of the individual in creating their own situations of poverty were now forced to reconsider this view.

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Social work was criticised from outside and within its own ranks for the part that it had played in “creating” the Depression in terms of its preoccupation with the individual at the expense of social reform. “Along with this self-criticism went a new commitment to social reform and social action” (Ehrenreich, 1985, p. 103). While the New Deal Amendments in the USA had previously been criticised by social work’s right wing for going too far, they were later to be criticised from the left wing for not going far enough.

Social Policy through the 19th Century

Social policies in both the UK and the USA were significant in shifting the face of social work over time. In the USA, the reforms which occurred during the Depression period were to change the face of relief and consequently of social work. When President Franklin D. Roosevelt took office in 1933 “...he confronted a deepening Depression, massive suffering and unrest around the country, a banking system tottering on the brink of collapse...” (Katz, 1996, p. 225). Roosevelt’s answer was to introduce what came to be known as “The New Deal” or the Economic Security Act of 1935. A full description of the New Deal and its implications is beyond the scope of this work. What is important in relation to this thesis was that it was a large-scale project of public aid and public works and it saw the introduction of the federal government taking over responsibility for these areas which had previously come under state control. For the first time, funding and administration of relief became a job of the federal government.

This had numerous implications for social work whose “raison d’être” of scientific charity and casework’s role within it had been taken away. With the establishment of government aid through the Social Security Act (1935) there was a separation of funding and services. Relief had become a “right” and applicants no longer needed to justify themselves to skilled social workers for “treatment” of their situation.

Social workers did however soon become involved with the government agencies providing this relief. Thousands of new social work jobs had been created by the New Deal Programmes. There were not enough qualified social workers to meet the demand, so less qualified or untrained workers were drawn in from outside the profession. Social workers who had fought hard to obtain the degree of status and perception of professionalism were concerned that this influx of untrained workers would diminish the status of the profession

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and would result in sub standard treatment for clients, and they rallied to distinguish themselves from this group. This was done through limiting these workers' entrance to such organisations as the American Association of Social Workers (AASW). The "Rank and File Movement" arose out of the young untrained workers who would challenge the existing power structure within social work and the notion of professionalism (Ehrenreich, 1985). While small, this movement was instrumental in bringing unions to social work, and reigniting the social reform movement.

This movement was not to last long, and the social work's passion for social reform at this time soon appeared to die. Social work and social casework were however at a cross roads.

The message for voluntary social agencies was stark, and they renewed efforts to define a unique professional service function. At that moment, when they were themselves psychologically desperate for a new orientation, they discovered the psychological vulnerability of people (Axinn & Levin, 1975, p. 193).

This was to occur at the same time as the Second World War, another "red scare" and a period of economic prosperity which saw some believing that the "problem" of poverty had been eradicated.

Another Red Scare

Post-World War II brought an opportunity for the Republican government to kill three birds with one stone in the form of the "red scare". The country could unite against the threat of communism and the Soviet Union, while at the same time, the government could back track against the New Deal reforms and squash the burgeoning and powerful union movement (Ehrenreich, 1985, Reish & Andrews, 2001).

In March 1947...President Truman created the Federal Employee Loyalty program to eliminate "subversive" employees from government. Almost simultaneously, the House Un-American Activities Committee launched a review of investigations of

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Communist infiltration of labor unions, government, the motion picture industry, and the nation's schools (Ehrenreich, 1985, p. 140).

Once again, social workers involved in social reform activities came under suspicion of having communist ties. Many social workers were blacklisted or fired from their posts for their views. An approach to social work concerned with helping individuals adapt to their environments, rather than agitating for changing their environments, was the only safe perspective at that time. Social policy in the UK did not share the same dramatic times in terms of "red scares", but by the same time, social policy reports also supported the role of counselling (sometimes associated with maintenance of social status quo) within social work.

Following the Beveridge report of 1942, post-war Labour governments developed a series of initiatives which were to form the basis of what would become a welfare state. Through the development of such policies as the National Health Service Act 1946 and the National Assistance Act 1948, social work was able to grow as services developed to meet the mandates of the new Acts (Payne, 2005b).

Later significant policy related reports within the UK revolved around the development and delivery of social work services. The Seebohm Report (1968) was one such document. This report was commissioned by the Home Office after a 1965 White Paper Report which dealt with juvenile delinquency. Frederic Seebohm was commissioned to chair a committee "to review the organisation and responsibilities of the local authority personal social services and consider what changes are desirable to ensure an effective family service" (Seebohm, 1989, p. 1). The recommendations produced by this Committee in 1968 were to revolutionise the delivery of social services and the face of social work. Seebohm recommended the provision of social services within an integrated framework with many of the existing fragmented services being provided within one authority. This was seen to be a push for social work to become more generic in its service delivery as well.

The Social Services Act of 1970, which implemented most of the recommendations of the Seebohm Report, has undoubtedly been the

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most influential single piece of recent legislation in terms of its effects on the place of social work in society. Not only did this Act provide for the unification of local-authority social-work services, thus creating administrative structures of a size and complexity previously unknown to social work, but by its emphasis on total community needs and the contribution which it saw social work as making towards the meeting of these needs, it invested social work with unprecedented responsibilities (Butrym, 1976, p. 106).

In 1982 the Barclay Report, *Social Workers: Their Roles and Tasks*, was published. The terms of reference of this report were, "To review the role and tasks of social workers in local authority social services departments and related voluntary agencies in England and Wales and to make recommendations" (Barclay, 1982, p. vii). This report was occasioned by gradual disillusionment of the profession post-Seebohm due to a spate of child abuse deaths. "The debate occasioned by the publication of the Barclay Report in 1982 made it a highly significant milestone, not only in the recent history of social work as a whole, but also in the understanding by social workers of the place of counselling in their work" (Brearly, p. 22).

Barclay made several recommendations, but most central to this thesis was his emphasis that social work was and should be chiefly composed of the roles of social care planning and counselling. "Social care planning and counselling are not performed only by social workers but all who call themselves social workers must be able to carry out both" (Barclay, 1982, p.51).

Barclay further described the role of counselling in social work:

To many it may seem strange that we consider we need to justify the direct counselling role of social workers. It has after all been the activity which at least social workers themselves have traditionally regarded as the hallmark of their calling; and which several of our respondents consider to lie at the core of social work. We believe it is essential that social workers continue to be able to provide

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counselling and we use the word to cover a range of activities in which an attempt is made to understand the meaning of some event or state of being to an individual, family or group and to plan, with the person or people concerned, how to manage the emotional and practical realities which face them. Such work is always part of assessment and may be a large or small part of future meeting between client and social worker (Barclay, 1982 p. 41).

While social policy significantly impacted upon the development of social work in both the UK and the USA, education and the drive for professionalisation also played a significant role in the course of social work's evolution.

Professionalisation and Education

By the end of the century...charity organization leaders could transmit almost three decades of codified practical experience, and the first generation of professional social scientists could lecture about the causes and consequences of poverty and other forms of dependence. Concerned about the quality of untrained agents' work, armed with the material for a curriculum, charity organization leaders began to create special schools (Katz, 1996, p. 169).

The push for professionalisation within social work in both the UK and the USA was closely associated with the development of social work education.

In 1915, Abraham Flexner delivered a speech entitled, "Is social work a profession?" to the National Conference on Charities and Corrections in the USA. In it he decreed that social work was not in itself yet a profession as it did not meet the four criteria necessary to be known as such. (This debate is described further in chapter five).

The early 20th century in the USA saw social work attempt to become more aligned with other professions. This occurred through the rise of social work education, the expansion of social casework to various fields of practice as well as social work's growing relationship with psychiatry. The first courses in philanthropy were sponsored by the COS

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of New York in 1888 in a six week summer school, which expanded to a full year course in 1903 (Katz, 1996; Shoemaker 1998).

Axinn & Levin (1975) described the role which the economy played in developing the profession of social work in strong economic times following the First World War:

In this period post WWI, there was a period of relative economic prosperity. The need for social work in the field of poor relief had diminished somewhat. While the economy appeared to prosper, social work turned to family dynamics and individual personality development. Therapy had become the door to social well-being (p. 143).

While social casework had established the need for thorough data collection and the need to intervene in both personal and environmental spheres, it was not necessarily so clear about how to proceed from there. Social work had also relied heavily on the field of sociology prior to 1920 and again while it helped frame the understanding of the context of a person's problem, it "did not provide a theory or technology that enabled a professional to deal with the individual persons who came to the Charity Organization Societies (COS). And social work was a profession in search of a theory" (Specht & Courtney, 1994, pp. 86-87). It found such a theory through the teachings of Dr Sigmund Freud.

In 1919 there had been great interest in mental hygiene at the National Conference of Social Work. Mary Jarrett, the head of the Smith College School of Social Work gave a paper entitled, "*The Psychiatric Thread Running through all Social Casework*" (Leiby, 1978). This was to herald the beginning of social work's close alignment with the field of psychiatry which would dominate the field for several decades.

This 1919 shift to psychiatry was the significant intellectual choice of the century for social work as a profession. Psychiatry became its guiding paradigm because social workers had nothing better they could do in the way of interventions to deal with their cases (Specht & Courtney, 1994, p. 21).

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Leiby described the rapid consolidation of some of the professional elements of social work in the USA. By “1919 the fifteen schools then in existence had joined in an Association... By 1932 they had agreed on a minimum curriculum and a procedure for formal accreditation. By 1939 they had agreed that proper social-work education was two years of graduate professional study leading to the M.S.W.” (1978, p. 341).

Day (2000) recounted how psychoanalytic casework became the method of choice at this time. This attachment to Freud saw a shift away from Richmond’s previous consideration of environment, to one where the focus was upon the individual and on personality.

“By the end of the 1920s, about half of the country’s social workers considered themselves caseworkers, and many worked in specialised settings” (Katz, 1996, p.216). Ehrenreich (1985) described that at this time, social work was approaching “full professional status” (p.78) in such areas as professional associations, a growing number of trained professionals coming out of Masters Programmes, and the establishment of professional journals and codes of ethics.

The requirement for an MSW was pivotal in the maintenance of the “professional” status of social work and the continued dominance of social casework. The Council of Social Work Education was formed in 1952. Until 1970, it only accredited graduate schools (Abramovitz, 1998). In 1957, The National Association of Social Workers was formed out of various specialist associations. Membership of this association was limited to those holding an MSW until 1970 when a Bachelor of Social Work was recognised as a professional qualification (Richan, 1987).

MSWs had found a professional niche, and were reluctant to give up professional territory to later more generalist or radical approaches coming out of BSW schools. MSWs also began developing a lucrative and prestigious form of private practice which was to significantly shape the face of social work.

Organised social work education was slower to emerge in the UK.

This gap in social work education continued until 1929 when the mental health course was started at LSE (*London School of*

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Economics) on a pattern copied from the United States which much later became the basis of all education for social work in this country...It consisted of lectures by psychiatrists, psychologists and social workers, together with practice under teaching supervision to relate it to theory. The products of this course were regarded as advanced practitioners compared with those who took the other, often narrowly technical courses (Youngusband, p. 22).

Significant to the progression of social work and counselling in the UK was the foundation of the Tavistock Institute of Medical Psychology in 1920.

By the 1930s, the Tavistock approach was beginning to incorporate two important features which have relevance for our concern with counselling and social work. The first of these was a readiness to question the role of social factors in psychological illness; the second was to espouse the then new 'object relations thinking' in psychoanalysis (Brearly, 1995, p.13).

While the British Federation of Social workers was formed in 1935, those doing the tasks of social work separated themselves into various specialist groups (as would come to be seen in Aotearoa later on). Groups such as the Institute of Medical Social Workers, the Association of Psychiatric Social Workers, The Association of Family Caseworkers and the Association of Child Care Officers emerged through the 1930s and 1940s. Due to the fragmented nature of these groups and of social work training services, and the lack of consensus regarding what minimum basic training should be required of social workers, professional organisation of social workers in the UK was also delayed. It was not until 1963 that the formation of the Standing Conference of Organizations of Social Workers occurred, which would become the British Association of Social Workers in 1971 (Payne, 2005b).

Another significant development in regards to social work relates to the late formalisation of social work education and training which occurred from the beginning of the 1970's. Social work training services had been quite fragmented until the establishment of the

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Central Council for the Education and Training in Social Work, (CCETSW) which initiated the development of the Certificate of Qualification in Social Work, (CQSW) in 1972 and then the Certificate in Social Service, (CSS) in 1976. These were the principal means of qualification for social workers until the Diploma in Social Work (DipSW) which replaced them in 1990. In 2001, the CCETSW closed and was replaced by the General Social Care Council which was to act as the regulator of social work qualifications and the registration body for social workers (Horner, 2003, pp140-141). This was a necessary precursor to registration and was to herald one of the most significant shifts in this area of social work and counselling.

Radical Movements

Social work experienced periods of decreased association with its clinical orientation when radical movements swept through both the USA and the UK. This resulted at times in increased politicisation, which saw a move away from casework focused methods, which were seen as pathologising to individuals, and towards a more radical perspective which saw a redefining of where the locus of social work change or intervention should be placed. While criticisms of Marxist perspectives around the lack of focus on gender and race issues limited its influence to some degree, feminism and increased awareness of power issues inherent in race began to change the face of social work in the UK in the 1980s (Horner, 2003).

Social casework was also to come under attack in the USA. Social casework had been the dominant force in social work since the unrest of the Depression years. This period was to be greatly challenged by growing social unrest in the 1960s. Various social and economic factors were to contribute to this challenge.

Ehrenreich (1985) described how decentralisation in living situations, and the rise of the automobile contributed to changing demographics. The establishment of “the suburbs” and a means of transportation allowing ease to travel back and forth from the cities contributed to a mass exodus from the cities by the middle class. At the same time, an influx of largely poor Hispanic and Black Americans flooded the cities. This corresponded with a growing civil rights movement which rose as a result of dissatisfaction with ongoing segregation in the southern states. While social work had largely ignored the race issue, it,

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like most other institutions, was challenged during this period of civil unrest (Abramovitz, 1998).

President Kennedy attempted to quell the rising social unrest with non-rationally based welfare programmes. These did little to stop the tide of poverty and civil unrest. Following Kennedy's death, Lyndon Johnson took over the presidential role, and was re-elected in 1964 in a landslide victory. This provided the mandate for sweeping changes to be made.

...in 1965 Lyndon Johnson responded with the measures that comprised the Great Society-the Voting Rights Act of 1965, the War on Poverty, and a dramatic expansion and extension of New Deal-style welfare-state measures (Ehrenreich, 1985, p. 163).

Social casework came under criticism at this time for various reasons.

There was always a party in social-work education that criticized the overwhelming emphasis on casework with a therapeutic slant. As the 1960s dawned, it grew apace. Some people pointed to outcome studies that showed that casework (like other psychotherapy) was not measurably effective in changing behaviour. Others observed that however it appealed to the middle-class type of client it was not relevant to the needs or problems of many poor people or minority groups (Leiby, 1978, p. 342).

Social work initially responded defensively to these criticisms, and there was resistance to change. It was the War on Poverty and the civil rights movement which eventually mobilised social work to move towards reform (Ehrenreich, 1985; Specht & Courtney, 1995). "By the late 1960s, the major social work organizations had embraced the concept of social action, particularly on behalf of the poor, as "the business of social work" (Reisch & Andrews, 2001, p. 158).

Social work service delivery was greatly altered during this time. Social work turned away from its social casework orientation and moved into social action, community development and policy initiatives. Schools of education limited their curriculum devoted to personality

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and individual change in favour of more macro centred theories of change, and more functionalist approaches for work with individuals, such as crisis intervention (Goldstein, 1996).

These movements were instrumental in encouraging the NASW to extend social work's mission to include social justice in its Code of Ethics 1996, and the CSWE in its "Curriculum Policy Statement" (Swenson, 1998). This movement was however short lived as social welfare reforms achieved during these times were to be eroded over the following decades.

A Shift to the (New) Right

From a relatively radical period of social work reform in the 1960s and 1970s, the provision of social welfare in Western countries was soon to experience a major shift.

In the UK, one significant influence was the political climate under Prime Minister Margaret Thatcher (1979-1990) which saw a shift to the right (hand up rather than hand out), in terms of administration of care. Statutory social work practice was seen to be there only to fill the gaps in extreme cases where voluntary services were unable to meet the needs of the people. These years saw large budget cuts occurring in the health, education and social service sectors. The introduction of the Mental Health Act in 1983 saw the role of social workers becoming more involved in legal and protection roles. Further child abuse scandals again increased social workers concerns with their mandated roles and with risk management issues. Other roles such as caring for the elderly or disabled no longer fell within the rubric of social workers employed by the State and were either abandoned or transferred over to private agencies (Jones, 1994). There became less and less time available for preventative or counselling type activities within the Profession.

The 1970s brought another economic crisis within the USA. "Globalization of markets, deindustrialization, and economic stagnation launched a period of "reform" that reversed 60 years of welfare policy" (Abramovitz, 1998, p. 523). A conservative political era where even Democratic-led governments contributed to the decline of hard fought for welfare programmes has continued since this time. Social workers despaired over these cuts, and many returned towards direct practice with individuals who were in need of help.

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President Nixon began the trend against federalism in welfare, with The State and Local Financial Act of 1972 resulting in moneys being redirected back to state and local governments for distribution. "...after his landslide electoral victory in 1972 he moved vigorously to cut back many social programs of the 1960s against stiff resistance from Congress, the bureaucracy, and organized beneficiaries" (Leiby, 1978, p. 339). While Watergate was to shorten Nixon's reign, the face of welfare had changed.

Within a year of President Reagan's election (1980), massive cutbacks appeared in the social service field, with the money to be transferred to such areas as military spending. Tax cuts favouring the rich were instituted. These cuts coincided with a recession, which saw their greatest negative impacts occur upon already oppressed populations (Reisch & Andrews 2002). Reagan's two subsequent terms in the presidential office also saw the continued privatisation of welfare.

In 1996, President Clinton's Personal Responsibility and Work Opportunity Reconciliation Act was signed. This act ended "...federal guarantees of assistance to many poor Americans, legal immigrants, people with disabilities, children, and others and bolstering the elimination of the federal government as the center for social policy and reforms" (Schneider & Netting, 1999, p. 352). Responsibility shifted further to the states for welfare provision. This era has been described as the "war on dependence" or "the end of welfare as we know it", and saw further privatisation of state services and the application of market models to public policy (Katz, 2001).

More recent times have seen resources and government attention directed outward towards the "war on terror" and the Iraqi War and less onto domestic policy. Two subsequent Bush terms saw the USA achieve the highest levels of inequality among "rich" nations of the world, with some writers purporting this to be due to social policy and lack of redistribution of wealth (Smeeding, 2005). At time of writing, President Obama has been in office for less than a year and has had to respond to a global economic crisis. While Obama's election may herald a shift away from right wing policy agendas, it is still too early to see any noticeable shifts.

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Social workers have not always been adverse to the liberal entrepreneurial spirit of recent eras however, and have sometimes appeared to profit greatly from privatisation. More and more social workers have moved into the field of private practice (Practice Research Network, 2003).

Evolution of Counselling within Social Work

Counselling or Psychotherapy and social work in the UK and elsewhere have enjoyed somewhat conflicted relationships from their inception to the current day. In the UK, social work appears to have been somewhat more aligned to psychotherapy, perhaps due to the influence of casework practice and psychotherapy's closer alignment to medical models of mental illness. This section will explore the history of psychotherapy and counselling.

Dryden et al (2000) described the history of counselling in the UK. The origins of counselling can be traced back to the Second World War and the social crisis which it precipitated. The National Marriage Guidance Council was founded in the 1940s to deal with the disruptions in relationships caused by the absence or the return of so many men due to combat. Following soon after was the formalisation of pastoral and educational or guidance type counselling. While initially the educational counselling movement focussed on vocational and educational counselling, expansion of counselling into universities from 1962 onwards, saw an increase in the provision of support and therapy services to students under the counselling umbrella.

In Britain it was not until the publication of Paul Halmos's *The Faith of Counsellors* in 1965 that the role of counselling began to be made explicit and that practice began to develop in a substantial way (Brearley, 1995 p.4).

The British Association for Counselling grew from the Standing Conference for the Advancement of Counselling which saw the amalgamation of pastoral counselling (Association for Pastoral Care and Counselling), and educational counselling (Association for Student Counselling), in 1970. "There can seldom have been a more striking example of two thriving children 'giving birth' to a parent" (Dryden et al, 2000, p. 468). In 1977, individual practitioners, rather than just agencies, were also extended membership (BACP,

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p.1). This allowed for a growth in the provision of counselling through private practice arrangements.

In 2000, the British Association for Counselling changed its name to the British Association for Counselling and Psychotherapy (BACP). As of July 2004, the membership of this organisation included 22,383 individuals and 1,142 organisations (V. Allen, personal correspondence, 29/09/04).

As mentioned previously, social work seems to have been more closely aligned to the provision of psychotherapy than with the profession of counselling. The history of psychotherapy can be traced back to the beginning of the twentieth century with the publication of Freud's *The Interpretation of Dreams*, in 1900 (Jacobs, 2000).

Jacobs (2000) traced the trajectory of psychotherapy from its beginnings in psychoanalysis through to its more recent incarnations which have borrowed from various other therapy and counselling modalities. Jacobs described how ideas of Freud filtrated to England via America in around 1913. Various psychoanalytic societies sprang up, often as break away groups from one another reflecting some of the philosophical splits evidenced at the time (for example Freud versus Jung etcetera).

Psychoanalysis began to demonstrate its usefulness following the end of the First World War in providing some treatment "of war neuroses, just as the Second World War in turn provided an impetus to psychoanalytic group psychotherapy" (Jacobs, 2000, p. 453).

As discussed earlier in this chapter, the Foundation of the Tavistock Clinic in 1920 was to provide a base from which psychotherapy and clinical social work could grow in the early part of the century.

The Tavistock...has pioneered, and continues to mount, what is probably the largest training programme in psychotherapy in the United Kingdom, and has over the period of 80 years influenced the application of psychoanalytic and other therapies, in such diverse fields as child, adolescent and adult psychotherapy...(Jacobs, 2000, p. 453).

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Social work was instrumental in the provision of psychotherapeutic services to children who had been disturbed by the First World War. In 1927 and 1928 “Training in the United States for five social workers was paid for by the Commonwealth Fund” (Jacobs, 2000, p. 454). “Psychoanalytic theories of child development were mediated to social work generally through child guidance, and social work similarly developed in the inter-war years into psychiatric social work” (Jacobs, 2000, pp454-455).

The British Association of Psychotherapists (BAP) was founded in 1972. This facilitated greater accessibility of training and provision of therapy to the greater public. Due to a large variance in professional associations based on differing schools of psychoanalytical theory, it appears to have been more difficult to achieve unity under one umbrella organisation, with Jacobs having identified over 80 psychotherapy associations in the UK at one point (Jacobs, 2000, p. 456). There has been ongoing competition between the various associations which resulted in some member organisations instituting a single member policy, which in turn meant that an individual could not belong to both the British Confederation of Psychotherapists (BCP) and the United Kingdom Council of Psychotherapists (UKCP). While the psychoanalytic schools have ‘squabbled’ amongst themselves, other practitioners employing other therapies or techniques have flourished. “Certain psychoanalysts may still be influential through their publications, but in terms of practice they are, by comparison with the majority of therapists, a shrinking breed” (Jacobs, 2002, p. 463).

The 1960s saw the rapid growth of both psychotherapy and counselling. A variety of forms of psychotherapy emerged at this time including, gestalt, psychodrama, etcetera. It also saw the beginning of the rapid growth of individuals involved in the provision of therapy (Halmos, 1965). Jacobs described that one of the possible reasons for this growth may be associated with shifts in such professions as social work which have seen the ability to fulfil a counselling role within their professional role decreased:

...those who in the middle period of the century (1930s to 1960s) were able to function as therapists from within an established caring occupation have had to move into independent practice to continue this type of work; or... those who earlier might have been attracted into

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such caring professions, as a place in which to learn and practice therapeutic skills, now have to seek an independent route for their training and practice (2000, p. 460).

Jacobs also described the entrepreneurial spirit emerging in the 1970s and 1980s as a result of such forces as Thatcherism increasing the growth of psychotherapists establishing private practices.

Accreditation for psychotherapists and counsellors in the UK at the time of writing requires specialised training and it does not appear as if generic social work training would meet the criteria for accreditation within these professions. Accreditation within BACP (counselling and psychotherapy) requires at least some specific counselling training within a combination of practice years and supervised practice (See Accreditation Criteria BACP Website). In terms of the UKCP, "The generic training requirements for a practitioner to become registered are that they must have completed a postgraduate level course in psychotherapy of at least 4 years part time duration or equivalent. UKCP is an umbrella organisation for all the different psychotherapies" (UKCP 2004).

Regulation of counselling and psychotherapy within the UK is set to begin in 2010 or 2011 (BACP, 2008). This is likely to continue the drift away from formalised counselling for those social workers employed as such.

The current environment for social workers doing counselling in the UK is quite uncertain. While many social workers would certainly admit to using counselling skills in their practice, those who do it as their exclusive form of intervention are said to be diminishing. Both Brearley (1995) and Seden (2005) described this change in role:

In the mid-1960s , when the term 'counselling' was beginning to become current in Britain, I recall many social workers arguing that little distinction existed between counselling and social work. 'Isn't that exactly what we are doing most of the time?' they would have said, with some justification. Nowadays I hear social workers saying the reverse: 'Is there any place at all for real counselling in social work?

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And even if there is, are we properly trained to do it? (Brearley, 1995, p.2).

Social workers employed in local authorities may have entered the profession thinking that they would focus on the kind of assistance given by counsellors to their clients. They now find themselves overwhelmed by work of a more bureaucratic and directive kind, which meets the requirements of the legal mandates of social services (Seden, 2005, p. 3).

While counselling within social work in the UK is in question, social workers in the USA have had a long tradition within counselling or psychotherapy, establishing a whole recognised branch of social work known as clinical social work.

Clinical Social Work and Privatisation

As a reaction to a decade of strong criticism, and a sense of growing de-professionalisation, a group of practitioners formed the Federation of Societies for Clinical Social Work in 1971, and introduced the journal, "The Clinical Social Work Journal", the following year (Goldstein, 1996). Various definitions of "clinical" were promulgated within the profession, ranging from its ties to psychodynamic psychotherapy to direct social work practice with individuals, groups or families. Clinical social work's theories have evolved greatly over time from psychodynamic, to systems, to CBT to narrative and solution focused approaches.

From an emphasis on Freud's psychodynamic theories, social workers moved towards more ego or interpersonal theories through the works of Otto Kernberg, Kohut and Anna Freud. Behavioural and cognitive behavioural therapies have been introduced which bring an evidence base into an area which had been strongly criticised for its lack of empirical validity. Social workers have continued to actively participate in work with couples and families and have been instrumental in the development of theories such as systems theory, structural therapy and narrative therapy. Short term therapies such as solution focused therapy have also been embraced by clinical social work. Current issues of The Journal of Clinical Social Work contain a high percentage of articles devoted to work with

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various “oppressed” groups and an apparent commitment to a multicultural, anti-discriminatory practice stance in line with a social justice perspective.

A survey in 2000 of the membership of the NASW indicated that from a sample of 2000 of its members, 59% reported direct practice as their principal role in their primary practice. Thirty-nine percent of members surveyed reported that mental health was their primary practice area (Practice Research Network, 2000). Another survey conducted by the NASW of 2000 of its members in 2002, indicated that 600 of them, or 33% worked in private practice, 77% of whom worked in solo practice (Practice Research Network, 2003). Goldstein described how the licensing of clinical social workers works across various states:

While requirements and licensing statutes are not equally protective across states, a majority of the states have multi-level licensing with licensed clinical social work being the most advanced level with special requirements for supervised experience and other qualifying criteria (1996, p. 99).

In 1984 The NASW Board approved “NASW Standards for the Practice of Clinical Social Work” which were revised in 1989 and are currently again under revision (as of 2009). They are also responsible for credentialing of clinical social work, with a Qualified Clinical Social Worker qualification (QCSW) requiring a minimum of a Master’s degree and two years post graduate experience under supervision (NASW, 2004).

Registration

Social work in the UK and the USA is currently regulated. Social work registration in the UK is mandatory and falls under the jurisdiction of Care Councils or Social Services Councils within Wales, Northern Ireland, England and Scotland. Registration came into effect in England in 2003 and the title “social worker” has been protected by law in England since 2005 (General Social Care Council, 2008).

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Within the USA, licensure is typically determined by State. The Association of Social Work Boards (2008) describes the various levels of social work licensure available. These include: Bachelor's, Master's, Advanced Generalist, and Clinical levels.

Private Practice

While Mary Richmond is credited with beginning private practice, it was not until the 1940s that social workers began charging private fees for service. "In 1943, Jewish Family Services in New York began to charge fees, and other family agencies followed suit with sliding fee scales" (Day, 2000, p. 290).

While some practitioners had begun private practice in the 1920s, this trend was quelled by the Depression in the 1930s. Many social workers were employed in private agencies, but the individual private practice movement for social work began again in the 1950s (Specht & Courtney, 1995). As social workers became more engrossed in private practice, many began to distance themselves from social work and call themselves psychotherapists.

In 1957, the National Association of Social Workers (NASW) Commission on Social Work Practice developed a definition of social work private practice and proposed interim minimum standards, thereby suggesting that private practice was within the realm of professional social work. By 1964, the NASW had adopted minimum standards for private practice and officially recognized it as a legitimate area of social work (Specht & Courtney, 1994, p.120).

Currently there does not appear to be a strong representation of social workers in private practice in the UK.

Conclusion

This chapter has described the emergence of social work in the UK and the USA. It has traced the profession in its initial stages to its role within almsgiving through the Charitable Organisation Society and its early links to social casework and education. It has demonstrated that while there has at times been some tension between social workers

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concerned with working with individuals and those who have seen problems as being of a more systemic nature, these tensions within the UK appear to have been less pronounced than those which existed in the USA through the same time. There are several reasons posited for these differences in terms of the development of the role of counselling within social work.

Social work within the UK has had a greater tradition of acceptance of socialist values and has been less concerned with private entrepreneurial pursuits, while social work within the USA grew out of a context of early pioneering roots, a greater emphasis on democracy and capitalist ideologies.

Social work in the USA has more often grown within voluntary or private sectors as opposed to within state control, while in the UK it has grown up largely within state run services. This has at times meant that UK social workers have had to take a more generalist stance or have been mostly employed within statutory organisations which often mandated their role. In the USA, clinical specialisms occurred, and the context for private practice was established early on.

Social work in the USA was professionalised almost from its inception, and from the early 1900s, an MSW was seen to be the necessary qualification for social work practice. An MSW education was often associated with a case work approach and has often maintained a clinical focus. In contrast, social work education in the UK has not been concentrated on individuals obtaining an MSW with the purpose of conducting psychotherapy; rather, it has had more varied qualifications over the years.

In the USA social casework and eventually the influence of Sigmund Freud, along with a drive for professionalism, aligned social work with the field of psychiatry and often diagnosed the problem as lying within. A strong professional interest has maintained heavy membership of MSWs within the NASW, many of whom are directly involved in the private practice of psychotherapy. This psychotherapeutic focus, coupled with an anti-communist sentiment that has often discouraged more radical social reform movements within social work, and with government reforms over the past 25 years, have contributed to a climate of privatisation of social services, through which social workers within private

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practice have greatly benefited. While in the UK, the registration movement of counselling and psychotherapy has largely shifted social workers out of these fields, in the USA both remain a legitimate form of social work practice.

As opposed to the UK, counselling and psychotherapy in the USA are not only “alive and kicking” within social work, but for many social workers, they form the basis of intervention and do not appear to be in any jeopardy or risk of decline. As Margolin (1997) wrote about the American context, “Social workers may claim Jane Addams as their source of inspiration, but they *do* Mary Richmond” (p. 4).

The history of tension of “The Hundred Year War” (Haynes, 1998) in terms of the roles and mission of social work within the UK and the USA has been traced in this chapter. Social work evolved quite differently in the USA than it did in the UK but the evolution within these two countries has been significant to the development of social work worldwide. As will be seen in the next chapter, globalisation and cross fertilisation of ideas, models and theories of social work from the UK and the USA were to provide some of the seeds of growth for the evolution of social work practice within Aotearoa New Zealand. Casework was one of the first social work theories taught in Aotearoa. Other social work theories such as systems theory, task centred practice, ecological theory, and more recent theories such as solution focused approaches have all been taught in New Zealand social work programmes and all have their origins in either the UK or the USA. While some issues in relation to social policy are consistent with developments in the UK and the USA, the information in the following chapter will reveal that it is often the differences, rather than the similarities which have perhaps most shaped the role of counselling within social work in Aotearoa New Zealand.

Chapter Four: Contextual Factors Influencing the Development of Social Work and Counselling in Aotearoa New Zealand.

This chapter deals with the historical and contextual factors which have shaped the development of the role of counselling within social work in Aotearoa and begins the presentation of the qualitative data from the research interviews. The past perspective is explored here in order to provide a basis for the understanding of current perspectives discussed in future chapters.

While the broad and exhaustive history of social work in Aotearoa New Zealand is yet to be written, there are several pieces which comprehensively address various areas of social work or particular times in depth. Nash (2009, 2001, 1998) has focused on the history of social work education, various oral histories and of the development of the profession of social work. Baretta Herman (1994) and McClure (1998) have looked at the development of the welfare state and the evolution of social security in New Zealand. Harris (2004) has traced the role and relationships of tribal committees and the Maori Women's Welfare League with the Department of Maori Affairs' Welfare division while Walsh-Tapiata (2004) has detailed the impacts of colonisation and the influence of Western constructs of social work upon Māori. Dalley (1998) has reviewed the history of child welfare in Aotearoa throughout the twentieth century. There has also been a considerable amount written in regards to the history and relationships of social welfare and social policy (See Tennant, 1989; Dalley & Tennant 2004; Cheyne, O'Brien & Belgrave 2004). This thesis concerns itself with the history and development of the relationships of social work and counselling. As such, this chapter will explore those events and their contexts which have shaped the development of these two areas over time. Information here has been obtained from written sources, studies and accounts, and through the interviews undertaken in 2005-2006 detailed in chapter two. Parallels and divergences are drawn from the previous chapter on the American and British histories. While the role of indigenous social work is described throughout this chapter in relation to its impact on the development of social work and counselling, it is described more fully in chapter five.

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There are several key influences that appear to have shaped the development of social work, and the role of counselling within it, in Aotearoa New Zealand. The beginnings of social care can be traced back to tangata whenua and iwi structures. Colonisation and migration would then play a part (Walsh-Tapiata, 2004). New Zealand has had a relatively small population. This has impacted on the philosophy and culture of the nation and has also meant that individuals could yield significant influence. One of the issues which impacted on the development of social work and counselling is the relatively late emergence of social work and counselling here, as opposed to other countries. Social work here grew out of a welfare state which was ambivalent about the role social work should play. The social context of the country at the time of social work's adolescence was characterised by social change and upheaval (Nash, 2001). This often went against the needs of statutory services like The Department of Social Welfare which was the main employer of social workers over a long period of time. Linked to this, as in many other countries, one of the main influences in terms of defining social work and its role appears to have been the tension which has existed between the community work/clinical work split and the New Zealand Association of Social Work's ambivalence regarding professionalisation (Kendrick 2004). Another significant variable in Aotearoa New Zealand has been the role of tangata whenua and biculturalism. Social work here has grown up within two cultures and the tensions which have existed between them. More recently registration for social workers and psychotherapists and proposed registration for counsellors has also begun to alter the landscape of helping professionals and what they do.

Social work as an official profession is a relative newcomer to New Zealand, with the first social work educational programme only beginning in 1949-1950 at Victoria University (McDonald, 1998). This is a good deal later than the London School of Economics beginnings in 1896 (Younghusband, 1981) and the Charity Organisation Society Course in New York in 1888 (Katz, 1996; Shoemaker, 1998). The New Zealand Association of Social Workers began in 1964 and the official title of social worker only appeared within a State context in the 1971 Social Welfare Act (B. Manchester, personal correspondence, 06/02/06).

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Nash (2001) described how social work roles were apparent long before we called it “social work”, with Māori already practicing, in pre-colonial times, many of the tasks and roles which have since become associated with the helping professions. These will be explored further in chapter five. This chapter begins with a review of the influences of the United Kingdom on the Aotearoa New Zealand context in terms of the social welfare and social policy frameworks.

Early History

There has been a continuous flow of cultural influences from the outside from the beginning of the contact in the mid eighteenth century and that has grown and strengthened. It has not weakened. You can call it globalisation if you like and that would be a term that would cover the whole period. That particular aspect if you look at social work in relation to those international influences, the institutions that were set up by the early pakeha settlers bore the aspects of avoiding the poor law from the UK but stressing the need for self reliance. All those things have been built into the kind of attitudes developed by this society in which we now live... I want to always see the global influences as being important and they are not just new, they are not of now. They all have a history and have their own particular reference in the present time but they have their own history (M. Hancock, personal correspondence, 2/11/05).

Margaret Tennant's *Paupers & Providers-Charitable Aid in New Zealand* (1989) documented the early beginnings of the strands of social work within Aotearoa New Zealand. Like the USA and UK, social work here grew out of the role of providing for the “poor and destitute” through “charitable aid”.

Tennant described that despite the hope that things would be brighter in the “colonies”, “by 1860 most provinces had the item ‘relief’ ...upon their financial estimates. By the early 1870s the expression ‘charitable aid’ had come into currency” (p.1). Evidence of one of the first versions of a social worker is seen around 1868 at the time of Auckland Sick and

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Destitute Act when there “was the appointment of an official termed the ‘relieving officer’ to distribute rations in Auckland” (Tennant, 1989, p. 17). Tennant described how, “As the ‘frontline’ agent of the charitable aid system, the relieving officer had considerable power to determine the outcome of cases, but was also subject to innumerable social pressures” (1989, p.69). As in the UK and USA, relief clients were seen to fall into the categories of “deserving” or “worthy” or “undeserving”.

Similar to the USA, the Depression saw an increase in applicants for relief who once would have been considered “worthy” poor. The provision of relief services was shifted to the state through the enactment of the 1930 Unemployment Act. As the country’s unemployment and economic situation worsened the government responded with the 1938 Social Security Act. This act was to shape the provision of health and welfare services, and provide the ethos of the “Welfare State” from which social work was to grow until the 1980s and 1990s when there was a significant shift in ideology regarding the role of the state in welfare provision.

The beginnings of social work, and the counselling role as part of social work, were evident here and in other countries. Providing rescue and counselling to “fallen women” was one of the growth areas of voluntary welfare in New Zealand between the 1880s and 1900s (Tennant, 1989, p.113).

Tennant described that during the 1890s many policies aimed at child welfare emerged:

The Education Department, with its expanding range of specialised staff, played the larger role in these developments. By 1918 the Department employed juvenile probation officers, attendance officers, district agents under the Infants Acts, visiting nurses, and the personnel of the special and industrial school branches. From 1925 the appointment of Child Welfare officers provided a core of professional social workers with a well defined career structure to oversee the welfare of children (1989, p. 143).

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Social Security and the State

The development of New Zealand's social security system was an important factor that was to influence what was to become the profession of social work in this country. As has been seen in terms of the UK and the USA, described in the previous chapter, differing philosophies in terms of economics and social responsibility contributed significantly to how social work services were developed and provided. A free market, non-centrally regulated economy within the USA allowed for the growth in private practice and counselling in social work as a "user pays" philosophy was engendered as the profession of social work began. With the "cradle to grave" care offered within the UK, social work developed and sat to a large degree within statutory services (Payne, 2005b).

New Zealand has its own unique history of social policy which has also been influenced by international trends. Much has been written about this history and a detailed analysis is beyond the scope of this thesis. Comprehensive accounts can be accessed through the writings of Cheyne, O'Brien & Belgrave, 2004; Dalley & Tennant, 2004; Duncan, 2004; Kelsey 1997; Lunt, O'Brien & Stephens, 2008; O'Brien, 2008; Shaw & Eichbaum 2005; Tennant, O'Brien & Sanders, 2008.

Belgrave (2004) discussed three key phases of social policy reform in Aotearoa. The first reform phase occurred in the 1890s with the introduction of the Old-Age Pension Act. Despite basic state provision for a certain group of people, notions of deserving and undeserving remained and it wasn't until the 1930s that public opinion on the provision of aid and the role of the state within this was to change significantly.

McClure (2004) examined the shift from welfare "need" to welfare "rights" following the enactment of the Social Security Act 1938. As in the UK and the USA, the Depression created a situation where even the most "moral" sometimes found themselves in a state of poverty and where previous systems of aid no longer could meet demand. These conditions prompted the election of New Zealand's first Labour government in 1935 and eventual radical policy reforms as had occurred in the USA in 1935 with the Social Security Act, and would eventually occur in the UK with the Beveridge Report (1942) and the National Assistance Act 1948.

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With the Social Security Act of 1938, the state in New Zealand signalled its role in the responsibility for the wellbeing and maintenance of its citizens. Comprehensive provision of services occurred within the context of the state or through not-for profit agencies funded to a large degree by the state. In describing the mix of social services at a later time, Tennant, O'Brien & Sanders stated that "In the social service sector, an almost symbiotic relationship prevailed between key organisations and the post-World War II welfare state" (2008, p.4).

Some of the interviewees discussed how this system was looked at with admiration from other countries, and that government was wary of developing social work due to the perception that their system was not meeting ALL the needs of its people. Ken Daniels summarised a statement made by Jim Robb which demonstrated this point:

New Zealand's approach to welfare can be characterised by a "kind hearts and cashbox" approach. That was the view that if you had difficulties, a kind heart or money would solve the problem. So a whole lot of our social interventions were about welfare benefits and it was only when there was a realisation that that wasn't actually bringing about any change, that there was a reflection on, "Well what do we need to be doing"? And it was at that more intensive level of intervention, and that meant that there needed to be skills and knowledge for handling that. And that meant there needed to be education and training. And here we are (Personal correspondence, 01/02/06).

He then drew a parallel to a more current situation which gave a more vivid portrayal of the point Jim Robb may have been trying to make:

I was in Vietnam last year doing some work for UNESCO and one of the things that I was told there, was that the term social work wasn't allowed to be used in Vietnam because as a communist country to acknowledge the need for social work was to acknowledge that the state had failed (Personal correspondence, 01/02/06).

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This was reiterated again by Kate van Heugten:

Government appears to have more readily supported the education of psychologists than that of social workers, perhaps because psychology offered positivist answers to problems, in a manner that did not threaten the reputation of New Zealand's status as a world leader in successful welfare provision (K. van Heugten, 1999, p. 99).

Gary Hermansson, who was involved in the early period of development of both social work and counselling in New Zealand, drew strong connections between the influence of the welfare state philosophy and the development of social work:

I think within New Zealand there was a philosophy that went with that of long historical significance, way back to... the suffragette ...and the voting rights of women historically and also the thirties social welfare policy, the whole social security type notion. ...and also our historical traditions were based on the fact that there is a welfare state thinking, that whole socialist type thought, without having to move into the communistic type elements of it ...so I think to that extent, this nation had a kind of a slow emergence of helping services (Personal correspondence, 12/02/06).

McClure (1998) described how this view began to shift in the 1950s with the "psychologising" of poverty and the introduction of permanent welfare workers within the social security system (seen to be the first prototypes of social work within the social security setting). These workers were employed to work with "problem" families within the special assistance scheme. Their jobs included attempting to get men or women into work and "repairing" broken marriages.

Labrum (2000, 2004) also described that both child welfare and welfare workers involved in the provision of discretionary benefits were often involved in the provision of support and advice. Both McClure (1998) and Labrum (2000, 2004) also discussed the primacy of long term supervision of these families that often occurred and the casework relationship that developed with the welfare or child welfare worker within each of those systems. While

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these workers were certainly not charged with therapeutic work, the roots of counselling or in the skills needed for developing relationships was evident in these schemes. too. While both welfare and child welfare workers referred out to child guidance clinics, Labrum (2004) states that as social work's professionalism increased, so did its response to requests for non-material forms of aid.

The “welfare state” provision of education, social services and income maintenance continued in New Zealand into the 1970s. The country would soon be hit by a world-wide energy crisis which saw the price of importing fuel skyrocket and trade conditions with the UK change as a result of loss of guaranteed markets for exports (Rudd, 2003). Economic growth slowed considerably at the same time as budget deficits grew. The National government, under the direction of Prime Minister Robert Muldoon borrowed and taxed heavily to support the ongoing maintenance of its welfare state. This brought the country to the brink of bankruptcy in 1984.

New Zealand elected its Fourth Labour government in 1984. The government set upon a series of neo-liberal economic reforms which saw the deregulation of the country's economy. This included the removal of the exchange controls, trade protections and domestic subsidies which had been in place under previous National governments. The Reserve Bank Act 1989 shifted policy away from economic and social welfare, and focused on the goal of inflation control (Cheyne, O'Brien & Belgrave, 2004). Many government services were either sold off or privatised. A totally new climate of social welfare provision (or lack thereof) had emerged. These changes were seen by many to have strongly influenced the provision of counselling and social work services within this country.

Barretta-Herman has written extensively about the impact of these changes on social welfare provision. “Attacks on the welfare bureaucracy and the profession of social work in New Zealand were so strong and pervasive that neither were able to defend the existing form and structure of the welfare state” (Barretta-Herman, 1994,p. xv).

Hermansson reflected on the shift of socio-economic policy and its impact on social work and counselling in relation to people paying for service:

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Then we had that quite major political shift in the 80s... and then it became services needing to be paid for, provided for, developed and available... and there were a few years where people were ... in the social work thing and the counselling thing... were beginning to... go into private practice and they struggled for a while because there wasn't a mentality that said this is what's available to be done. And then gradually people got used to the idea and at times I think, we've made a major paradigm shift into the way in which we are as a nation now (Personal correspondence, 12/02/06).

Van Heugten described some of the findings within her doctoral thesis on social workers and private practice which supported the view expressed by Hermansson above:

I suppose in my thesis I explored restructuring and privatisation in the late '80's and in the '90's providing some of the impetus for people to move into a private practice, which then encouraged more of a counselling, psychotherapeutic focus and individualization... ACC and its payment for sexual abuse counselling may have also added to that. Perhaps also social work was late in professionalising in New Zealand and along with professionalisation perhaps comes somewhat of a move away from communitarian approaches toward pseudo-scientific kind of approaches, which may be somewhat more individualistic (Personal correspondence, 01/02/06).

Hermansson continued in a similar vein describing the shift from counselling within statutory services into private practice:

So you had a counsellor in the social work system, you had some counselling staff within mental health and whatever, but there were no practitioners beyond that because there was no history or tradition of paying for service. It was all state provided and if the state didn't provide then you didn't get it, so you might have had some voluntary help or whatever. But then in the mid-eighties when you suddenly get

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this marked economy shift, you are seeing the development and the emergence much more of private social workers and particularly private counsellors...There were a number of counsellors around who were counselling in the field and would have had either social work training or some in-house...in-service type training, or the odd workshop here and there and...or ministers and pastoral care. That evolved in the mid to late eighties (Personal correspondence, 12/02/06).

June Kendrick summarised the situation which would have made sense, had the “Left” not been responsible for our major fiscal restructuring. “Really it goes into politics, the Left and Right of politics. The Left says it is changes you’ve got to make, the Right says, no, it’s the people themselves that have got to change.” (Personal correspondence, 28/07/06). She went on to describe the Labour government’s ongoing ambivalence regarding the provision of social work services:

...on the one hand they want all the things that social workers would want for people, but they wanted them via a different method you see...when Victoria was...they set money aside. We don’t need social work. (Kendrick described the first social work programme at Victoria University in 1950 which was forced to call itself a department of social sciences sic) They somehow saw it, and possibly still do in many cases, as an indictment on their programme. There is an indictment, this is a government. If we haven’t made things so that everybody can be okay (Personal correspondence, 28/07/06).

The shifts begun by Labour in 1984 were continued by a National-led government elected in 1990. These shifts saw increasing privatisation of state owned services. The state and not-for profit relationship also saw significant shifts during this time as greater amounts of funding were shifted towards the not-for profit sector and contracting out of state run services to the not-for profit sector increased (Tennant, 2004; Tennant, O’Brien & Sanders, 2008). Increased contracting out of services continued under successive Labour governments through the late 1990s and early 2000s. This has been described fully by

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O'Brien (2008), and Tennant, O'Brien and Sanders (2008). The relevance to this thesis has been demonstrated by not-for profit agencies that may once have been able to pursue their mandate of preventative work and counselling; now being forced to take contracts from the state and agencies, that have mandated services, in order to survive. One such agency is Family Works (previously James Family- Presbyterian Support) which has felt increased pressure to accept contracts from Children, Young Person's and their Families Service to undertake child abuse investigations (J. Heays, personal correspondence, 13/0/06), under the CYFS Differential Response Model (Waldegrave & Coy, 2005). Social workers or counsellors who have chosen to work in the not-for-profit sector due to high caseloads and other variables which limit counselling contact with clients in statutory agencies, may now have to move again towards private practice as their agency time increasingly is consumed with other mandated services.

Social welfare provision and social welfare policies have impacted to a large degree upon the development and provision of social work services in this country. One of the ways that this has occurred is through the impact that the welfare state status had upon the initiation of formal social work education. As has been discussed by some of the interviewees, social work education began much later here than in the USA or the UK. While the therapy versus community change debates had occurred within the USA for close to 75 years, the profession of social work in Aotearoa was just being born. Several variables contributed to this late start.

Education

Education has played a major role in the evolution of social work and counselling in Aotearoa New Zealand. Some of these themes have been touched on previously in terms of the late start of formal social work training. Other areas which are significant include the significance of each of the courses, the modalities taught, the individual personalities of people within the schools and what they brought, the development of the education opportunities and geographic variations.

Social work education in Aotearoa New Zealand had a very late start in comparison to the USA or Great Britain. While John Beck, Superintendent of Child Welfare had begun the

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call for social work education in the 1920s following a trip to the USA to review systems of child welfare (Nash, 1998), it took several years for any progress to be made in this area.

McCreary (1971a, 1971b) outlined the development of the first social work programme at the School of Social Science at Victoria University in the early 1950s. He described the push for this programme having occurred out of a conference held by the New Zealand Council for Educational Research in 1943 and the subsequent report which came out of it entitled *Training for Social Work. Report of an Informal Conference Held on 18th October, 1943*.

McCreary (1971a, 1971b) outlined the early development of the school as well as the contribution made by its various staff. The school began taking students in 1950 under the direction of D.C. Marsh who had been brought in from the UK. McCreary described Professor Marsh as being a “social administrator”, and a staff member, Miss Brenda Stubbs as falling on the “individual therapist end of the scale”, and another staff member Jean Robertson as also falling closer to the individual social work provision by individuals (McCreary, 1971a, p. 13).

In Nash’s interview with McCreary (1998), McCreary elaborated on this by stating:

I would say that Marsh was a social administrator and he wasn’t very concerned with psychology and this sort of nonsense. But I taught psychology and the students were mainly concerned with what to do with people. So really we were teaching a sort of psychotherapy, psychology which got a bigger impulse when Minn arrived because he had been analytically trained, had a 5 year analysis and so during his administration the social administration side faded away it became much less (McCreary cited in Nash, 1998, p. 215).

Minn, to which he refers, is Professor W.G. Minn who joined the school as head in 1954.

In Nash (1998), Hancock described the contribution that various lecturers made in terms of shaping the content of the course. One of these lecturers was Brenda Stubbs. “She had a

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major effect upon us then because she was in fact psychoanalytically organised, and dominated by the psychoanalytical tradition and its application in social work” (p. 107).

Hermansson described the education he received through the Victoria course in terms of its strong psychodynamic orientation:

The professor who taught me at Victoria in 1964 was Professor Minn, who was a psychoanalyst really, and there was a psychoanalytic tradition within that. So my social work training was essentially training in an intra psychic type framework with a...impacting on the environment, type...you know, sort of manipulating the environment, but essentially coming back to what are the intra psychic dilemmas here around inadequate parenting and deprivation and delinquency and that...(Personal correspondence, 12/02/06).

This was likely to have been part of the influence which moved Hermansson into being instrumental in the development of the counselling profession in New Zealand. He goes on to discuss the influence of psychodynamic or casework-type thinking:

There was a kind of slight European psycho-analytic tradition of therapy within New Zealand, alongside welfare workers really, in the social work stream, then the emergence of mainly I guess through the university programme in Wellington, and then to be picked up by Canterbury later on as well but the distinction of the professional social worker rather than a welfare worker type body (Personal correspondence, 12/02/06).

Several of the interviewees were asked why this psychodynamic view of social work similar to those described within the USA and UK settings did not seem to survive given that the only Aotearoa-trained social workers were coming out of this programme. The consensus seems to have been that there were too few social workers coming out (to create a critical mass) and too many basic social work tasks which needed attention. These social workers also tended to rise quickly into supervisory or management type roles.

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This excerpt from the interview with June Kendrick demonstrates the reality of practice after training in casework:

Barbara: So what did you do then with that when you finished? When you were one in a pool of so many untrained social workers. How did it inform your practice or did it?...because the psychodynamic tradition didn't live in New Zealand...my impression anyway, after all of you graduated from Vic...

June: I think it did live in those who went into Mental Health, because you see, if you were working in mental health...in fact you railed against the fact that people didn't recognise that...they only saw you...the doctors only saw you as this sort of...you know, you were the ones who ran out and found where somebody had left their teeth or their glasses or something like that, that sort of role and I think people did carry on the case work sort of model and probably in certain parts, even in some of the institutions...you know, children's homes and things, people who had that skill used it. We saw that as an ideal and if...it was like having a plum or a few pieces of goodies handed down to you. You had an opportunity...it was a joy to work with somebody like that, but there was also the day to day other running around stuff and we didn't think of it much in terms of...we didn't put the label of community work on it, until much later (Personal correspondence, 28/07/06).

Judy McKenzie reiterated the view of Kendrick described above:

When I went across to the Auckland Psychiatric Hospital...June Kendrick and I were there together, there was something like 1400 patients and two social workers...I went to Porirua in 1967, there were four of us...three of us were qualified...three of the four were qualified...the population there was something like 1200 in-patients and several hundred out on leave. It was an enormous amount of

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work. You could only do what you were referred. You picked up the work and you got a referral from a doctor or ward charge and that's what you did. I don't think there were...I don't think it was even possible for us to establish a clinical path (Personal correspondence, 12/05/06).

The first school of social work in Aotearoa New Zealand at Victoria University was directed by two successive Professors both brought here from the UK, and there was, with the second Professor, Minn, at least initially, a strong psychodynamic or casework approach apparent. This was discussed by Hancock in the interview:

One of the other things that I had always been interested in was the question of when I got to the School of Social Science the effect of that training on me had two major effects, one was the work that Professor Marsh contributed which was a systematic analysis of the social system in which the New Zealand Social Services were involved and that made a deep and abiding impression on me and I have not lost that interest. I had it before but it was extended by what he offered us in those two years. And then parallel to that and was the lectures provided by Brenda Stubbs who was casework orientated and psychoanalytically orientated (Personal correspondence, 2/11/05).

As the only university-based training programme available until 1976, many future prominent social workers and social work educators would have obtained their initial social work training in the Victoria Programme.

Prior to 1975, various training schemes emerged to attempt to provide some basic training to the growing social service workforce. Brian Manchester recalled many years in his roles in upper management within the Department of Social Welfare, in charge of Workforce training and development as well his time as a member of the Social Work Training Council from 1973 to 1979. He was instrumental in the development of the professional training centre, Tiromoana, which was set up by State Services Commission in 1965, for

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improving the level of competence and confidence for social workers who had no other formal social work qualification (B. Manchester, personal correspondence, 06/02/06). This ran from 1965 until 1980. While a psychodynamic or clinical influence would certainly have been present in this course, the time limited nature of this training and the heavy demands placed on those fortunate enough to attend would not have likely allowed for the ongoing development of counselling type skills and orientation (R. Manchester, personal correspondence, 06/02/06).

There were also other training programmes which were instituted from Victoria's inception in 1950 until the undergraduate social work programmes which eventually emerged at Massey University and Canterbury University in 1976. These included the Social Work Trainee and Intern Programmes, the Levin Residential School, Taranaki House and the brief Master of Arts programme which existed in the Auckland University Sociology Department from 1975-1980 (B. Manchester, personal correspondence, 06/02/06).

The development of the Massey and Canterbury Programmes was very relevant in terms of the evolution of the development of social work and counselling in this country. The Massey Programme was initially led by Merv Hancock. Hancock, one of the acknowledged fathers of social work in this country and first president of the New Zealand Association of Social Work in 1964, held a strong commitment to the dual focus of social work and to growing the profession. While on the one hand, he was the dissenting voice in the New Zealand Social Work Training Council's decision to disband the Community Development Programme of the YMCA in Wellington in 1982 and while he consistently voted against measures to attempt to limit entry into the NZASW to those holding qualifications, he was also the first person to establish a private counselling practice in Palmerston North in 1966. The Programme was eventually taken over by Ian Shirley in 1982 who had a strong commitment to community development.

Gavin Rennie described his time at Massey University which shows the focus of training under Ian Shirley:

I trained as a social worker later in life. People I knew who had trained as social workers at Vic in the fifties were very much into the

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counselling stuff. By the time I trained at Massey, we got no skills training of any kind at all and it seemed to me that was a lack and I noticed later on when Felicity (*Gavin's wife-also a social worker*) did the same programme as I did, that there was much more of that sort of thing in the programme, than there was when I did it... and as I say, when I was at Massey, there was nothing...nothing was being taught (Personal correspondence, 11/09/06).

This was also discussed by Daniels who had established the social work programme at Canterbury University:

Canterbury for example, was often perceived as being much more interested in the interpersonal in the counselling. Whereas Massey was often perceived as being more interested in the social policy and we would get students who would be talking to us about that. Or our students would be on the same placement with a Massey student and they'd be talking about it so you would get feedback, but also when Ian Shirley was in charge at Massey, he had a very clear orientation towards that community work perspective (Personal correspondence, 01/02/06).

Ian Shirley's position was then taken up by Robyn Munford who had done her initial social work training under Merv Hancock and who also had a strong commitment to critical analysis and community development. Munford also saw the value of being able to establish strong relationships with clients and micro skills were also valued under her leadership (R. Munford, personal correspondence, 17/08/06).

The policy and community development, or macro context perspectives, seem to have dominated the social work education system in the North Island of New Zealand - being the only social work courses offered in a University (with the exception of the short-lived MA in Sociology offered at Auckland University 1975-1980) until very recently with the Auckland College of Education social work course being taken over by Auckland University.

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As mentioned above by Daniels, social work education in the South Island evolved quite differently in relation to the counselling component within social work. Daniels, who was to head the Canterbury social work programme, had previously gone overseas and studied social work at London University and the University of Wales. He came back to New Zealand and worked as a psychiatric social worker. At the same time he was an active member of the Education and Training Committee of the ANZASW. He described how his overseas training impacted upon his view and practice of social work:

I think the fact that I undertook my professional education and training in the UK has been a significant factor in terms of what I've been able to do or achieve in New Zealand. I say that because the course that I undertook I think had a very strong orientation towards individual, family and group work. It set me up, if you like, for a clinical social work orientation or a casework orientation (Personal correspondence, 01/02/06).

Daniels was to remain as head of the Canterbury Programme for over thirty years and he obviously impacted upon the clinical nature of that programme's curriculum. This interest was to be reflected in the content of the social work programme at Canterbury over the years:

I think our course here, for example, has quite a heavy component of working at that...I suppose...in that counselling arena or that counselling level. All of lab groups are about interpersonal skills, we teach about family work and group work as well as community work of course, a large number of the students placements are in agencies where they will work at an interpersonal level, I think many of the supervisors would see themselves as primarily with a casework orientation because that's the predominant part of the work, but not that alone – casework is a part of social work (Personal correspondence, 01/02/06).

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Again, in terms of significance to this thesis, Canterbury had quite a different orientation to social work than other programmes. Daniels described some of the dynamics at play over time in relation to holding this orientation:

I think it wouldn't be unfair to say that those of us who taught casework were probably marginalised and I don't think that would have necessarily been picked up by the students because I think most of the teachers of casework were pretty charismatic and effective teachers, so they went away with good things. But in terms of the power plays within that group of university educators in social work...I did a little exercise at one stage in which I looked at the heads of schools and what was their background and there were very few who had come through casework that were heads of schools of social work. Now I'm not suggesting that the head was that instrumental but we all know that it is. We all have some...but the public presentation of social work was often seen to be that macro level presentation, rather than the micro (Personal correspondence, 01/02/06).

Further south, Otago University began offering a part-time two year Certificate in social work in 1975. This became a full Diploma and Post Graduate Diploma from 1989. Pat Shannon, one of the founders of the programme described its orientation:

While I (as the initial staff member) had specialised in community development and policy development (the "macro" dimension) the course sought to be officially and substantively generic - its real defining feature was not the macro/micro divide but the fact that it was a course for mature workers who were not formally qualified - the distinctive element was this and especially a problem-based (issue based/enquiry and action) approach mixing all the practice dimensions together (P. Shannon, personal correspondence, 21/07/09).

There was an ongoing call for a social work programme to be made available in Auckland. The short lived MA Programme had closed at Auckland University due to lack of ongoing

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funding and commitment from the University (J. Kendrick, personal correspondence, 28/07/06; Nash, 1998) and there did not seem to be any momentum for one to be reinstated within that setting. The Auckland College of Education was nominated to provide social work education with a focus on youth and community work.

This Programme began in 1983 a time of great social upheaval in the country. Feminism and racism were high on the agenda of this programme. The history of this programme is described by John Cranna in *Towards Bicultural Development. A History of Pioneering School of Social Work at the Auckland College of Education 1980-1988* (1989).

Cranna described the changing face of social work at that time. “Over the history of the course the community work versus social work debate had been gradually superseded by the more pressing issue of power and resource sharing with the tangata whenua” (Cranna, 1998, p. 79). This marked a significant shift in social work thinking within Aotearoa.

This programme went through many rocky moments and sometimes found itself at odds with employers. Judith Mackenzie described the difficult reaction she was to have at times in relation to employing some students from this programme who, while very culturally attuned, did not meet the social work requirements of the district health board at the time (Personal correspondence, 12/05/06).

From the mid 1980s on, numerous social work diplomas and degrees sprang up within the country. Rennie described the development of the Unitec Programme which would incorporate social work, community work and counselling within one department:

I think 12 years ago now, (it was) decided that we would offer a degree and we were keen to keep community development as an identifiable strand, but we also had had discussions about also identifying counselling as a possible other strand and I can't actually tell you the origins of those discussions. I can tell you that very quickly when we suggested it, there were people out there who were very interested in what we were doing because there were practitioners, particularly social workers, who were saying, well we do counselling and the fact that you would teach it as a separate discipline, but within

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a degree that was associated with social work, seemed to have a bit of merit (Personal correspondence, 11/09/06).

The Unitec programme is significant to this thesis as the students from all three streams attend the first year together, thus having a common base from which to pursue their specific areas of interest or specialism. Students may also take a few extra courses to obtain qualifications in both social work and counselling. While education has played a significant role in how counselling within social work has evolved, as discussed in the previous chapter, the role of the drive for professionalisation has also impacted significantly on this area.

Professionalisation and the Clinical/Community Split

In many other countries, the role of counselling or psychotherapy within social work has been influenced heavily by the professionalisation of social work. There has been a tendency for those doing counselling or therapy within social work to see themselves as professionals or to be in the camps which agitate more strongly for the association of professionalism within social work. The history of the professionalisation of social work in Aotearoa has been a fairly tempestuous one. This history is well documented in Nash (2009, 2001, 1998) and Baretta Herman (1994).

An early attempt at professionalisation is evident in 1935 when Mary Lambie, director of Nursing Services “rejected the Australian and English precedent of using lay people as almoners, arguing that New Zealand conditions required qualified nurses for medical social work. The corollary of this was that women should hold the position and that the status of the job should rise” (Tennant, 1989, p. 74). Tennant also related that in the early days, just as in the early days of social work in the UK, that people did not see themselves as social workers, but rather as probation workers, child welfare workers etc.

The Victoria Social Sciences Programme organised the first social work conference in 1950. In 1962 social service workers came together at a conference in Dunedin under the theme of “The Definition of Social Work”. This was followed shortly thereafter in 1964 by the first inaugural conference of social workers.

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June Kendrick described the beginnings of what was to become the NZASW.

I initially thought of forming a sort of old students thing from Victoria, but it actually was Professor Minn who I recall very clearly, made the point that he felt it should be a social workers association and...you know, he was obviously quite right. We formed an Association in Auckland in 1962 and we just rang around all the groups we knew who had social workers. It was an interesting group of people, a lot of people from the voluntary sector, and we got going. That was when I realised a person I had known briefly because we had been at Auckland University at one stage was Merv Hancock and Merv was in Dunedin and we were in Auckland so I found from Merv that they had done the same thing in Dunedin spontaneously and something similar in Wellington too. Dunedin organised a study conference in '62 and from then ...by '64 of course we had our inaugural conference and the rest is history (Personal correspondence, 28/07/06).

1964 saw the foundation of the New Zealand Association of Social Workers, with its first president, Merv Hancock. NZASW was admitted to the International Federation of Social Workers in the same year, with Professor McCreary attending their conference in Athens. In 1965, the first social work journal, *The New Zealand Social Worker* was published by the Association (Beddoe & Randal, 1994).

It wasn't until 1972 that the term 'social worker' appeared officially in the country's legislation. Manchester described the beginnings of the term:

The Department of Social Welfare Act from the 1st April 1972 changed that to social worker in terms of the Department of Social Welfare Act and then the 1974 Act in the whole field of Child Care and Protection and the Young Offender picked up the term social worker to describe the person who was going to do the job. So it was no longer a policeman and a child welfare officer having statutory authorities, it was now a policeman and a social worker having

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statutory authorities (B. Manchester, personal correspondence, 06/02/06).

Internationally, the professional debates have often been reflected in such areas as restriction of membership to a professional association and the prerequisite of having a formal academic qualification in the field in question, and/or registration of the profession. These areas are, in fact, where a great amount of the debate occurred in Aotearoa.

Initial membership in the NZASW was open to all, no academic qualification was needed and there was no system of registration in place. The first call to consider registration of social work came in 1972. MacKenzie described her reaction to the proposal being resoundingly defeated by two thirds of the membership at this time:

Well after that vote, I...we were having lunch and I remember going up to Merv (Hancock)...I was peeling my apple and I took my knife and I put it at his throat...I said Merv, I'm tempted to push this and Merv gave me this great big beautiful smile and ha, ha, ha...I said, I think you've just done a huge disservice to social work education and training in this country (Personal correspondence, 12/05/06).

Historically, the push towards professionalisation of social work sat mainly within health social work. The following interchange with Robyn Munford, described the link between clinical social work, counselling and the push towards professionalisation:

Barbara: Do you think that the counselling arm of social work got linked with professionalisation?

Robyn: I think that's a really good question because I think it does. It's that clinical, can we measure it, can we quantify it, focus. That's that bit and you can fight with the medicos if you have that bit...kind of contained...that's counselling and social...that's the profession, that's social work. It's the counselling stuff we do, it's the clinical intervention, that's the profession...and I think there is a tendency towards that and I think that's because we get a lot of pressure

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sometimes from the other professions to determine what we are, especially say, in relation to psychology and there is that focus sometimes on community development not being seen as highly skilled and it can be done by anyone and I think that's where it's dangerous because community development is also highly skilled and is really needed and a theory is needed to work in community development and it is as important as the clinical interventions (Personal correspondence, 17/08/06).

Munford went on to describe the historical debates:

I think there is a strong connection back into that clinical part of social work that becomes the profession. I think the debates in social work were about the health settings and that medical model and being able to work within a medical model and those that worked in informal settings. I think those were the debates...Now counselling can be in the middle of that somewhere but the health social workers were quite strong in wanting professionalism and an association and in the early days of students, you know, they were quite tight on saying, students need to have a really clear training, education in clinical skills and being able to do this, it's very professional and on the other side you have community work and I don't think...I think you're right, counselling was not as present as the fields of practice and as the settings that were talked about (Personal correspondence, 17/08/06).

Van Heugten also described the early movement towards professionalism from the counselling end of the continuum of social work practice:

Perhaps that's because of course the early social work professionalisation occurred in the psychological, psychotherapeutic arm of social work, did it not? It was mental health social work that kind of professionalised before other areas of social work and also the

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people who taught it, I think were not New Zealand trained (Personal correspondence, 01/02/06).

In 1970, the government signalled to the country that it intended to amalgamate the Social Security Department and the Child Welfare Division of the Department of Education into one body, the Department of Social Welfare. The Association did not feel that this proposal went far enough in its reforms and in 1971 produced the document *Social Welfare at the Crossroads*. Most of the recommendations produced within this report were subsequently ignored by the government of the time, and the amalgamation went ahead as planned.

In reference to this time, Barretta-Herman indicates, “there were indications that with the apparent adoption of the alternative model, the Department’s support for social work professionalisation had reversed, and a deliberate strategy of de-professionalisation of social work was initiated” (Barretta-Herman, 1994, p.69).

Internationally those social workers who advocated for increased professionalisation were sometimes criticised for worrying more about the status of the profession than the wellbeing of the clients whom they were meant to serve (Specht & Courtney, 1994). Hancock described how the desire for status did play a part in the push for professionalisation both within social work and counselling:

The desire for status in social work was an impelling development for the development of the profession. But in the education field and the counselling field the notion of the status of the counsellor also was important to stake out a claim for itself and also under some circumstances to say, “Well look we are not social workers we do not get involved with social control methods like social workers do”, etc. (Personal correspondence, 2/11/05).

The evolution of social work within Aotearoa New Zealand, and the role of counselling within it, cannot be taken out of the context which was occurring both nationally and internationally. Internationally radical social work theories were emerging throughout the Western world, with theories aimed towards individual change being critiqued. Class, race, gender and sexual orientation were all being examined through radical lenses. In

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Aotearoa, the late 1970s and early 1980s saw the beginnings of many forms of cultural transformation. Vietnam, Māori land marches, the Springbok Tour protests, the occupation of Bastion point and the Raglan Golf Course, feminism, and the Homosexual Law Reform Act 1986, all changed the face of what may have appeared to be a quiet conservative New Zealand. Social work's adolescence occurred within these times.

Social change was in the wind and with it came a change in the direction of social work. Heavy criticism was directed towards those who advocated for social work methods which were seen to promote the status quo. This included the counselling or therapy components of social work. In 1973 Jim Robb responded to these movements:

I think one could fairly argue that the enthusiastic young radical community workers, oriented to political action, but discarding personality theory, the unconscious, and individual casework methods, are making precisely the same kind of mistake in the same degree but a different direction as was made by those of their social work parents who, 20 years ago, enthusiastically discarded political and community effort in favour of a reliance on individual therapy (Robb, 1973, p. 23).

In 1982 the NZASW Conference theme was Social Justice. The Association adopted the International Federation of Social Work's definition of social work with inclusion of the ideas of commitment to social change and social justice. While this movement occurred, concurrently, some members of the Association continued to rally for professionalisation. The 1984 NZASW conference in Christchurch saw the first major proposal for registration of social workers emerge. No mandate to proceed was achieved at that time (Nash, 1998).

In 1986 the Department of Social Welfare released *Puao Te ata tu*. This report exposed major institutional racism within the department—the country's largest social welfare organisation. This report, coupled with growing cultural awareness of the country's tangata whenua peoples, resulted in the rupture of the NZASW, with tangata whenua forming their own group representing Māori people in the social services in 1987 (Beddoe & Randal, 1994).

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Daniels described the influence of these developments on the role of counselling within social work:

Now part of the development that accompanied that related to education and training for social work and Māori and to a lesser extent Pacific Island people, because one of the moves that was taking place at that time was a move towards professionalisation. Education and training was a critical component of that... and what happens to those people who don't have the educational prerequisites to get into universities? It was also reflected in the debate about professional qualifications for membership of the Association and the debates went on and on and on. I think they really held back the professionalisation of social work because people were concerned that they might be being discriminatory because you were eliminating this group of people, eliminating their access to courses and so those two things were all tied up. Also, many Māori were more interested in working at the whānau or hapu or iwi level, rather than at that one to one level and again I can remember debates about...this is not an appropriate way to be working, one to one, from a Māori perspective and the fact that only Māori should really counsel Māori or work with Māori and...You've read about it, so you know what those debates were all about, but I think they all added up to a situation in which counselling...the door was almost open for counselling to develop much more actively because social work was sort of saying, we feel uncomfortable with this...we are wanting to move more down to this end of the continuum etc, and we are also concerned about Māori in terms of access (Personal correspondence, 01/02/06).

One area where the professionalisation/community work debate seems to have been obviously played out is through the disestablishment of the New Zealand Social Work Training Council in 1986 and the establishment of the Council for Education for Training in Social Services in 1987. This period of transition is extensively detailed in Mary Nash's

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thesis (1998) and the *Ministerial Review Committee Report on the Social Work Training Council* (1985) which was chaired by Merv Hancock.

The New Zealand Social Work Training Council had been established in 1973 following the enactment of the Social Welfare Act 1971. “Inspired by a commitment to training amongst senior officers who put together the Act, it also made provisions for the new department to become the lead agency and promoter of social work training” (McDonald, 1998, p. 12). The NZSWTC was made up of members appointed by the Minister of Social Welfare and sat within the Department of Social Welfare, the leading employer of social workers at the time (Nash 1998).

The NZSWTC had lobbied hard for the institution of social work programmes. It was involved in the eventual establishment of the Auckland University MA programme in social work (1975-1980), the University of Canterbury course (1976) and the Massey University programme (1976). Prior to its demise, it was also active in the lobbying of the government for the social work programme which would begin at the Auckland College of Education. It had a strong commitment to professionalism in social work, but was at times criticised for backing away from social change and more radical views of social work training and education (Cree, 1985; Ministerial Review Committee on the New Zealand Social Work Training Council, 1985). Critics pointed to the NZSWTC’s decision to not accredit the YMCA’s Diploma of Youth and Community Work as evidence of this lack of support for social change. The Report of the Accreditation Review Committee of the NZSWTC reads: “The Panel recommends that the Council decline the National Council of YMCA’s application for accreditation of the course for the Diploma of Youth and Community Work” (NZSWTC Accreditation Advisory Panel, 1975, p. 5). Further down the page another significant comment is made with “Mr Hancock asked that his dissent from the view of the majority of the Panel of the question of provisional accreditation be recorded” (NZSWTC Accreditation Advisory Panel, 1975, p. 5). This was indicative of Hancock’s attempts to hold the professionalism/community oriented tensions within social work at that time.

McDonald, (1989) also related the view that the NZSWTC was “captured” by the training providers and did not respond to needs of employers, and that it was “elitist and failed to be sensitive to Tangata Whenua needs and aspirations”(p. 22).

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In 1985 the Ministerial Review Committee Report on the Social Work Training Council which had been commissioned by the Minister of Social Welfare, Ann Hercus, recommended that the Social Work Training Council be disestablished and that it be replaced by a new council and that:

The Minister of Social Welfare, jointly with the Minister Māori Affairs, call and host a Hui Taumata in November 1985 to consider the formation of such a new Council, and to set priorities for the provision of education and training for Social Workers, Community Workers and Youth Workers for 1986. The Hui is to be open to all who have an interest in the education and training of social workers, community workers and youth workers (Ministerial Review Committee on the Social Work Training Council, 1985, p. 8).

This demonstrated a clear desire at that time to move away from a perceived monocultural and casework social work orientation which the NZSWTC had been criticised for.

The New Zealand Council for Education and Training in the Social Services (NZCETSS) was established in 1987. This body was committed to wider public consultation on the role of social work and had a strong bicultural commitment (NZCETSS, 1991).

Robyn Munford was the director of the NZCETSS from 1988-1991. She described the time under her leadership:

I was getting really passionate about what the council was doing and I felt that we could make a difference, and I had five or six region advisors, most of who were Māori in the North Island and the South Island and they just worked with local communities to look at training and education needs and social and community work in its broader sense. I think that had a major impact on issues and on the development of courses and really thinking through what the Treaty was and how it translated into social work courses. I feel really proud of the work we tried to do. We had caucuses. There were a lot of challenges, but we were trying really hard to think about the nature of

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social work in this country, both from an indigenous and bicultural perspective and so certainly our heart was in the right place and we had a vision about that and there was quite profound change I think, in that time (Personal correspondence, 17/08/06).

McDonald (1998) claimed the NZCETSS was not able to unite the industry and with the growth of the New Zealand Qualifications Authority, that the responsibility of CETSS was taken over by the Social Services Industry Training Organisation which is now known as Te Kaiawhina Ahumahi. At this time it is difficult to say how this organisation will impact on the role of counselling within social work.

At the 1988 NZASW conference, membership was at an all time low. A motion to disband the Association was put forward and was defeated. Merv Hancock went on to propose a system of competency assessment for the Association which provided the breath of life to the apparently dying Association (NZASW 1988). At the 1989 NZASW Conference, the tangata whenua caucus rejoined the NZASW, this time under a dual caucus structure.

Brenda Cromie summarised her view of the evolution of professionalisation within social work within Aotearoa New Zealand:

...in the time of the 70s as well, was the discussion around registration and that whole thing that divided the professional body, where some people saw it as elitist...registration is elitist and didn't want social work to be involved with that. And that I think was really unfortunate and a backward move for our profession when that wasn't taken up at that stage by the Association, but that was a key time, I think for the Association. Then we had through the 80s the issues around institutionalised racism and the discussion around that...I guess in our country, social work was often looked at as child protection and that was the big statutory body that employed social workers. So that had quite an influence and the influence of *Puao te ata tu* and looking at the family and the family taking control of what was happening, was a huge influence, family group conferences and

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that practice in terms of child protection factors. Then it came to the issue again around registration and discussions between the profession and the Association and the...what I personally see as a compromise where the competency programme was set up within the Association. So again anyone could call themselves a social worker without any qualification, but they...but the association kind of pushed around the competency programme which, you know, I think is a positive thing, but a compromise around social workers having to have a body of knowledge and qualification and set training. I think the big changes of course, setting up a social registration board, having particular standards around training, that are baseline standards for the profession is a move forward really (Personal correspondence, 02/02/06).

Kendrick also discussed how counselling and the move towards professionalisation were linked, and the role that class and education played within this area:

I think it was always generally accepted in counselling that you had to have some theoretical basis for what you were doing and you had to have some more or less higher education, which slotted you in with the sort of professional level and so in almost social class. You were raised into that particular class of people. Whereas the basis of community work, particularly as it became involved with the racial issues and things...once it became involved with cultural issues, then it was almost the negative to the Universities and higher learning because you were seen as being...becoming divorced from the communities you were going to be working...Yes, I think there was...certainly a dichotomy and probably almost a sort of combat zone between those two...It became very obvious I think...developed in the late 70s and certainly during the 80s and I think that that was the thing that probably caused as much as anything, caused the delay in New Zealanders putting things together to get some sort of

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registration of social work. I don't know if it has been resolved even yet. I'm sure it's still there and maybe it's almost irreconcilable because it always seems to me...that on the one hand the sort of head people, the people who say yes, we must be well educated...by aligning yourself with higher education you are actually divorcing yourself from the people that you are helping, so there was always the element of them and us, whereas the basis of community work was always...well, you know, "we are all in this together, we are close to you and we are of you". And so it came into a class thing and then into a political philosophy because in a sense the principle of equality and socialism actually, was that it wasn't people that had to be changed, it was the social area in which they lived and that to me seemed to be...you either believed that it was change the social conditions, give people employment, give them the money and on the other hand you've got a group of people saying, "no, it's the people themselves that can't cope, they have to be changed", and I think we still have that. I don't think we've resolved that at all. I'm not sure it can be resolved (Personal correspondence, 28/07/06).

Munford also discussed some of the results of these splits:

And so in the early days of the Association of Social Workers, there were some real challenges from the community workers saying, you haven't included community workers and there was a lot of exclusion, sometimes from the health social workers, of those who took a community development slant on their social work practice. So that was interesting in itself that people who were in the same courses sometimes...finishing the same courses, one would go the community development route and one would go the social work route and there was quite a bit of debate between the two and so that was interesting in terms of how that played out in this country (Personal correspondence, 17/08/06).

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As discussed previously, the NZASW which would eventually become the ANZASW in 1999 instituted a competency assessment programme for social workers in 1990. This programme was instrumental in increasing the membership base of the ANZASW as employers began to insist on full membership in the ANZASW as one of the safeguards for indemnity reasons.

Voluntary registration of social workers in Aotearoa was eventually adopted in 2003. The Social Workers Registration Act of 2003 requires social workers to have passed a competency assessment. Currently only the ANZASW and Te Kaiawhina Ahumahi are accredited competency assessment bodies.

Munford discussed both sides of these debates cautiously, “I don’t think the Registration Board and I will always get on, but I understand its place and its need for that and I understand the importance of professionalism, but I also understand that professionalism can be a mechanism for exclusion and elitism” (Personal correspondence, 17/08/06). The drive for elitism can at times be a reaction to marginalisation. Many of the interviewees for this thesis believed that social work in Aotearoa has had to work hard to overcome a negative public and professional image. This has also likely impacted upon counselling and social work.

Status and Stigma

Closely linked to the area of professionalisation has been the issue of status and stigma in terms of the view of social work in Aotearoa and its practice. This was echoed by many of the interviewees. This is particularly noticeable for those social workers who have come from other countries where social work (which may have had longstanding training programmes and strong professional associations) has enjoyed much higher status amongst the public and other professional groups. In relation to issues discussed in this thesis, status and stigma have played out in various ways. This has included those social workers performing counselling distancing themselves from the profession of social work, and perhaps those who are interested in doing counselling type functions choosing professions such as counselling or psychotherapy over social work as a career. This creates a ‘chicken and egg’ scenario whereby counselling may not be seen to be part of social work practice.

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“I’ve always felt that the profession of social work in New Zealand has been devalued” (R. Manchester, personal correspondence, 06/02/06).

Hancock discussed his view on how some of this devaluation of social work may be fuelled:

Social workers are on the stigmatised end of life in terms of the social functioning issues that people have. It is social workers that have to get involved with child protection, compulsory mental health issues and so on. So social workers get stigmatised because of the nature of the work and sometimes this has not been recognised sufficiently (Personal correspondence, 2/11/05).

While in places such as the USA social workers have kept the title, “clinical social worker” while performing counselling or psychotherapy, those performing these tasks here have tended to distance themselves from social work. This has likely contributed to the view that social workers do not, or cannot, do counselling. Daniels described a recent experience which illustrates this point well:

Social work has a stigma associated with it and counselling and psychology have higher status, probably, in the minds of the community. There is still an assumption that social work is about welfare and that that has some negative connotations in this country. It was really highlighted for me, one night when I was watching a local TV programme on some social issues that were being discussed and they had a panel and there were about ten people there and six of them were graduates from this programme, here at Canterbury University. And when the captions came up under their names it was “family therapist”, “counsellor”, “family worker” and hardly any of them used the title “social worker”, and to me there has been a shift away from that kind of stigma that I was talking about-into a higher status notion. And I think that’s reflected in the fact that a lot of the private counselling...people have got to have quite a lot of money to be able

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to pay for that and so you are moving into a different realm of clients (Personal correspondence, 01/02/06).

Daniels goes on to discuss some of the factors which may have contributed to social workers distancing themselves from calling themselves social workers.

That was reflected in some of the benefits that were available to counsellors, the subsidies that were available to counsellors, that weren't necessarily available to social workers and also because there was a lot of debate about social work education and training, how good was it and what was actually being included and we had this proliferation of courses at all sorts of different kinds of levels and I don't think that did social work much good in the long term (Personal correspondence, 01/02/06).

Kate van Heugten's research into social workers moving into private practice also found that "respondents were conscious of the poor public image of social workers, and therefore infrequently used this designation" (van Heugten, 1999, p. 233).

Social workers may not always be aware of how they may be affected by issues of status and stigma. At a recent conference attended by the author, a social worker who had been working as a counsellor in private practice for several years was asked how he identified himself. He responded that he was a social worker. When asked to see his card it showed his title as "consultant and counsellor". When this was pointed out, he stated that he didn't think that the public would understand what he did if he had had "social worker" as his title.

Daniels related how the late emergence of training programmes for social work and counselling, left some organisations, like the Marriage and Family Guidance Association with the responsibility for the bulk of training in this area early on. Initially, people who had trained with the Association would sometimes move into social work training:

Now the reason that people did that was because there was no advancement. There were no training courses in counselling and social work was seen to be the closest thing to it. When counselling

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courses started, I think a lot of those people started moving in that direction because it was a natural one, rather than to social work. The status thing and the stigma was obviously a factor in that, but also they had been trained in counselling by Marriage Guidance, so therefore it was natural to go on with counselling (Personal correspondence, 01/02/06).

Again, this demonstrates how some of the stigma of the view of social work over the years may have influenced people into counselling, rather than attempting to do counselling or counselling training within a broader social work role.

Marriage and Family Guidance Association

A number of the early social workers interviewed for this project identified the significance of the Marriage and Family Guidance Movement in terms of impacting upon both social work and counselling in Aotearoa New Zealand.

Prior to the advent of either professional social work or counselling education in this country, the Marriage and Family Guidance Programme, funded through the Ministry of Justice, provided intensive training to individuals interested in providing therapeutic support to couples. Hancock described its early development:

The marriage guidance movement had its roots in religious influences in the development of family life education and things like that. This led to the development of marriage guidance translated from the UK to New Zealand...And the development of counselling services within the Department of Justice with an alliance between marriage guidance and the Department of Justice for the training of counsellors. A number of those people subsequently moved over time into the counselling profession and helped its establishment (Personal correspondence, 2/11/05).

The Reverend Leslie Clements outlined the “story” of the Marriage Guidance Movement in New Zealand (Clements, 1970). He described its beginnings in the UK in 1938 and its

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eventual establishment here in 1948 when the retired Methodist minister Rev. E.P. Ramires returned from England after having attended a marriage guidance conference. Through cooperation of the Council of Churches and many local Jaycees groups, several councils came into existence throughout the country. From 1950 to 1960 the Department of Justice became involved in the movement, and in 1960 the Advisory Committee on Marriage Guidance was established. The Advisory Committee recognized its role as purely advisory with the appointment and training of the counsellors to go back to the Department of Justice. An intensive screening system was put in place to determine who could become counsellors. Basic training was also provided in four weekend residential training sessions. Some of the most skilled and experienced clinical people, such as Professor Robb from the Victoria social sciences departments were involved in this process (B. Manchester, personal correspondence, 06/02/06).

Ruth Manchester and Ken Daniels both related that the Marriage and Family Guidance movement was one of the first institutions to provide counselling training to those interested:

They really had the best training of anyone because to become a voluntary Marriage Guidance Counsellor, you had to be selected. You had to do training and you also had to have supervision and of course that continued for many years and I was on the selection committees. I supervised Marriage Guidance through to...certainly until the late 70's and then of course it changed and became Relationship Services... and of course it wasn't anyone that was qualified in counselling or psychotherapy... But that was probably the best trained service in the 60s and 70s in New Zealand (Personal correspondence, 06/02/06).

Daniels discussed the importance of the movement in terms of its multidisciplinary nature, the training it provided, and the 'stepping stone' it gave for some into social work:

The Marriage Guidance Movement was very significant in terms of offering a counselling service, which was funded by the Justice

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Department...All of the supervisors who were appointed came in from different fields...when I was a supervisor in Palmerston North and then down here in Christchurch, my colleagues as supervisors were mainly psychiatrists and psychologists and there were some social workers, but not many, and it was hard to become a supervisor. It was a real kind of status thing about this. One of the good things about that though, was that in the discussions that we had as supervisors and the training courses and so on, there was an exchange of ideas across the disciplinary boundaries and so the psychiatrists had their models expanded as it were, and social work learnt more about some of the specifics etc. I would still maintain that Marriage Guidance was probably one of the most significant factors in the development of counselling in New Zealand because they actually talked about marriage guidance counselling, they used that word. It was funded by the government, or partially funded by the government, and it had the endorsement of this multidisciplinary professional group. Having seen that develop...and interestingly enough, for a lot of the people who became honorary counsellors or voluntary counsellors, because there was no money involved, they used that as a stepping stone into social work, in terms of getting qualifications... and that also was quite fascinating because Marriage Guidance actually got a bit upset that in fact people would go through their training and then would come on to a social work course and they would lose their investment. Now the reason that people did that was because there was no advancement, there were no training courses in counselling and social work was seen to be the closest thing to it. When counselling courses started, I think a lot of those people started moving in that direction because it was a natural one, rather than to social work (Personal correspondence, 01/02/06).

The Marriage and Family Guidance Association is one example of how the course of social work and counselling were aligned prior to the official development of either as a

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profession. Another area where this occurred was in the beginning of private social work/counselling practice.

Private Practice

Social work in private practice in Aotearoa New Zealand has traditionally incorporated certain roles. These have included, but are not exclusive to organisational consultation, supervision, education and training, research and counselling or therapy (Hancock, 1969, Baskerville & Durrant 1996, van Heugten, 1999). Given that those in private practice are often the social workers doing a high proportion of counselling within their work, they are of particular interest to this thesis.

There are previous studies and articles which address the issue of private practice and its context in social work in Aotearoa. The most extensive has been Dr Kate van Heugten's doctoral dissertation (1999), looking at issues confronting social workers entering private practice. Hancock has documented his move into private practice in 1967 (1969) and Baskerville and Durrant have published the results of a survey undertaken on social work private practitioners in the lower half of the North Island in the early 1990s (1996).

The role of private practice within the USA and the UK has been discussed in previous chapters. Brearly has identified the shift which has occurred in the UK which is similar to the changes which have occurred here in relation to the move away from the welfare state to that of privatisation of some social care provision:

A very tiny minority of social workers are found in the private sector, as hitherto there has been no insurance system, whether state or private, for paying a self-employed worker and no significant infrastructure for linking workers and clients. Nor has there been a formal licensing system to which those in private practice could be accountable. Now the numbers of such workers are slowly increasing, especially as sessionally paid workers in independent agencies, as freelance trainers, or as guardians *ad litem* in the child care field. In most instances, the nature of their work is significantly different from that of mainstream social work, and may involve extra training.

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Interestingly, those who move into private work tend to use titles like 'counsellor' or 'consultant' rather than 'social worker'. Perhaps reflecting an implicit but widely held view of status differentials (Brearly, 1995, p.32).

This last statement is consistent with some of the points discussed in relation to the status of social work in Aotearoa New Zealand previously, and how this stigma has perhaps distanced those social workers doing counselling from professional identification with social work.

Private practice of social work within Aotearoa New Zealand can be traced back to Merv Hancock who was the first social worker to establish a private practice in 1966 (M. Hancock, personal correspondence, 02/11/05). Hancock had trained in the Victoria Programme and as such had a fairly good grasp of the theory and practice of psychodynamic or social casework models of social work. He described the impact of his training on his orientation:

I left the school with a strong interest in how do social interests work and how can they be utilised for the benefit of clients and on the other hand an understanding of what the personal issues meant and how that they were organised for people and what could be done about that? And so it became a way for an abiding interest in the use of the self in social work. Now that tradition meant that I maintained a strong interest in social casework all through those different elements that happened to me (Personal correspondence, 2/11/05).

Hancock's involvement in, and pioneering of, private practice have likely both been critical in the eventual growth of private practice and its survival through some of the more "radical" periods of New Zealand history and social work practice. Hancock has had an ongoing commitment to growing the profession, but recognized early on that it was necessary to initially build an infrastructure that would allow all within social work access to education before requiring professional qualifications as a prerequisite for membership of the NZASW (M. Hancock, personal correspondence, 2/11/05). This, coupled with his

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support for community development initiatives and education would have left him without reproach from the more radical social work movements.

For many years only a very small handful of social workers went into private practice (see previous discussions regarding the role of the welfare state in limiting the growth of private practice). Private practice occupied a somewhat strange place within social work and the Association. In 1971 the Education and Training Committee of NZASW prepared a statement on private practice for Association Members. This was published in the Association Journal (Education and Training Committee, 1971).

This statement outlined some of the pros and cons associated with the development of private practice social work in Aotearoa New Zealand. It recommended that private social work practitioners be licensed by the NZASW. Standards for licensure included that the private practitioner:

- 1- Be a graduate of an accredited School of Social Work or Social Science, and preferably hold a University Degree;
- 2- Be a full member of the New Zealand Association of Social Workers, and
- 3- Have had five years of full time experience in agencies providing supervision by professionally trained social workers (Education and Training Committee, 1971, p. 55).

There was no reference made to this statement or the process of licensure in future Association documents or Journals. In the interview with Ken Daniels, who had been on the committee, he was asked what had happened to this initiative.

Well private practice always has fitted uncomfortably with the association...well, not always, but certainly at the time that we were developing that (the aforementioned statement on private practice), it was uncomfortable because social workers shouldn't be in private practice. So there was an ideological issue that was important to all of that. Merv (Hancock) was very instrumental in all of this because he

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was saying, “Well, I’m a practitioner, where’s my reference group? If I want a smaller group within the... in the association, I haven’t got one”. We did start to develop that and it was a good move, but it ran out of steam...There was the ideological difficulty, but yeah, I think the people who were in private practice also had other agendas, other priorities (Personal correspondence, 01/02/06).

Daniels went on to describe that the Association had not always sat comfortably alongside private practitioners either:

If you are in private practice and offering primarily a counselling service, would you see the Association meetings as providing much for you in terms of your professional development? Probably not, because many of those meetings...except for the ones that are focused on family work and so on, are more focused on the macro level issues, or they certainly were at that time (Personal correspondence, 01/02/06).

While not encouraging or nurturing those members in private practice, the Association does not appear to have been obstructive either:

There is no evidence that the New Zealand Social Work Association ever questioned the legitimacy of private practice. This may be in part because the first full-time private practitioner, Merv Hancock, was also a past president of the Association. Furthermore, public debate and dissent may be muted in this country, because due to its small population (approximately 3.6 million inhabitants) social workers often know each other and must be able to work together. Disagreement is easily personalized, and could be costly in terms of career opportunities or relationships (van Heugten, 1999, p. 318).

An information brochure from Massey University’s BSW Programme from its inaugural year reads, “The Programme also will prepare social workers who propose to undertake private practice” (Massey University, 1976, p.1). Interestingly, this was in the beginning

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when the programme was under the leadership of Merv Hancock. No further reference could be found to this in later years!

Kate van Heugten's doctoral thesis remains the seminal work on private practice in this country. In her thesis she chose to explore the issues that arose for social workers entering private practice. This research was conducted from 1993 to 1999 in the Christchurch area. Van Heugten interviewed twenty nine social workers using a semi – structured interview (van Heugten, 2002). Several interesting findings came out of van Heugten's study that have relevance for this thesis.

Van Heugten explored the factors which were common to the social workers she studied who were in private practice. "What united private practitioners with a social work background were their systems perspective and aspects of their value base, including social justice concerns (van Heugten, 1999, p. 286).

Van Heugten also explored how social workers in private practice, doing large amounts of counselling, felt different from other social workers:

What potentially divided them from other social workers and from one another was their everyday practice. This practice often became far removed from brokerage, networking, and advocacy. Practitioners drew on their post social work education to decide if abstinence was "preciousness" or sound psychotherapy and when "doing for" was doing too much (van Heugten, 1999, pp. 286-287).

Van Heugten noted particular aspects of social work training which may have inadequately prepared social workers going into private practice. It is worth noting that many of the social workers whom she interviewed would likely have come out of the Canterbury programme which has had a strong emphasis on relationship-building skills. "If they had become counsellors and psychotherapists rather than organisational consultants, respondents frequently felt dissatisfied with the lack of depth of their micro-skills training. Nevertheless they did feel that they had been instilled with professional identity" (van Heugten, 1999, p. 287). Some advantages were, however, identified compared to those who may have entered private practice without previous professional training. "They

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recognised they had acquired indeterminate skills that, whilst difficult to quantify, were important. They thought these were lacking in others who had come to counselling without a prior profession (van Heugten, 1999, p. 287).

As discussed previously the ANZASW has not until recently, played an active role in the development or support of private practice. This was reflected in van Heugten's research where she found that "Members of NZASW often experienced a lack of direct relevance of the Association's journal and other activities to their practice" (van Heugten, 1999, p. 287). There were some things which the participants identified which remained important to them in regards to an ongoing affiliation with a social work professional body:

The recognition of competence through formal assessment, and the availability of complaint procedures and indemnity insurance remained attractive. Ten respondents who were also members of other associations continued to belong to NZASW. Some may have retained multiple memberships for marketing purposes. Most, however, appeared to remain members because they felt the social work identity was important, often not dominant, sometimes difficult to locate and ambivalent, but important nevertheless (van Heugten, 1999, p. 287).

Members of ANZASW are protected by low cost indemnity insurance provided via a third party through the Association. This is a very popular feature for those involved in private practice work (personal observation).

This need for professional identity and affiliation is again emphasised when van Heugten found that:

Even when they had shed such outward trappings of the social work identity as associate membership, affiliation and affection remained. Many respondents counted social workers amongst their closest colleagues and friends. They had not always noticed this predominance before the interview. They seemed to feel drawn to each other, much as other cultural (and marginal) groups who feel "at

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home” together without quite knowing why” (van Heugten, 1999, p. 287).

This finding may support the view that even those social workers who mainly practice counselling within their work, likely do so with a perspective unique to social work.

In 2003, a special private practice interest group was established within the ANZASW. At time of writing there are approximately 30 members in this group. The group communicates mainly through email, and its mandate and tasks appear to revolve mainly around issues of negotiation of third party payments from such institutions as ACC and WINZ. The group is also used to disseminate information through the ANZASW and make comment on issues in relation to policy and private practice (C. McPherson, personal correspondence, 19/11/08). There has been no move outside of this group through the Education and Training Committee as previously, or through the ANZASW or the Social Work Registration Board, to make any formal statement or set particular standards for those in private practice. This lack of attention to private practice was brought up by the respondents of van Heugten’s study when discussing how social work education programmes do not address the issue:

Respondents were almost unanimous in their wish that social work institutions should introduce private practice issues into the curriculum. They were especially keen that there should be discussion about the pitfalls of private practice, such as isolation and burnout, and they thought the institutions should address the need for appropriate qualifications and practice experience (van Heugten, 1999, p. 320).

Private practice continues to grow in Aotearoa New Zealand. In Jan of 2007, 173 of 3269 members of ANZASW indicated that they were involved in private practice (J. Christian, personal correspondence, 17/01/07). This is a far cry from the one, Merv Hancock, in 1966.

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Counselling as a Profession in Aotearoa New Zealand

As has been discussed throughout this chapter, social work and counselling shared some common roots in the provision of service through such agencies as the Marriage and Family Guidance Association. Counselling as a profession was also late to emerge within Aotearoa.

Webster and Hermansson wrote in 1983 that: “The will to develop guidance and counselling did not spring simply from caring about people. Social problems manifested in both school and community emerged in ways which aroused widespread concern for social stability” (p. 472). In 1966 the Department of Education agreed to fund the establishment of a guidance counselling service within secondary schools in New Zealand (Hermansson, 1999).

Hermansson described the process of the development of the Guidance and Counselling Association:

...in August of 1974, as part of an emerging emphasis at the time being given to counselling in New Zealand secondary schools, some 56 people gathered at Massey University in Palmerston North with a major purpose of creating a national body that would concentrate the efforts and interests of those around the country who were working in the field. On the morning of Sunday Sept the 1st, following two days of paper presentations and discussions on counselling topics and in a session that lasted only two hours in total, a decision was made to form a national association for counsellors and those working in the field of guidance and to create a number of working groups to advance the formation further. The body was named the New Zealand Counselling and Guidance Association (Hermansson, 1999, p. 1).

This association has existed since this time in various incarnations. At times it has amalgamated with the psychotherapy association and is currently called the New Zealand Association of Counselling. Hermansson has documented extensively the development of counselling with Aotearoa in his 1999 book, *Pieces of Silver. 25 Years of the New Zealand*

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Counselling and Guidance Association/New Zealand Association of Counsellors. This book describes that the Association has always had some social workers as members. There is, however, little evidence in the literature that the counselling and social work associations have had much to do with each other over time. This relationship is discussed further in chapter six.

Conclusion

There are many forces which have shaped the development of social work in Aotearoa New Zealand and the role of counselling within this profession. Several themes emerged during the course of the interviews conducted for this thesis and through scanning of the Aotearoa social work and counselling literature.

While international forces may have influenced the initial development of the Western practice of social work here, they did so within an already established context which was unique. The role of tangata whenua has only been mentioned briefly in this chapter. It is significant and is expanded upon in the following chapter.

With early social philosophy regarding provision of welfare coming fairly directly from the UK and its poor laws traditions, New Zealand soon took its own turns in terms of the provision of early benefits in the form of old-age pensions in the late 1800s and the eventual adoption of a welfare state position in the 1930s. These policies were seen to provide for the needs of all citizens and as such, there was a general view by governments that social work was not needed here, and its development may have been seen to be an indictment upon the state. Although the welfare state in Aotearoa was seen as a model of social welfare to many countries, the energy crisis, changes in export benefits, and increased demand upon social services brought the country to its knees in the early 1980s. Changes brought about by the introduction of privatised services were devastating for many, and at the same time created a climate where private practice of social work or counselling could be sustained due to a beginning mentality of “user pays”. Where non-government services may have been able to provide counselling or preventative services that state-run statutory services could no longer afford increased contracting out of statutory duties to non government agencies are likely to impact upon the work being done

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in this sector. It is likely that this will contribute to those social workers wanting to engage in therapeutic work having to move towards private practice.

The lack of apparent support for the development of social work services by government meant that the first school of social work did not begin until 1950, and at that time could still not call itself a school of social work (Nash, 1998). The late emergence of social work education was likely to have impacted upon the type of social work taught here. By the time social work began to be taught in Aotearoa New Zealand by academics who had come from the UK, the predominance of casework as a model of intervention while, still prominent, had gone beyond its heyday which it continued to enjoy in the USA. While social casework was taught initially, graduates soon found that the demand for their services did not often allow for the luxury of “one to one” therapeutic work, nor was it necessarily endorsed by their employers.

The road to professionalisation within social work in New Zealand has been a rocky one. While initially reflecting the professionalisation/community debates which have occurred internationally, social work’s adolescence here occurred at a time of social upheaval. Community debates occurred within a framework of realisation of the impact which colonisation had had upon Māori. The move towards professionalisation was contested as it was perceived at times to be representative of the maintenance of the status quo, and serving the interests of those fortunate enough to obtain a social work qualification. The status and stigma of social work have sat alongside these debates, with some who qualified as social workers, moving away from this title if they wished to pursue private practice.

The role of private practice has grown slowly within New Zealand. There has been relatively little momentum towards the establishment of private practice or therapy as a separate field of practice, although an interest group for those involved in the provision of private practice has been formed within the ANZASW.

Counselling as a profession in New Zealand began in the 1960s and the formation of the professional counselling body did not occur until 1974. Despite cross over in roles, and

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many social workers engaging in counselling, there has been relatively little fraternisation between the two fields.

This has in no way been an exhaustive history of the development of social work (and particularly the role of counselling within it), but has attempted to explore some of the historical and contextual variables which have contributed towards it. One significant variable which has not been explored in any depth is the impact that the bicultural nature of Aotearoa New Zealand has made and the contribution that the tangata whenua have played in the development of social work in this country. Chapter five explores this in more detail.

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Chapter Five: The Impacts of Biculturalism

Cultures carry within them history, beliefs, ways of doing things, and processes of communication. Experience of the most intimate events and the most public are interpreted to people, to some considerable extent, by their culture: culture, by its very nature, gives meaning to events and experiences. This, in our view, requires of the therapist a qualitative appreciation and informed knowledge of a particular culture if therapy is to be successful in an ongoing sense. A family's story, their woven pattern, is significantly shaped by their culture, and the new threads of meaning have to sit comfortably with that culture (Waldegrave, 2003, p.17).

Introduction

Aotearoa New Zealand is a bicultural country. Just as it is impossible to separate the country's historical past from the contextual variables which have shaped social work and counselling, so too is it impossible to separate out the impacts of our bicultural status. The history of relationships between tangata whenua and tauwiwi has distinctly shaped not only the development of social work within this country, but also the relationships of social work and counselling. Māori have been impacted upon by Western approaches of social work and counselling, and then, in turn have impacted upon social work and counselling approaches in Aotearoa. This chapter will look at some of the literature which surrounds the issues in relation to tangata whenua and tauwiwi in social work and counselling. Information taken from the qualitative interviews will expand on some of the ideas presented in the literature. Some of these issues include: the history of Māori evolution within social work; the consideration of counselling being seen as a potential tool of oppression, and the influence of such things as the *Puao te ata tu* report. The appropriateness of Western models of practice, the constructs of individualism versus collectivism, the evolution of Māori models of practice, and a description of the Just Therapy Approach as a potential case study for how social work and counselling could look, will also be explored. Finally, data from the questionnaires will also be presented which looks at the issues of culture, and the views and practice of social work and counselling in Aotearoa in reference to Māori and biculturalism.

Evolution of Social Work and Counselling in Aotearoa

This study looks at the relationship of social work and counselling, with this chapter being focussed on the impact of our bicultural status. The history of Māori and their relationship to social work is discussed here, as the idea has been proposed that rather than social workers here arguing about whether they should be doing therapy, as in the USA, the debates centred around professionalism (aligned with health social work, and counselling aspects), and community work (often aligned to indigenous culture). These debates have been central in determining the paths that the professions have taken, and particularly how social work looks, is taught, and is delivered in Aotearoa.

History is subjective and has traditionally been written by the dominant culture. In the case of Māori where history has been passed down through an oral tradition, this is especially the case. Writers such as Belich (1986, 2001, 2007), King (2001, 2003), Orange (2004), and Sinclair (1959) have written extensively about New Zealand and Māori history. In terms of the relevance of history to this project, the social care functions and the healer functions are of most concern. Nash (2001) describes how there were well developed roles within iwi structures to maintain care for people long before colonisation and the advent of formal social work.

In terms of Māori and formal “Western” social work, Māori Welfare Officers were established prior to the advent of the NZASW in 1964. Hancock described the relationship and evolution of this organisation:

In those early years in child welfare, the Māori welfare officers did develop a little association of their own and they had an annual conference, which was in part supported by the Māori Affairs Department and partly by their own initiative. And when the Association of Social Workers was formed in 1964 the Māori Welfare Officers Association didn't go out of existence. It remained in existence and so there was a dialogue between the professions then as represented by myself (as first NZASW President) and by the Māori Welfare Officers Association (Personal correspondence, 2/11/05).

With the community versus personal debates being at times framed by culture, with tangata whenua aligning to the “non professional” community orientation, this has manifested in splits between tangata whenua and tauwi factions of the social work profession and its professional organisation. Hancock went on to describe the evolution of this organisation until the present day in regards to relationships between tauwi and tangata whenua within the ANZASW:

Many of the members (Māori Welfare Officers) had gone through Victoria, one or two a year went through and they belonged to the Māori Welfare Officers Association and they had an influence on things. But many of those social workers who had been trained in that way and who had Māori connections were all of the order of “we wish to run our own ship”. And so we did not in the Association at that time try to say to them “now close down your Māori Workers Association we will support your continued development”. And that eventually gave rise to the development when the issues from the early 70s onwards, when the whole question of racism and anti racism emerged with great vigour and strength. Then the whole question of the relationship within the profession led to the development of a Māori caucus and eventually to the development of the parallel systems that now operate within the profession (Personal correspondence, 2/11/05).

This demonstrates the power of tangata whenua within social work and has created a situation where tauwi and tangata whenua have impacted on each other and the profession of social work within Aotearoa. There have been dual caucuses within the ANZASW since 1989. Prior to that, racism and racist practices were seen to have existed within major social work institutions such as the Department of Social Welfare. The impact of *Puao te ata tu* was discussed in the previous chapter, but here we see further the impact that it had on the development of social work practice. Bella Wikaira discussed her beliefs around the impact of *Puao te ata tu*:

Yes, and also giving a name to the institutional racism that existed. It needed to happen and it was great that it happened when it did

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because it brought about some really positive changes and improvements too, for especially the likes of Child, Youth and Family Services, that are always seen negatively (Personal correspondence, 07/04/06).

In 1988 *Dangerous Situations: The Report of the Independent Inquiry Team Reporting on the Circumstances of the Death of a Child* was published by the Department of Social Welfare. This report was commissioned following the death of a child who had had contact with the Department within the previous year. Part of the findings of this report are of relevance to this project as one of the variables which was seen to have contributed to mismanagement at the time was related to the prescription of counselling services for a Māori parent. The report stated:

We find the whole counselling episode so culturally inappropriate that it almost defies comment. We cannot help but compare the referral itself, and all that is subsequently entailed for M to Travel to H, with such simple and practical alternatives such as Red Cross Family Support putting a Māori or Samoan mother into her house on a regular basis (Independent Inquiry Team Reporting on the Circumstances of the Death of a Child, 1988, pp. 41-42).

In line with the changing times and perspectives regarding aetiology of problems, the report proposed the idea of situation analysis being a much more appropriate intervention than the counselling which was offered to the parent under question. “In a nutshell, it seeks to change the environment of the abusing parent or guardian. It sees that as the main trigger of the abuse, not the abusing parent or guardian’s mental state” (Independent Inquiry Team Reporting on the Circumstances of the Death of a Child, 1988, p62).

Both *Puao te ata tu* and the *Dangerous Situations* report were to form part of the climate for the development of the Children, Young Persons, and Their Families Act, 1989. This ground breaking act attempted to respond to previous concerns regarding institutional racism and introduced such concepts as family group conferences, which recognised both the concepts of restorative justice and the need for greater whānau involvement and consultation when a child of Māori descent became involved with protective services.

When the Act was introduced, there was also recognition that there needed to be greater representation of Māori staff within the Department. As such, many Māori staff were recruited. Hancock described the process of hiring these workers, and the subsequent shifts which were to occur within social work at the time.

When the Child Youth and Family Act was passed in 1989 a whole swage of Māori were recruited to try and meet the needs of the new Act, and they did have a major impact on the way that the Child Welfare Services were developed under the Child Youth and Family Act. But as time passed there was a reduction in the number of Māori in Child Youth and Family. It didn't mean that they lost their purpose. A lot of them began to move into iwi agencies because they could see what they were doing was transitional. Now this is my interpretation, I have not got any hard evidence it is just my own understanding of this. They could see that to achieve their goals of being able to run and be independent, that they needed to do that by being outside the social system they had become. They would contract to the Child Youth and Family for work that they were undertaking. So over the nineties and the earlier part of this century you have had the development of iwi based and Māori based services in the Child Youth and Family field in particular but in the mental health field as well. And of course you have had the development of Māori mental health teams who have asserted their right to deal with Māori within their terms and the difficulties that have emerged between those competing groups within area health boards... But the important thing is that I regard that as an inevitable trend. Māori are insisting on wanting to be independent and so the debate is "How can that best be achieved?" They say they want total independence but others have a different view of that. I don't think we have an answer for that at present (Personal correspondence, 2/11/05).

The link of professionalism and the counselling functions within social work has been made previously in this thesis. Much counselling is being done within health and mental

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health fields of practice and these fields have also been strongly aligned with the drive for professionalisation and registration (R. Munford, personal correspondence 17/08/06). *Puao te ata tu* described the impact of the early drive for professionalisation upon Māori:

“The emphasis on the professionalism of social workers and their academic training was seen as discriminating against Māori people who were often qualified by life and culture to do the work more effectively” (Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare, 1986, p. 23).

Lack of access to education was often a major issue for tangata whenua. There are many structural reasons why Māori may not have been able to access education as readily as Pakeha. Bella Wikaira’s narrative in regards to her whānau’s relationship with formal education is a moving one and demonstrated the evolution of these relationships:

My whānau, they really encourage and promote good education and ...we are wanting the best for our children and for their generations to come so I think a lot of the stigma from...like my grandmother’s...and even my mother’s upbringing, being schooled in a convent and discipline was really hard, but my mother loved it... I think the education system did damage us...from seeking further education and so you have a lot of these lay people who are fantastic at what they do, but they just won’t go and get a tohu because they don’t need it. They don’t need it but... It limits their choices.

Some of the old hurts around education, secondary education and stuff like that, weren’t a very positive experience for most Māori, and so looking at a tertiary education, also held with it a lot of that stigma and I think it took a lot of courage for people to actually take that move. But once they did, the majority of the people that I know that have done it, they’ve flown and they’ve loved actually learning and absorbing everything that they need to.

Our voice got stronger...with the training opportunities that offered people a chance to study and become professional...That’s what I see

as being a key thing in the increase and the confidence that is seen around with Māori practitioners. The opportunity and the access to education...it's given them a tohu that says yes, they have been educated, they have a professional certificate to say that they are qualified to practice... I think that's a window dressing and it's what you do with it and how you develop it further that will make people say, "Oh yeah... you know, that's somebody to know, they are really good at what they do" (Personal correspondence, 07/04/06).

While access to education may have improved for Māori over time, the relevance of that education, to their work in social work was sometimes questioned. The following excerpt from *Puao te ata tu* demonstrates one of the chief concerns in regards to "professional" social work education, and to Western counselling frameworks.

Both the staff and the community questioned the relevance to the needs of the Māori of much of the university based training of social workers. We were told repeatedly that training programmes were based on North American and European models which we consider inappropriate to New Zealand situations. Furthermore the casework approach to social work which asserts the paramountcy of the individual, is in itself contrary to Māori values, which emphasise the pre-eminence of the group (Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare, 1986, p. 39).

As has been discussed previously, the Social Work Training Council had been replaced by the Council for Education and Training in Social Services. This Council, with a strong community based focus responded to some of the concerns regarding what were seen as Western elitist approaches at the time. Munford described the approach of the Council:

It was a diverse group of people saying, let's look at social work and let's look at the context it's in and look at community development and let's look at Māori and what's going on for Māori and it was a really strong focus on supporting Māori workers who worked in often, iwi or in their community organisations to get training and get recognised for

that training, so that was really important that that happened. We did that by going out and actually having hui around New Zealand and talking to people and so that was really an essential part of the work of CETSS, is trying to get a flavour for social work practice in its broadest, broadest sense and community development practice and I think that was a really big impact on New Zealand and I really feel proud of the work we did around the Treaty and biculturalism (Personal correspondence, 17/08/06).

The work of CETSS was to shift some of the emphasis away from Western social work and counselling constructs which had seemed inappropriate to work with Māori. At this time, both the ANZASW and the SWRB have requirements that social workers demonstrate the competency to work with Māori and other cultures. Schools of social work must also demonstrate that they are preparing students for this competency requirement. The theme of Western constructs of counselling within social work will now be explored in relation to Māori.

Counselling - a Tool of Oppression?

Specht and Courtney in their 1994 book, *Fallen Angels, How Social Work has Abandoned its Mission*, described how approaches that deal with individual change and with USA social workers' preoccupation with psychotherapy, have ended up placing social workers into a position of maintaining the status quo and aligning the profession with oppression. Increasingly, the international social work, counselling, psychotherapy and psychology literature has dealt with the issue of multiculturalism or working cross- culturally. The radical social work movements of the 1970s and 1980s saw social work tackle issues around class, culture, gender, race, and sexual orientation. These have been described in previous chapters.

The idea that counselling can be used as a tool of oppression is important to explore in relation to the role of social work and counselling in Aotearoa given our unique bicultural context. Several of the interviewees made the link between counselling approaches, and further colonisation or oppression of Māori.

Munford, and some of her colleagues at Massey University, have in recent years been contracted to provide social work education to the University of the South Pacific in Fiji. She described how the counselling programme within that university has perpetuated oppressive practices by delivering Western frameworks of practice, in much the same way as early social work programmes in New Zealand did:

Some of the counselling they teach has no relationship whatsoever to Fijian society. They don't understand the cultural frameworks, they don't understand the issues around the different ethnic groups and they bring these Western counselling models and talk about the professional frame and the importance of being objective and all these things and they are no relationship to anything to do with village life or life in the urban centres in Fiji. So I think counselling is very much linked- and I think there are lots of people who think counselling is a tool for colonisation, for power over, for cooption, for domestication and it's the same issues that we had when we were working in the women's movement (Personal correspondence, 17/08/06).

Hancock linked his perceived impression that social work has responded better to this criticism in Aotearoa in relation to the question of class and access to counselling:

Māori say the use of class has masked the difficulties and disorder that have affected the Māori community. But I think that sometimes it is useful to use class understandings of things and to a considerable extent the clientele of counsellors have been people drawn from the middle and upper income groups of society. They have only started to get access to the middle-income groups and the lower income groups in the society because of the development of the accident compensation schemes, which has brought into counselling many clients from those other groups. This has not always been welcomed by counsellors because they have not had an analysis to help them understand what has been going on in relation to that. I return to the notion that parallels developments at different rates of development in relation to social work. Social work has responded much more clearly

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to the pressure from the Māori community than the counselling group has done (Personal correspondence, 2/11/05).

Munford echoed Hancock's statement, especially when looking at counselling within a historical perspective in New Zealand:

There has been a view that counselling is the property, and is owned by the oppressor- by the coloniser, and it's a tool for assimilation and sorting out those that don't fit and helping them modify their behaviour so that they do. That's been all through the disabilities field where there's been challenges to counsellors who've tried to manage difference by making it less so and to assimilate and normalise disabled people and often where that plays out is in the relationships between professionals who are often counsellors and they are also sometimes social workers. But I think counsellors have had that levelled at them more than social workers who've been, I think informed by a political view (Personal correspondence, 17/08/06).

Hermansson (1999, personal correspondence 12/02/06) and Lang (2005) would assert that the counselling profession in Aotearoa has made great strides in terms of responding to the concerns around its perceived monocultural approach, and that it is evolving much as social work has done:

I think we've actually got some quite unique things happening there. If you take counselling as a case in point and I only know that, so I can't speak for social work, but I know that social work had to confront that probably earlier than we did, but counselling has some of that kind of middle class traditions about it, so you...certainly in the private practice scene you come in and you go and see a counsellor and you pay your way and that sort of thing and so therefore it's more likely to be the middle upper class people who have angst and who are prepared to pay to get their life sorted out, who will do that. So therefore you almost by definition have a clientele who are going to be monocultural in focus. But as things have evolved and as counselling

has embraced other dimensions of what happens, then you find that that isn't necessarily the case and so right from the beginning, as things evolved, that whole issue around incorporating a bicultural dimension of the profession has been quite major (G. Hermansson, personal correspondence 12/02/06).

Despite the attempts that both professions have made to deal with imposing the views and practice of the dominant culture onto tangata whenua, Waldegrave reminds us of the importance of vigilance in our practice and the need for ongoing critical analysis:

The sad conclusion we have reached is that therapists, generally speaking, have added to the problems these people experience by imposing Western meaning structures on them regardless of their own culture's meaning webs. Therapy that does not address cultural meaning webs in informal ways simply continues the process of alienation. A symptom may be resolved but, in the process, people's primary meaning webs are devalued and they are subsequently distanced from their closest relations. Although it may be unintentional, such therapy should be seen as 'racist' (Waldegrave, 2003, p.19).

Individualism versus Collectivism

Māori culture has traditionally been described as being formed out of a communal experience (Sinclair, 1959), "family, community, and hapu-oriented" (King, 2001, p. 51), consensus-seeking (King, 2001, p.51), interconnected, (Ruwhiu, 2001), and relational (Durie, 2003). Counselling has emerged out of Western values which emphasise the primacy of individualisation and self determination (Biestek, 1957). This dichotomy has been described by both earlier and more current academics and practitioners within social work.

While a Western perspective of self determination in the social work context places emphasis on the ramifications of client self determination, much of which is reflected in the literature, such an

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approach supports the prevailing middle-class American ethic of individualism (Walsh-Tapiata, 2004, p. 33).

Social work has struggled with the value of self determination as well. This seems in some ways to have been addressed through conceptualising self determination within the context of the whānau rather than the individual (NZASW, 1993). Wikaira described how social work's commitment to a family/whānau orientation seems to attract Māori into the profession:

I think part of the reason why there are such a number of Māori social workers is because stemming from our own backgrounds, it suits us. It's something that we do because...it's more about a collective thinking than an individual and that's where we sit. We sit in a collective culture and so we don't think about an individual...as the person sitting in front of us. We think of them as somebody who has a support system, whether that's their own whānau or not, they do have a support system and so we look at including that in our assessment and planning (Personal correspondence, 07/04/06).

Current social work writing maintains this view of the need for social workers to be aware of the collective nature and to take responsibility for safe practice:

The person is the locus of shared biographies and the relationship defines the person not vice versa. It is therefore this connectedness and the pronounced value of group identity and cohesiveness that is a major value and something which permeates their cultural context and a genuine understanding of this in terms of the practice of the social worker is necessary in order to work effectively in these communities (Walsh-Tapiata, 2004, p. 35).

There is a perception for some that this dilemma has not been as well addressed within counselling.

Now the counselling world has not had the same history. There have been Māori counsellors, there are Māori counsellors and the

Counselling Association are dealing in their own way with that but from my perspective they have not so far been able to respond in the same way that the social work profession has done in relation to Māori issues. Now in terms of the practice of counselling it seems to me that a lot of counsellors do have what I would call a “pro Treaty” view of what counselling should be about. But the profession itself, the way the counselling profession has emerged itself, I don't think has as yet finally resolved that particular question. No doubt they are working on it (M. Hancock, personal correspondence, 2/11/05).

Psychotherapy, with a further emphasis on internal change, has also been aligned with Western thought and models of practice:

I think that there has been a strong...and I say this positively, critique of individualising problems...problem focused people and internalising problems and I think probably...possibly there is that influence that has meant social workers do tend to consider context, the social perhaps...more so than in other places. Being a psychotherapist particularly, perhaps a counsellor, somewhat less so, but a psychotherapist particularly, at one time used to be not a thing you would readily say in social work circles (k. van Heugten, personal correspondence, 01/02/06).

Influence is not a one-way street however. Brenda Cromie, mental health social work advisor for Canterbury District Health Board, discussed the impact which the collective perspective and practice of tangata whenua have had within mental health services:

Counselling has come from looking at the individual and psychotherapy, whereas the role of the family and the community is much stronger in the tangata whenua culture and that's been a really positive thing I think, for the evolution of counselling. It's something that social work battles, I think, in mental health, because the medical model is really strong and that's looking at the individual as well, rather than the family (Personal correspondence, 02/02/06).

Chapter 5 – The Impacts of Biculturalism

Another value typically associated with self determination and Western social work and counselling practice is that of holding client confidentiality. The ANZASW dealt with this issue first by establishing different parts to its Code of Ethics (1993), which were to be considered together. One part of the Code dealt with traditional or Western constructs within social work, and another part of the code “translated” these into their application for Māori. With the basic unit of intervention seen to be the whānau, the idea that confidentiality did not occur for an individual was promoted. In this situation, even if an individual Māori client stated that they did not want information divulged to their whānau, the social worker could consult with the whānau and provide information to the whānau without technically being in breach of the code (NZASW, 1993). The example provided by the Competencies Working Party below illustrated this point nicely:

In Māori, the word “confidentiality” is translated as “tapu”. It is a very strong concept which is traditionally known and practised by Māori people. In the past iwi would treat their food sources as highly confidential. If they shared this knowledge their survival could be threatened. In Māori terms, therefore, three hundred or five hundred people can keep information confidential. That is how they would like it to be in social work practice. They want an end to the Pakeha concept of confidentiality when working with the Māori people (Competencies Working Party (NZ), 1986, p.58).

Webber-Dreadon lamented the impact of Western traditions within social work which she felt were eroding some of efficacy of, and important considerations in, working with whānau:

I think what we have to do is involve more whānau people or family, because what you do is you do the counselling... but they go home into the same situation and their family or whānau don't understand why they are doing whatever they are doing or don't give them the support...And I think that's where things fall down a bit, but then unfortunately people have got so used to that “one on one” and not introducing family or whānau in, that they don't really want people to know. If they are Māori, there is no confidentiality. However Māori are

now beginning to look at that quite strongly about...the confidentiality of something and it's a bit of a blow that we've lost that...I think we've lost a portion of being collective as a whānau in taking responsibility for the client or the person's baggage (Personal correspondence, 21/05/06).

Hermansson described how the issue of confidentiality is problematic when counselling children in schools, but also how Māori and the counselling profession need to find some way of working the issue through to reflect the particular contextual environment of working in Aotearoa:

We have our own identify with that and there are people who are looking at what are the historical traditions of counselling within Māoridom and how they are perpetuated within some of the more contemporary notions of what counselling is and how they might be. And so you have that whole extension into extended network and confronting some of the issues for example, around the professional need for confidentiality in a situation...We've had situations where we train Māori counsellors and I remember quite clearly going into schools and talking with kids about this counsellor we've trained and talking with other people and realising that the whole iwi traditions, hapu traditions, are complicated and have their problems because some kids wouldn't go and see the counsellor, not because they weren't good people, but because they weren't seeing them just for their professional role, they recognised that this person knows Auntie So and So and I can't go and talk to her about the fact that I'm doing this because it will immediately go to Auntie So and So... The kids then would find it difficult to go to them because of the extended relationship network and also that kind of sense of even if they didn't see them as part of the extended whānau, was still that kind of notion of , "Well, how do I know what the connections are here?" And so even Māori counsellors seeking jobs in certain areas have to be mindful of the historical iwi traditions and so if you are going to work

out of your own geographical area, you've got to be pretty much able to be accepted and work in that particular way. Then you take the issue of confidentiality as a cornerstone of counselling as a point and how do you reconcile that with those issues? And so Māoridom has to kind of look at that and see a way through that and in one sense the partnership can be to try and help that as well ...they will also shape the way in which counselling is and have its own characteristic within New Zealand (Personal correspondence, 12/02/6).

Along with reconceptualisation of Western values of individualism and confidentiality, Tangata whenua have been actively involved in coming up with different models of social work and counselling practice to attempt to meet the needs of their people.

Māori Models of Practice

Western health care has traditionally been delivered by a Cartesian or dualistic philosophy. The mind and the body have for the most part been seen as different entities, each separate and requiring separate forms of treatment (Durie, 1985). For Māori, a more holistic philosophy prevails. Interconnectedness moves from a macro level where living members of a whānau, hapu or iwi remain strongly connected to those who have passed on, to a meso level, where there is interconnectedness within all living things, to a micro level where one's spiritual, familial, mental, cultural and physical aspects are not separated from one another (Durie, 1985). Attention to process (and kawa and tikanga) is critical and forms the basis of being able to establish rapport, engage meaningfully and be of help. Relationship remains at the heart of intervention with Māori (Durie, 1985; Waldegrave, 1998; Walsh-Tapiata, 2004).

Several models for working therapeutically with Māori have been developed within the past twenty-five years or so. Some of the more well known models include *Whare tapa wha* by Durie (1985), *Te Wheke* by Pere (1991), *Te Pae Mahutonga* by Durie, (1999).

There are several concepts or constructs which are emphasised within te ao Māori (and other indigenous cultures) which are different to Western ways of working. These are discussed in very limited depth here.

Whakapapa

As interconnection is of prime importance, this is not limited to only living members of a whānau, as a sense of place in the world is derived from one's whakapapa, or one's descent line (Metge, 1995). Bowden discussed how this concept has for the most part has been de-emphasised in Western constructs of social work, counselling or psychotherapy:

Māori in New Zealand have much to teach us about long term intimacy that links back through ancestors and remembered social and cultural events. Their relationships with each other are supported by ancestors who live in the culture helping to guide those who are living in the present. That intimacy is not easily acknowledged in the way psychotherapy has been practiced (2001, p. 27).

This connection is not just about the actual history or genealogical links. Concepts of healing and identity are also involved in understanding where we have come from. Ruwhiu has shared some of the important concepts within te ao Māori for social workers. Here he discussed the importance of whakapapa:

In essence, whakapapa was about understanding your roots of origin. As a healing life-giving principle for Māori, it reinforces the following notions of order, interconnectedness, growth, and survival (Ruwhiu, 2001, p. 66).

The fact that all things came forth from the same whakapapa roots reinforces the interconnectedness trait that allowed for perceptions of healing wider than just responding to the economic needs of those suffering. For the social work profession, it is important to remember that healing and well-being elements are inextricably tied to the way in which Māori perceive the roots of their own history (Ruwhiu, 2001, p. 67).

Durie summarised the importance of whakapapa in terms of the beginning of work and of establishing rapport through the process of whānaungatanga: "I know a Māori person best by finding out where he or she is from" (Durie, 1985, p. 10).

Whanaungatanga

Whanaungatanga, or the relationships existing within whānau, is a key concept within te taha Māori, and is something that is ever present for Māori. Broadly defined as extended kinship ties, for Māori it is the essence of interconnectedness. This again, is very different to concepts of working with individual clients in Western versions of social work or counselling. Metge (1995) described one of the implications of whanaungatanga in terms of its responsibilities:

The value of whanaungatanga reinforces the commitment members of a whānau have to each other but also reminds them of their responsibilities to all their other relatives. The imperative to extend aroha to all whanaunga ensures that every whānau is embedded in a web of cross-cutting kinship ties. Its members are enjoined to look outwards as well as inwards (p.82).

Not only are individual whānau members situated within a greater network, but it is seen as appropriate for the greater whānau to speak on behalf of the individual. This would be contrary to many Western forms of intervention which encourage individuals to speak for themselves, and express their own thoughts and feelings (Burns, 1980, Jeffers, 1987, Linehan, 1993). Durie (1985) described how this looks different when working with whānau within mental health, or counselling settings:

The relationship of the individual to whanaungatanga is crucial. Often, when I work with a Māori patient, I spend the first interview without talking specifically to him or her at all. I talk to the family. When I feel I have a brief from, and some understanding of the family, I then start talking to the patient. But for the most part, the family has the background and detail that I need, not the individual (p. 7).

Wairua

While the West has seen an emerging trend towards acknowledging the importance of spirituality within therapeutic work (Payne, 2005), spirituality has always been one of the cornerstones of working from a Māori perspective (Durie 1985). Metge described Wairua as “spirit: the incorporeal aspect of the person” (1995, p. 336). The following quotations

from Ruwhiu and Bowden demonstrate the important role which wairua plays in the therapeutic work from a Māori perspective:

Wairuatanga maintained a dual role in the reality makeup of the traditional Māori world. First, evidence points to wairuatanga as the original source of pain and suffering, yet second, it is also the source of all healing and well-being (Ruwhiu, 2001, p. 65).

For Māori this significant abstract world that can be felt and touched is the first force to be acknowledged and the first atmosphere in therapy to be honoured (Bowden, 2001, p. 31).

One of the questionnaire respondents in this author's research study summarised these points well:

Whānau prefer to talk about their problems on a one to one when home visiting – in their own space. Counselling requires listening skills and allows changes to happen with the consent of the whānau or individual one is involved with. Spiritual counselling is paramount and culturally appropriate to both Māori and Pacific.

Language and Process

The concept of binaries and social construction of language has been discussed briefly in the introduction of this thesis, and will be expanded upon in further chapters. In some ways the whole idea that someone can label one thing counselling, and another social work, particularly for Māori, is in itself not part of a holistic process. Below Munford described her concern with the use of language in relation to counselling and language in relation to tangata whenua:

I think it is aligned with Western models and I don't know whether Māori ...what Māori counsellors call themselves and whether they are actually counsellors...When I think of one of my students just finishing her Master's degree, I'm looking at the nature of colonisation, decolonisation and practice. The Māori workers, when she describes their work that I would say was counselling, don't use the word

counselling. They use other words, Māori words to describe what they do and they put it in a Māori framework. They might use Mason's framework... but they have it in a Māori framework (Personal correspondence, 17/08/06).

Similarly, a Pakeha understanding of what counselling is may be quite different from a Māori perspective. Webber-Dreadon discussed several situations where she felt she was providing culturally appropriate social work, to be told within supervision later that "that was counselling". The following excerpts demonstrate various interventions which were referred to as counselling in her work:

Another thing I used to do is I used to take mums out and we used to go and pick pūhā. I would teach them how to pick the pūhā, because I knew where the pūhā patches were then, and we would go out and pick pūhā ...And then we would go back to their house and we would peel and clean and I would teach them how to do that too...and we would be chatting away and then when it was cooked I would show them how to mash it and put the butter and the salt and all the things that you shouldn't have...And then you'd sit down and have karakia and then you'd eat it and when it was time I'd say, "I've got to go now, I've been here 1 ½ hours...2 hours, got to go." And they'd go, "So when are we going to do any work?" But they had done the work and they didn't understand that they had done some work. So that was another kind of way that I would do things with mothers...young mums or those sorts of things. Again, my kaumātua said he saw that as a form of counselling, ...I didn't see it like that, I just thought it was a process that social workers...that could and should occur, that is best suited for the culture...about Māori anyway, for me (Personal correspondence, 21/05/06).

One of the respondents from the questionnaire in the research described in this thesis described her experience of what was therapeutic for a group of women who she worked with:

I am a community social worker and there are components of counselling in my mahi i.e. Wahine O Te Ao Programme, a therapeutic programme based on Māori Traditional Raranga (weaving). Women from all walks of life come together for friendship, whanaungatanga, safespace, time-out, relaxation. The beauty is when they start weaving, they start sharing their stories, they are not judged or put down, they feel safe in the atmosphere and environment. A time to laugh, a time to cry, a time just to be. The building of their mana and self esteem takes them on a journey for 7 weeks. Tumeke to see the changes and transformation taking place.

Evolution of Māori Models

There are several Māori models of practice that have emerged, which incorporate some of the Māori concepts described above. In this section, an excerpt from the transcript of Bella Wikaira has been used to demonstrate one person's evolution in terms of practice. Wikaira is a prominent social worker in Aotearoa. She has a long history of social work in health and association with the ANZASW. At first Wikaira described her awareness of doing things differently in terms of her work with Māori:

I couldn't quite put my finger on exactly...or articulate it properly, why I was doing things the way I did. I still complied with the requirements of the organisation and things, that wasn't a problem, it was just my approach with families when I was involved with clients. There was a different way of going through the process and also the way that I engaged. I think that was the big difference. It didn't have to be Māori, but I found that the older clients that I was involved with in the gynae (gynaecological) area, they were always really keen to know where I was from and likewise, they were quite open about where they were from and some of their experiences. I got a lot of value out of that and I felt it was really important for them to have that time to share and engage and develop some kind of rapport, so that when we got to the practicalities of what was needed, they were really open and willing to

participate in it fully. So that was really good (Personal correspondence, 7/04/06).

Wikaira was one of the first social workers on the Māori rōpu of Auckland Hospital. She described the evolution of Māori models of practice within her team:

We were able to develop the Māori rōpu and look at models of practice, developing models of practice. That started mainly from looking at what the team wanted, because they weren't easily able to articulate their models of practice. I went off and did the kaupapa supervision with Paraire Huata and it was the first one. Rose and I went and for her and I both, we just talked and talked and talked about the model that he had presented ...That was the Poutama and when her and I were talking, I was going... "It just seems so easy to understand, this is how we actually work with the whānau that we are involved with". I was going, "We do have to spend time to engage, we do have to spend time to assess what the issues are and look at how we can put some plans in place and how we tie up those things." So looking at the task centred model, it lined up really well with Poutama and so when we developed it, because we were encouraged to present it... I think the first time we presented it was in Melbourne and we knew that the audience wouldn't have a clue what these Māori words were or what the concepts were about. And so we had to line that up with something...a Western model that they would be able to go... "Oh, okay, I can get an understanding of that." That's how we went about it. Although it did give me cause for concern around...are we minimising the model?...Being a traditional and coming from a historical kind of context, I didn't want it to be down played in any way (Personal correspondence, 7/04/06).

Wikaira went on to explain her process:

If I see something has a potential to fit right, I'll kind of dissect it and pull it apart to see what parts don't quite fit right and look at how we

might be able to change it ...I don't see myself as being creative, it's been from other people's thoughts and things, like the Poutama was presented by the likes of Paraire but he was really supportive of us taking it and playing with it and making it work for our rōpu. The Waka Rua model was again presented...It's just seeing other people's ideas and thinking, "Oh yeah, I think it does work for us too." I don't come up with the ideas, but I look at something and then I'll play with it and make it fit for us and that way I'm able to talk about it at some length and depth and be able to get some of the social workers who maybe don't think enough about theory and where it comes from and why you practice in this way, and so it's been really helpful for me to do that...To do the exploration, so that I can pass it on to other practitioners who are coming onboard. It's up to them to take it onboard or not, but it gives them more choices and more tools for their kete (Personal correspondence, 7/04/06).

Wikaira reflected upon the changes that have occurred in relation to social work and counselling over the past few years as Māori models have evolved:

I accepted that there weren't enough Māori academics to actually provide us with some alternative models that we could have learnt when I was doing my study. But the thing that I think we are really lucky...really fortunate to have in New Zealand, is that willingness to accept that indigenous models have a place... It might not have been when I was studying and I did struggle to understand what the Western models were about. Because the thing that I like about the Māori models is they do have a whakapapa and having a whakapapa makes it easier to understand the importance of it. I don't have an understanding of what the whakapapa necessarily is, of 0

models. I found it difficult...although I understood the mechanics of the models that we were learning...it didn't feel like something that I would be totally comfortable in actually doing. And so being able to identify something from my culture that kind of is on a similar ground,

but I don't want to minimise either one, made it easier for me to be confident in what I was doing and how I went about doing it...Of the few counsellors...Māori counsellors I do know, again I think they've had to learn Western models and get an understanding of some Māori models that are out there and how they can marry the two together (Personal correspondence, 7/04/06).

Wikaira related how the evolution of Māori models of practice has contributed to an increase in confidence amongst Māori practitioners:

I've seen a huge evolution, if you like, around both social work and counselling for Māori. I think it's...the big thing for me is around the confidence that's being built for Māori practitioners and feeling okay about including their culture into their practice and I think that's what's made them more effective. So it's that level of confidence that's grown within practitioners around...it is okay to be in your culture and practicing and using your culture, the knowledge that you have around your culture, within your practice. So long as you are clear and you know the reasons behind what you are doing and how you go about doing it... It's that level of confidence that I've seen grow hugely (Personal correspondence, 7/04/06).

While part of the resolution of the bicultural tension within social work and counselling has been to develop Māori models of practice, another different but related approach has been the call for services to be provided by Māori for Māori.

For Māori by Māori

Many Māori academics have written about the preference of Māori to work with Māori, and the ANZASW has endorsed this practice whenever possible. While there have been debates around this necessity (Henrickson, 2005), in terms of building of rapport, things like exploration of whakapapa and the establishment of whakawhanaunganga have been seen as important components of working with Māori clients. Wikaira described her epiphany after her first meeting with a Māori supervisor who she met for cultural supervision:

I didn't know what I didn't know. It was so good to be able to not have to go into so much explanation as I did with all of my other supervisors and I was going, it's so refreshing to have somebody who's on the same wavelength and so we didn't have to do all that unpacking before we could get into meeting my needs and so that was fantastic (Personal correspondence, 7/04/06).

Hancock described how he saw the issue being conceptualised and played out in social work and in counselling in Aotearoa:

Well the debates around therapy are very strong. Now there is a strong tradition within Māori where healing and therapy derive directly from their own civilisation and from their own worldviews and these are not accessible for a Pakeha unless they join a particular iwi and are accepted by that iwi and are inducted into that iwi. So there is a whole group there where there are clearly Māori ways of understanding health, ways of understanding therapy, and ways of understanding counselling. And they are asserting their rights to the development of a model of that. In the social work field they have already developed the models... Now counselling has only begun to do that to the extent that they have started to get referrals from ACC requiring Māori clients to attend. But there is a trend here for Māori clients to seek Māori identified ACC counsellors now. So the same social forces that social work has been dealing with are already beginning to be felt in the counselling field as well (Personal correspondence, 2/11/05).

Just as New Zealand was seen to be at the forefront of work with indigenous culture in child welfare through the establishment and use of Family Group Conferences, so too has it been seen to make a contribution to therapeutic work with indigenous cultures. The constructs of Narrative therapy and Just Therapy have been exported and hailed throughout the world as providing positive and safe ways of working therapeutically with different groups who have been marginalised outside of the dominant culture. Both the writings from the Just Therapy Team and the interview with Charles Waldegrave are used

to describe this approach to demonstrate a model which seems to incorporate the best of all worlds in relation to this topic.

Just Therapy

Just Therapy has emerged out of the Lower Hutt Family Centre in response to the view that many of the families that were presenting or being referred for therapy were really being impacted by external variables, rather than problems created within the family structures. Issues of social justice are emphasised and the process of therapy is demystified so that people lacking in an academic background, but able to contribute important community or cultural knowledge, can become therapists, and the Western cultural bias within therapy is made explicit and deconstructed for appropriate work with various cultures or groups (Waldegrave, 2003).

Charles Waldegrave discussed the evolution of Just Therapy and its unique place in the world:

Since 1979 when we set up The Family Centre, we developed an approach to therapy called 'Just Therapy'. It has become well-known internationally in therapeutic, community development and social policy circles. What we were initially trying to look at was the cultural, gender and socioeconomic contexts of therapy...The Family Centre was the first family therapy agency set up in New Zealand. There were other people already doing family therapy as an adjunct to other services, but not as a whole agency. With others, we were pioneers and we were keen to get beyond the context of individual and couple work to try and look at the broader family dynamics. The more we did that, the more we wanted to go further again, and so we became interested in the cultural, gender and socioeconomic contexts. Soon we began to employ Māori and Pacific workers and they respectively developed Māori and Samoan approaches to therapy that drew deeply upon their cultural modes of healing and also used modern social science approaches where they were useful and did not conflict with their cultural meaning systems.

As this work grew, we needed to develop respectful cultural partnerships within the organisation and accountability practices that ensured Māori and Pacific work was overseen and managed by the staff from each of those cultures respectively. Certain critical concepts distinguished their work from Western approaches. Coming from largely genealogically based societies, they particularly emphasized extended family processes as being distinct from nuclear family processes, and the place of spirituality in health and healing. Whereas previously, Māori and Pacific people seldom came voluntarily for therapy (they were directed sometimes by government institutions), once the Māori and Samoan therapies were developed, we were inundated with people. So, what was important to us in this development was that people were able to receive therapy on their own terms and within their own meaning systems with a minimum of imposition from Western assumptions (Personal correspondence, 07/02/06).

In the following excerpt, Waldegrave discussed the process of developing culturally safe models of therapy in the Just Therapy Team:

When developing their therapeutic approaches, both the Māori and Samoan groups would regularly take video tapes of their work to their elders to show them what they were doing and receive feedback. After about 18 months of this, in both cases, the elders said, “This is so important- you have got to take this around the country”. We began with keynote addresses at two national conferences and the response was amazing. We presented both the cultural work and deconstructed the social science and institutional obstructions to it. People were really interested and the work took off around New Zealand and eventually internationally. It began to have quite an impact on the way services were provided with much greater emphasis on Māori and Pacific work being carried out by their own people and within their own meaning systems.

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However, we didn't simply emphasise that therapy needed to be carried out differently, but also that organisations needed to employ Māori and Pacific people to develop their own work and create their own therapeutic paradigms. This meant that they should not just be employed in the lowest positions, but accorded the space, status and salaries that would enable them to operate in an authentic partnership and not in a one-down position.

It follows that other forms of knowledge, alongside the social sciences, needed to be recognised. In the past in the Health System, for example, it was not uncommon for a professional doctor or psychologist to seek advice about Māori or Pacific cultural matters, including healing, from a Māori or Pacific cleaner in the hospital, because they were handy, they lived their culture and were informed about it. The cleaner was never recognised for what they contributed and, of course, never paid for their consultative advice. We began to highlight these sort of issues and help people move beyond and recognise that cultural advice, cultural leadership and cultural knowledge constitute another form of knowledge and discipline that has value in the health, healing and well-being of people.

As we put these ideas forward, we were well received by some and heatedly contested by others, but the ideas spread because there were numerous parallel movements promoting cultural self-determination in New Zealand. Eventually Australians became interested in this work and later it took off internationally. Although support for these sorts of ideas has grown, sadly these non-intrusive approaches are still not mainstream practices. They are probably still fairly alternative in most countries (Personal correspondence, 07/02/06).

Waldegrave described how different people on the team contributed to the development of each others' knowledge and the Māori and Pasifika Models of practice:

My role was to present the most up-to-date social science knowledge we had about therapy, almost like a smorgasbord where people could pick and choose what they preferred. The Māori and Pacific workers then chose what they found useful in the smorgasbord and rejected what they didn't like. They then drew deeply upon their own traditional concepts of healing, health and well-being and created their own therapeutic approach. They endeavoured to get the best out of the social sciences in a manner that enhanced their own traditions, meanings and ways of doing things (Personal correspondence, 07/02/06).

Just Therapy approaches are consistent with narrative approaches that talk about people constructing meaning about themselves, others and the world from their experiences. These experiences are often filtered through the experience and the hegemony of the dominant culture (See Freire, 1972: White & Epston, 1990). Waldegrave discussed the nature of this kind of therapy:

Good therapy is essentially about an exchange of meaning within a given social, cultural and often gender context. People usually come for counselling or therapy with problem centred webs of meaning. Events have occurred in the physical world, and people have created meaning around those events that has become problematic. They come to the therapist and tell their story. The therapist can't change those events that happened in history, but can help change the meanings that people give them, so that they can move ahead, resolve some of the issues and be able to live freely (Personal correspondence, 07/02/06).

In the following excerpt, Waldegrave described the process of therapy further. He made the link to Māori and Pasifika approaches in terms of stories being like taonga which are given to the therapist:

The role of the therapist is to receive the story that the person seeking help tells, and to honour it. We see the story as a sacred gift that the

person gives. They have become vulnerable and exposed themselves to that extent. Our task is then to offer alternative meanings that enable resolution and hope. Say, for example, someone who had been sexually abused many years ago, but had told nobody, and had always thought it was their fault and consequently felt very bad and depressed about themselves. In that circumstance, the therapist could not change the historical abuse, but could address the negative meanings that the person (and society) created about themselves. They would help the person move out of self-blame by beginning to reflect on who was responsible and who was innocent. They would also identify resilience factors about the person's ability to survive despite the tragedy, how they had brought up their own children and protected them from such an occurrence, how they had achieved in various fields, etc. Far from being bad and at fault, the alternative meanings would emphasise their strength, love, resilience and essential goodness.

Now these don't necessarily take away all the pain and tragedy of what has happened, but they do enable people to be able to work through it and move ahead with their lives so that the 'problem' ceases to dominate. We come from a fairly postmodern perspective and refer to this exchange of meaning as a 'sacred' exchange. We learned this primarily from the Polynesian paradigms, because in Māori and Pacific cultures, these sorts of exchanges are sacred. I think in the Pakeha (European) culture we think much the same actually, but we've tended to talk about it as a respectful conversation, which is a sort of secular way of saying sacred, I suppose (Personal correspondence, 07/02/06).

One of the interesting and unique variables about the Family Centre and Just Therapy is that therapists do not conduct therapy in a vacuum. In fact, each of the therapists also engages in research and in community work. This approach is very consistent with the systemic approach of social work and appears to marry the ideas of community work,

research, social work and therapy (counselling) (Waldegrave, 2009). Waldegrave discussed how this is demonstrated within their work with personal issues being tracked to demonstrate trends or to show statistics on numbers of people experiencing an issue and that impact upon them:

We are always interested in bringing to the light, that which is hidden in the dark. In other words, our research and our community work is trying to expose that which is hidden and damaging people. So all our gender work was actually trying to bring out the ways in which a patriarchal system denied many of the experiences women had and ensured their non-inclusion in decisions and positions of importance. In our poverty research, we developed state of the art and internationally comparable measures of poverty that exposed the extent of what was really happening, and provided us with a strong evidential platform for public debate. In addition, through the qualitative work, we would transcribe people's stories and get them discussed in various public and policy venues. This combination eventually had a substantial impact on policy changes in our country (Personal correspondence, 07/02/06).

Just Therapy appears to demonstrate the good that can happen when different cultural constructs meet and good things are taken from each. In this instance ideas from Western social science, anti-discriminatory or radical approaches, te ao Māori, community work, research and social policy are all used to ameliorate the circumstances of disadvantaged people. If there were an argument being put forward for the disbanding of professional silos, and either/or cultural dichotomies, Just Therapy would provide a good model for this rationalisation.

While Just Therapy shows how Western constructs and te ao Māori can come together in the counselling area, there appeared to be some ongoing resistance to the idea of social workers being engaged in counselling from Māori questionnaire respondents. Some of the ideas presented throughout this chapter were supported through some of the responses to the questionnaire discussed in this study. While a detailed presentation and analysis of

questionnaire responses will follow in subsequent chapters, there are some responses which are of particular relevance to this chapter which shall now be discussed.

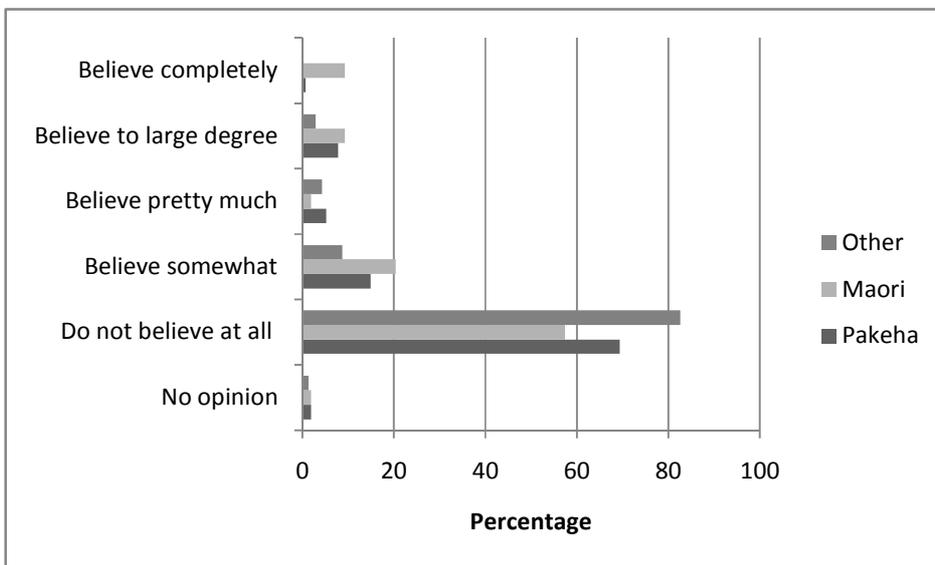
Questionnaire Responses

As presented in chapter two, 43 respondents or 11% of the sample of 404 respondents identified as Māori. For the purposes of statistical analysis, those identifying as part European/Māori were collapsed into the Māori subgroup, bringing the total of the sample to 54 respondents or 13% of the sample.

Cross tabulations were done in relation to ethnicity for all of the questions on the questionnaires. There were very few areas which demonstrated statistically different results according to ethnicity, but there were some of note.

Throughout this chapter, several issues have been discussed which have demonstrated that there are some components of counselling that are not consistent with Māori world views. One of the statements which respondents were asked to consider was their view around the statement, “Social workers should not be doing counselling.” While the majority of respondents did not agree with this statement, there was variation according to ethnicity. Figure 5.1 shows the breakdown according to ethnicity on this statement.

Figure 5.1 Social Workers should not be Doing Counselling by Ethnicity

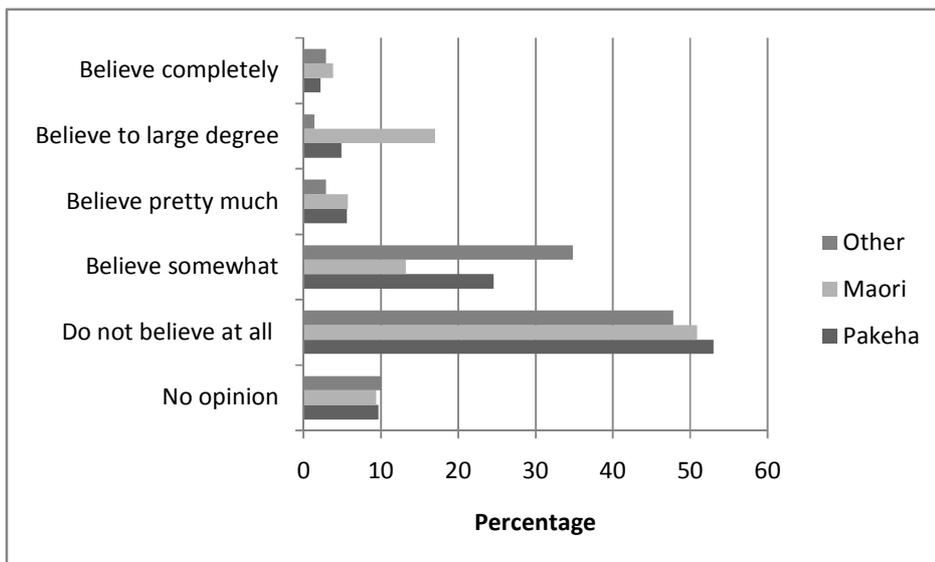


N=391

In this instance there is a weak statistically significant relationship between ethnicity and the belief that social workers should not be doing counselling (Phi .272 and $p < .01$). A greater number of Māori (41%) indicated some degree of belief in this statement that social workers should not be doing counselling while only 29% of Pakeha had any degree of belief in this statement and only 18% of the “Other” group believed this to any degree.

The language used to describe the counselling function (see definition provided in information sheet, Appendix IV) may not have been as acceptable to the various ethnic groups. Respondents were asked to rate their belief on the statement, “The definition of counselling is not appropriate to work with people of certain cultures”. Figure 5.2 shows the results to this question when cross tabulated with ethnicity.

Figure 5.2 The Definition of Counselling is not Appropriate to work with People of Certain Cultures by Ethnicity

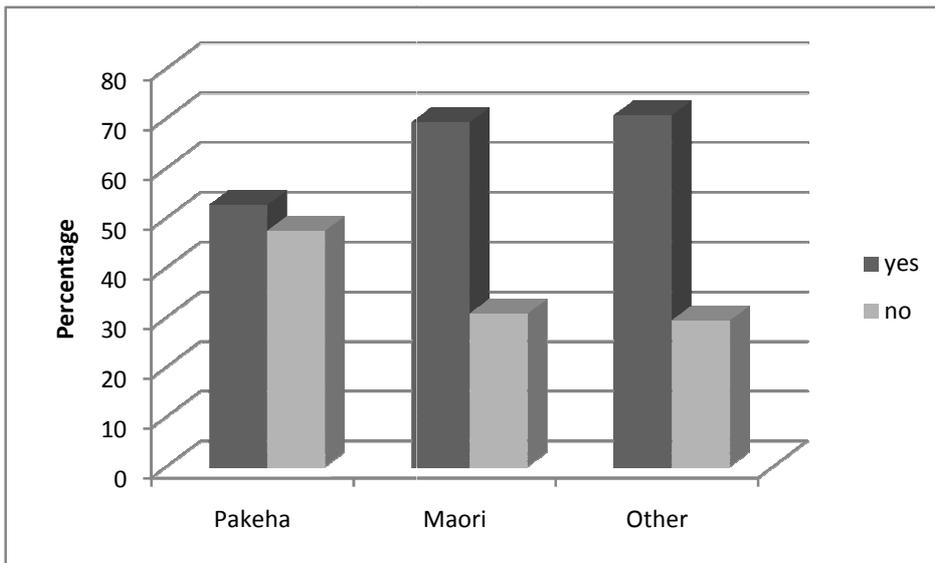


N=390

There is a weak statistically significant relationship between ethnicity and the belief that the definition provided in the questionnaires was not appropriate to work with people of certain cultures (Phi .232, $p < .05$). Māori were most likely to state that they believed this statement to a large degree or completely (21%) while only 7% of Pakeha believed this to a large degree or completely, and 4% of the “other” group.

Throughout this chapter, the holistic nature of Māori culture has been discussed. This holism incorporates the importance of wairua or spirituality for Māori. Results in this study confirm that for this sample of respondents, that there is a significant difference between Māori and Pakeha in relation to spiritual identification.

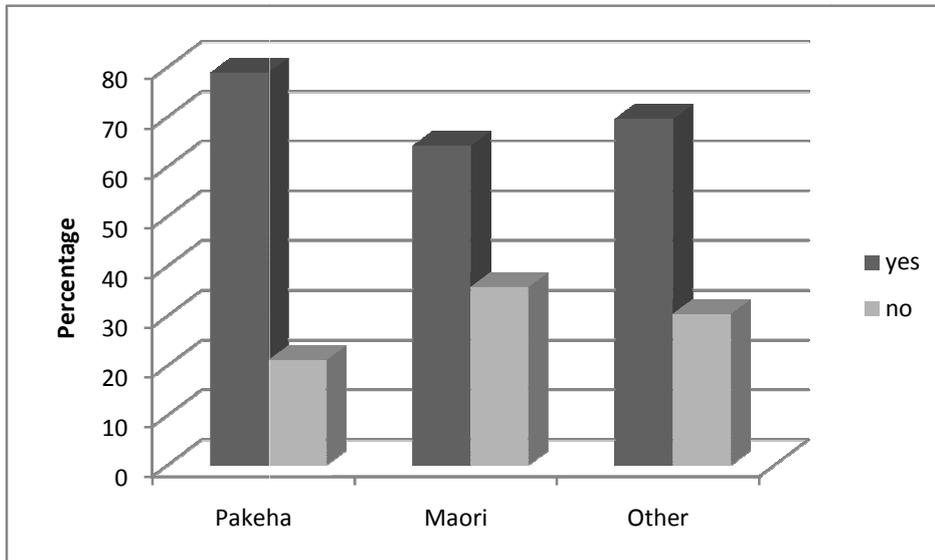
Figure 5.3 Spiritual Identification by Ethnicity



N=388

Figure 5.3 shows that there is a weak statistically significant relationship between ethnicity and identification with a form of spirituality ($\Phi = .163$, $p < .01$). In this instance, 53% of Pakeha stated that they identified with a form of spirituality, while 69% of Māori respondents did. Of interest, is that the “other” group actually identified the most with some form of spirituality, with 71% of this group having indicated affiliation.

In relation to what the social workers in this study do, there were some areas where there was a degree of statistically significant difference between ethnicities. The first was in relation to the whether or not respondents had undertaken any additional training to improve their skills or knowledge in relation to the role of counselling within their practice. Figure 5.4 shows the result to this question when cross tabulated with ethnicity.

Figure 5.4 Additional Counselling Training Undertaken by Ethnicity

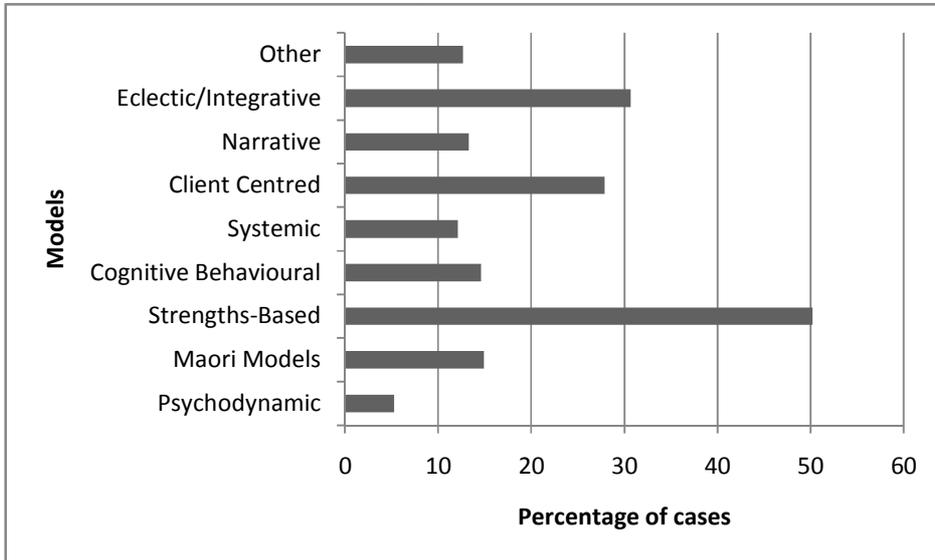
N=383

Figure 5.4 demonstrates a weak statistically significant relationship (Phi .131, $p < .05$) between having undertaken additional counselling training and ethnicity. In this response 79% of Pakeha indicated that they had taken additional training to improve counselling within their practice, while 70% of the “other” group had taken additional training and only 64% of Māori respondents indicated that they had taken additional training.

In terms of the models of practice used, respondents were asked which models of practice they used. Figure 5.5 (Following page) shows that 15% of respondents indicated the use of Māori models of practice. Results were then cross tabulated by ethnicity.

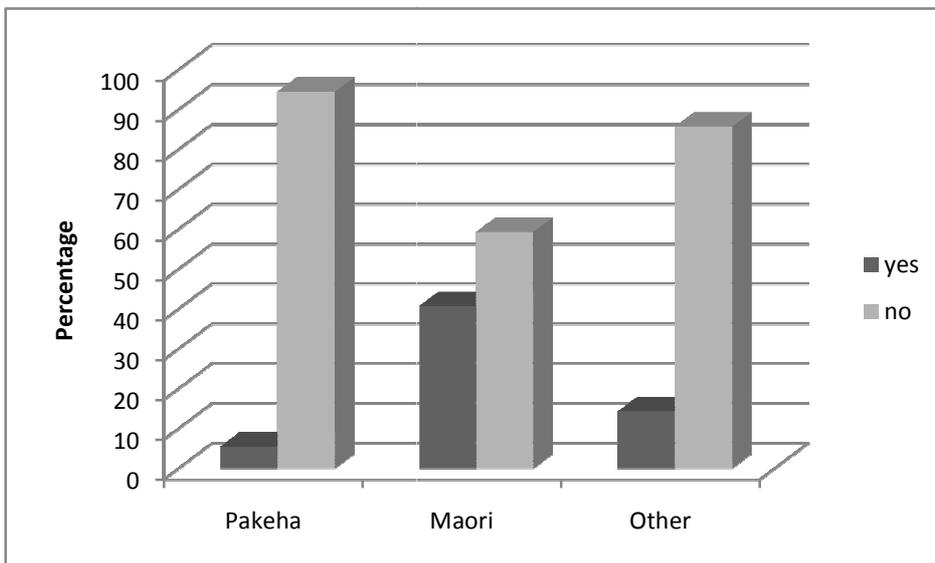
Not surprisingly, there was a statistically significant relationship between ethnicity and those using Māori models of practice (Phi=.369, $p < .001$). In this case, 41% of Māori respondents indicated using Māori models, while 14% of the other group reported using Māori models, and only 6% of the Pakeha group. This is an interesting finding as it demonstrates that non-Pakeha groups are using Māori models at a higher rate. This would be consistent with other groups such as those coming from Pacific Islands or other cultures with a strong collective or spiritual focus identifying with Māori models of practice.

Figure 5.5 Percentage of Cases Responding to Using a Particular Model of Practice



Responses N= 586, Respondents N=323

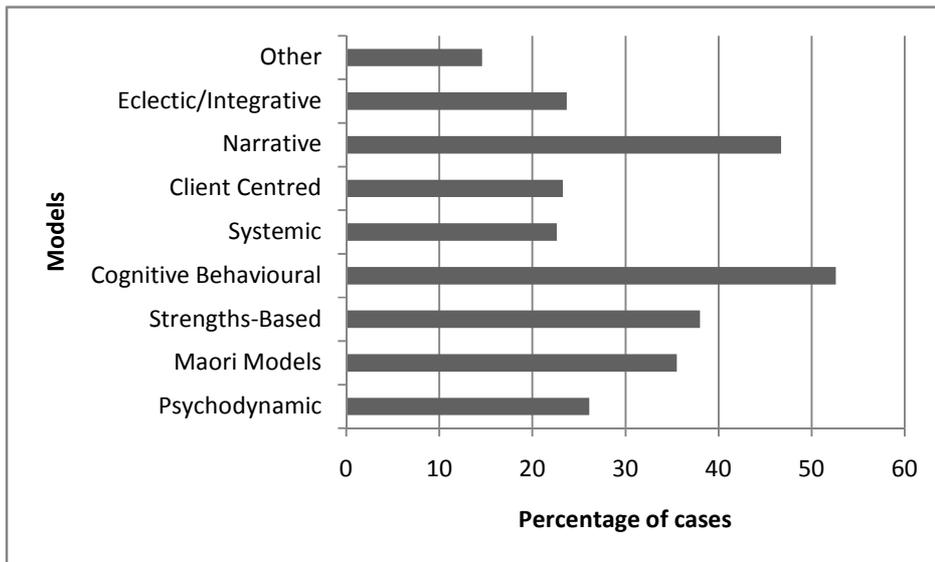
Figure 5.6 Use of Māori Models by Ethnicity



N=395

Given that there were a total 13% Māori respondents, these statistics would perhaps point to Māori using Māori models. What is surprising however are the responses to the question, “What kinds of models would you like to receive further training in?”

Figure 5.7 Preferred Models for Further Training

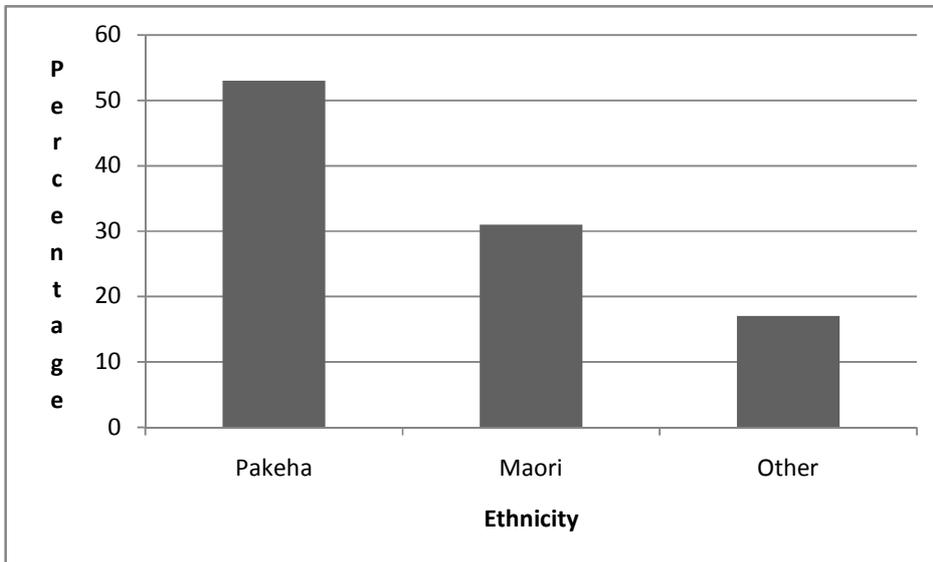


Respondents N=275, Total Responses N = 725

In Figure 5.7, 36% of respondents indicated that they would be interested in further training in Māori models of practice. This number is not far behind mainstream models such as cognitive behavioural (53% of cases), narrative (47% of cases), and strengths-based practice (38% of cases). The results are interesting when cross tabulated with ethnicity.

Figure 5.8 (Following page) demonstrates the percentage of each of the ethnicities who have indicated an interest in learning more about Māori models of practice. Results are indicative only as respondents indicated more than one response. Over half (53%) of the respondents who indicated a desire to learn more about Māori models were Pakeha, just under a third (31%) were Māori, and 17% were from other ethnic groups. As there were 68% Pakeha in the total sample, and 11% Māori, this figure would indicate that there is a much larger percentage of Māori wanting to learn about Māori Models of practice.

Figure 5.8 Ethnic Breakdown of those Interested in Learning about Māori Models



N=101

Conclusion

This chapter has attempted to give a broad overview of the influence and impact of Aotearoa's bicultural status in terms of social work and counselling. While acknowledging that Māori had systems of care in place long before the arrival of Pakeha, early social work and counselling professions were criticised for imposing Western constructs of both education and practice upon indigenous peoples. Some of the literature and some of the interviewees in this study indicated that counselling approaches were sometimes aligned with the status quo and that they could be seen as tools of oppression. The relevance of these models was questioned, and social work responded to these concerns by ensuring that power sharing between tangata whenua and tauwi occurred by the institution of a bicultural code of ethics(1993) and by the Social Work Registration Board's requirement for social workers to be deemed competent to work with Māori and other ethnic groups.

While other Western countries such as the USA and the UK engaged in debate surrounding whether social workers should be therapists or whether they should be engaged in counselling, within Aotearoa we saw that these questions were superseded by the issue of tangata whenua obtaining a degree of power and representation within the

profession. This impacted on the area of counselling within social work in various ways. Firstly, Daniels discussed how battles which were fought between factions representing professionalisation and health and those representing community orientation and tangata whenua “went on, and on...” (K. Daniels, personal communication, 01/02/06), and that this allowed counselling to “sneak in” and grow as a profession in areas which could have become social work’s domain. Tangata whenua had a strong voice within the profession and collectivist approaches were not consistent with some Western frameworks of counselling which involved individuals. The change from the Social Work Training Council to CETSS and its strong alignment with community work and tangata whenua likely impacted upon the provision of social work education in this country, moving more towards collectivist or community stances. And finally, while community based, tangata whenua have adopted several models or theories of health consistent with tangata whenua approaches. Voices of Māori social workers who were interviewed for the research presented in this thesis demonstrated the evolution of the development of these models and the impact that access to education has had. These models have impacted upon the provision of social work and counselling. This is demonstrated by the development of “Just Therapy” and its exporting throughout the world, but also through the questionnaire statistics which indicated that just under one third of respondents were interested in learning more about Māori models of practice.

The bicultural context of Aotearoa has had a huge impact upon the nature of social work, counselling and the relationship between the two as it is conceptualised and delivered. The next chapter will look at how language impacts on what social workers think and do in relation to the role of counselling in practice. Towards this aim, the results from the interviews and the data from the questionnaires obtained through the research will be examined in depth.

Chapter 5 – The Impacts of Biculturalism

Chapter Six: Definitions

If one accepts the view that social work is a socially constructed activity, then the importance of language in constructing that activity must also be acknowledged. Time, place, culture, economics, and political structures have all competed and contributed towards defining what social workers do or should do, often in relation to the role that counselling should play in their practice. While the same may be said for other professions such as counselling or psychotherapy, the nature of social work with its interface between internal and external worlds, or micro and macro contexts, makes the defining of the tasks and roles of social work more critical in terms of determining how social work, and particularly the role of counselling within it, are perceived by social workers and others.

When asked to define the terms “counselling”, “psychotherapy” and “social work”, interviewees often resorted to defining the terms in relation to one another. For this reason, it was difficult at times to get the terms defined in their own right. While chapter seven will discuss the relationship of counselling to social work, this chapter also looks at this to a degree in terms of how the relationships between these activities help people to define similarities and differences in the terms.

This chapter will look at some of the descriptions that have emerged in regards to the terms explored in this thesis, namely: “profession”; “counselling”; “psychotherapy”; “clinical social work”; “case work”, and “social work”. A historical exploration of the term “social work” and what has been and is understood to be the tasks which make up social work will be undertaken from an international and Aotearoa perspective. While it is not the focus of this thesis to establish definitions of social work per se, the intention was to determine if and how the dimension of counselling entered into this definition. Information from the literature and data from the qualitative interviews will be used towards this end. Data from the questionnaires sent out to ANZASW members which asked the question “What is your definition of social work?” will be explored to pull out current views of Association members as to what makes up the term “social work” today, with an emphasis on determining respondents’ descriptions of counselling type or associated components. Finally, data from the questionnaire which asked respondents to consider how they would define counselling within social work will be explored. The chapter will begin by looking at the broad concept

of profession, move inwards towards the actual tasks and perspectives of social work, and then finish by looking at how social workers would define the counselling role within their practice.

A Profession

The debate about social work as a profession has gone on since 1915 when Abraham Flexner delivered his “Is social work a profession?” address at the National Conference on Charities and Corrections in Chicago. He concluded at that time that social work could not be identified as a profession as he did not feel that social work could identify a “practical and definite end”. He also felt that “It appears not so much a definite field as an aspect of work in many fields” (p. 585).

Greenwood however, in 1957, viewed the attributes of a profession as being slightly different. For him they included:

- 1- a professional culture
- 2- authority
- 3- community sanction
- 4- a regulative code of ethics
- 5- a systematic theory

He came to the conclusion that social work did fit these attributes and as such could be classified as a profession.

The debates about whether or not social work has been seen as a profession in Aotearoa have centred more on whether or not social workers should be “professionals”, through pursuing of qualifications or registration. (See Treadgold, 1974; Manchester, 1975; Jones, 1979; Shirley, 1981; Hessey, 1982; Ings, 1986; McCreary, 1994). These debates have been discussed in previous chapters.

The matter seems to have come to rest, at least within social work itself with the definition of social work adopted by the IFSW in 2000 in Montreal which begins, “The social work profession...” (See Hare, 2004 for further discussion).

There is evidence that social work is recognised as a profession within Aotearoa by the initiation of the Social Work Registration Board by the Crown and the Social Workers Registration Act 2003. In its welcome statement on the SWRB website, the claim is made that “registration is new to the profession of social work” (SWRB, 2007). Psychotherapy and counselling have also engaged in the debates regarding the merits of professionalisation or registration over time.

Counselling

Unlike the term “social worker”, the term “counsellor” has existed in various forms for several hundred years. Ludbrook (2003) described the evolution of the term:

From the twelfth century the noun counsel and the expression to counsel, or to give counsel, connoted advice and the imparting of wisdom and advice....Kings and statesmen had counsellors, Lawyers were known as counsellors, and are still sometimes so described in New Zealand...In the mid-twentieth century ‘counsellor’ acquired a narrower meaning. The term still connoted someone one could turn to for help, but counselling was viewed as a client-centred process (p.3).

Counselling as a profession in Aotearoa though is a very recent phenomena. Merv Hancock discussed the evolution of the term counselling in Aotearoa. When asked if there would be many people doing counselling in New Zealand at the time of the emergence of the Victoria social work programme in 1950 he responded that, “No there wasn’t because in fact the word counselling didn’t emerge until the mid 50s as far as New Zealand was concerned” (Personal correspondence, 2/11/2005).

Counsellors in New Zealand have struggled with the concepts of registration and professionalisation (see Miller, 1994) and to date this goes on. As such, there remains no legal definition of the word counselling in Aotearoa at this point, a situation similar to that of social work (Ludbrook, 2003, p. 4).

The current definition of counselling within the New Zealand Association of Counsellors is:

Counselling involves the formation of professional relationships based on ethical values and principles. Counsellors seek to assist clients to

increase their understanding of themselves and their relationships with others, to develop more resourceful ways of living, and to bring about change in their lives. Counselling includes relationships formed with individuals, couples, families, groups, communities and organisations (NZAC, 2005).

As with social work, it is difficult to define the profession just by what is done. The values which are embodied within it are also important. NZAC values are described below.

The practices of counselling involve the expression of particular core values. This Association expects counsellors to embrace these core values as essential and integral to their work.

The Core Values of Counselling are:

3.1 Respect for human dignity

3.2 Partnership

3.3 Autonomy

3.4 Responsible caring

3.5 Personal integrity

3.6 Social justice

(NZAC, 2005)

For the purpose of this research, a definition of counselling was chosen which seemed to embody the tasks involved in the process, so that social workers could more easily operationalise and compare this definition to their practice. The definition used in questionnaires sent out to ANZASW members was:

A therapeutic process involving interaction between a counsellor and a client aimed at enhancing the quality of the client's life by assisting them to overcome relationship difficulties, to deal with the consequences of trauma, to cope better with difficulties encountered in relationships in the workplace, or to change patterns of behaviour that are actually or potentially harmful to the client or others (Ludbrook, 2003, p.4).

As discussed in the introduction, determining what to call the framework for naming individual therapeutic work with clients for the research described in this thesis was somewhat difficult, and the author eventually decided upon the term “counselling”. While psychotherapy, counselling and social work may have had shared or overlapping understandings and roots historically in Aotearoa and in other countries, the New Zealand tradition eventually saw the emergence of quite separate fields. These still proved difficult to name at times during the qualitative interviews. Gary Hermansson, seen as one of the founders of counselling in Aotearoa, described his impressions on what counselling is, but then went on to state that this may also apply to describing psychotherapy:

I see counselling as being, firstly a philosophy of engagement with people towards helping them look at what is happening which is problematic for them in life causing difficulties, inhibiting goals and meeting needs. Helping to identify what the specifics of those needs are for them and working with in collaboration with the person towards some resolution of that, which maybe an internalised resolution, some way of modifying thought processes, handling feelings and managing feelings or behaving in a way which is different, but also looking at that within the context in which they live in that particular way. So it's looking at not just that as an isolated piece, but it's the interaction between the person and their life environment, their life context, family, work, aspirations, whatever, and for me that's what a good psychotherapist would be doing as well (Personal correspondence, 12/02/06).

At times, as has been discussed previously in chapter four, what we call ourselves and how we define what we do, is sometimes influenced by the perception of the status associated with each profession. Again, Gary Hermansson described this process below:

One of my students did a piece of study. Her project was to look at people who were providing services in the Manawatu community under the title of counselling or psychotherapy and to interview them, and basically found that both their training and their orientation were somewhat identical and it came down to the fact that you call yourself

psychotherapist because that would help to maintain a more status identity and make it possible to charge fees that were commensurate with that kind of work. Whereas counselling seemed a bit like more general purpose stuff. But for all intents and purposes they are doing the same thing. Although there have been arguments, they would say about, “well we do more in depth work and that sort of stuff”, which is interesting (Personal correspondence, 12/02/06).

Psychotherapy and counselling were often seen as having a focus upon changing the individual. Kate van Heugten described some of her perceptions and dilemmas in terms of defining the terms:

It's difficult and I think it's contentious also and to some extent perhaps there is a distinction between counselling and psychotherapy in terms of the extent to which it is the self which is being aimed to be mended or changed and the extent to which we have a problem focus or an issue focus perhaps...I'm talking about counselling, it doesn't fit so well with strengths perspective, using that terminology and psychotherapy perhaps is a more...we tend to think we may explore more unconscious issues, that the relationship possibly becomes a field in which issues are played out. So considerations of transference and counter transference-but there is a lot of grey. So when you come to narrative, is it therapy or counselling? People aren't necessarily in one camp or the other (Personal correspondence, 01/02/06).

Focus on the internal is again a theme expressed by Ruth Manchester in looking at psychotherapy, but another theme which emerged involved the depth of the work which was being done.

Counselling, I think certainly involves the inner world of the person, what's happening between them and their environment, but also...and particularly if it's working with couples, the relationship between them. I don't think the focus really is in the changing of the environment in quite the same way. Psychotherapy I see as working at a much

deeper level and working with inner interactions or internal interactions that are not...that need to be worked on at a deeper level. And I can remember when I was doing my PSW training, we were told...and there was a lovely article, which I haven't got, written in the '50's of the boundary between casework...social casework and psychotherapy and where you in fact referred on, which was working again with...at a much deeper level with the person's inner world (Personal correspondence, 06/02/06).

Psychotherapy

For some years, the psychotherapy, and counselling fields acknowledged a degree of overlap. The New Zealand Association of Psychotherapists, Counsellors and Behaviour Therapists (Incorporated) existed between 1974 and 1987 (Manchester & Manchester, 1996). This existed alongside the New Zealand Counselling and Guidance Association from 1974.

The following definition of psychotherapy is that maintained by the New Zealand Association of Psychotherapy and illustrates how some of the ambiguity around the roles of social work, counselling and psychotherapy remain. This definition takes in the role of environment and social context, as well as the systems surrounding an individual (consistent with social work), but the focus of working with the individual and their psyche is evident.

The current view of psychotherapy is psychotherapy is about the changes and constancies of human relationships. These relationships can be with oneself, with others, and with the world.

Psychotherapy is a treatment and healing approach for psychological disturbance and dysfunction within an individual and within systems of human relating. Therapy may involve the individual and/or parts of the social network to which they belong, since public and private relationships can range from a state of mild but persistent difficulty to one representative of major dysfunctional disorder. The concern of treatment is therapy of the psyche - which can be understood as the

interrelated physical, emotional, mental and spiritual aspects of being human. The foundations of psychotherapy are associated with basic human impulses concerned with existence, meaning and self-realisation.

Psychotherapy also recognises the social and cultural contexts of human experience. It encompasses past, present and future, and acknowledges various forms of consciousness.

Psychotherapy is concerned with a set of disciplines and attitudes of inquiry that are aimed at helping clients face into the deep experience of their lives. In so doing, they examine and change established patterns of living, and begin to express their potential patterns of being.

As a field of inquiry and as a medium for change, psychotherapy orients itself towards an examination of its own evolution, including the extent to which it may shape and be shaped by the wider social context (NZAP, 2005).

There is not a clear differentiation here about how this differs exactly from the definition of counselling provided by the NZAC or by Ludbrook as described previously, except perhaps in reference to the “deep experience of clients’ lives.”

The British Psychotherapy Association’s definition is more succinct than the Aotearoa version.

Psychotherapy is the provision by qualified practitioners of a formal and professional relationship within which patients/clients can profitably explore difficult, and often painful, emotions and experiences. These may include feelings of anxiety, depression, trauma, or perhaps the loss of meaning of one’s life. It is a process which seeks to help the person gain an increased capacity for choice, through which the individual becomes more autonomous and self

determined. Psychotherapy may be provided for individuals or children, couples, families and groups (BPA, 2004).

This definition clearly sits within personal change, and emphasises autonomy and self determination. Little mention is made of context, other than when context has impacted upon the individual in such ways as having had traumatic experiences. The theme of depth is seen elsewhere in New Zealand psychotherapy literature with the following quotation from the Manchesters' book on the history of psychotherapy.

The psychotherapist was identified as a person working at greater depth than a caseworker, counsellor, or social worker who established capacity and competence through exposure to appropriate theoretical training and supervised practical experience (Manchester & Manchester, 1996, pp.52-53).

This did not necessarily mean that counsellors and social workers could not conduct psychotherapy, and in fact, some of the earliest members of the psychotherapy associations, such as Ruth Manchester and Merv Hancock were trained social workers.

Interviewees again, referred to the depth of work involved in their understanding of the differences. Below are three excerpts from the qualitative interviews, which emphasised this point.

And I guess you could look at it in terms of the intensity of training in the interpersonal, it is this level in social work, at that level in counselling and that level in psychotherapy, (hands moving, showing increasing depth) so there's an increasing depth, if you like (K. Daniels, personal correspondence, 01/02/06).

Well psychotherapy is the planned work at length and in depth with people (M. Hancock, personal correspondence, 2/11/05).

You could look at this as being slightly more in depth...a psychotherapist might be looking much more consistently at the internalised dimensions of that, rather than the life space dimensions (G. Hermansson, personal correspondence, 12/02/06).

Social Work

As discussed in chapters three and four, social work has been attempting to define itself from its very inception. The tensions between those at Toynbee Hall in the UK or the Settlement movement in the US and their respective Charity Organisation Societies began early to shape the course of social work's development. Some of these tensions have given rise to new definitions within social work such as "community worker" and "clinical social worker".

"Friendly visiting" soon evolved into social casework, as Mary Richmond sought to increase the quality of service provided to clients. This model aligned itself with science and soon began to be associated with psychodynamic perspectives in social work. Contrary to popular belief however, Richmond acknowledged the importance of the environment right from the beginning:

That field is the development of personality through the conscious and comprehensive adjustment of social relationships, and within that field the worker is no more occupied with abnormalities in the individual than in the environment, is no more able to neglect the one than the other (Richmond, 1922, p. 98)

For her, social casework recognised the value of working with both the internal and the external worlds. She defined the central roles of casework as:

- A. Insight into individuality and personal characteristics;
 - B. Insight into the resources, dangers and influence of the social environment;
 - C. Direct action of mind upon mind, and
 - D. Indirect action through the social environment
- (Richmond, 1922, pp. 101-102).

Despite the alignment to psychodynamic practice, some definitions of casework continued to hold the role of the environment, while there had been some shift to having the locus of change located more within the individual. The following definition by Biestek illustrates how, while environment is considered, it is the person who is more likely to have to adjust:

The casework relationship is the dynamic interaction of attitudes and emotions between the caseworker and the client, with the purpose of helping the client achieve a better adjustment between himself and his environment (Biestek, 1957, p. 12).

Somewhere along in the debates that began to emerge regarding where social work's focus should lie, social casework began to be more associated with working with the individual, and eventually began to be associated with "clinical social work". Ken Daniels used the terms "social casework" and "clinical social work" almost interchangeably within his interview. The following excerpt describes Daniel's education in social work in the UK:

The course that I undertook, I think, had a very strong orientation towards individual, family and group work. It set me up, if you like, for a clinical social work orientation or a casework orientation (Personal correspondence, 01/02/06).

Clinical Social Work

The relationship between social work and psychotherapy or counselling in the USA and at times in the UK is much closer than in Aotearoa, and at times it is difficult to differentiate between them. Many social workers in the USA would also call themselves psychotherapists. In chapter four, one of the points made was that social workers who practiced therapy in Aotearoa had tended to distance themselves from the profession of social work and call themselves counsellors or psychotherapists. This was described by some of the interviewees as being perhaps due to the perceived lower status which social work has/had in this country. In the USA however, where social work aligned itself early with the medical model and psychotherapy, social workers adopted the title of "clinical social worker" to describe their role. This has tended to elevate the status of social work, which in turn dispels the need to distance oneself from the profession in order to charge higher fees or feel a degree of status (researcher's observation). Lambert described the use of the term "clinical social worker" and how it has also shifted away from a pure psychodynamic orientation to more recent cognitive or behavioural trends:

In the past, the terms clinical social worker, psychiatric social worker, or simply, therapist have all been used to denote people in the social

work profession who practiced psychotherapy. Psychotherapist itself is an equally ambiguous term which is used in a narrow sense to describe only psychodynamic or insight-oriented therapists, or in a broader context, to include behaviourally or cognitively trained practitioners (Lambert, 2002, p.187-188).

The National Association of Social Workers in the USA has a definition of clinical social work and sets standards and competencies which must be met in order to call oneself a “clinical” social worker. The following is the description of clinical social work from the NASW.

Clinical social work shares with all social work practice the goal of enhancement and maintenance of psychosocial functioning of individuals, families, and small groups. Clinical social work practice is the professional application of social work theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional and mental disorders. It is based on knowledge of one or more theories of human development within a psychosocial context.

The perspective of person-in-situation is central to clinical social work practice. Clinical social work included interventions directed to interpersonal interactions, intrapsychic dynamic, and life-support and management issues. Clinical social work services consist of assessment: diagnosis; treatment, including psychotherapy and counselling; client-centered advocacy; consultation; and evaluation. The process of clinical social work is undertaken within the objectives of social work and the principles and values contained in the NASW Code of Ethics (NASW, 2004, p.3).

The term “clinical social worker” in this country is not often employed, and when used, it often is not clearly understood (author’s observation). More recently however, Briggs and Cromie (2009) have employed the term in their description of some of the work done by social workers in mental health in Aotearoa.

There are other terms such as “community social worker” which have also been coined to denote particular fields of practice or socio-political orientations within the field of social work. These will not be explored here as they do not deal as directly with the topic of this thesis. Many of these other terms have come out of the difficulty of being able to identify oneself within more general descriptions of social work.

A Generic Definition

There are countless definitions of social work available in the literature. Each encapsulates a specific perspective and makes some kind of statement as to what those providing the definition feel that social workers should be doing. It is only since 2000 that the International Federation of Social Workers has been able to come up with a definition which is succinct and captures many of the facets of what is seen to be “social work” around the world. This definition was adopted in Montreal in 2000 by the IFSW and was also accepted by the International Association of Schools of Social Work’s General Assembly. In 2001 at the joint IASSW-IFSW meeting held in Copenhagen it was adopted as the joint international definition (Hare, 2004, p. 407). The following is the definition adopted, and it has become widely accepted throughout the world as a unifying definition of social work practice:

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work (IFSW, 2005).

Hare (2004) described the process of coming to this definition in her article “Defining social work for the 21st century. The International Federation of Social Workers’ revised definition of social work”. She described how globalisation was a partial impetus in revising the prior definition of social work of IFSW (1982) and how the definition needed to represent social work as it was practiced in many different countries and contexts. Hare described how the IFSW committee attempted to address the dual focus issue by taking the stand that social work’s primary activity should be promoting social change, and then problem solving

(p.411). This was a significant statement in that it places social change as social work's core activity. She went on to state that the phrase "problem solving in human relationships" is meant "to include therapeutic activities performed by clinical social workers or caseworkers..." (p. 413).

Defining Social Work in Aotearoa

At time of writing, there is no current widely accepted definition of social work in Aotearoa, other than that of the IFSW and IASSW discussed above. It is likely that the Social Work Registration Board will be considering this shortly as there is growing momentum towards mandatory registration for social workers and for the term "social worker" to be protected. In order to do so, the Board must be able to specify exactly what the tasks and values of social work are. Various authors or social work educator's (Payne, 2006, 2005a; Dominelli, 2002) have attempted to classify the philosophy, roles and tasks within social work in terms of how social workers conceptualise the change effort or target of change. Payne has described three views. *Reflexive-therapeutic* views see social workers helping people achieve well being through growth and self-fulfilment. It is the client who changes. *Socialist-collectivist* views see social workers bringing people together, overcoming oppression and creating social change. *Individualist-reformist* views see social workers helping people through the provision of welfare services, that is, helping people live as best they can within systems (Payne, 2005, pp 8-9). Dominelli similarly describes therapeutic helping (reflexive-therapeutic), emancipatory (socialist collectivist) and maintenance (individualist-reformist) approaches (2002). These approaches are sometimes presented as three sides of an equilateral triangle. These constructs will be referred to throughout the rest of this chapter.

There have been various attempts to define the role and tasks of social work in Aotearoa over the years. One of the earliest references relating to social work in Aotearoa was recorded in 1943 when the New Zealand Council for Educational Research brought together 17 individuals for an informal conference with the idea of establishing some form of training for social work. Their definition of the objective of social work at that time was:

To help individuals to adjust themselves in socially desirable ways to the environment in which they live. There are two main methods by

which the objective may be attained: casework and group work (New Zealand Council for Educational Research, 1944, p. 6).

This view is compatible with that of social casework with its emphasis on having individuals change or adapt to their environments. Such a view was prevalent at that time (individualist reformist or reflexive therapeutic).

In 1967 defining social work had not become much easier, despite the formation of the New Zealand Association of Social Work in 1964. “One of the problems we all face as social workers in N.Z. today is to define our function and role and explain this to our colleagues in other helping professions” (McGregor, 1967, p. 21). McGregor then went on to describe some of the roles associated with social work at that time:

Some of the work at present done directly by social workers with their clients in N.Z. now includes counselling in residential institutions, family therapy in some of the voluntary agencies, group counselling in psychiatric hospitals, in addition to home visiting and assisting with the provision of general welfare services (McGregor, 1967, p. 21).

Here there is a continued view of the therapeutic or maintenance functions of social work practice (Dominelli, 2002), with the idea that social work’s main tasks revolve around internal change or adaptation (therapeutic). A flavour had also begun to creep in with the idea of social workers being brokers or resource locators (maintenance).

The difficulty of defining social work continued into the 1970s and sometimes took on a comical turn. The following statement was made by Rosemary Treadgold while addressing the AGM of the Mental Health Association in Dunedin in 1972:

A social worker is still a curious creature in New Zealand of unknown origin, unknown parentage to many people doing obviously worthy tasks but with slightly grisly, and, or suspicious overtones or undertones (Treadgold, 1974, p. 3).

In 1981 the Social Work Training Council commissioned Rochford & Robb to identify the social service populations served by social workers, and to examine the needs of that population in more depth. At that time they were concerned that the standards of training

for social service workers were not adequate for the tasks social service workers were required to undertake (p. 5). In 1981 they produced the report *People in the Social Services. A New Zealand Survey*. As part of this undertaking they attempted to provide a definition of “social caseworker”. The following is the description provided in their report:

Agency staff or helpers whose main responsibilities include activities such as the following:

- (a) Skilled, counselling, utilising the quality of the client/worker relationship;
- (b) Working with the client or client group to formulate and carry through appropriate plans, which may include physical or social rehabilitation and changes in living arrangements, e.g., foster placements. A measure of control of the client’s actions may be involved, and
- (c) Mobilising resources on behalf of the client as one part of the helping process (Rochford & Robb, 1981, p. 22).

In this instance the themes of counselling, social rehabilitation or social control, and mobilisation of resources were evident.

The next reference emerged soon after in a report by the University Review Committee set up by the University Grants Committee to look at university-based social work education and future requirements. In trying to define social work, they described the key functions associated with social work. This report acknowledged the work of Rochford and Robb (1981) and expanded upon the roles of social work to include:

1. Assisting citizens to secure and utilise community resources;
2. Responding with help to individuals, households, families, small groups and small communities; and encouraging the exercise of choice and participation in the provision of care and protection;
3. Assisting clients to mobilise their own resources;

4. Organising and co-ordinating with individuals, groups, or communities through participation in planning; and encouraging the development of resources to assist people; and
5. Controlling, on behalf of society, dependent and/or deviant clients

(University Review Committee Working Party, 1981, p5).

These tasks demonstrated a shift in thinking away from social workers necessarily engaging in counselling or therapeutic work. The major theme here appeared to be resource acquisition and co ordination of resources (maintenance).

Social upheaval throughout the 1980s was reflected in a change in perspective regarding social work roles. In 1985 Merv Hancock chaired the Ministerial Review of the Social Work Training Council. At that time, the committee defined the tasks of social workers as being:

1. Investigating the nature, cause, and extent of individual and collective social problems;
2. Responding with help to individuals, households, families, small groups and communities in the resolution of these problems;
3. Assisting clients to mobilise their own resources, and encouraging the exercise of choice and participation in the provision of care and protection;
4. Organising and participating with people in securing and utilising community resources;
5. Promoting the development of equitable social policies and planning for the welfare and self-fulfilment of human beings.

(Ministerial Committee Report on the Social Work Training Council, 12/6/85

(Hancock Report) p.11).

This definition began to shift the perspective of social work towards a more critical, collectivist and community-based orientation (emancipatory). It is also one of the first recognitions in a state document of social work's responsibility in regards to social change within the Aotearoa context.

The Social Work Training Council was disestablished in 1986 following the recommendations made by the above Committee chaired by Merv Hancock (The socio-political elements of this process have been described in McDonald, 1999; Nash, 1998, 2001; and Staniforth 2007). One of the last publications of the Social Work Training Council, however, was the resource document, “*Competent Social Work Practice*”, which set out to describe the competencies required of beginning social workers. In this document there is the recognition of both individual and social change requirements. The following list describes the practice skills and knowledge thought to be required at that time:

- (a) communications;
 - (b) the social work process (assessment, intervention, etc);
 - (c) intervention skills;
 - (d) interviewing skills
 - (e) various psychodynamic models;
 - (f) family therapy;
 - (g) task centred/problem solving approach;
 - (h) a cognitive approach;
 - (i) crisis intervention;
 - (j) community work models; locality development; social planning; social action;
 - (k) a groupwork model;
 - (l) a residential model;
 - (m) models of prevention, and
 - (n) promotion of optimum health and wellbeing
- (Competencies Working Party (NZ), 1986, p. 31).

The previous two descriptions of the role or tasks of social work are representative of some of the splits that were emerging within social work at that time. The former definition (from the review committee which recommended disbanding the SWTC) incorporated some indication of social change (socialist collectivist) while the latter (SWTC’s last report) emphasised the therapeutic or micro skills end of social work practice.

Currently the ANZASW makes the statement that “Defining the purposes and tasks of social work practice in Aotearoa New Zealand is difficult primarily because of the variety of viewpoints held” (ANZASW, 2007). It goes on to describe the different settings, the relationship with social work in other countries, and cultural context which form the basis for social work practice in Aotearoa. Further in the discussion we see a description of the roles and tasks associated with social work practice here:

Elements of social work practice in Aotearoa New Zealand include working directly and indirectly with people to:

1. Enhance problem-solving and coping capacities;
 2. Link people with systems that provide them with resources, services and opportunities;
 3. Promote the just, effective and humane operation of these systems; and
 4. Contribute to the development and improvement of social policy
- (ANZASW, 2007)

These points demonstrate all three views of social work practice as described by Payne (2005a). An analysis of the New Zealand social work literature showed an evolution from an initial preoccupation with the counselling end of the social work continuum, to a broader conceptualisation which encompasses the three views of social work as conceptualised by Payne (2005a) and Dominelli (2002). These views were also represented to differing degrees within the qualitative interviews described in this thesis.

Qualitative Interviews

All interview participants were asked to consider and provide a definition of social work. For some, this appeared easily done, while others claimed that it had been a difficult task. Merv Hancock has been asked for his definition of social work many times. In this instance, his response, encapsulated a more “meta” type definition:

Social work practice for me is recognised by a constellation of values, purposes, sanction, knowledge and method. Social work method is

the responsible disciplined use of the self in the service of the individual (Personal correspondence, 2/11/05).

Judith MacKenzie provided a much more “hands on” description:

Social work, as I see it, is the provision of immediate, relevant information and support, to resolve practical problems, appropriate to the client’s situation and to help with practical management in dysfunctional situations... Whether there are relationship or family problems, which are leading to difficulties around the basics of living. I would always see social work and counselling as working to resolve the situation according to what the client or clients actually want. Provided that that is within the boundaries of our legal situations and societal practice (Personal correspondence, 12/05/06).

In this instance, MacKenzie emphasised three areas of social work; provision of information, provision of support, and the problem solving function. The following definition provided by Brenda Cromie, encompassed all three views of social work as discussed by Payne (2005a) and also described the importance of supervision. She described social work as being:

Professionally supervised interventions that are based on social work theory and knowledge and code of ethics, which taken together provide a framework to address societal issues, social barriers, inequities, injustices... Such interventions may include counselling, casework, group work, family work, whānau work, community work, community iwi organisation and development, social service management and administration and social economic policy formation, political action...The purpose of practice is to restore individual, family and community well-being, promote the development of individuals’ power and control over their own lives and promote the principals of social justice. That activity begins with the individual and extends to the context of family, social networks, community and broader society. So at a psycho-social context, it’s concerned with the

individual's social environment and how that it shapes their experience of illness or disability. At the level of psycho-social consequences, social work is concerned with the impact of health, illness and disability on the individual, the family, on personal relationships and the broader community. And at the level of psycho-social impact it is concerned with the impact of health and disability on the client's sense of self, on life circumstances, on family well-being and on economic security, employment and housing. And at the level of social justice it's concerned with issues of stigma and discrimination, civil rights, promoting access to necessary treatment and support services and promoting consumer care around participation and choice in health and disability services (Personal correspondence, 02/02/06).

Emma Webber Dreadon, used the metaphor of a "traffic officer of networks" and stated, "my job as a Māori social worker is about directing the clients to the right people, so to speak" (Personal correspondence, 21/05/06). This is in keeping with the resource acquisition and case management functions of social work or those described as individualist-reformist by Payne (2005a).

Robyn Munford also integrated many aspects of the social work role within her definition:

I think it is that ability to integrate personal and political and to work with them in context and understand that link between the person and the environment. When you are working with a family system, understanding the intra psychic but also the psycho-social and understanding that interaction between the two and being able to move between the two. Saying, "There is some really heavy stuff going on for this woman and this family, that might be connected with abandonment issues in the past, but what's happening in this context of this family is exacerbating that, and we need to look at that. What's happening in her neighbourhood which is impoverished, we need to look at that." So I think that is what I define social work as, is being able to work with all those systems. Not always at once, but at least

having an analysis that looks at the person and the environment. That ecological approach...In Aotearoa, New Zealand...I think you have to understand the nature of biculturalism and you have to think about where you are as a practitioner in that (Personal correspondence, 17/08/06).

In Munford's definition we see the acknowledgement of the particular context in Aotearoa which recognises the importance of working within a bicultural framework. Turoa Haronga, long-time kaumātua for the ANZASW saw many overlaps between social work and counselling. The following excerpt, though, stood out in terms of his beliefs around social work with youth:

A lot of us try and dominate the young person, whereas it's not so much about that, it's about giving them back their tino rangatirota, giving them back the power for them to take control of their own lives by making changes that will enable them to do that.. And that's social work (Personal correspondence, 17/08/06).

The preceding definitions show a wide variety of responses to the consideration of "What is social work?" from global definitions involving the philosophy and values of the profession, to specific tasks such as being a "traffic officer". Most definitions, though, acknowledge the multifaceted nature of the job, and the importance of relationship in helping create change and promoting independence. Respondents showed an ability to hold a dialectical view of the counselling/community tension, which is consistent with current social work views as described in the introduction to this thesis. They also show evidence of many of the themes which emerged out of the questionnaire responses provided by ANZASW members as part of this project. These will now be examined.

Questionnaire Definitions

Questionnaire respondents were asked to provide an answer for the question "What is your definition of social work?" These answers were transcribed and then a thematic analysis was conducted, coding themes which emerged throughout the definitions. Thirteen themes emerged. These themes are described below with examples provided. While an attempt has been made to group these according to Payne's (2005a) three views

of social work, at times this has been difficult as many span across more than one approach.

Respondents varied from only addressing one theme, to some which included most themes. Several of the respondents indicated a preference for the IFSW definition which encompassed several of the themes. Many addressed the dual nature of social work. Many of the definition were creative and some were very moving. Definitions according to themes are presented now. Examples from questionnaire respondents are provided to illustrate the variations and similarities between the various themes.

Reflexive Therapeutic Themes

1-Having a focus on the client (individuals, families or groups) changing

Helping people make changes in their lives.

Any work where you are helping people to bring about change in their lives.

To assist and empower people and communities to make a change where they are able to learn independence.

Social work is working with people within their social context. It is working with the individual, the family, their community. Social workers are agents of change, enabling people to utilise their strengths, change behaviour to realise their potential.

2- Helping the client to define goals and engage in problem solving or skills training

Working with a client or client group, assisting them develop the skill and/or work through a situation of change.

To empower and assist individuals and their whānau to achieve their goals.

It covers a range of activities which assist in enabling people to reach their goals. It is fundamentally about empowerment and change.

3-Engaging in a therapeutic and/or supportive role with the client

Relational interface of genuine nature whereby journeying together provides the foundation for positive change, intervention and equipping one or both parties with new resources or insights, enabling achievement guided by models of integrity.

Social work is about providing an eclectic toolbox to the client to assist with empowerment of self and others in their immediate environment; being in relationship with the client in order to initiate change and providing support, knowledge, encouragement so that the client may begin a journey of self awareness and insight.

To encourage and enable clients to live the best life they are able, to enhance their worlds through choices and listening. Looking at what can be done rather than what can't be done. Talking with clients-working through issues that keep them 'stuck'. Checking always on what the client wants to do/change/goals etc.

Means engaging in psychosocial evaluation and intervention, including therapy, to the extent permitted by the licensure provisions of this chapter. To effect a change in the feeling, attitudes and behaviour of a client, whether an individual, group or community. It also means engaging in community organisation, social planning, administration and research.

Individualist Reformist Themes

4-The social worker providing information, and/or accessing resources

Helping and guiding individuals or groups to be able to access the resources they need in order to create a better environment within which they can function.

Working with people (individuals, parents, whānau/families and children) to assist them with access to appropriate resources in the community to meet their needs and to assist in providing opportunities and choices for people to take control of their lives.

Socialist Collectivist Themes

5-Having an awareness of social justice and a commitment to anti-discriminatory practice

Social work is the practice of social justice through being an agent of social control or social change.

Someone who works in attaining social justice for individuals, whānau, groups or communities. The role includes local and global issues and requires respect, compassion and valuing of humanity.

Working to promote human rights, anti discrimination, empowerment and justice for both individuals and groups.

Social work is an overall commitment to social justice and equality and actions that are consistent to that commitment. The answers people are looking for are to be found in the questions asked of them.

To promote social justice. To work alongside people to encourage independence and self determination.

6-Engaging in social change

Social change agent. Someone that works with individuals, family/whānau and communities to help safety, education and social/environmental/political development.

Advocacy, empathy, empowerment and social change.

Social workers help to mediate client navigation of social systems, advocate for systemic change where society does not account for the impact of systems on people outside of the 'dominant culture' (gender, ethnicity etc). Social workers helps clients to develop a language for expressing their marginalisation and the reasons for this, and in the process empower themselves to act-in their interactions-for social change.

Work undertaken by social workers is underpinned by social justice-remedying social inequity-emancipation of the oppressed. It includes community organisation and

development, economic development, education, management, mediation, policy advocacy and development, political social work, research and social planning.

Pan-Theoretical Themes

7-Making reference to the systemic nature of social problems and change

Social work promotes social change to empower people and society in a way that will enhance well-being. Interventions could be at micro (individual, small group, e.g. questioning discourses in counselling) and at macro levels.

Guide, support, encourage, advocate, challenge at all system levels.

A practice which involves many roles (policy, research and direct client contact) that supports and encourages change (on the micro-individual) mezzo (school, family, community) and macro (national and global) areas with individuals who are marginalised (because of race, class, gender) from mainstream majority.

8-The issue of power in either acting as advocate for the client or engaging in empowerment of the client

Working for justice, equality, access to resources and empowerment of the individual, social or systemic level.

An empowering process aimed at bringing about positive change both within and outside individuals, groups, agencies, communities and societies. It is based on the principles of equality, social justice, and the freedom to choose and is guided by a professional code of ethics.

Social work is based on the values of democracy human rights and independence. Social work aims to enable and empower individuals and groups to fulfil their potential and advocates for social justice for clients.

9-Encouraging and facilitating the process of client independence

To encourage self determination.

To support clients to be able to support themselves and make changes to their lives.

Supporting people to make positive changes that will benefit them in their lives. Helping people to help themselves.

10-Having an ecological perspective in terms of understanding the impact of the person-in-environment fit

Social work is undertaken with an individual, whānau, family, group at a micro, meso, and macro level as appropriate with the aim of enhancing the “person in environment” fit.

Creating a better match between the person and their environment, to help them achieve their maximum potential.

Focuses on social functioning of both individuals and groups of people, and helps to improve the interaction between people and their environment.

11-Working in partnership with the client and having a strengths perspective

Supporting people to strengthen their participation in their social networks and advocating amongst those networks so that the strength and participation is supported rather than hindered.

Engages people to find their way, strengths, goals and supports them to make change. Engages community to find support networks. Encourages clients to enlarge their circle.

Client centred strength based participatory process of supporting client, resourcing client, listening to client, working out a plan to achieve goals and enabling client to manage as independently as possible.

Walking alongside people (individuals, groups, families, etc) to assist them in bringing about change in their lives, or having a sense of control in their lives.

12-The idea that social work needed to act from an informed professional knowledge base, involving use of theories and models

Social work is a collective body of knowledge and values that is utilised to improve a range of interventions that have the primary purpose of improving quality of life for the recipients. This relationship is not always consensual.

Employing theoretical concepts of social justice and equity to critique and challenge the status quo.

13-Having a commitment to working within a bicultural framework

To empower individuals/whānau to self determine healthy decisions and choices that would benefit the mauri ora of everyone.

Empower whānau to 1) seek assistance with the whānau, hapu, 2) act as a facilitator to empower whānau to access resources from a culturally appropriate agency, 3) about linking/connecting whānau to services available within their area.

A kaimahi tautoko- to walk alongside and provide support , to walk behind to offer guidance, to mahi from above to give protection, to mahi below to provide growth and education within the tangata whaiora (tino rangatiratanga).

Beginning with the Treaty of Waitangi and the bicultural context of social work in Aotearoa, the social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being (IFSW) Human rights and social justice are fundamental to social work. Social workers are change agents in society and the lives of the individuals, families, and communities they serve.

The Statistical Process

Once the themes were determined, each theme was coded with a number. All the definitions were then revisited, and all themes occurring within each definition were then indicated by their coded number. These codes were then put into the SPSS data base in order to get some idea of the frequency of these themes emerging in the responses.

Each time a respondent made reference to one of the above themes, this was entered as one response. Within the table, the column “number of responses” shows the total number of times this theme was cited, “percent of cases” refers to the percentage of respondents who cited this theme (as respondents often indicated more than one theme).

Table 6.1 summarises the responses in terms of the above coding of them

Table 6.1 Themes within Social Work Definition

| Definition | Number of Responses | Percent of Cases (respondents) |
|---|---------------------|--------------------------------|
| Change focus | 169 | 53% |
| Practical accessing of resources | 86 | 27% |
| Goal setting, problem solving, skills training | 85 | 26% |
| Systems perspective | 111 | 35% |
| Empowerment or advocacy | 116 | 36% |
| Social justice/anti-discriminatory stance | 63 | 20% |
| Social change | 87 | 27% |
| Client independence | 72 | 22% |
| Therapeutic or supportive role | 50 | 16% |
| Ecological/Person-environment fit | 68 | 21% |
| Strengths perspective, partnership model | 39 | 12% |
| Professional knowledge base | 50 | 16% |
| Bicultural reference | 6 | 2% |

N of responses 1002, N of respondents 342

The theme most often referred to was that of social work being an agent of change. The strong emphasis here was on the change occurring within the individual, family or group. This theme was cited by 53% of respondents as being part of their definition of social work.

The next most-referred to theme was an empowerment and advocacy function within social work. Respondents indicated this as part of their definition of social work and it was represented in 36% of the responses. This theme was differentiated from that of encouraging client independence as many responses indicated the idea of clients helping themselves, and the need to move clients towards solving their own problems. The theme of encouraging client independence appeared in 22% of cases.

Respondents made reference to the impact of systems, or the need to take into account various systems levels in their work. This was the third highest ranking category represented in 35% of the cases. The category of consideration of the person-environment interaction was presented in 21% of cases.

An emphasis on social change was the fourth highest rated item, with 27% of respondents identifying this theme in their definitions. This is closely related to a commitment to social justice and anti-discriminatory practice which was indicated in 20% of cases.

Accessing of resources and case management functions was the fifth highest rated item represented by 27% of respondents.

Working with a therapeutic or supportive stance was cited by 16% of respondents as forming part of their definition of social work.

Believing that social workers needed to work from a professional knowledge base and have good awareness of theories and models was described in 16% of cases. This was more strongly represented than our current, postmodernist stance of the importance of a strengths-based perspective, and working alongside clients. This theme was expressed in only 12% of cases.

Only six references to bicultural work were made, from 2% of respondents. There were only two respondents who made mention of working within a bicultural framework or acknowledgement of the importance of working within the spirit of Te Tiriti O Waitangi/Treaty of Waitangi.

Discussion

Throughout the interviews for this research, the various respondents emphasised different parts of the social work definitions in ways which seemed consistent with their fields of practice, education, culture, etcetera. There was variation, however, amongst questionnaire respondents.

The responses to the questionnaire yielded results which showed that over half of respondents viewed the primary function of social work as being to help facilitate change for their clients, be they individuals, family/whānau or groups. Social change, however,

was cited by less than a third of the respondents, and a commitment to social justice by less than a fifth of the respondents. Although much has been written about strengths-based practice in social work over the past two decades (Rapp, 1999; Saleebey, 2009), only 12% of respondents made reference to social workers holding a strengths based approach or working alongside or in partnership with their clients, while 16% related that social work came from a particular evidence or theoretical base.

These results tend to refute the idea that social work is heavily constructed through time, place, culture, etcetera, and appear more related to how it is practiced on a day to day basis. Hugman (2005) described how the social work literature has moved towards two seemingly parallel aspects of social work that have emerged over the past twenty years—those of evidence based practice and postmodern or strengths based practice. This is also consistent with the author's experience as a social work educator. Results in this research do not seem consistent with this view of parallel development in Aotearoa social work education, with relatively little mention made of either strengths based perspectives or evidenced based interventions.

The lack of mention of strengths based practice in the research may demonstrate an example of the idea that there is a discrepancy between what is taught in social work programmes and what is actually practiced. This view has some support in the literature (Buchbinder, Eisikovits & Karnieli-Miller, 2004). Or it could be that holding a strengths perspective and principles of social justice are so ingrained that they did not bear mentioning in the questionnaires. One of the limitations of questionnaires is the limited depth of information available.

Most noteworthy, however, in this study, is the lack of reference to social work occurring within a bicultural context. Unfortunately, the question was not asked with particular reference to social work occurring within Aotearoa New Zealand and it is therefore difficult to interpret this low result. This is an area which could and should bear further exploration. When asked to consider how the definition of counselling provided in the questionnaires could be amended to be more suitable for social work practice in Aotearoa, respondents were much more aware of New Zealand's bicultural context.

Evaluating the Suitability of the Definition of Counselling Provided for Social Work Practice

Social workers in the survey were asked to consider the definition of counselling provided on the information sheet which gave a definition of counselling as being:

A therapeutic process involving interaction between a counsellor and a client aimed at enhancing the quality of the client's life by assisting them to overcome relationship difficulties, to deal with the consequences of trauma, to cope better with difficulties encountered in relationships in the workplace, or to change patterns of behaviour that are actually or potentially harmful to the client or others (Ludbrook, 2003, p.4).

Participants were then asked to consider the statement: **This definition of counselling is not appropriate to work with people of certain cultures.** Respondents were asked to indicate how much they believed this statement. The following table summarises their responses.

Table 6.2 Definition of Counselling is not Appropriate to Work with People of Certain Cultures

| | |
|--------------------------------|----|
| Do not have an opinion | 9 |
| Do not believe this at all | 52 |
| Believe this somewhat | 25 |
| Believe this pretty much | 5 |
| Believe this to a large degree | 6 |
| Believe completely | 3 |

N=399

About half of total respondents indicated that they felt that the definition of counselling provided was appropriate to all cultures, despite many of the respondents having indicated through their qualitative feedback that they felt some amendment was needed.

Survey participants were then asked to consider the open-ended question:

“Is there any way that the definition of counselling on page one could be amended to make it more acceptable to your view of counselling within social work practice in Aotearoa? If so, please describe below.” Numbers in parenthesis indicate numbers of responses.

Close to half (189 of the 404) of the respondents replied to this question.

The largest number of respondents indicated that they were happy with this definition (49). Many respondents simply responded “no” as this may have been the easiest response, others provided a bit more detail.

I think the definition is very good – is much the same as what I would view/describe social work as being.

No fits my view of the counselling process within social work practice.

Others identified that they were happy with the definition, but with provisos:

The definition fits with my idea of social work but only if the social worker has engaged in additional training beyond the basic social work training.

And one was ebullient (!)

I think it's a brilliant and relevant quote and a view that is applicable to s/w practice.

Many respondents felt that the definition was too individualistic in its focus (11). Twenty-four respondents indicated that the idea of who the client was, needed to be expanded to include family/whānau, groups, or communities.

Relationship difficulties imply partners and the whole family, I think. This might mean extending the counselling to the other partners/family members.

By locating the interaction only with the client, does that negate the importance of family/whānau/communities?

“... To overcome agreed/identified issues that negatively impact on the quality of life of the individual, their family/whānau, hapu, iwi or community.”

Mention of client's family, hapu and iwi as crucial to effective counselling specify that this definition is of counselling from a Pakeha world view.

Unlike the question which asked respondents what their definition of social work was (without asking specifically about the Aotearoa context), this question was more explicit. Not surprisingly, more respondents indicated the need to have cultural considerations included (23), with some making reference to specific needs in working with Māori clients (4), and four specifically making mention of working within the framework of Ti Tiriti O Waitangi/Treaty of Waitangi. Issues in relation to consideration of culture were represented as the second highest amendment with a total of 31 responses. The following are some of the responses in relation to changes needed for the above definition to sit more comfortably with a social worker's counselling role in Aotearoa New Zealand.

May want to include ethnic or cultural support, appropriate for the client and practitioner and supports.

Add somewhere “and consideration of the cultural context”.

It would be more encompassing if it took into account both indigenous and Pacific views rather than “individual” perspective.

It needs to encompass client groups (i.e.: group work) and cultural elements (particularly bi-cultural).

Any definition of counselling within social work practice in Aotearoa should be prefaced with an acknowledgement of Māori as tangata whenua and a statement of commitment by the counsellor to work in a way that is consistent with the enacting of the principles of the Treaty of Waitangi.

Maybe – Traditional healing, Māori centred approaches. Which include customary practices. Māori concepts and values form basis for interventions.

Awesome definition! Wondered about the translation for different ethnicities and bringing Māori kupu like Manaaki, Tautoko, Awhi, Aroha, back to tangata whenua our interpretation in the context of belonging to us (Māori).

Consistent with a more holistic perspective, some respondents indicated that greater consideration needed to be taken in regards to contextual issues (18) impacting upon clients. The role of systems (7), and the environment (6), were also important to consider.

To make it less individualistic in focus.

It needs to be placed in a wider social context and agency context.

It needs to be amended to allow for indigeneity to be more represented and to be less individualistic on approach.

The definition ignores the context in which counselling should take place i.e. people are not functioning in isolation but part of families, communities, societies, in a social economic system that gets influenced by policies etc. If counsellors ignore that context they may inadvertently re/-victimise their clients

Maybe less focus on the client as an individual entity and more emphasis on the client within their ecological system. Not sure how this could be written though.

And to engage with the wider systems that impact on the client

Tendency to see the individual in isolation. Requires social, cultural and economic context within which that person lives and operates or the addition of social justice perspective.

Structural issues (10), the importance of social justice (5), and the need for social change (6), were indicated as being important in any definition of counselling within social work.

Add, 'to recognise personal and structural sources of distress and to find ways of coping with these'. Actually I think the list of 'problems' is much too limited.

Counselling is the practice of 1:1, group or family therapeutic intervention which enhances social justice.

There is no mention of political aspects, changing of systems that would meet the human rights/social justice fundamentals.

Bearing in mind that thought processes and patterns of behaviour are frequently influenced by physical conditions which counsellor and client may need to work together to change.

Look at including statement of power differentials/consider that some forms of counselling might encourage disadvantaged groups to accept status quo of disenfranchisement etc. This inclusion of advocacy/empowerment social change challenging structures that disadvantage/discriminate would enhance the definition.

A therapeutic process making conscious oppressive beliefs and patterns of behaviour that are built within a dysfunctional culture or disability society, not the individual.

At the end I would add something like "In addition counsellor would be engaging the client to consider the impact of society/community that enhance/debilitate the quality of the client's life". I believe that counsellors can support clients to address societal discourses.

Eleven of the respondents indicated that they felt that the word "therapeutic" needed to be removed from the definition. There was a belief that the word therapeutic indicated that therapy was being done, and that social workers should not, or do not, engage in therapy.

“Therapeutic” to me has negative connotations. When I am talking with clients who then request some form of discussion in a counselling manner I doubt if they would classify that as therapy.

I see counselling in social work to be generic and not therapeutic in the purest sense. To “Counsel” often infers problem solving and facilitating decision making and change, not therapy.

Take away the word “therapeutic”, because a social worker is not a therapist and doesn’t do therapy (or shouldn’t, w/o training, anyway). And that’s exactly the difference between a counsellor and a social worker. A counsellor is, in fact, a therapist to my understanding. I am aware, however, that many social workers are doing therapeutic work as part of their job which is ok, with the appropriate training and skills.

No – On the whole I think the definition could be used flexibly enough to cover most cultures although the word “Therapeutic” is a bit clinical to use in Polynesian cultures.

I have no problem with the definition. However I am aware that referring to ‘therapeutic process’ begs the question of what distinction if any there is between counselling and psychotherapy. And on the whole I believe social workers shy away from any notion of ‘therapy’. There is a continuum which relates to the intensity of the relationship between the practitioner and the client, with psychotherapy at one extreme and (probably) community work at the other.

Ten respondents felt that there needed to be mention made of the counselling process involving empowerment (8), and self-determination (2), for the client.

Something about the art of using questions to allow clients to come to their own solutions to their issues.

They both work hand in hand. It’s about empowering the individual.

To empower the client to initiate internal and external change themselves, and to support that change in their own time, at their own pace.

Counsellor – could also include social worker. To use the words empower the client by use of skills and techniques to gain control over their own lives.

Four respondents indicated their preference for some reference to spirituality being included in the definition, and four respondents discussed the need for a strength-based perspective being made evident. Three respondents made reference to the need for social workers to access resources, and two discussed the issue of basic needs having to be addressed prior to the therapeutic process taking place as in Maslow's "Hierarchy of Needs". Two people indicated a need to include reference to counselling in social work being an 'evidence-based' process.

Some respondents chose to express opinions in addition to changes to the definition asked for within this question. These have been discussed within the next chapter on the perceptions of the relationships of social work and counselling but will be recapped here as well. Thirteen respondents indicated that social workers used counselling skills in their work. Twelve respondents indicated a need for social workers to have further training in counselling skills. Six respondents indicated that social work and counselling were separate fields and were completely different from each other, and two indicated that they saw counselling as being a specialised field within social work. Two respondents did not like to see social work and counselling set in an 'either-or' fashion, but that they could co-exist alongside one another.

Social workers were quite clear in their articulation of how the definition of counselling needed to be amended if it were to be used in conjunction with social work practice in Aotearoa. While the definitions of social work provided by survey respondents did not often explicitly include reference to the bicultural practice context, when the question was changed to ask specifically about practice within this context in reference to counselling, a large proportion of respondents did mention the importance of these issues. They also commented upon the individualistic focus of the counselling definition of social work

provided, consistent with an awareness of the collective nature of indigenous culture. Respondents also brought in several other key social work themes around systems, advocacy, working in partnership and social change.

It would appear that there is support for the definition of counselling provided, but that it needs amendment for it to describe the counselling function for social workers who responded to the questionnaires for use in Aotearoa. The amendments which have been described in this chapter are consistent with the Just Therapy approach described in depth in the previous chapter.

Robyn Munford, in her interview articulated and summarised many of the points raised by questionnaire respondents:

Is counselling the right word, or is it working one to one? That's the issue. Counselling is just so loaded in terms of its...for some people, and I really resent the fact when our students come out and people say, oh, they don't have counselling skills and they don't have enough...and I just say to them, unpack that, what does that mean? Now if they need more work on understanding individual interventions, all of those things, doing interviews, doing assessments, fine, but name those things you are talking about, don't just call it the broad word counselling. For me, counselling, when it's used in its fullest sense and its most positive, happens all the time. It's the counselling profession that's been... formed by Western frameworks, that could be seen to be the issue, but when you are forming an individual relationship with someone, and it might be over the pool cue or it might be when you are just throwing a few hoops up in a residential setting, you are starting a counselling kind of relationship and that's the issue for me. What is counselling? What does it mean? All it is, is knowing about knowledge and frameworks that help us work better with individuals, with our clients or with families or groups (Personal correspondence, 17/08/06).

Her response demonstrated again the view that good social work practice, that which is founded on relationship, involves counselling.

Conclusion

This chapter has attempted to put some context around the terms used in this study. It has looked at various terms, moving from the more global terms such as “profession” to the most specific terms in regards to how respondents within this study defined their understanding of the counselling role within social work. The various definitions of social work given by interviewees, and by questionnaire respondents were explored from both qualitative and quantitative approaches. A particular emphasis was placed upon empowerment, the importance of the context, and social workers helping to facilitate change for their clients. Themes linked to the counselling aspect of social work or the reflexive therapeutic view included; the ideas of people making changes; overcoming problems, setting goals and skills training; and discussion around the therapeutic or supportive roles within social work.

Of particular note was the fact that few social workers discussed strengths-based constructs in working with clients within their definitions and even fewer made any reference to social work occurring within a bicultural context.

A particular definition of counselling was examined as to its suitability for use in social work. Most respondents who replied were happy with this definition, but many discussed the need for greater emphasis to be placed upon the collectivist nature of social work, the need to consider context and considerations needing to be made in regards to culture. Having developed the ideas of how the terms social work and counselling are understood by ANZASW members and some of the people who have been instrumental in the development of these fields in Aotearoa, the following two chapters will begin to look at how counselling sits within social work practice, both in regards to what social workers think, and what they do.

Chapter Seven: What Social Workers Think about the Role of Counselling within Social Work.

Reference has been made to the “hundred year debate” (Haynes, 1998) previously in this thesis in regards to reviewing beliefs around what it is that social workers should do. These debates around where social workers should be focusing their change efforts (community versus individual) have been predominant in both the USA and the UK, while in Aotearoa the debates have probably been framed more around the call for professionalisation within the profession and have often been seen as the professionalisation versus community work debates. This chapter continues the exploration of some of the present focus in terms of how social workers in Aotearoa consider the role of counselling within social work. These views are framed within perceptions of the role of counselling within social work first from the international literature and then move inward and look at the views expressed in the New Zealand literature, interviews for this thesis and the questionnaire responses.

As discussed in the previous chapter, social workers in Aotearoa seem to be able to hold a dual focus perspective in terms of social work here, with descriptions of social work which hold both the counselling and community views. There remains a wide variation in the perception of the role of counselling in social work. This has ranged from the idea of the social worker using the skills of counselling to social workers doing psychotherapy exclusively within their practice. In some countries (e.g. USA) the role of counselling has remained strong, while in others (e.g. UK) it appears to be perhaps enjoying a rejuvenation in terms of its place in social work (Blewett, Lewis & Tunstill, 2007).

There appears to be more literature which addresses the issue of social work role, or the role of counselling within social work coming out of the UK as opposed to the USA. This may be because the role of counselling, clinical social work and psychotherapy has been much more deeply entrenched in social work practice in the USA as discussed in chapter three.

International Literature

Butrym wrote about the importance of both internal and external process in terms of social work and the balance between them in the UK in the 1970s:

Equally, an approach to such problems which focuses exclusively on environmental amelioration, on social reform, on changing others, and which ignores the person or persons experiencing the problem –how it affects them, what attitudes they bring to it and its solution- what they have done to minimise its impact upon them (or aggravate it) – constitutes a blatant denial of individual autonomy and therefore of human dignity (Butrym, 1976, p.5).

Chapter three, which looked at the development and context of social work in the UK and the USA, reviewed some of the important contribution made by the Barclay report, which had been commissioned by the Home Office to look at the roles and tasks of social workers in the 1980s. More recently, social work in both Scotland and England have been revisiting the roles and tasks of social work. In 2005, the Scottish Executive Education Department issued a document entitled, “*The Role of the Social Worker in the 21st Century. A Literature Review*” (Asquith et al, 2005). In it, the perceived roles of social workers are put forward with counselling heading the list:

A number of key themes of the role of the social worker can be identified in the literature. Social workers may play all of these roles in different contexts and in various mixes at different times in their career; and there may well be conflict between them.

The roles are as follows.

Counsellor (or caseworker) who works with individuals to help them address personal issues. This has been a powerful and recurrent ideal throughout the history of social work and has been closely associated with its core values of respect and recognition of the inherent worth of every individual.... (Asquith et al, 2005, p.3).

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Heavily influenced by the Edinburgh report above, a consortium of British care organisations including the General Social Care Council, Social Care Institute for Excellence, and the Children’s Workforce Development Council were charged with putting together a definition of the role of social work as a result of a document “*Options for Excellence. Building the social care workforce*” (Department of Health and Department of Education & Skills, 2006). In preparation for this report, Blewett, Lewis and Tunstill prepared “*The Changing Roles and Tasks of Social Work: A literature Informed Discussion Paper.*” They too reiterated the importance of the role of counselling within social work.

Historically social work’s therapeutic role has been seen as core to the profession of social work (Halmos, 1965). In the 1980s there was a move to a case management model that appeared to minimise this aspect of the social work role and saw the social worker as the commissioner, rather than the deliverer, of therapeutic services. In recent years, particularly in child care social work, there has been a growing recognition that even where social workers are not in specialist therapeutic services, nor involved in the delivery of formal therapy, the assessment process and interventions they delivered could be therapeutic (Aldgate et al, 2006). For this reason, counselling skills have re-emerged as an important component of social work education and training (Seden, 2005; SCIE, 2004). Therapeutic “benefits” are not confined to a narrow psychodynamic model of social work but can derive from a one- to- one casework relationship, in which the worker uses her or his interpersonal skills to facilitate change.

In recent years a number of different theoretical therapeutic models have been influential in social work including systemic approaches (Blewett, Lewis & Tunstill, 2007, p. 10).

The Home Page of the USA National Association of Social Workers makes clear the Association’s views about the role of counselling within social work through the following statement:

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Social workers help people overcome some of life's most difficult challenges: poverty, discrimination, abuse, addiction, physical illness, divorce, loss, unemployment, educational problems, disability, and mental illness. They help prevent crises and counsel individuals, families, and communities to cope more effectively with the stresses of everyday life (NASW, 2008, p.1).

There appears to be very little research done in terms of exploring social workers' perceptions of their role, particularly in relation to the role of counselling or therapy. One study has come out of Israel from Buchbinder, Eisikovits & Karnieli-Miller (2004). This research was part of a larger study looking at the knowledge base of social work. In- depth interviews were conducted and concentrated on the perceptions of 35 social workers in regards to the balance of the psychological and social components of their practice. The study viewed practitioners falling along a continuum of psychological to social interventions and came up with three broad categories to describe where practitioners placed themselves. These included:

1-Psycho as the Figure and Social as the Remote Background: "My Clients Are Individuals, Not Society"

2-Psycho as the Figure and Social as the Ground: "It Is Not Easy to Do the Clinical Work When the Social Issues Are Looming in the Background"

3-Social as the Figure and Psycho as the Ground: "Focusing on the Clinical Is Missing the Point; It Is More Effective to Relate to the Surrounding Contexts"

(pp, 538-544).

The findings of the report were of particular relevance to this thesis in that they described where social workers in their study placed their emphasis in terms of the micro/macro or individual/social change continuums. Their study described these views as the psycho/social components of social work practice. The results are summarised in the following statement:

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Although the findings indicate that social workers interviewed in this study can be arranged along a continuum ranging from psycho to social, the psycho remains the principal component. Among all types identified, the psychological component was prevalent. Even those who specified the social component as important emphasized that the everyday activity in social work centers on the psychological level. This emphasis is reflected in the profession's preoccupation with casework and the intrapsychic. It prevents these social workers from fulfilling the profession's mission to understand the social-structural barriers to individual and group adjustment (p.546).

In terms of understanding why this focus on the "psycho" existed, the authors discussed how theoretically the emphasis within theory and training may be on the interface between the social and the psychological but that this simply is not translated in practice:

The learning of the psycho-social concept and its centrality in the profession is inculcated during the professional socialization process. The emerging professional self needs to find a location on the psychosocial continuum. The subsequent professional choices are affected by the concept. For instance, social work students learn during their socialization process that the profession is concerned with the interface between the person and the environment. But the concept of locating the profession at the juncture between the individual and the social remains largely prescriptive; once students leave the university for some field of practice, they almost invariably lean toward the psychological (Buchbinder et al, 2004, p. 547).

The authors go on to advocate for the importance of good self awareness and reflective practice for social workers as they attempt to navigate the dual roles of social work and maintain their professional integrity.

An international study was conducted in 2000-2001, looking at the professional ideologies and preferences in social work of a number of graduating social workers around the world

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(Australia, Brazil, Canada, Germany, Hong Kong, Hungary, Israel, UK, USA, and Zimbabwe). This was done through the use of ten questionnaires which looked at such areas as professional ideology (e.g. psycho versus environmental causation of problems), and professional preferences in terms of such things as populations the students wanted to work with, sectors they wished to work in, and methods of practice they wished to use. Results from each country were published within a volume edited by Weiss, Gal & Dixon, (2003). In part this study came about as a result of a “significant movement on the part of social work practitioners and researchers to try to reach a global understanding of the nature of the profession” (2003, p.2). There are two aspects of these studies which are of particular relevance to the topic of this thesis.

Students were asked to indicate their preferred type of practice, indicating their choice of direct practice (micro) or policy practice (macro). The editors stated that the studies revealed “an overwhelming preference for the former” (Dixon, Weiss & Gal, 2003, p. 223). Only the students from Zimbabwe demonstrated a preference for macro practice. Students in the Israeli study demonstrated the greatest preference for micro practice, followed by the UK and Germany.

Following on from these results, students were asked about their preferences for adopting certain forms of practice, with choices being: forensic, psychotherapeutic, policy practice, and brokering and material assistance. “Psychotherapeutic intervention strategies were preferred by students surveyed in most countries” (Dixon, Weiss & Gal, 2003, p. 223). The exceptions were those students in Zimbabwe and Brazil, who rated their first preference as policy-practice.

One particularly relevant piece of research which has come out of the USA is a study which looked at the professional role perceptions of school social workers, psychologists and counsellors (Agresta, 2004). This study saw 1200 randomly selected professionals from these groups receive survey questionnaires. Responses came back from 183 school social workers, 137 school psychologists and 166 school counsellors. A list of 21 professional role responsibilities, developed by Hartseil (1987), was used in the questionnaires. Workers were asked to identify how much time they spent in each activity

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and how much time they would ideally spend in each activity. Results from the social workers' responses in Agresta's study are presented in Table 7.1.

Table 7.1 Mean Proportion of Time Social Workers Actually and Would Ideally Devote to Each of 21 Professional Roles.

| Role | N | Actual M% | SD | Ideal M% | SD | t |
|--|-----|--------------|-------|-------------|-------|----------|
| Individual counselling | 168 | 17.45 | 18.50 | 21.54 | 19.60 | -3.99*** |
| Group counselling | 168 | 10.28 | 14.63 | 13.4 | 14.09 | -3.48*** |
| Crisis intervention | 168 | 7.14 | 10.23 | 6.15 | 10.34 | 1.53 |
| Conflict resolution | 166 | 4.71 | 9.26 | 5.16 | 9.37 | -0.65 |
| Academic advisement | 163 | 1.86 | 6.25 | 1.71 | 7.66 | 0.37 |
| Vocational interest testing | 162 | 0.24 | 2.02 | 0.54 | 5.91 | -0.97 |
| Academic scheduling | 162 | 0.24 | 1.68 | 0.12 | 0.66 | 1.18 |
| College advisement | 162 | 1.07 | 5.48 | 0.80 | 5.06 | 1.41 |
| Providing staff training | 162 | 2.47 | 4.63 | 3.41 | 5.03 | -2.81** |
| Program development | 165 | 3.68 | 7.24 | 5.02 | 8.51 | -2.76** |
| Making referrals | 166 | 8.96 | 13.64 | 7.43 | 10.57 | 2.35** |
| Staff meetings | 169 | 6.78 | 9.35 | 3.91 | 5.73 | 5.48** |
| Research | 165 | 0.81 | 2.58 | 1.68 | 6.58 | -2.06* |
| Personal professional development | 167 | 2.68 | 4.57 | 4.17 | 5.51 | -4.72*** |
| Parent education | 165 | 3.30 | 9.27 | 4.85 | 7.40 | -2.31* |
| Parent consultation | 165 | 7.40 | 9.98 | 8.44 | 8.24 | -1.31 |
| Administrator and/or teacher consultation | 167 | 11.26 | 14.04 | 9.30 | 11.20 | 2.02* |
| Report writing | 168 | 8.06 | 11.13 | 4.46 | 5.77 | 4.92*** |
| Psychometric testing | 161 | 0.93 | 4.19 | 0.82 | 5.07 | 0.41 |
| Community outreach | 163 | 7.69 | 12.59 | 7.90 | 9.33 | -0.28 |
| Assessing psychosocial adjustment | 160 | 5.37 | 9.14 | 4.51 | 7.94 | 1.88 |

*p < .05. **p < .01. ***p < .001.
(Agresta, 2004, p. 155)

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As is demonstrated Table 7.1, school social workers indicated that they spent the greatest amount of their actual time in counselling of individuals (17.45%) and would like to spend even more of their time (21.54%) involved in this activity. This compared to actual time of 7.38% and ideal time of 11.86% for School Psychologists and 19.67% actual and 26.20% ideal for School Counsellors. The following table looks at the perceptions of social workers in regards to their ideas of what is an appropriate role for the three professions.

Table 7.2 Mean Ratings of Appropriateness for Social Workers of 21 Roles, by Respondent Group

| Role | Social Workers | | Psychologists | | Counselors | |
|---|----------------|------|---------------|------|------------|------|
| | M% | SD | M% | SD | M% | SD |
| Individual counselling | 3.92 | 0.39 | 3.69 | 0.70 | 3.31 | 0.85 |
| Group counselling | 3.90 | 0.42 | 3.65 | 0.80 | 3.12 | 1.04 |
| Crisis intervention | 3.93 | 0.37 | 3.78 | 0.64 | 3.53 | 0.81 |
| Conflict resolution | 3.78 | 0.53 | 3.64 | 0.74 | 3.20 | 0.93 |
| Academic advisement | 2.09 | 0.93 | 1.96 | 0.82 | 1.81 | 0.84 |
| Vocational interest testing | 1.75 | 0.94 | 1.77 | 0.85 | 1.98 | 0.99 |
| Academic scheduling | 1.40 | 0.70 | 1.49 | 0.71 | 1.29 | 0.60 |
| College advisement | 1.93 | 0.92 | 2.04 | 0.90 | 1.87 | 0.93 |
| Providing staff training | 3.76 | 0.53 | 3.62 | 0.71 | 3.43 | 0.77 |
| Program development | 3.61 | 0.66 | 3.08 | 1.07 | 3.05 | 1.06 |
| Making referrals | 3.90 | 0.44 | 3.52 | 0.86 | 3.88 | 0.60 |
| Staff meetings | 3.68 | 0.75 | 3.68 | 0.70 | 3.46 | 0.78 |
| Research | 3.39 | 0.86 | 3.29 | 0.93 | 3.23 | 0.99 |
| Personal professional development | 3.87 | 0.50 | 3.94 | 0.39 | 3.95 | 0.30 |
| Parent education | 3.91 | 0.40 | 3.86 | 0.51 | 3.76 | 0.54 |
| Parent consultation | 3.93 | 0.36 | 3.90 | 0.46 | 3.86 | 0.40 |
| Administrator and/or teacher consultation | 3.93 | 0.37 | 3.83 | 0.53 | 3.77 | 0.53 |
| Report writing | 3.70 | 0.71 | 3.50 | 0.84 | 3.557 | 0.68 |
| Psychometric testing | 1.92 | 0.94 | 1.32 | 0.61 | 1.77 | 0.97 |
| Community outreach | 3.93 | 0.37 | 3.94 | 0.32 | 3.94 | 0.29 |
| Assessing psychosocial adjustment | 3.74 | 0.65 | 3.19 | 1.02 | 2.98 | 1.03 |

(Agresta, 2004, p. 158)

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In Table 7.2, social workers were asked to rate how appropriate each of the roles was for the three different professions on a four-point Likert scale with 1 being completely inappropriate, 2 being somewhat appropriate, 3 being somewhat appropriate and 4 being completely appropriate. As can be seen in the table, social workers felt that they were most suited to provide individual and group counselling (and pretty much all other roles with the exception of such things as vocational interest testing, academic scheduling, and college advisement). Not surprisingly, results were similar for both other groups with both psychologists and counsellors believing that they were most suited to undertaking tasks of individual and group counselling (and pretty much all other roles!) The study also found that “the three professions had different origins, but time and social change have tended to expand the roles of all three groups into areas of substantial overlap” (Agresta, 2004, p. 152).

New Zealand Research

As has been discussed, research into the relationship between social work and counselling is sparse; particularly New Zealand-based research. Graeme Munford, counsellor and social worker conducted a research project in 2000 in partial fulfilment of the Master of Counselling degree entitled, “*Counselling and Social Work Perspectives*”. Through a series of semi-structured interviews with five counsellors and five social workers he set out to answer two questions: “1. What is the relationship between social work and counselling? and 2. How do counsellors and social workers perceive any differences and similarities between these two fields of practice?” (Munford, 2000, p. 2)

Munford found that several themes emerged in his study around the issues of; professional identity, practice approaches, roles and tasks, professional and personal qualities, skills, techniques, values and ethics. He concluded that:

The study found that differences and similarities did exist in the way that counsellors and social workers perceived their practice in relation to each of these themes. The most notable differences involved the way the counsellors and social workers identified the tasks they performed in their role and their level of interventions with clients. However, there were clear similarities in the values and ethics that

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counsellors and social workers identified and the personal and professional qualities to which they related (Munford, 2000, pp. 20-21).

The following quotations from participants in Munford's study demonstrated that social workers tended to see their role as more inclusive and that the counselling aspect of their practice was part of what they did on a continuum of tasks rather than being an exclusive role or task.

There isn't a rigid demarcation; it's a continuum. At times social workers get down towards the counselling end of that continuum...but we don't always have the luxury to do that...social work is more of a generic focus recognising that individuals exist within a system with other people... (Cited in Munford, 2000, p. 17).

Another social worker saw "...counselling as a sub-set of social work...also as a sub-set of clinical psychology and psychiatry. The counselling role is where those three professions interface" (cited in Munford, 2000, p. 16).

No other current New Zealand based research could be located which explored the perception of the role of social workers, especially in relation to counselling. Chapter eight will explore two pieces of research which have looked at what social workers actually do. The research conducted by the author and described in this thesis will now be presented in relation to what social workers think about counselling in social work.

Counselling in Social Work - How Social Workers See it.

One of the main objectives of this thesis and the author's research was to explore New Zealand social workers' perspectives on the role of counselling within social work, or "what they think" about counselling in social work. This was done in three ways: One of the questions in the qualitative interviews asked participants to consider how they saw the relationship of social work and counselling in Aotearoa, with results presented through this chapter. The second method of exploring this area was through the use of the questionnaire. Question 1A to 1H on the questionnaire asked social workers to rate their

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beliefs in regards to statements made about the role of counselling within social work. Workers were asked to rate their beliefs on a six-point Likert scale with options being:

- 0-I do not have an opinion
- 1- I do not believe this at all
- 2-I believe this somewhat
- 3-I believe this pretty much
- 4- I believe this to a large degree
- 5-I believe this completely

Respondents were asked “According to the definition of counselling provided on page one, please circle a response on the 0 to 5 scale provided, about how much you agree with the following statements?”

Finally, Question twenty-eight of the questionnaires asked respondents to “provide any additional comments which you would like to make here”. Several of the respondents took this opportunity and many discussed their thoughts in regards to the role of counselling in social work.

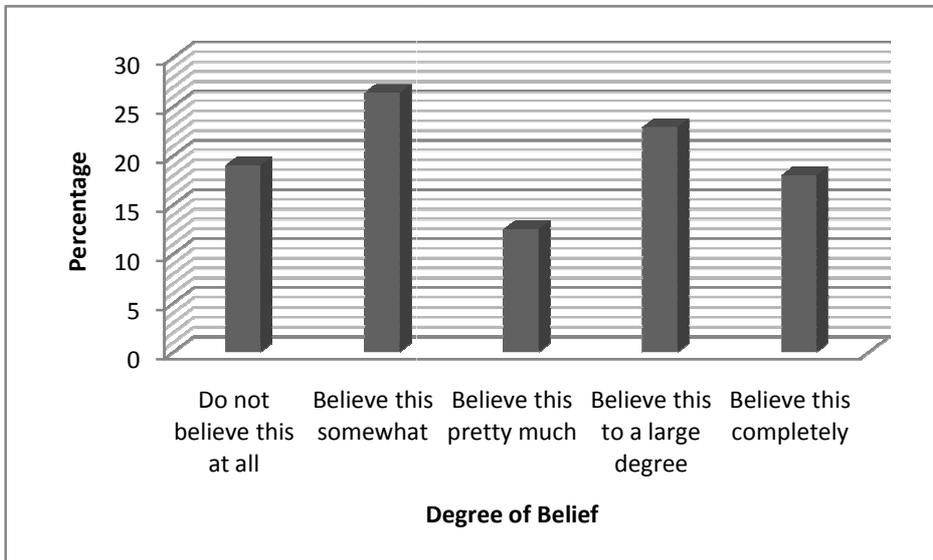
This section will detail the responses from these three questions within each of the following sections.

Counselling as the Main Function of Social Work Practice

The first statement rated was “**Social workers who only do counselling are still doing social work**”. This statement was meant to identify whether social workers believed that someone who called themselves a social worker and only did counselling could still be seen as a social worker, recognising that within some overseas contexts such as the USA, Canada, and South Africa, that this was a widely accepted form of social work practice. The following graph (Figure 7.1) shows the overall responses to this statement.

Responses to the questionnaire indicated a fairly mixed response to this issue with the graph revealing a mirror like quality around the “I believe this pretty much” column. In this instance, 19% of respondents did not believe this statement at all while 18% believed this completely.

Figure 7.1 Social Workers who Only Do Counselling are Still Doing Social Work



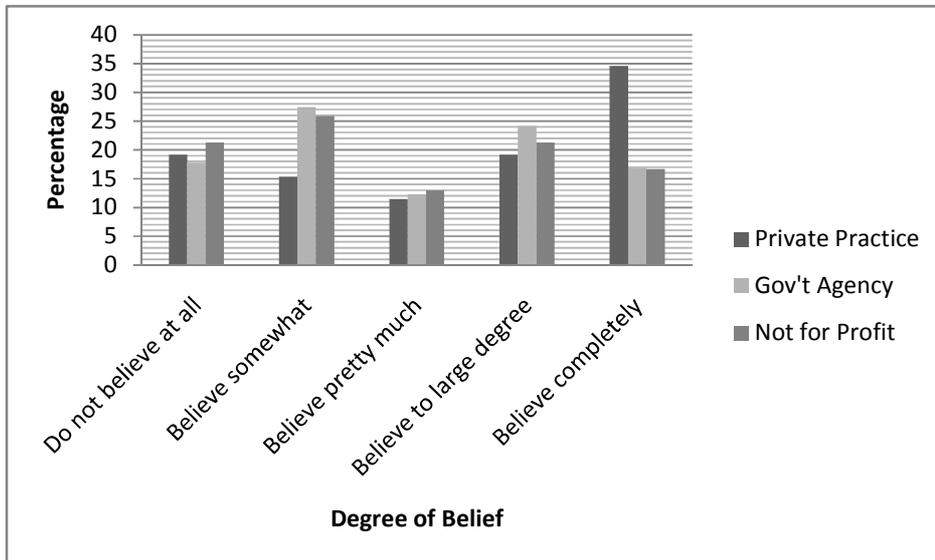
N=401

Twenty-six percent of respondents indicated that they believed this somewhat, 13% believed this pretty much with 23% indicating that they believed this to a large degree and 18% believing this completely.

This result shows that about one in five respondents believed that social workers who only did counselling were not really doing social work, with over three-quarters believing that it was possible to engage in counselling only and still call oneself a social worker. This is a very important point as it demonstrates that for respondents a clear majority believed that if one only did counselling within one's practice one was still doing social work.

Cross tabulations were run by gender, age, time in social work, identification with spirituality, educational qualifications, born in NZ versus born overseas, as described in the chapter two, with no statistically significant differences noted between groups. When social workers who are employed in private practice, government organisations and the not for profit sector are separated out, there is a difference in perception between the three groups demonstrated as per Figure 7.2.

Figure 7.2 Social Workers who Only Do Counselling are Still Doing Social Work by Sector.



Private Practice N=26, Government N=236, Not for Profit N=108

Results here are indicative only as several social workers indicated that they were employed in more than one area so statistical analysis on cross tabulations could not be done, and there is a very small number of social workers who identified as working in private practice (n=26). We see here however that private practice social workers were most likely to believe this statement to be completely true (34.6%) compared with government employed social workers (16.9%) and NGO social workers (16.7%). While disbelief was similar between the three sectors, those employed in government agencies and not for profit agencies had a weaker level of belief, being more likely than those in private practice to only believe somewhat, as seen in Figure 7.2

These results make sense in terms of the split which occurs for workers in private practice. Van Heugten (1999) described two groups which make up private practice; the organisational consultant/training group, and those engaged in counselling or psychotherapy. For those engaged exclusively in counselling, the high response of completely believing the statement makes sense. It is possible as well that those social workers who move into private practice counselling or psychotherapy no longer see

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themselves as doing “social work”. Both van Heugten (1999) and Daniels (Personal correspondence, 01/02/06) indicated that the lack of status associated with social work often lead to people not identifying themselves as social workers, but rather as counsellors, psychotherapists or therapists. This may extend to the tasks which they see themselves as being engaged in.

In terms of qualitative responses provided by the participants, relatively few discussed this issue. Respondents who had trained overseas made comments in regards to the different perception here regarding whether social workers should be doing, or did do, therapy or counselling:

I believe in New Zealand practitioners draw a distinct line between counselling and psychotherapeutic skills. This is not the case in many European countries. In my answers I have tried to not discriminate between counselling and psychotherapy as I believe they are on a continuum. I believe that social work and counselling in its broadest sense should be seen as different aspects of the same profession – as they are seen in some others countries.

Social work is a core mental health profession where I am from (3/4 of mental health workers are social workers). I was surprised that this is very different in NZ. It seems to be more linked with the benefit and CYFS.

Some respondents also indicated that counselling could be the main role of the social worker, but that this would usually sit within the brief of being a “specialty” within social work, or would fall under the brief of “clinical” social work.

I believe SWs can do counselling and that those who do only counselling are not general SWs but specialists.

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From my viewpoint – counselling is an integral practice component of SW practice and can specifically form the basis of what can be described as “clinical social work”.

Some respondents identified as practitioners in private practice.

As a social worker of 30 years I am now offering a private s/work service. This involves a lot of counselling but as your research has shown, s/work is seen as the ‘poor relation’ to counsellors. I do not hold with this view personally, and have a very successful outcomes private practice.

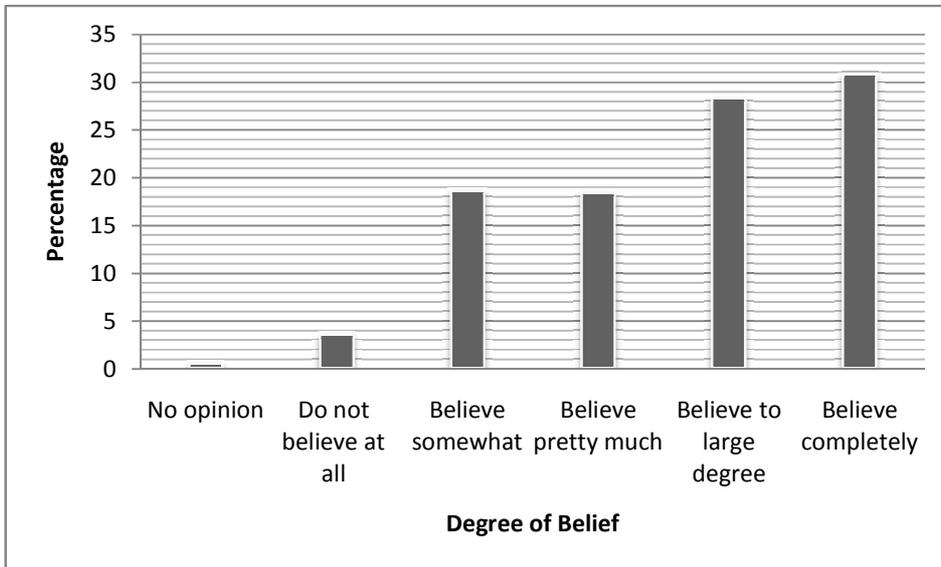
The qualitative responses here indicate three general themes. It was typically social workers who had come from overseas who saw the role of counsellor and social worker as being either synonymous or along a continuum of practice. For some, counselling fell within a specialty of social work in much the same way that child protection work might, and one person discussed how being in private practice allowed them to practice counselling.

Some of the Place, Some of the Time...

Questionnaire respondents seemed to indicate that they saw counselling or counselling skills as occurring within social work and for the most part that this should occur to varying degrees, at various times in various places. There was a difference of opinion expressed in regards to whether social workers should use counselling skills, or actually do counselling. Some saw overlaps occurring between social work and counselling, while others were clear that while they could see social workers doing counselling, that they should not call themselves counsellors. The next two statements from the questionnaire explored these issues in more depth.

Respondents were asked to consider the statement “**Counselling falls within the role of social work in many fields of practice**”. Figure 7.3 indicates the distribution of responses to degree of belief in this statement.

Figure 7.3 Counselling Falls within the Role of Social Work in Many Fields of Practice

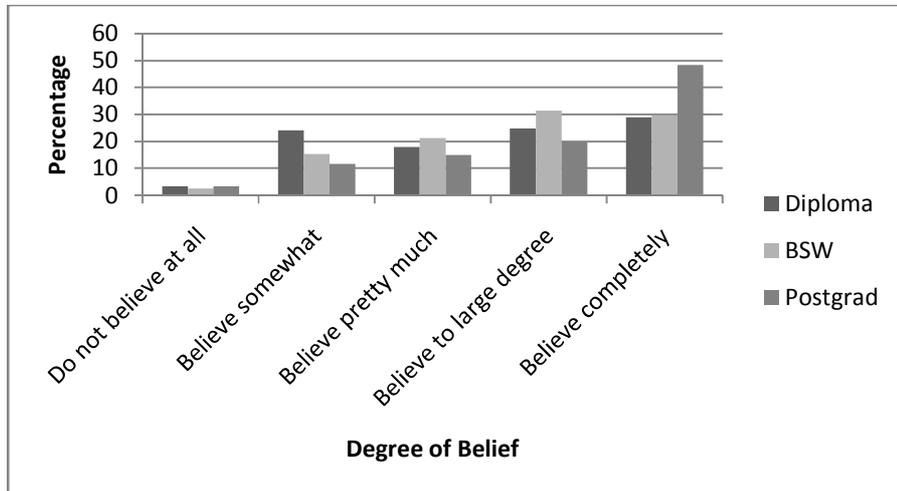


N= 401

Overall responses to this statement indicated that most social workers believed this statement. Only 4% of respondents stated that they didn't believe this statement at all. The largest proportion of respondents (30%) indicated that they believed this statement completely.

Cross tabulation revealed that there were two areas which demonstrated some statistically significant differences in terms of belief on this statement; those of education level and being trained in New Zealand versus overseas. The cross tabulation in Figure 7.4 (Following page) reveals a weak positive relationship between education level and belief in the statement ($\gamma=0.175, p<.05$) with good generalisability (significance .015).

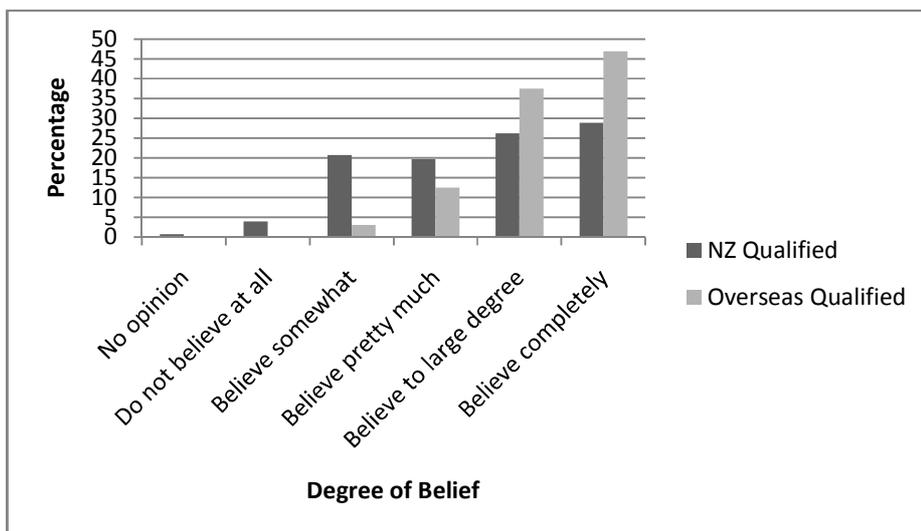
Figure 7.4 Education Level by Counselling Falls within the Role of Social Work in Many Fields of Practice



N Diploma= 145, N BSW= 118, N Postgrad= 60

Social workers with a graduate degree (48%) were more likely to believe the statement completely than those at diploma level (29%) and BSW graduates (30%).

Figure 7.5 New Zealand/Overseas Trained by Counselling Falls Within the Role of Social Work in Many Fields of Practice



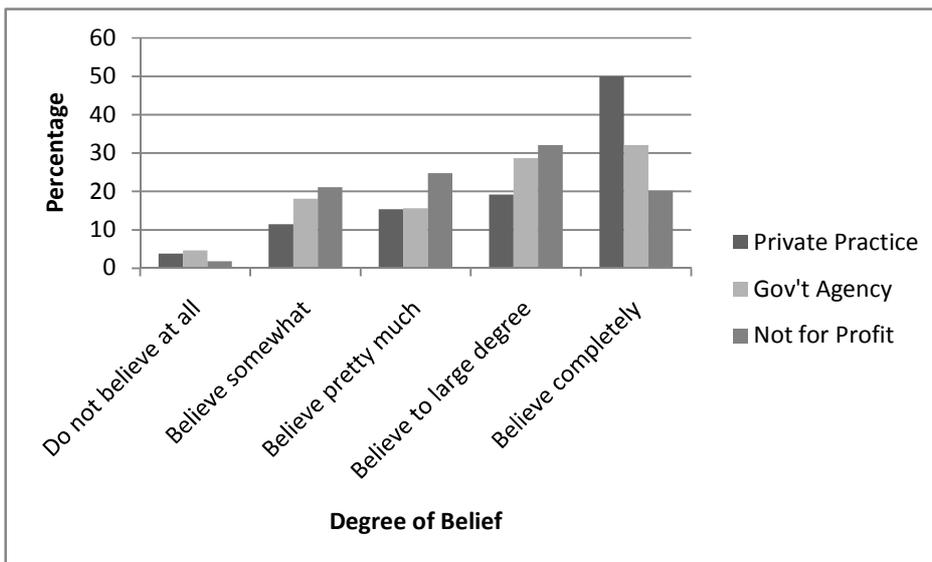
NZ Trained N=305, Overseas Trained N= 32

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As only 32 of 337 respondents were trained overseas, results are indicative only. This table shows a weak relationship ($\Phi = 0.184, p < .05$) with overseas trained social workers believing this statement more completely, as can be seen in Figure 7.5 (Previous page) nearly half (47%) of overseas trained respondents believed this while just over a quarter (29%) of New Zealand trained respondents believed it.

As can be seen in Figure 7.6, when sectors of employment are compared, those in private practice are most likely to believe completely that counselling falls within the role of social work in many fields of practice. Fifty percent of those in private practice believed this completely, compared with 32% from government agencies and 20% from NGOs.

Figure 7.6 Counselling Falls Within the Role of Social Work in Many Fields of Practice by Sector of Employment



N=403

This statement does not appear contentious with most social workers believing it to some degree, with the largest group, indicating that they believe this statement to a large degree or completely.

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Several interviewees made comments in relation to this area of counselling within social work. Daniels was asked if he believed that social workers could or should be doing counselling.

I think in certain agency settings and when there are certain needs here, I have no doubt in my mind that they are providing a counselling service, but they are not the only ones who are providing that and the level at which they are providing that may differ (Personal correspondence, 01/02/06).

Hancock described his view of the role of counselling within social work:

Social work has a major counselling component in it but it is not the dominant component. All social workers require counselling skills to carry out their work but they don't all require detailed training and education in counselling in order to do that. They can have that within their own professional framework (Personal correspondence, 02/11/05).

Cromie described how she viewed the relationship of social work and counselling within her professional experience. She is typical of some of the social workers trained earlier on who saw themselves as shifting between the different roles. She was also a strong advocate of the early push for professionalisation within the profession.

I trained in the early 80s in social work and I've really worked in mental health since then. So I've worked in mental health social work all my social work life really. So I see myself as a social worker, as opposed to a counsellor, but I see counselling as an important part of social work, so a subset of social work. When I finished training, one of my first positions was with a family counselling centre within mental health, so the role in that particular service was counselling (Personal correspondence, 02/02/06).

She went on to describe the importance of counselling within the field of health social work:

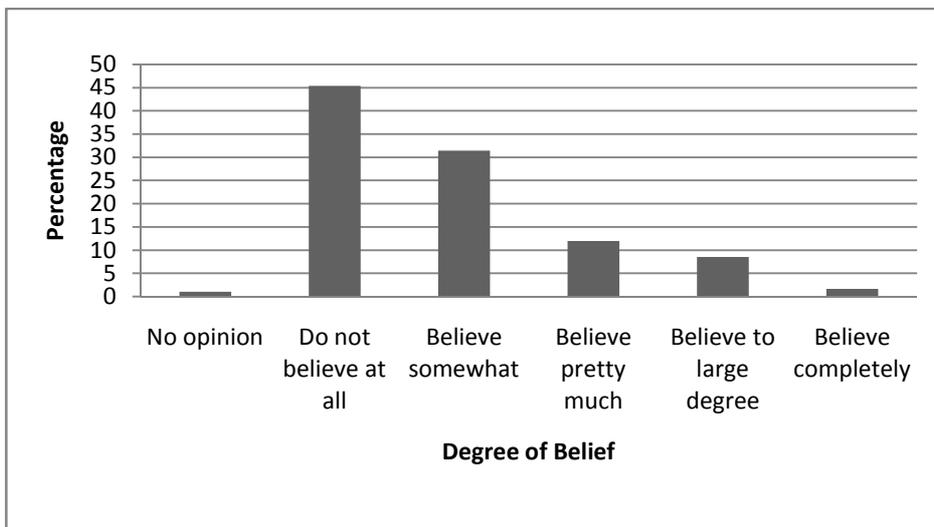
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When I first started in Palmerston North, thinking about training, one of the things that Massey offered was a counselling course and a lot of the social workers in health, at that stage, started that counselling course, so saw counselling as really important from a health and social work perspective (Personal correspondence, 02/02/06).

From these interviews it can be seen that while the importance of counselling within social work is evident, there appears to be a clear distinction made between the range of tasks which fall within the social work role, and that counselling is one of the things which makes up part of the social work role. The theme of length and depth of counselling versus social work being one of the things which differentiates them is alluded to here again as was discussed in chapter six.

Respondents were asked to rate the statement “**Counselling falls within the role of some social work practice, but not much.**” This statement yielded the most significant results within the cross tabulated analysis. Figure 7.7, shows the overall results to this statement.

Figure 7.7 Counselling Falls within the Role of Some Social Work Practice, but not Much



N= 401

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Here, the largest group of respondents (45%) did not believe this statement at all. For those who did believe it, 32 % of respondents believed this statement only somewhat, compared with 23% who believed it more strongly.

Statistically significant differences were noted by respondent characteristics of education level achieved, age, spirituality and place of training.

The first explored is that of education level achieved, where a weak negative relationship (Gamma = -0.146) is seen. (The approximate significance of .056 rounds up to .6 so is not technically generalisable, but is close enough to warrant mention). The more education attained, the less the statement is believed, with 51% of post graduates not believing the statement at all compared to 40% of diploma graduates and 46% of BSW graduates.

When this statement is cross tabulated with age there is a weak relationship between the two variables (Gamma .175, $p < .01$). This demonstrates that as age increases, so does belief in the statement. Social workers under 40 years of age are the largest group not believing the statement at all (54%) compared with 45% of 41-50 year-olds and 41% of those 51 years and older.

The cross tabulation with spirituality question “Do you identify with any particular form of spirituality?” reveals a weak relationship between the two (Phi = 0.178, $p < .05$). While the numbers of those not believing the statement are about the same (45% yes, 46% no), those without spirituality believe the statement to a greater degree.

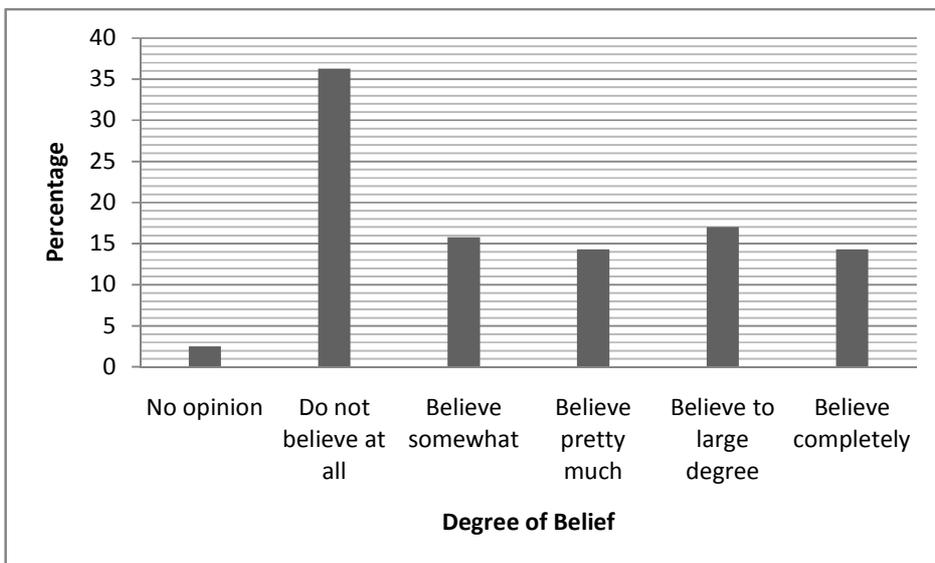
While indicative only due to small numbers of overseas trained social workers in the study sample, there appears to be a weak relationship with place of training (Phi = 0.195, $p < .05$). It would appear that those with overseas training believe this statement less than those trained in Aotearoa New Zealand. Over half (58%) of overseas trained social workers did not believe, compared with 42% of NZ trained. While overseas trained respondents were also more likely to believe completely, there was only a small proportion in this category, with NZ trained more likely to believe overall. This result complements the previous statement, where overseas qualified social workers believed completely the statement “counselling falls within the role of social work in many fields of practice” to a greater degree.

Anecdotally, one of the ways that social workers sometimes describe how they see the relationship of counselling to their practice is to say “I use counselling skills but wouldn’t say that I do counselling”. The next statement examines this idea.

Counselling Skills, Not Counselling

When describing the difference between counselling and social work, some educators (personal observation) have used the distinction that social workers use counselling skills rather than actually “doing” counselling. There was some support for this view through responses to the questionnaire discussed in this thesis. Statement four asked respondents to rate their belief in the idea that social workers should be able to use counselling skills in their work, but not do counselling. Figure 7.8 demonstrates the distribution of opinion around this statement.

Figure 7.8 Social Workers Should be Able to Use Counselling Skills in their Work, but not do Counselling



N= 400

Thirty-six percent of respondents did not believe this statement at all, while the majority (61%) of respondents believed this to some degree. There was a fairly equal distribution across the other levels of agreement.

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Results for this item appear at odds to those in Statement One where a majority of respondents indicated that social workers who only did counselling were still doing social work.

None of the cross tabulated results demonstrated any statistically significant differences between groups in this area and distribution across sectors also appears to be fairly consistent as well.

Interviewees addressed the area of using counselling skills versus doing counselling in various ways. In the interview with Gary Hermansson, he discussed the skills issue in relation to training, and particularly in relation to training from Massey University which had been seen as having a strong social policy leaning:

The social workers and the counsellors had blurred boundaries, mainly with the social workers, who were claiming to do social work...claiming to do counselling, because they were social workers, but their training hadn't really covered counselling, other than counselling skills type stuff. They weren't...from my point of view, they weren't trained as counsellors. They were trained to do counselling skills as part of their social work and a lot of their social work training was out of Massey, which had become...at that point anyway, more the social policy operation (Personal correspondence, 12/02/06).

Below, Kendrick described her thoughts in regards to the relationship of social work and counselling as well as the importance of having counselling skills as part of any social work repertoire:

I have always seen counselling as part of social work... ..It's one of the things that you do...The same as community work is another aspect which we have covered, but there are lots of things you have to put in place...I think that counselling skills are things which you will use quite...well to a greater or lesser extent in most of pretty well all branches of social work. Now they are not necessarily peculiar to

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social work itself, but on the other hand I think basically they are certainly first cousins all the way through and there is distinctly an overlap and I think it is quite essential for anybody who is entering any form of social work, to have at least some basic training and knowledge of counselling because ...It's used for any one-to-one situation...and the idea of establishing a relationship, which I think is particularly, of course, true of social work (Personal correspondence, 28/07/06).

Cromie made the distinction between use of counselling skills and doing counselling:

I still believe counselling is an important part of that role and that social workers ...need to develop their counselling skills, but it's much more crisis short-term intervention when people are really unwell and then referring to counsellors outside the service for the longer term counselling and specific counselling over particular issues ...The emphasis, especially in the adult teams is getting people well enough so they can benefit from the longer term counselling and referral to outside counselling, but in that you still need to have the counselling skills (Personal correspondence, 02/02/06).

This idea is reiterated by Webber-Dreadon:

I have now developed a thinking that counselling for social workers is a tool to use in the social work process, not to know how to do, but at least use it as a tool to help you with direction (Personal correspondence, 21/05/06).

In regards to the final open-ended question in the questionnaires, which asked respondents for any additional comments they wished to make, many social workers indicated that they felt that social workers should be able to use counselling skills in their practice. Some of the responses emphasised the importance of social workers having counselling skills:

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I believe any practitioner working in a SW position must be aware of and well versed in basic counselling skills. Some positions call for the worker to have in depth skills.

I believe counselling is often viewed as a specialist skill. However, social workers are trained in basic counselling so that they can apply these skills.

Working for Child, Youth and Family, a social worker must have counselling skills to be able to draw children and parents' perspectives out to enable to refer to appropriate agencies which would best suit their needs. The better counselling skills we have the better rapport we can build with families.

I am a social worker who has counselling skills. As I have no counselling qualifications I would not identify myself as a counsellor. Certainly within the role of a social worker you use counselling/therapeutic skills.

As above, some respondents emphasised the importance of the boundaries between social work and counselling practice:

Counselling is an important skill for social workers but counselling and social work, in my view, should not be both.

I believe the skills of counselling are used daily in S/W practice. However there is a clear distinction between providing actual counselling to utilising the skills. Counselling to me means: A planned session with specific times and duration. Therefore the provision of counselling within my role would be in conflict or confusing for client – but does not prevent me using counselling skills.

My belief is that there is a counselling/social work interface. Social workers are trained in using counselling skills. However counselling

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skills are not enough to sustain counselling practice. Counselling practice is a profession in its own right.

Social workers do use counselling skills in everyday practice – However what distinguishes social workers and counsellors, and I have worked in a job that was both, is that social workers are trained and should have a practice model that does not just look at the individual and their feelings and behaviour, but does a broader analysis that will encompass their client's ethnicity, culture, class and seeks to link both the micro and macro, and in a variety of ways, to benefit their client.

The various responses to this statement show that there is support for the idea that social workers should be able to use counselling skills, and that this is in fact a very important part of what they should be able to do. There is however, the belief indicated that there is a distinction between what social workers and counsellors do, and that the two are not the same. As discussed in the previous chapter, the idea of depth and breadth of activity in relation to counselling within social work is what may define the differences. Social workers should be able to use counselling skills, but when the issues presented require a depth of work into the internal process of the individual client, or when the work may be of a long-term nature, social workers who have been part of the research described in this thesis seem to feel that it may be more appropriate to refer on to counsellors. The idea again has been proposed that another distinguishing factor between social work and counselling refers to the degree that social workers consider the systems contexts of their clients. This is supported in the previous New Zealand research conducted by Munford (2000), where one of the key differences between social workers and counsellors was the degree to which social workers considered context in a broader way and the assumption that perhaps counsellors do not.

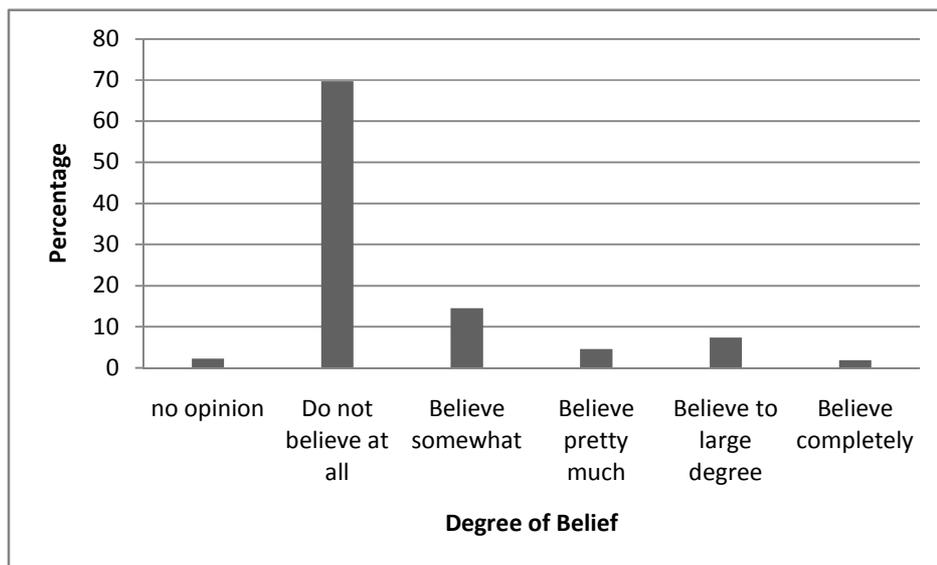
Should Social Workers do Counselling?

The following two statements look at the issue of the appropriateness of social workers being involved in counselling activities or in work that involves changing individuals. While

the initial statement of “**Social workers should not be engaged in counselling**” appears not to be supported, there were many significant results revealed through cross tabulation.

As can be seen from Figure 7.9, the vast majority of respondents (70%) did not believe the statement that social workers should not be engaged in counselling.

Figure 7.9 Social Workers Should not be Engaged in Counselling

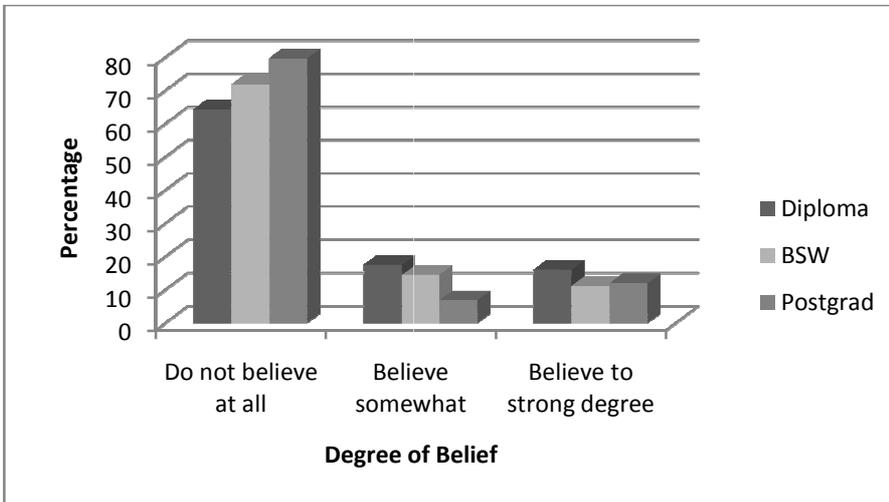


N= 399

Only 15% of respondents believed this somewhat, with diminishing percentages believing this to any greater degree. There were several cross tabulations which revealed some statistically significant differences between groups

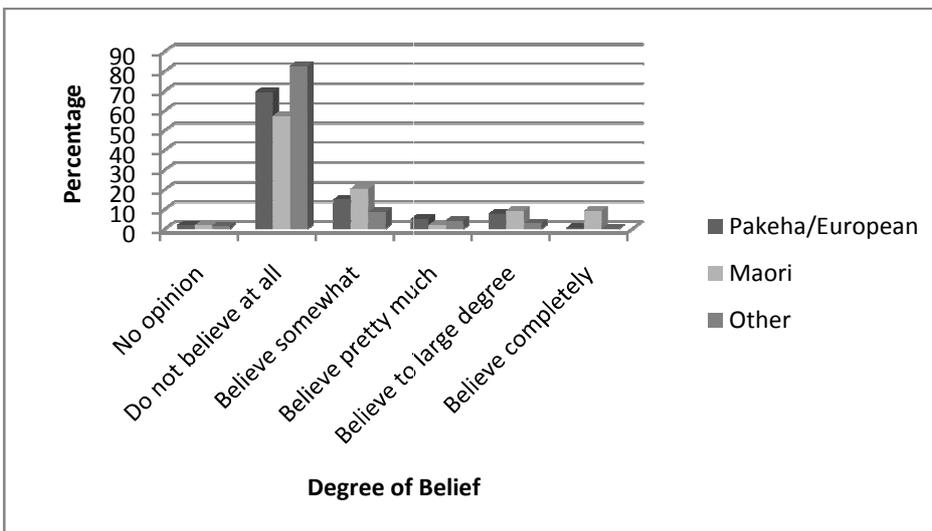
As can be seen in Figure 7.10 (Following page), disbelief increased with higher levels of education achieved, as reflected in a weak negative gamma relationship of -0.194 ($p < .05$). Social workers with post-graduate level training were most likely to not believe the statement at all (79.7%) while 72% of BSW graduates did not believe the statement at all and 64% of diploma level graduates did not either.

Figure 7.10 Social Workers Should not be Engaged in Counselling by Education Level



This was one of the few areas where any statistical significance was demonstrated in relation to ethnicity. This has been described previously in chapter five where Māori were slightly more likely to believe this statement than Pakeha or other groups.

Figure 7.11 Social Workers Should not be Engaged in Counselling by Ethnicity



N= 391

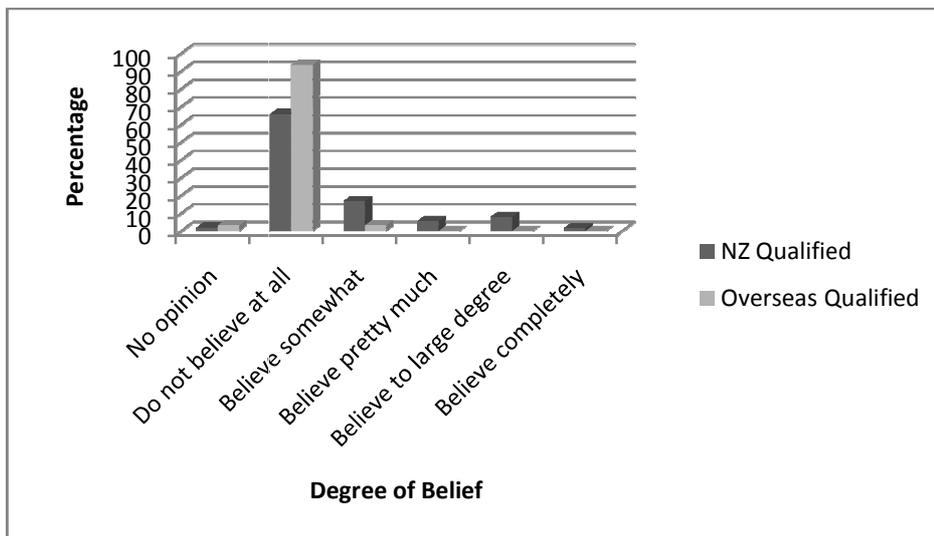
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Figure 7.11 (previous page) shows a weak to moderate association between ethnicity and belief in this statement ($\Phi = 0.272, p < .001$). Māori are more likely to believe this statement than European or other groups. Nearly 10% of Māori believed this statement completely compared to 0% other ethnicity and .7% Pakeha. Conversely, only 57% of Māori did not believe at all compared with 69% of Pakeha and 83% of other groups.

This result is consistent with the view that counselling is a Western construct which may not be an appropriate form of intervention when working with non-Western persons. Of interest as well is the result that combined other groups believed this statement the least. Given that many of this group are likely to have come from overseas, this result is consistent with previous responses which stated that overseas trained social workers believed that social workers who only did counselling were still doing social work.

Statistically significant differences were noted when this statement was cross tabulated with gender. There is a weak relationship with gender ($\Phi = 0.175, p < .05$). Males tend to not believe this statement to a greater degree than females (80% compared to 68% respectively).

Figure 7.12 Social Workers Should not be Engaged in Counselling by Where Trained



NZ trained N=302, Overseas trained N=31 Total N=333

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As only 31 of the respondents were trained overseas, these results are indicative only. There appears to be a weak relationship with place of training ($\Phi = 0.185$, $p < .05$). These results tend to indicate that overseas trained social workers “do not believe this statement at all”, to a greater degree (94%) than NZ trained social workers (66%).

When comparing social workers in various sectors, those in private practice indicated the strongest disbelief in the statement that social workers should not be engaged in counselling (81%) while those in government organisations did not believe this at a rate of 72% and those in the not for profit sector at a rate of 62%. Results here are indicative only due to the small number of respondents in the private practice sample and some respondents having indicated being in more than one sector.

Very few interviewees or questionnaire respondents indicated any support for the idea that social workers should not be doing counselling at all. Daniels described how competition between professions sometimes results in the impression that social workers should not be doing counselling:

I think the Marriage Guidance movement had that tension and it was a very positive tension within Marriage Guidance and I think it's a good tension in most organisations, but it has the potential to become very destructive because one group sees the other group as second class citizens and not only is that personalised but it's discipline wise as well. In other words, social work has this lower status and social workers should not be counselling etc. (Personal correspondence, 01/02/06).

Only two questionnaire respondents provided information in the additional comments section which supported the view that social workers should not be doing counselling:

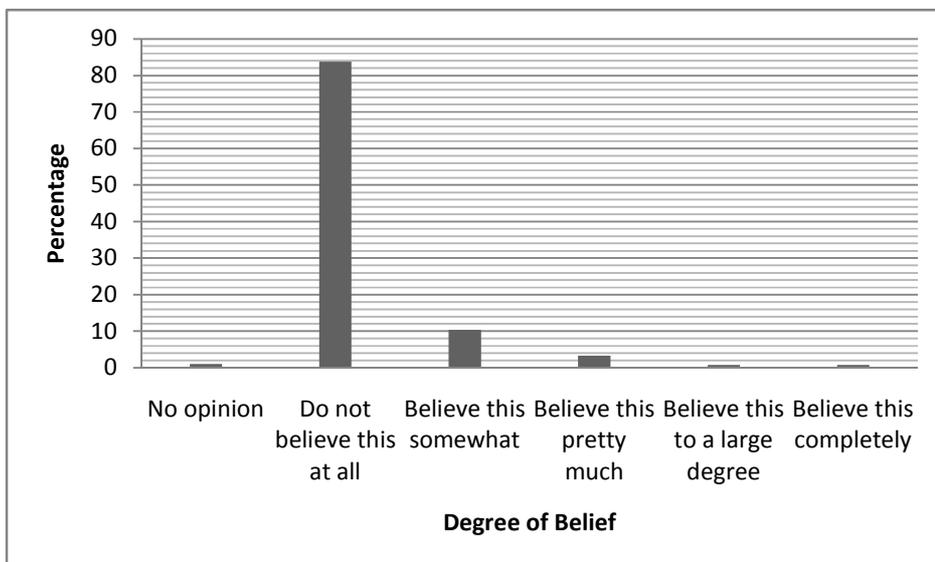
I did my training through Massey in Palmerston North. As students we were left in no uncertain terms that the objectives of social work and counselling were quite different.

Effective social work practice needs a strong community development component to support systemic, social change.

There appears to be very little support for the belief that social workers should not be engaged in counselling, but there is some variation with Māori social workers believing this statement slightly more than Pakeha and other ethnicities, and that those with more education, those educated overseas, those in private practice, and men tended to disbelieve this statement more. This is consistent with some of the ideas expressed throughout the thesis that there is a link between those seen to be aligned with the professionalisation forces within social work and the counselling component. This is likely a contentious statement and one that would benefit from further exploration.

The next statement explores this theme further with respondents being asked to rate their belief in the statement, **“Social workers should not be encouraging change in individuals, they should be engaged in making change at more systemic levels”**. Figure 7.13 gives the results to belief in this statement.

Figure 7.13 Social Workers should not be Encouraging Change in Individuals. They Should be Engaged in Making Change at More Systemic Levels



N=394

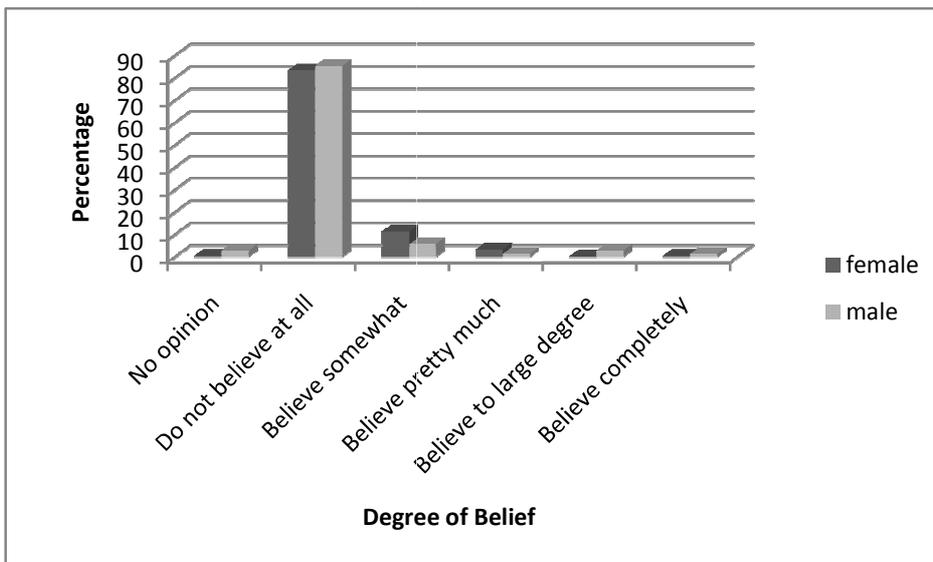
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Here, a large majority of respondents (84%) did not believe this statement to be true. The small remainder of respondents who indicated some degree of belief in this statement were mainly represented within the “believe somewhat” category with 10% of respondents indicating this degree of belief.

While the overwhelming majority indicated that they did not believe this statement to be true, the strength of this response may be due to the either/or nature of the question. Many respondents did indicate that there needed to be consideration of the client’s context and that change should occur at various levels.

The only cross tabulation which yielded significance in results was that of gender.

Figure 7.14 Social Workers should not be Encouraging Change in Individuals. They Should be Engaged in Making Change at More Systemic Levels by Gender



Female N=322, Male N= 69 Total N=391

There is a weak relationship with gender ($\Phi = 0.167$, $p=.05$) While males and females appeared to disbelieve the statement at a similar rate (females 84%, males 86%), these results show that females were more likely to believe the statement at the believe “somewhat” level (12%) compared with males who believed it in 6% of cases.

There appeared to be little difference between sectors represented in response to this statement with the majority of respondents within each of the sectors indicating a disbelief in the statement.

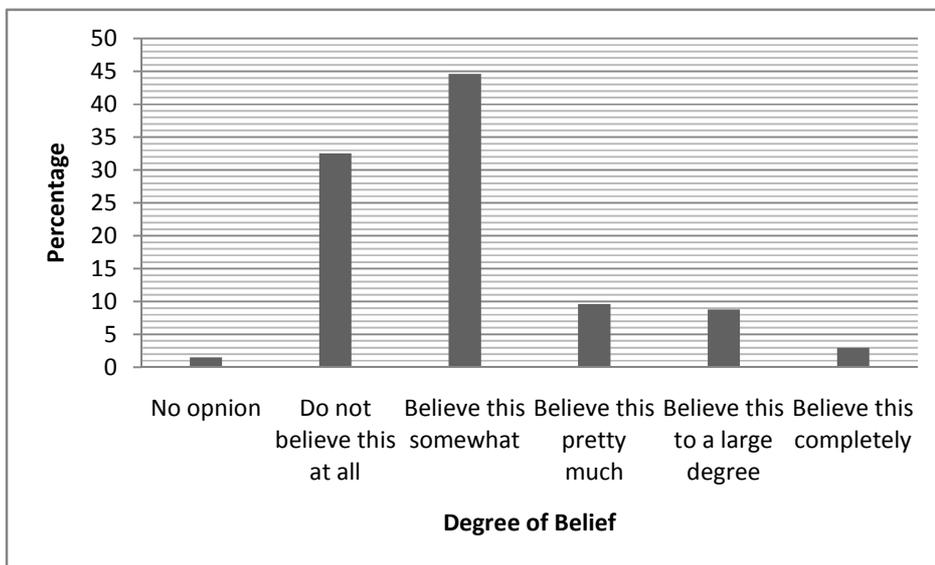
There was only one respondent who indicated support for this statement:

Leave counselling to specific counselling courses. Social work should be about initiating social change – counsellors who are qualified social workers should call themselves counsellors.

Do Social Workers Have the Skills?

The last statement to be explored here revolved around the perception of how well-trained social workers were to conduct the counselling tasks within their practice. While there was division amongst those believing and not believing the statement “**Social workers are not properly trained to perform these tasks**”, of interest was the degree to which interviewees and respondents commented upon the area of training.

Figure 7.15 Social Workers are not Properly Trained to Perform These Tasks



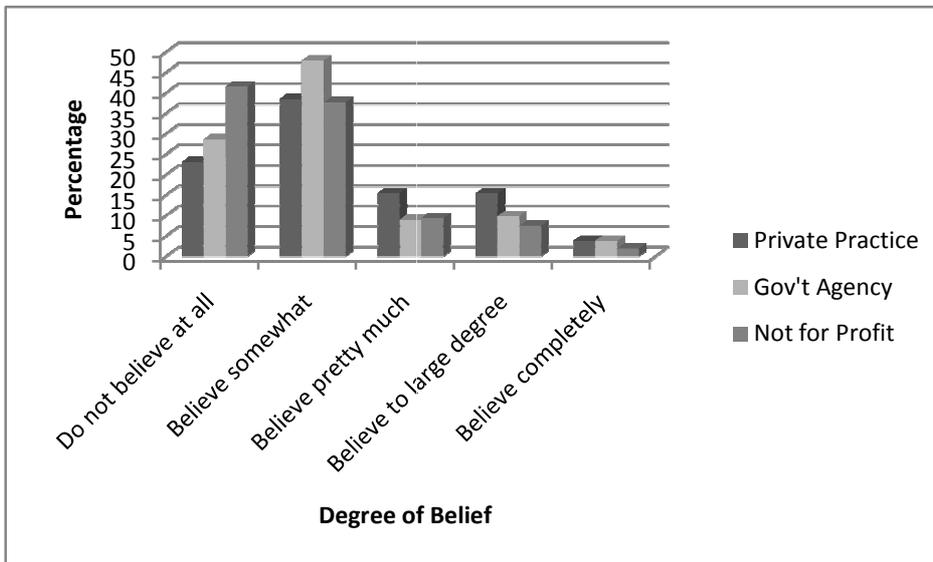
N= 397

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Figure 7.15 (Previous page) shows the distribution of responses around this statement. Over two thirds of respondents indicated that they believed that social workers were not properly trained to perform counselling tasks. However, belief was not strong, as the greatest response was found in the “believe this somewhat” category with 45% of respondents indicating this belief, and only 22% believing more strongly.

There were no results with statistical significance yielded through the cross tabulation. While indicative only, the results from the comparison between social workers in various sectors showed some differences in terms of this statement.

Figure 7.16 Social Workers are not Properly Trained to Perform These Tasks by Sector of Employment



Private Practice N= 26, Govt N=234, Not for Profit N= 106

Those in private practice indicated the highest belief that social workers were not adequately trained to perform counselling tasks at 73% believing this to some degree, while government respondents were slightly less likely to agree (71%), and those in the not for profit sector believed this at the rate of 57%. Again, as there are so few people in the private practice group, the results are indicative only.

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These results are interesting and invite the question of whether this is indicative of those in private practice having undertaken additional training, or some form of elite belief that they possess specialist skills, or both.

Several interviewees discussed the role of education in terms of counselling within social work.

Ken Daniels discussed the Canterbury social work programme in terms of how he saw it preparing students for the counselling role:

I think that the fact that graduates from our programmes can end up in counselling...positions which have a heavy component of counselling in them, community work, management, education, all...that's a challenge, because you've got a number of options and of course that reflects back on the curriculum, that we have to prepare people for all of these. I've always seen it as, yes, we are doing our job in preparing people for the jobs that are predominately counselling or using counselling skills, but we can't do it to the same level or depth that a course...a two year course on counselling could do (Personal correspondence, 01/02/06).

Van Heugten was asked if she thought that social work graduates needed to undertake additional training to undertake counselling within their work. Her response was consistent with the view of the "length and depth" belief discussed previously through the thesis:

I don't think they would necessarily have to do training in another field, but I do think you'd need to do some more focused training. Perhaps not for general counselling and perhaps if within your generic programme you were able to choose some options. For example we have a narrative therapy elective here and I did that grief and loss elective, although that doesn't actually train you to do counselling, it's a more theoretical based course. Still there are some electives there that I think do potentially provide people with an interest with some reasonable counselling grounding to perhaps be as good as many

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other disciplines in terms of meeting those needs in say a general hospital setting, mental health setting. But if you are going to make counselling or psychotherapy your bread and butter, then I think you'd need some extra...It wouldn't be enough (Personal correspondence, 01/02/06)

A couple of the interviewees discussed their desire to see post graduate programmes in clinical social work. Daniels was rather emphatic on the point during the interview for this thesis.

Barb: Do you see any room in New Zealand for a post grad clinical social work certificate?

Daniels: Oh, please, please!...I have argued within this university that we should have a clinical PhD (Personal correspondence, 01/02/06).

Cromie reiterated this in terms of the need for social workers to be able to perform counselling within their multi-disciplinary teams:

I think it's important that people build on their counselling...their basic counselling that they've had as an undergraduate training and yeah, pushing forward post graduate training and counselling...it's important in mental health, anyway...That's the way that the social work leaders here feel quite strongly about and you know, I'm really concerned if social work doesn't do that, that that will become the domain of nursing and psychology and I think our perspective is really important and our background and to have that within our counselling and building relationships is really important (Personal correspondence, 02/02/06)

Questionnaire respondents were quite vocal in their additional comments section in relation to the area of training for social workers in counselling skills.

Some respondents discussed their belief that counselling training was currently inadequate or needed:

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I believe counselling is an integral part of social work, but it encompasses much more. But to do counselling, a social worker needs additional training to do a safe practice.

I think that training for counselling in social work training is sadly lacking and needs to be improved.

Many respondents discussed the need for more counselling training within basic social work qualifications:

I believe there needs to be a bigger component in Social Work Training around Counselling. I feel uncomfortable calling myself a Counsellor, but do recognise the counselling skills I use every day in my job. I believe since SW registration people have become more divided with the focus on “Social Work Qualified”. I am definitely in support of more counselling skills.

I don't think that coming out of an undergraduate degree in 'social' work you are qualified and experienced enough to be offering counselling unless you have significant prior learning and life experience. You therefore need to do further study in-post training practice in a setting where you receive supervision of your counselling practice.

The level of counselling skills taught in the BSW inadequately prepares new grads for their professional practice. Counselling is an integral part of social work practice and as such, emphasis should be placed on this from the 1st year of the degree. Employers expect someone with a BSW to be able to work effectively with clients in a clinical situation. In reality it takes years more training on top of your degree. By the time students reach their 4th year they should be able to specialise in a form of counselling. Post-grad diplomas/certs should also take the path of clinical social worker.

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Would like to see more counselling skills (other than micro-counselling) taught in SW degree programmes. Many courses touch on wide range of models without covering some in depth. New graduates are at a disadvantage when they can't utilise the models in practice.

Some respondents indicated the types of counselling or concepts they would like to see included in social work training:

I strongly believe that university or any other tertiary training in social work should include thorough training in the following aspects of Counsellor training. Transference/Counter transference. Projection – Conscious and unconscious motivation. Dealing with the angry client. 'Grief' – Adult and Child Attachment.

I think that counselling skills/CBT/DBT should have greater prominence when studying to be a social worker...There is too much time spent on learning to be "non judgemental" and not enough time spent on teaching skills within counselling.

Two respondents alluded to qualifications and competence in regards to social workers doing counselling in their practice:

As I see it, intellectual training provided to people who are school leavers or who have just done a B.A. in Psych or Soc. is not sufficient to train them as counsellor/therapist. Some people sadly are working and are asked to work way beyond their level of expertise.

I cannot understand how social workers can be qualified without specific and in-depth counselling training and education as it is such a fundamental skill in working as a competent social worker.

And finally one respondent expressed their frustration in wanting to pursue a clinical pathway at the post graduate level, but finding it difficult to do here within social work. A swipe is also taken at staff of social work programmes.

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About time this whole area was evaluated. I have been extremely frustrated that in N.Z. there is no clinical pathway for S.W. In the USA one can become a LCSW (Licensed clinical social worker). I am now doing the clinical psychology training and this has resulted from the fact that in NZ the training institutions have been more policy focused at P.G. level. Recently there have been more mental health papers offered but still there is no clinical pathway for S.W.s. It no doubt reflects the staff on S.W. courses. The majority do not come from a counselling/clinical background and do not want to change.

The need for more training was the feedback given most in the qualitative sections of the questionnaire.

Other Issues

What Kind of Counselling?

Some of the interviewees indicated that they felt that certain kinds of counselling seemed to sit more closely to social work than others. Narrative therapy was discussed in chapter five. This type of therapy, which emphasised the construction of stories by dominant discourses, seemed to appeal to social workers or social work educators.

Wikaira discussed that during her initial social work education that the likes of narrative therapy were not taught:

I do like the likes of narrative therapy, but at that time it wasn't there, so...but I do embrace that one, I think it is something that is familiar for Māori to talk about our past and how...yeah, some of our learnings and things, things we do know and those kind of things and just building those stories might be able to develop some models around counselling for Māori (Personal correspondence, 07/04/06).

Gavin Rennie discussed some of his initial thoughts in setting up the Unitec counselling stream within their Social Work/Counselling/Community Work degree programme:

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We would like something which we see as, in a sense, fitting with social work, because we were by then very much into looking at contextual situations and those sorts of things. Narrative became the main modality taught (Personal correspondence, 11/09/06).

He went on to describe some of the perceived differences between models and their relationship to social work:

There is a sense in which there has been quite a lot of position taking between counselling and social work and I'm...I can see that in some modalities in counselling, that they are extremely different from social work. I think that the sort of psychodynamic, psychotherapeutic AUT model, for want of a better word, is very different from what a lot of our social work graduates, or your social work graduates, or the way they probably see the world, but if you look at things like narrative, where's the difference? (Personal correspondence, 11/09/06).

Get Rid of the Binaries

The last word here is left to Robyn Munford who summarised many of the ideas presented in this chapter in the following excerpt from her interview. Here we see the ideas that counselling forms part of social work, and that social workers can do counselling, but that it needs to be a counselling which takes into account the particular contexts of the client. Munford also makes the point that the either/or dichotomies of social work or counselling may not be the best way forward:

I think counselling is part of social work. It's another thing we do. I think counsellors who are not social workers do most probably just focus on that relationship piece and might not always move out of that into looking at the context in a physical sense. The context may be in the room, but they may not go and work and intervene in those environments. They may work with the family system, but they may not do the home visiting work with the system and I don't like getting into a dichotomy really, because I think both are very important, and

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there are times when you need to have people that are highly skilled at working one on one with people and taking them through a frame of personal change, in a counselling relationship. There are others that can combine working on that level and also intervening in the environment. So I think they should work very closely together and there are people that feel very comfortable in working in a counselling frame, in a particular setting where clients come to them and they don't necessarily move out of that setting physically to do their work, but they need to also understand the contextual nature of their work and so I think it's really hard when we start to get into dichotomies. I think counselling and social work programmes should be together in many ways (Personal correspondence, 17/08/06).

Conclusion

This chapter has explored the perception of social workers in relation to the role of social work in counselling, mostly from a present focus. It began by looking at international perspectives which demonstrated that while social workers believed that their work should lie at the interface of the personal and the political, that much of their practice ended up being located working with the individual (Buchbinder et al, 2004). Research was presented which showed that a sample of school social workers in the USA saw counselling as their main activity and that they wished to do more of it (Agregta, 2004).

New Zealand research in the area was very sparse and was limited to one small research study by Munford (2000) which found that while there were several similarities between social workers and counsellors, that what seemed to distinguish them was the degree to which social workers considered and worked with a client's greater environment.

In terms of this study, the majority of social workers indicated that counselling fell within the brief of social work within many fields of practice, and that social workers should be able to use counselling skills. There was some ambivalence around whether social workers who only did counselling were still doing social work but there was some support for this position. A majority of social work respondents in this study indicated that they should be able to do counselling within their social work roles. Social work aimed at

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individual change was seen as a legitimate form of work, but social work should not be limited to this. Finally a large number of questionnaire respondents and interviewees indicated that there should be better counselling education provided within basic social work qualifications, or that post graduate counselling in social work (or clinical) programmes should be made available to social workers.

No differences by any of the characteristics of social workers examined in this study were consistently found across all eight statements in this section but several themes did emerge. Place of qualification and level of qualification were the most commonly found differences, with overseas and postgraduate trained social workers in NZ more likely to believe that counselling does fall within the brief of social work, and less likely to believe the statement, **“Counselling falls within many fields of practice, but not much.”** Older social workers and those without spirituality were more likely to believe the previous statement. Māori respondents were more likely to believe that social workers should not be involved in counselling, while males and those trained overseas were less likely to believe this. Females were slightly more likely to believe that social workers should not be involved in making changes in individuals than males.

While indicative only, differences by sector of employment suggested that social workers working in private practice were more likely to believe that social workers who only did counselling were still doing social work, and that counselling fell within many fields of practice within social work. They were also less likely to believe the statement that social workers should not be doing counselling.

This chapter has attempted to summarise the current views expressed by social workers in relation to what they think about the role of counselling within social work practice. The following chapter will explore what social workers say they do in relation to counselling within their practice.

Chapter Eight: What Social Workers Do in Relation to Counselling within their Practice

The previous chapter explored the current beliefs of respondents in regards to the role counselling should or does play in social work. This chapter explores the area of what social workers report they actually do in relation to counselling within their practice.

This chapter will first review some of the very scant international literature in regards to what social workers say they do in relation to counselling within their practice. It will then move into looking at previous studies conducted within Aotearoa in the 1980s by Rochford and Robb (1981), Sheafor (1982), and Kazantzis, Calvert, Staniforth, Merrick, Orlinsky and Ronan (2007). The chapter will conclude by looking at results from the author's research described in this thesis both in terms of the qualitative interviews and the questionnaires.

Areas from the research described in this thesis are explored, including looking at whether counselling was included in respondents' job descriptions, and if and how much counselling they did within their roles. Models of practice are explored and then there is examination in regards to respondents' beliefs about whether their training prepared them for counselling within their roles, whether they have undertaken additional training to help with this, and if so, what form this training took.

International Literature

In 2004, the National Association of Social Workers (NASW), in partnership with the Center for Health Workforce Studies, University of Albany conducted a national survey of licensed social workers throughout most of the USA. A random sample of 10000 social workers was drawn from licensure lists from nearly all states and the District of Columbia. A response rate of 49.4% (n=4489) was obtained (Whitaker, Weismiller & Clark, 2006).

This study was conducted "To better predict the adequacy and sufficiency of the social work labor force to meet the changing needs of society" (Whitaker, Weismiller & Clark, 2006, p. 5) and was focused on obtaining a detailed profile of the social work workforce in the USA. One of the areas studied looked at the roles performed by the respondents.

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The report found that:

Licensed social workers are most likely to be involved with the tasks of screening/assessment (93%), information/referral (91%), crisis intervention (89%), individual counseling (86%), and client education (86%) (Whitaker, Weismiller & Clark, 2006, p.19).

Percentages refer to numbers of social workers in the study indicating their involvement with those tasks. The report went on to state that:

There are only four tasks that significant numbers of social workers report spending more than half of their time on: individual counseling (29%), psychotherapy (25%), case management (12%), and screening/assessment (10%). Fewer than 10 percent of social workers report spending more than half their time on any other task (Whitaker, Weismiller & Clark, 2006, p.191).

This data confirmed the contextual climate of social work and therapy within the USA described in previous chapters, with many social workers indicating that counselling and psychotherapy made up a majority of what they do.

The only other data located in terms of social workers' rating of the counselling role within their practice, was that described by Agresta (2004) in the previous chapter which discussed the roles of social workers, counsellors and psychologists within a school setting within the USA. This again revealed that of the sample, social workers reported spending a mean of 17.45% of their time doing individual counselling, and a mean of 10.28% on group counselling.

Data from the Global Study on professional ideologies and preferences in social work (Weiss et al, 2003) described in chapter seven discussed the kinds of work that upcoming graduates wanted to do, and has some relationship to the counselling role. This will be discussed further in chapter nine under the area of "What Social Workers Want".

New Zealand Research

The Rochford & Robb Study

As discussed in chapter four on the history and context of Aotearoa New Zealand social work, social work education was slow in coming to New Zealand, and once it got here, it was not readily accessible to a large percentage of the social work workforce. In 1979, the New Zealand Social Work Training Council commissioned a report on the social work workforce. The product, "*People in the Social Services. A New Zealand Survey*", by Rochford & Robb (1981) became the first major study to explore various dimensions of the social work workforce in Aotearoa. The focus of the project was to identify the social service populations, and then to examine the needs of that population in more depth. This study came out of a concern that "the standards of training for social service workers were not adequate for the tasks social service workers were required to undertake" (Rochford & Robb, 1981, p. 5).

A short summary of the study is provided here in Table 8.1 (Following page), so as to show the number of social workers who were engaged in counselling or who saw part of their role revolving around the provision of counselling at that time.

Social service workers (respondents) were divided into various groups: social workers, residential workers, community workers, welfare workers, administrators (paid) and adviser, phone counsellor, community worker, welfare worker, organiser (unpaid). Approximately 1100 workplaces were identified as social service agencies and sent questionnaires. There was a 40.9 % return rate which yielded 5794 questionnaires.

Figure 8.1 (Following page) illustrates how the paid social workers saw their role, indicating that 11% identified counselling as a role they engaged in, while 56% identified social case work.

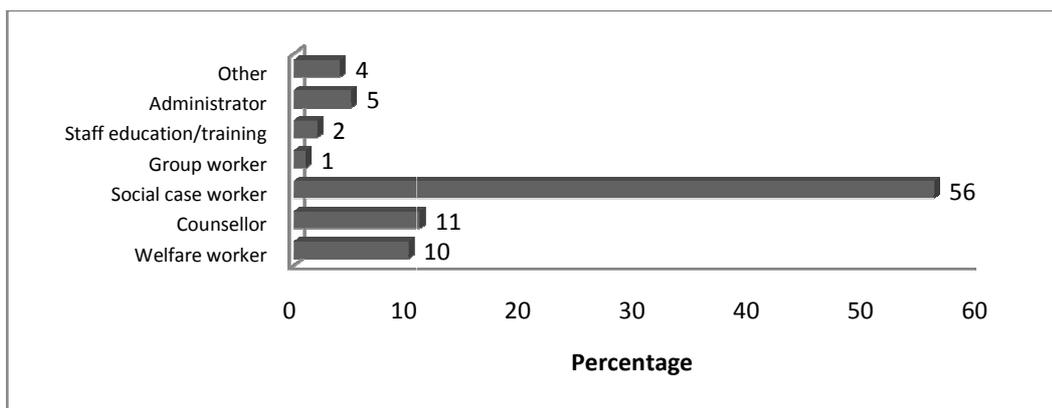
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Table 8.1 Breakdown of Demographic Groups

| Paid Worker Types | N | % |
|---------------------|-------------|------------|
| Social workers | 1169 | 20 |
| Residential workers | 295 | 5 |
| Community workers | 137 | 2 |
| Welfare workers | 541 | 9 |
| Administrators | 359 | 6 |
| Unpaid Worker Types | N | % |
| Advisers | 1578 | 27 |
| Phone counsellors | 398 | 7 |
| Community workers | 206 | 4 |
| Welfare workers | 698 | 12 |
| Organisers | 374 | 7 |
| Total unpaid | 3254 | 57 |
| Total paid | 2501 | 43 |
| Unclassifiable | 39 | 0 |
| Total sample | 5794 | 100 |

(Rochford & Robb, 1981, p. 13)

Figure 8.1 Perceived Role for Social Workers



N=1080 (Rochford & Robb, 1981, p.9)

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While only 11% of the paid social workers indicated that they believed counselling to be their role, the definition of social casework presented to respondents included the counselling role within it. (Rochford & Robb, 1981, p. 22). This report showed therefore, that the majority of social workers at the time indicated that counselling was either their principle role or fell within their role of practice.

The following table (8.2) is taken from a larger table in the report which demonstrates percentages of workers who spend some or much of their time in the following ways. This table demonstrates the results from the paid social work group only.

Table 8.2 Social Worker Activities

| People Worked With | Case Types | General Work Methods | Specific Work Tasks | Work Setting |
|---------------------------------|----------------------|--|---|------------------------|
| Individual adults 82% | Long term 80% | Informing, advising 82% | Maintaining case notes 80% | Agency premises 93% |
| Family members 66% | Intermittent 64% | Supporting, befriending 78% | Preparing case histories 76% | Client's home 69% |
| Children, young persons, 53% | Brief contact 64% | Continuing* counselling 77% | Personal counselling 61% | |
| | Short term 63% | Practical arrangements 72% | Meetings within agency 58% | |
| | | Brief counselling 67% | Liaison, other agencies 51% | |
| | | | Referrals to others 50% | |

(Rochford & Robb, 1981, p.15)

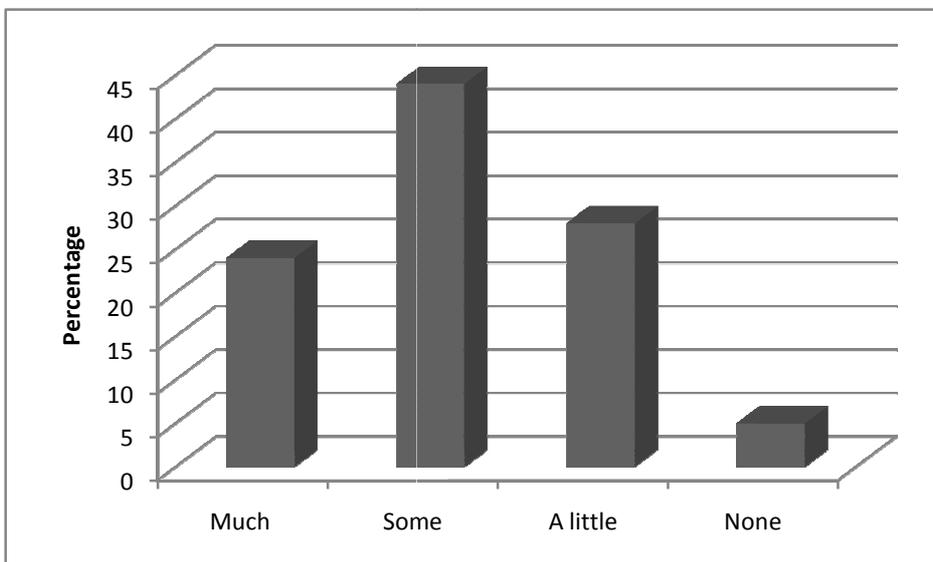
*Bolded by author

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Table 8.2 (Previous page) shows the high number of social workers who reported spending some or much of their time involved in continuing counselling (77%) as a general work method, and personal counselling (61%) as a specific work task.

Respondents were asked to consider how much of certain tasks or roles they performed within their practice and respond on a four point Likert scale. Three questions related to counselling within their practice. Respondents were asked how much brief counselling they did within their practice. Figure 8.2 shows the result of this question.

Figure 8.2 Social Workers Doing Brief Counselling

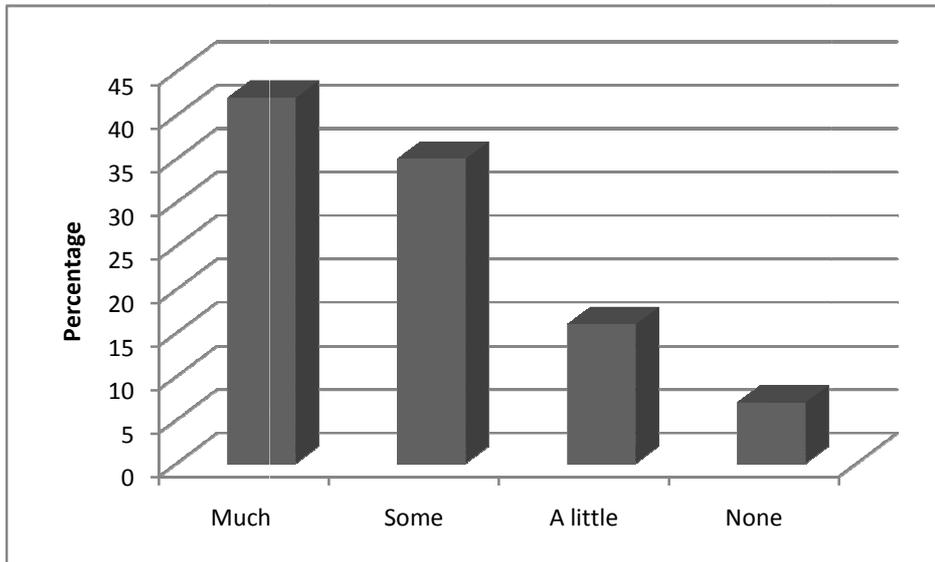


N= 1148

(Rochford & Robb, 1981, p.24)

Table 8.2 shows that many of the respondents indicated doing some brief counselling within their jobs (44%), while a further 28% indicated that they did a little counselling, and 24% of the workers indicated that they did much brief counselling within their practice. Only 5% reported doing no brief counselling. Again, the vast majority of the social workers indicated doing at least some brief counselling within their roles at that time. The results were quite different when respondents were asked how much continuing counselling they did within their jobs. Figure 8.3 displays these results.

Figure 8.3 Social Workers Doing Counselling



N=1143

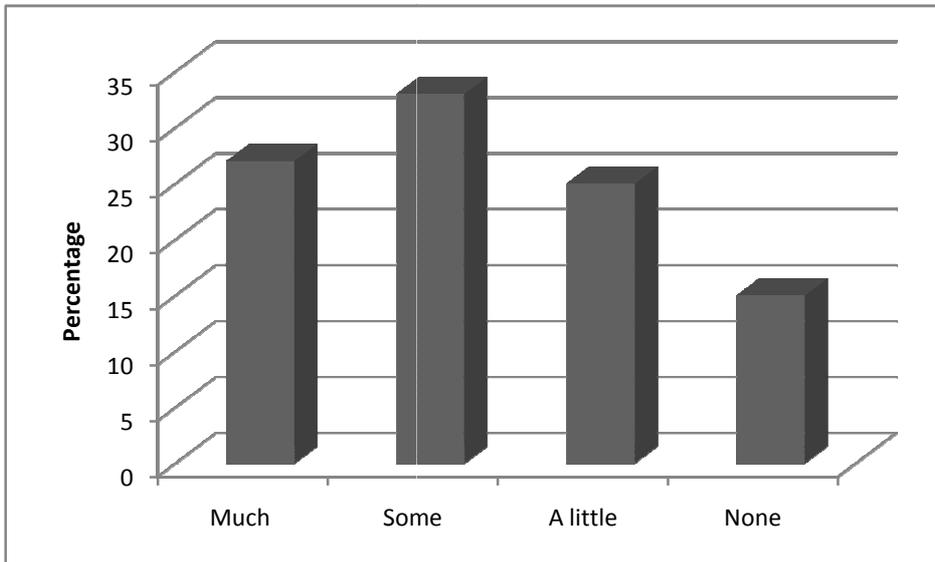
(Rochford & Robb, 1981, p.24)

In this graph (8.3), the highest number of social workers (42%) indicated that they did much continuing counselling, closely followed by 35% of respondents who indicated they did some. A much smaller group of 16% of the workers indicated that they did a little continuing counselling with only 7% indicating that they did none.

Respondents were then asked to indicate how much “promoting personal and social adjustment through counselling, group therapy etc.” they did in their practice. Figure 8.4 (Following page) shows these responses are more evenly distributed with 27% of the workers indicating that they did this much of the time, 33% indicating they did this some of the time and 33% indicating they did this a little or none of the time.

Finally, Figure 8.5 (Following page) shows the amount of time spent in counselling activities for social workers in the study when respondents were asked how much time they spent in “skilled face-to-face counselling with individuals, families or small groups, towards improvement of personal and social adjustment and functioning” (Rochford & Robb, 1981, p. 36).

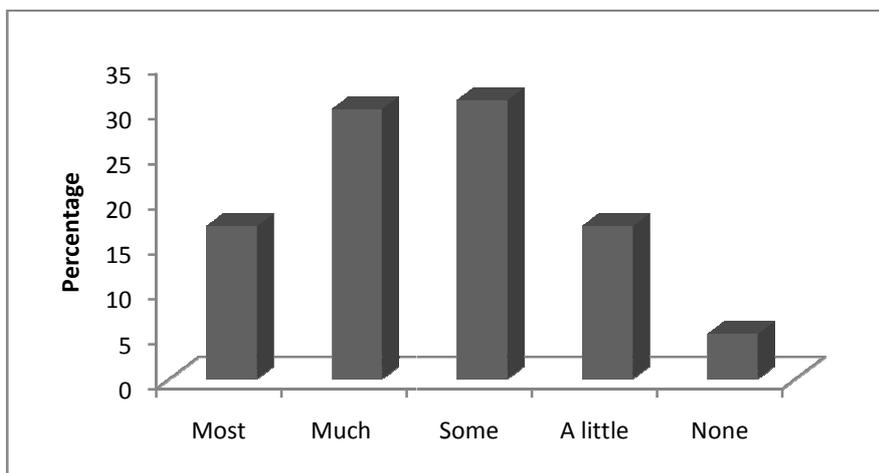
Figure 8.4 Social Workers Promoting Personal and Social Adjustment



N= 1154

(Rochford & Robb, 1981, p. 24)

Figure 8.5 Time Spent in Skilled Face to Face Counselling with Individuals, Families or Small Groups, Towards Improvement of Personal and Social Adjustment and Functioning



N=1149

(Rochford & Robb, 1981, p. 36)

Here, 30% of respondents indicated that they spent much of their time engaged in these tasks, 31% some of the time, 17% a little of the time or most of the time and 5% spent no time on these tasks.

This report, done at the beginning of the 1980s, shows that social workers were engaged in providing a fair amount of counselling within their positions, and that very few reported doing no counselling. This is consistent with results in Figure 8.1 where a large percentage of the social workers in that study described counselling and social casework (which encompassed the therapeutic role) functions within their roles.

Soon after the completion of the Rochford and Robb study, Massey University made application for an American scholar in social work education to receive a Fulbright Award to provide consultation to the social work programme in regards to developing curricula and in developing their MSW Programme. Dr Bradford Sheafor, was given the award, for an appointment lasting for six months in 1982.

The Sheafor Study

As one of the tasks of Sheafor's appointment, he oversaw the completion of a major research project which looked at a social work job analysis of social workers in the lower half of the North Island. The overall objective of the study was to examine the fit between the content of social work jobs and the content of teaching provided through the Massey social work programme.

Multiple methods were used to administer the questionnaire developed for the study. The response rate was 61.3% with 358 usable questionnaires being received (Sheafor, 1982, p. 1). Amending a scale which had been developed by the National Association for Social Work in the USA as a classification validation strategy, Sheafor and staff and students at Massey University looked at the actual practice of a sample of social workers in the region at the time. Using a job analysis questionnaire, respondents were asked to rate statements of each of 136 tasks in relation to their positions at the time of the study. These were rated on four, five- point scales as follows:

- A. Rate how frequently you perform that task in the normal course of your work:

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- Not performed at all
- Seldom
- Occasionally
- Frequently
- Almost all of the time

B. Rate how critical the task is to the well-being of your client:

- Not performed
- Somewhat important
- Moderately important
- Very important
- Critical

C. Rate the importance for newly hired workers in a job like yours to be able to perform this task when they first begin work:

- Not important
- Somewhat important
- Moderately important
- Very important
- Extremely important

D. Rate the extent to which successful performance of this task relates to overall successful performance on the job:

- Not performed
- No relationship to success
- Slight relationship to success
- Moderate relationship to success
- High relationship to success

Number scores were given to each of the statements with 1 being given for the low end of the scale (non performance) and 5 for the higher end. Using frequency tables and SPSS, Task Index Scores (TIS) for each task statement were computed by multiplying the four

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ratings for each statement and finding the mean (\bar{x}) for all respondents. The tasks were then put into twenty four clusters. “Analysis of these statistical data yielded six groupings that included twenty-two of the clusters” (Sheafor, 1982, pp 4- 5).

The groupings are presented here with their Pearson Product Moment Correlations (r values) which show the strength of relationship between clusters within the groupings. The numbers beside represent the item number of the task on the questionnaire. The groupings were as follows:

A. Interpersonal Services: ($r = .57$)

1. Brokering/linkage
2. Counselling/Problem-Solving
3. Formal Intervention: Individuals
4. Formal Intervention: Families
6. Client Status Assessment
10. Resource Status Assessment
11. Case Management

B. Basic Care and Training ($r = .55$)

5. Formal Intervention: Groups
7. Personal Care
8. Teaching Social and Living Skills

C. Personal Workload Management ($r = .56$)

12. Service Planning
13. Paper flow
23. Practice Assessment/Worker Development

D. Community Change ($r = .49$)

9. Advocacy
14. Compiling/Synthesizing Data
15. External Relations

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E. Middle Management (r = .78)

- 16. Technical Supervision
- 18. Personnel Management
- 19. Staff and Trainee Development

F. Administration (r = .65)

- 20. Policy Development
- 21. Programme Planning and Design
- 22. Programme Assessment

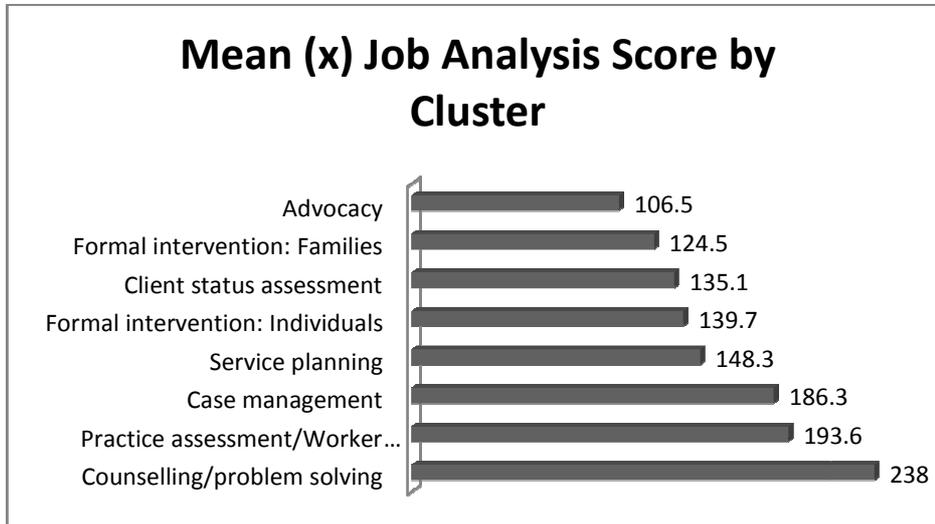
G. Autonomous Clusters

- 17. Property Management
 - 24. Professional Opinion or Expertise
- (Sheafor, 1982 p.6)

“Task Index Scores (TIS) for each statement were computed by multiplying the four ratings for each statement (range= 1 to 625) and finding the mean (x) for all respondents. The tasks were then combined into the 24 clusters and a Cluster Index Score (CIS) that reflected the mean of the cluster was computed” (Sheafor, 1982, p. 5). The mean (x) job analysis scores by cluster for the eight reported clusters above the mean score of 101.4 are presented in Figure 8.6(Following page).

Here the top scoring cluster (highest above the mean score of 101.4) is clearly counselling and problem solving. This demonstrates that by far the highest rated task for the social workers in the study was counselling and problem solving. The job cluster scores are further broken down by type of agency and by current position. The cluster rating for the counselling/problem solving cluster by agency is shown in Figure 8.7 (Following page).

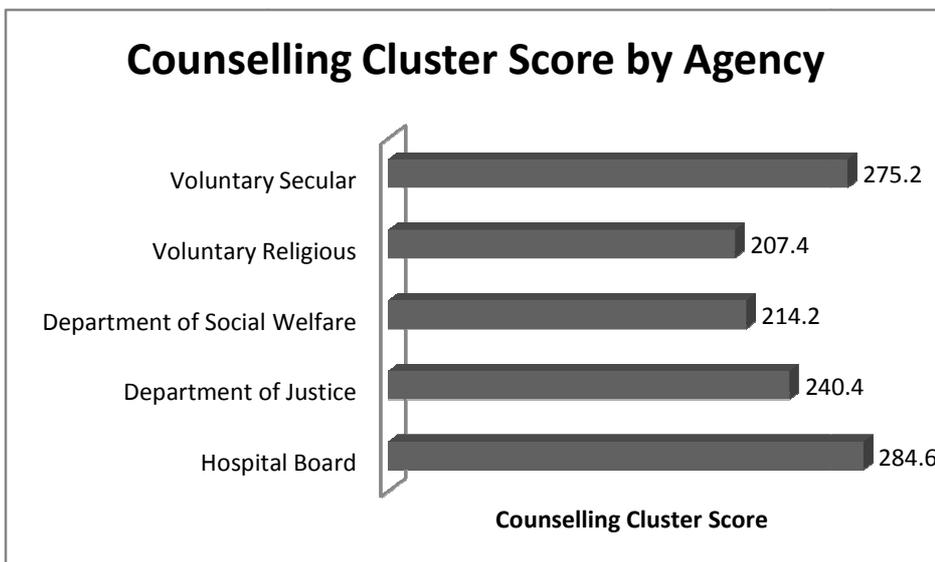
Figure 8.6 Mean (x) Job Analysis Score by Cluster



N=358

(Sheafor, 1982, p. 13)

Figure 8.7 Counselling Cluster Score by Agency



N not available

(Sheafor, 1982, p. 15)

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Employees of hospital boards scored highest in the counselling cluster at 284.6 job cluster score (doing the most counselling) with those in the voluntary sector scoring slightly lower at 275.2 job cluster score. It is interesting to note that at the time of the study that social workers acting as probation officers were highly represented in this cluster at 240.4 job cluster score. In contrast, social welfare workers reported a low rate of counselling.

The following table (8.3) lists the top five tasks that exceeded the mean of all tasks by more than 200%.

Table 8.3 Tasks Exceeding the Mean of all Tasks by More Than 200%

| TIS | N | Task |
|-------|-----|---|
| 383.9 | 101 | Express and demonstrate understanding of clients' points of view, feelings, and needs in order to establish open and trusting relationships. |
| 326.7 | 48 | Talk with clients or relatives about problems in order to reassure, provide support, or reduce anxiety. |
| 316.4 | 69 | Discuss options with clients in order to help them understand choices and resolve a particular problem. |
| 313.6 | 44 | Observe clients and gather information from appropriate sources in order to establish the existence of a substance (e.g. alcohol, solvents, drugs) abuse problem. |
| 281.6 | 71 | Evaluate your actions and decisions in order to determine if your practice activities are meeting the standards, values, and ethics required for quality service provision. |

(Sheafor, 1982, p.10)

Table 8.3 demonstrates that the top three most highly rated activities are all activities related to the process of counselling. Overall counselling/problem solving were rated the

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highest by the total population of the sample, as one of the highest clusters for all when divided into various positions (except justice workers who rated case management and professional opinion/expertise as slightly higher). Counselling/problem solving was also rated as highest by all except administrators when divided by practice role.

There have been no further studies in Aotearoa New Zealand since this time looking specifically at the roles and tasks of social workers within the country. However, Kazantzis et al (2007) reported on an extension of a multinational study of therapist development which included social workers. As part of that study, mental health professionals who self identified as “therapists” in Aotearoa New Zealand were invited to answer a questionnaire which looked at the process of professional development. Results from this study were compared with samples of therapists in Canada and the USA. From the overall sample responding to the survey, 36 respondents identified as being social workers. The results of the study looked at perceptions of professional development, training, use of supervision and involvement in personal therapy. While many of these results are not directly related to this thesis, there are two aspects of the study which are relevant. The first is that there were at least 36 social workers in Aotearoa who self identified as therapists. This supports the results of the author’s research which shows that the questionnaire respondents indicated that two-thirds of them are doing counselling in their practice and that one-third of them are using counselling skills. The second is the result whereby social workers in the study indicated that supervision had played the greatest influence upon their professional development (over didactic training and personal therapy). This is consistent with results discussed later which state that many of the questionnaire respondents in the author’s research did not feel that their basic social work qualification had prepared them very well for their counselling role. Many of them, however, did report having undertaken additional training.

ANZASW keeps statistics on numbers of social workers who identify with certain areas of practice. At time of publication of this thesis, 710, or 18% of the ANZASW data base social workers indicated that they were involved in counselling within their jobs.

The most recent data in the area comes from the author’s research reported on in this thesis.

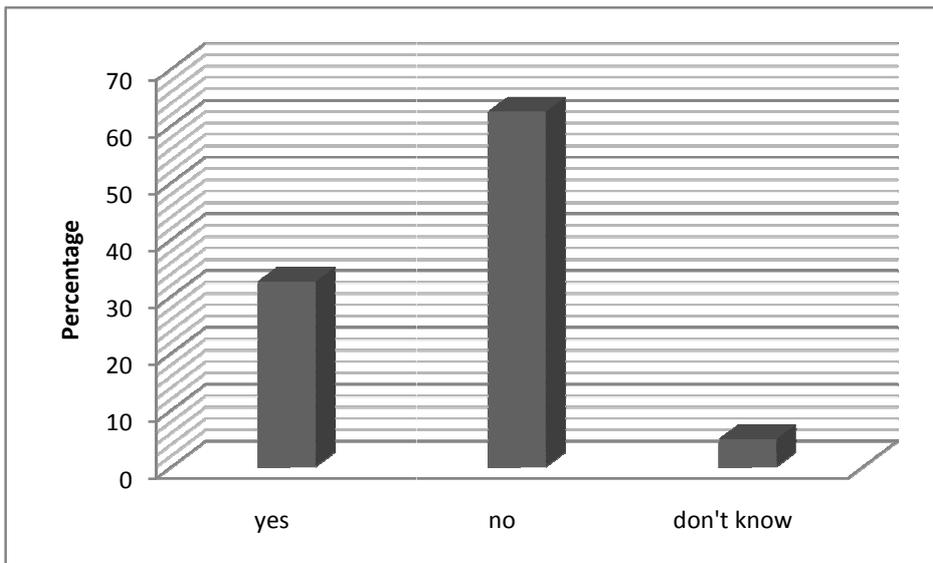
Counselling Practice in Social Work: What Social Workers Do

As in chapter seven, the results from the author’s research study will be explored from three perspectives. Information from the qualitative interviews will be discussed as well as the questions in the questionnaire which specifically dealt with the practice of counselling within social work. Finally, responses from question 28 which asked respondents to provide any additional information they desired will also be presented.

Counselling in Job Description

As part of determining if agencies subscribed to social workers doing counselling, or saw this as a valid social work role, respondents were asked if counselling was included in their job description. The results for this question are presented in Figure 8.8.

Figure 8.8 Counselling in Job Description

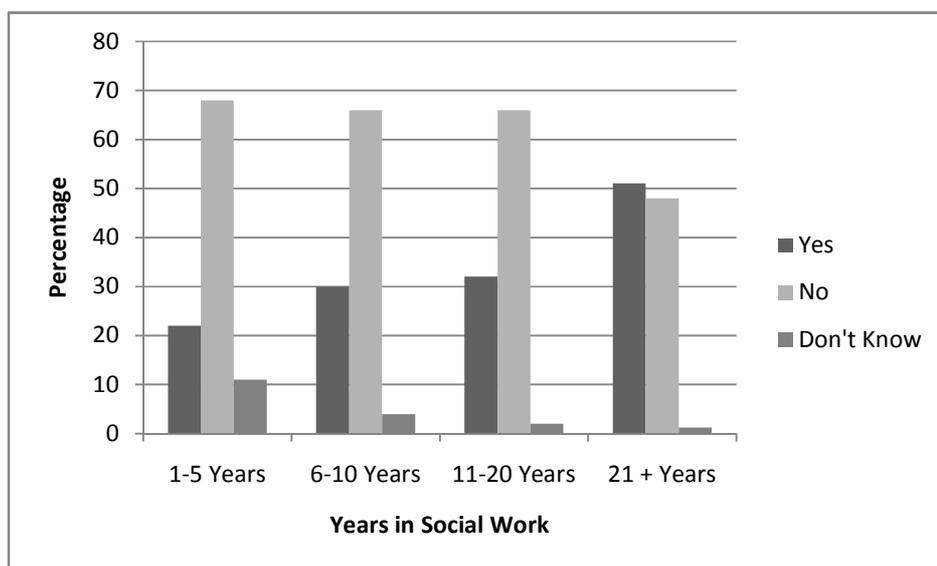


N=387

The majority of respondents (60%) indicated that counselling was not included in their job descriptions while about one third of respondents (31%) said that it was within their job description. This is quite a large number which indicates some degree of sanctioning from questionnaire respondents’ employers about the use of counselling.

As in the previous chapter, cross tabulations were done in relation to age, number of years in practice, New Zealand versus overseas born, New Zealand versus overseas trained, gender, educational level, ethnicity and subscription to a spiritual practice. In this case cross tabulation with number of years in practice yielded some statistically significant differences. Figure 8.9 shows these results.

Figure 8.9 Cross Tabulation of Years in Social Work and Counselling in Job Description



N=401

In this cross tabulation (figure 8.9) there is a weak association ($\Phi = 0.270$, $p < .001$) with social workers having been in the field for more than 21 years being most likely to have counselling in their job description (51%). Similarly, cross tabulation with age of respondent showed a weak relationship ($\Phi = 0.170$, $p < .03$) with older social workers being more likely to have counselling within their job description. Thirty-nine percent of those over the age of fifty-one indicated that they had counselling within their job description as opposed 32% of those in the 41-50 year old group and 25% of those in the 20-40 year old group. There is likely a strong relationship between respondent age and length of time in practice in many cases.

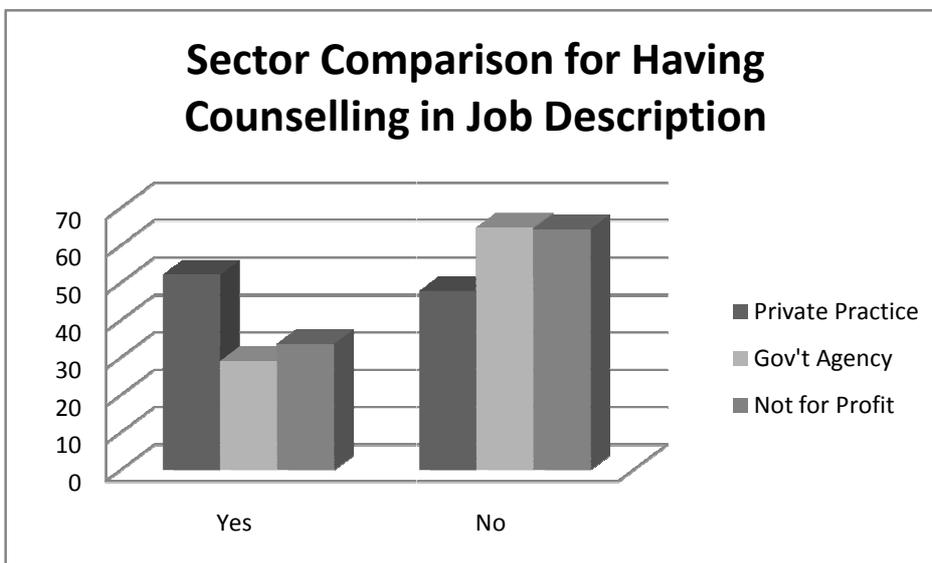
Chapter 8 – What Social Workers Do in Relation to Counselling within their Practice

It would be interesting to find out more about why the older social workers in this sample were more likely to have counselling within their job descriptions. Some potential possibilities include that it may be that the counselling function requires more maturity or additional skills. Another possibility could be that for social workers who have been in practice for a long period of time that there may have previously been less of a division between the social work and counselling function, or that the counselling role may have previously been more indoctrinated within social work.

In cross tabulation with gender there was a relationship between gender and having counselling within one's job description with men being more likely to indicate that they had counselling within their job description (44%) compared with only 30% of women ($\Phi = 0.124, p = .05$).

This corresponds to the point raised in the previous chapter whereby men were less likely to believe that social workers should not be engaged in counselling.

Figure 8.10 Sector Comparison for Having Counselling in Job Description



N=357

Here those in private practice were most likely to report that counselling fell within their job description (52%) while those working for government (65%) and those in not for profit

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agencies (64%) were less likely, both reporting at similar rates that counselling was not within their job description. Those reporting “I don’t know” were omitted due to small numbers. Results are indicative only due to the small number of the sample in private practice.

It is not surprising that social workers in private practice report counselling being within their job description as they essentially write their own job descriptions and many likely go into private practice to engage in counselling. Those working in government jobs are less likely to have counselling in their job descriptions. Those in work such as child protection would have little opportunity to practice counselling due to high caseloads. The idea that those working in health or mental health settings offsetting this low result does not appear to be supported here. The Sheafor report (1982) discussed previously showed that those within hospital boards reported the highest degree of mean score within the counselling/problem cluster, but there were no identified social workers in private practice within this study so it is difficult to compare.

Two respondents to the questionnaires provided qualitative feedback in regards to the idea of counselling being legitimised by agencies as a form of social work.

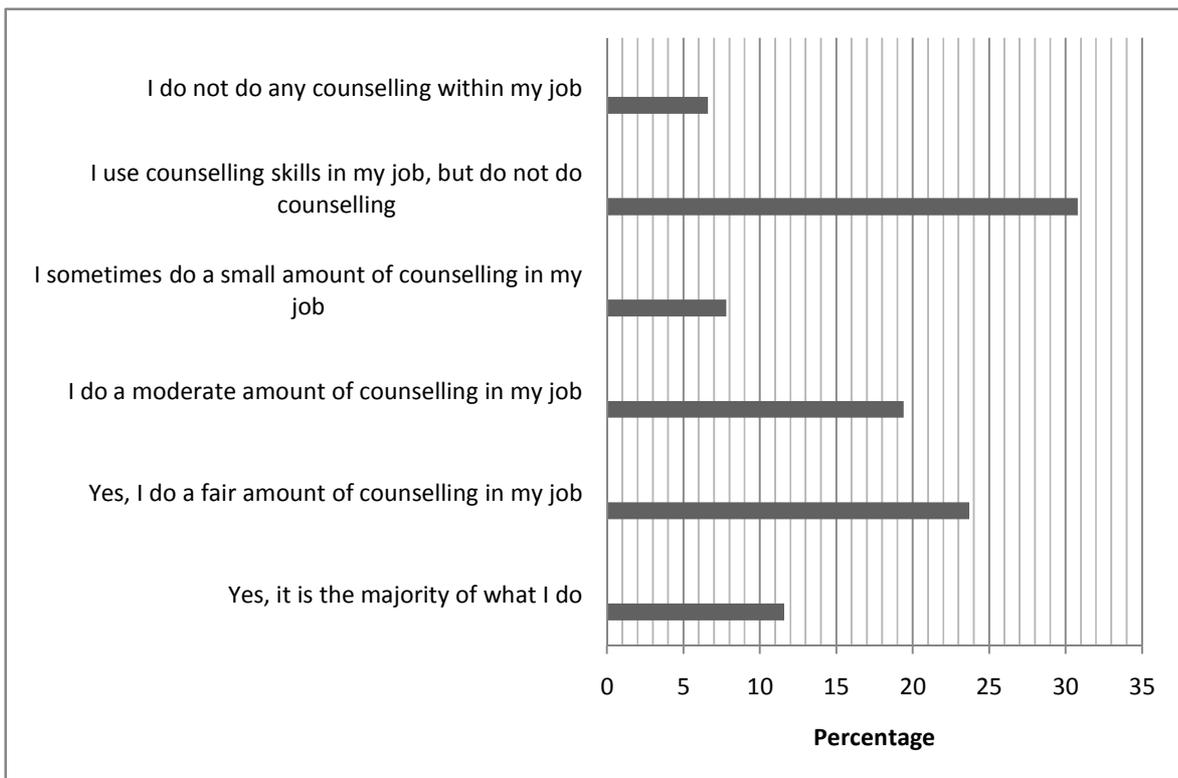
I feel that during our studies we were given a good foundation and basic counselling skills, but that practical experience was/is required to develop those skills to a professional level, but that to do this, job descriptions must recognise counselling as an integral part of the SW job. However this will only happen when we as professionals recognise our own value in this area.

When I qualified as a social worker in UK – University of xxxxxxxx – my degree qualified me to work in Private Practice – In fact I went off later and did a Certificate in Counselling at University of xxxxx (whilst working full-time) and worked as a Trauma Counsellor in Ireland – later. In NZ – I have been surprised that most therapy is seen to be the remit of Psychology – especially CBT – Luckily in xxxxx our management have supported social workers doing therapy.

Counselling within Practice

One of the main objectives of this thesis was to explore what social workers in Aotearoa New Zealand currently do in relation to counselling within their practice. Figure 8.11 shows the results from questionnaire respondents to the question which asked them how much counselling they did within their current jobs.

Figure 8.11 Amount of Counselling Done Within Current Job



N=396

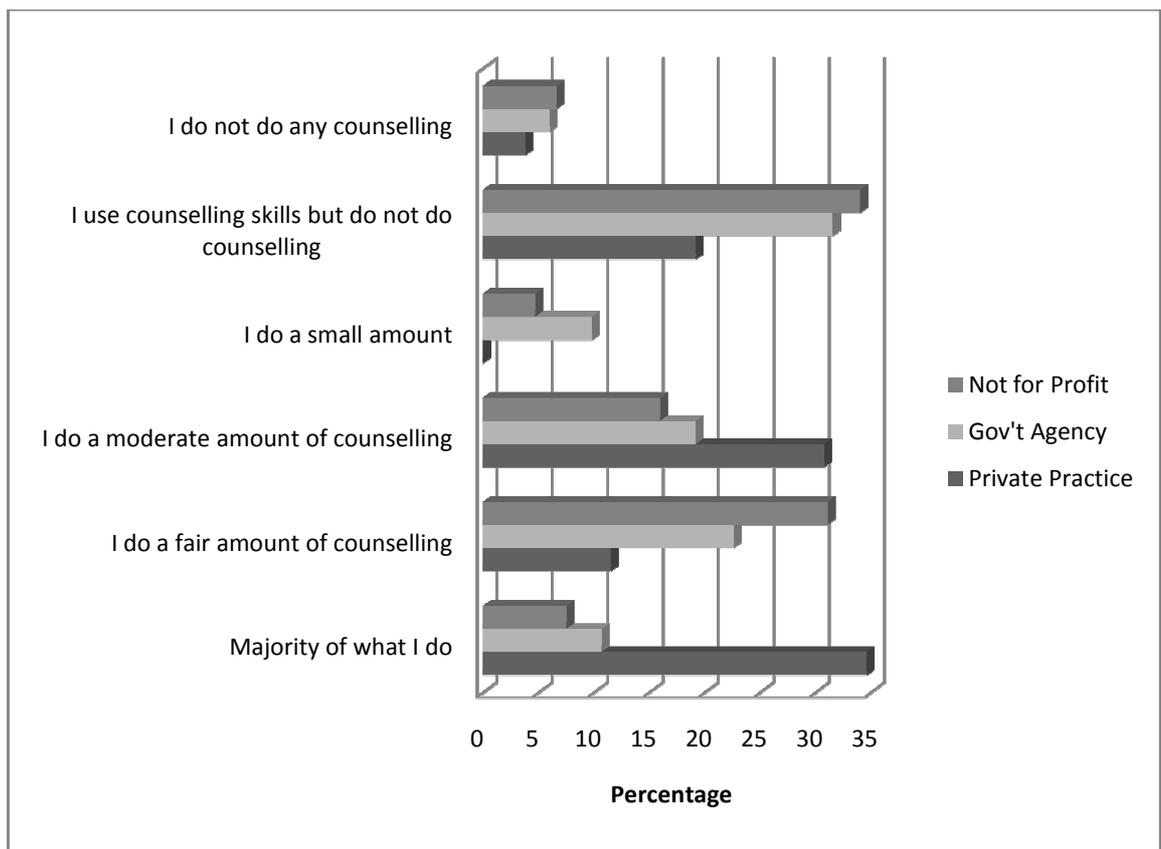
In this instance we see that the most frequently cited response (31%), was in the category of “I use counselling skills, but do not do counselling”. The next most highly reported response was “I do a fair amount of counselling “(24%) followed by “a moderate amount” (19%). For 12% of respondents counselling was the majority of what they did while only 7% of respondents indicated that they did not do any counselling within their practice. If responses of those who say that they did at least a small amount of counselling through to

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those who reported it is the majority of what they did are combined, 63%, or nearly two thirds of the respondents indicated that they did some degree of actual counselling in their jobs as opposed to only using counselling skills (31%) or not doing any at all (7%). These rates appear to be somewhat lower than the social workers in the Rochford and Robb study in 1981 where 42% of their sample indicated doing “much” counselling within their roles and 35% reported doing “some”. It is unfortunate that the choice headings are dissimilar, making direct comparisons impossible.

Cross tabulations did not reveal any statistically significant differences between groups. The following figure (8.12) shows the differences reflected within various sectors. Results are indicative only due to the limited number of respondents in the private practice group.

Figure 8.12 Sector Comparison of Amount of Counselling Done in Job



N=366

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Here those identifying as working in private practice have the highest percentage of respondents identifying counselling as being the majority of what they do in their practice (35%) and the lowest reporting of doing no counselling (4%). Those in not for profit agencies indicated the highest percentage of those who report using counselling skills but not doing counselling (34%) and the highest rate (7%) of not doing any counselling at all. These findings are consistent with those described previously whereby those working in private practice reported most often that counselling was within their job description.

The following quotation from Munford illustrated some of the differences reflected in this area and in what respondents reported around “doing counselling” or “using counselling skills” in their work:

And you see I think we are talking about the counselling moment, that counselling moment when you are with the client and we are talking about the counselling profession maybe, and in a way they are two different things and you might have a counselling moment with a person where you are working on CBT, that's a good example, but you are not part of counselling as a movement, as a profession. You are a social worker and that's where it might be conflated I think with some people and that might be why you got that question. So you are using counselling techniques with a little 'c' in your social work practice. But some would argue they are social work techniques and at the end of the day does it matter when you are doing effective work with clients (Personal correspondence, 17/08/06)?

Several of the questionnaire respondents further discussed their practice within questions three and 28 (open ended) of the questionnaire. Some of the respondents again emphasised the difference they felt existed between using counselling skills and doing counselling:

While counselling skills are utilised on a daily basis, I find at times a therapeutic component is often present but I am always vigilant to not be placed in a situation as a counsellor.

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I am a social worker who has counselling skills. As I have no counselling qualifications I would not identify myself as a counsellor. Certainly within the role of a social worker you use counselling/therapeutic skills.

One respondent commented upon the need for clients to have a baseline level of need met in order to partake of the counselling experience. Maslow's hierarchy of needs (Maslow, 1943) is used at times to demonstrate the need for good social work intervention prior to any counselling type activity being of use.

I work from a strength based approach-counselling the client to find their own strength while supporting them to make changes to their situation. My clients are long term therefore to build a good working relationship some counselling is needed to gain an understanding of the client. I see with my clients that counselling does not occur until basic need and safety are met e.g. housing, money, safety. I believe that for a client to be able to fully participate in counselling they need to have built trust, faith that change can happen, safety of themselves and loved ones, and have enough money to live.

One respondent indicated that the role of social work within her statutory organisation had shifted significantly over time, and that the work of counselling was now often contracted out:

Working at CY&F has changed dramatically over the last 20yrs and where we were encouraged to engage with families and provide counselling, due to the intense case-load, directive work and increased negative attitude towards staff from our clients and public, it is more difficult to engage with families/clients and individuals. This type of work is most often contracted to therapists or other agencies.

One respondent discussed the importance of workers knowing their limitations in regards to their skills:

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My work is in counselling. However there is a component of my work that is social work. I have worked in multi-disciplined teams. I don't believe you can practice social work without incorporating counselling and vice versa. I believe whether we practice as counsellors or social workers, we must know when to refer on to enable maximum benefit for clients.

Finally, one respondent, working on a multidisciplinary team in mental health discussed how her skills in counselling likely helped her provide excellent service to her clients, by virtue of their mix with her social work background:

I work as a care manager in a CMHT and also provide counselling for depression and anxiety. I find that I struggle to explain my role as social worker and often members of my team (MDT) are also unclear about what I do. I think this is because of the counselling/social work mix. I would have felt more confident if there was a stronger counselling component in my training (instead I have up skilled myself). I think I am a better social worker and give added value to my clients because I am able to provide the extra counselling. Furthermore, because I come from a social work background, that means I support clients to access community resources – that I know about – which pure counsellors or psychologists do not.

Social workers in this study have indicated that the majority of them do at least some counselling within their practice. One of this study's aims was to explore what kind of counselling social workers reported being engaged in, or how they identified their theoretical stance in terms of their practice.

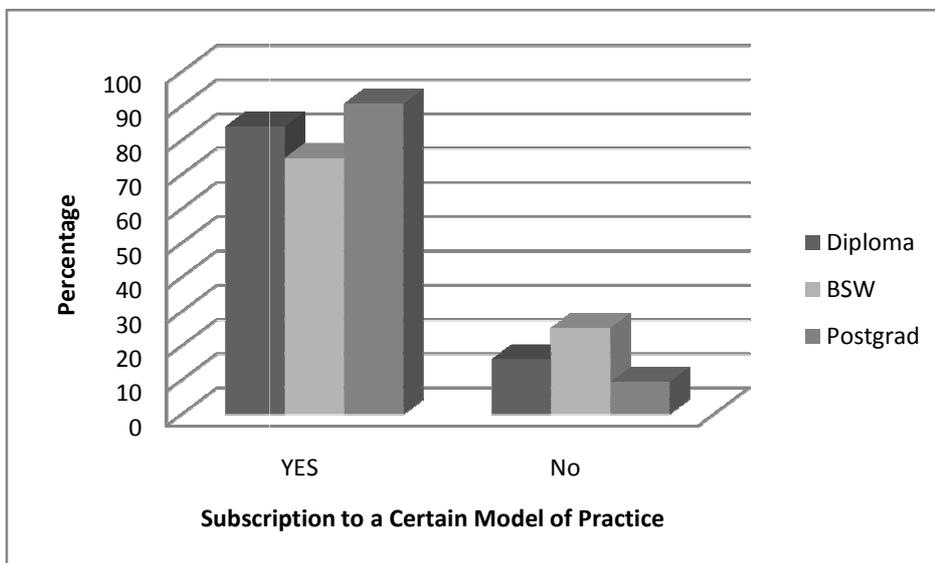
Kinds of Counselling Practice within Social Work

One of the areas that was explored within the author's research related to the theoretical orientation or models of practice being used by the social workers. Questionnaire respondents were asked if they subscribed to a certain model of practice, and if so, which one(s). The question did not stipulate that it was counselling practice subscribed to, so

there is a certain ambiguity around whether respondents are referring to the practice of counselling within social work, or just social work practice. Almost 80% of respondents indicated that they did subscribe to a certain model of practice with only 20% indicating that they did not. Several respondents indicated that they subscribed to more than one model of practice. This is explored later in this section.

Only one cross tabulation revealed a statistically significant difference between groups in relation to this issue, that of level of education achieved by the respondents (Figure 8.13).

Figure 8.13 Subscription to a Certain Model of Practice by Education Level Achieved



N=291

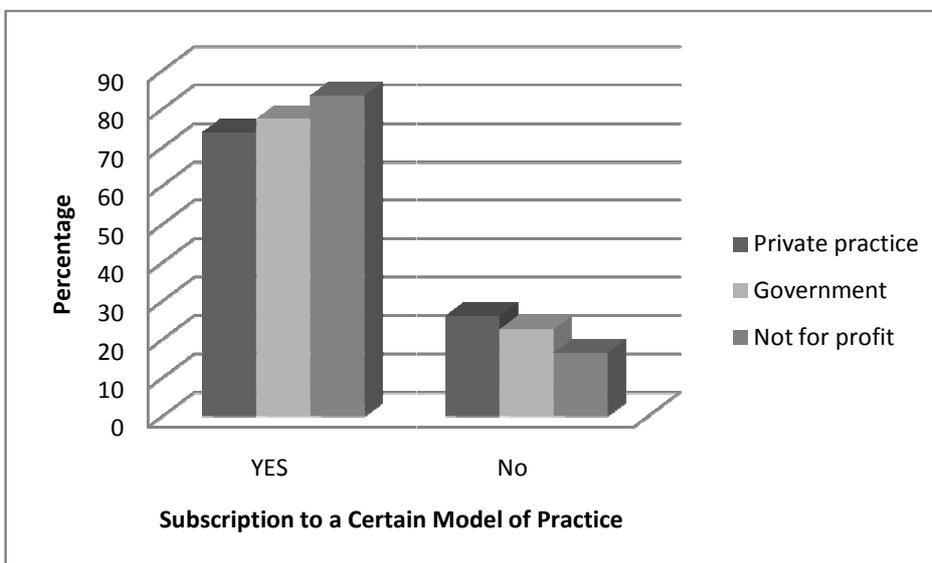
There is a weak relationship between education level achieved and subscribing to a certain model of practice ($\Phi = 0.152$, $p < .04$). Social workers with more education are more likely to subscribe to a certain model of practice with graduate level social workers (91%) reporting the highest degree of subscription with a certain model and BSW graduates the least (75%). Diploma level graduates (84%) fell in between.

It would perhaps be expected that those holding post graduate degrees would be more likely to hold stronger theoretical orientations. Many have come from other helping

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professions and have been able to “hang” social work theory on previous practice. The BSW rate is an interesting anomaly compared to the diploma level. The differences often perceived between diploma level courses and degree level courses relate to skills-based versus theoretically based teaching. The question is a little unclear as it is possible that respondents believed the question was asking them to limit their orientation to one model or theory as opposed to holding more than one which may have been the case for some of the BSW students who are often taught a range of theories.

Figure 8.14 Sector Comparison for Subscription to a Certain Model of Practice



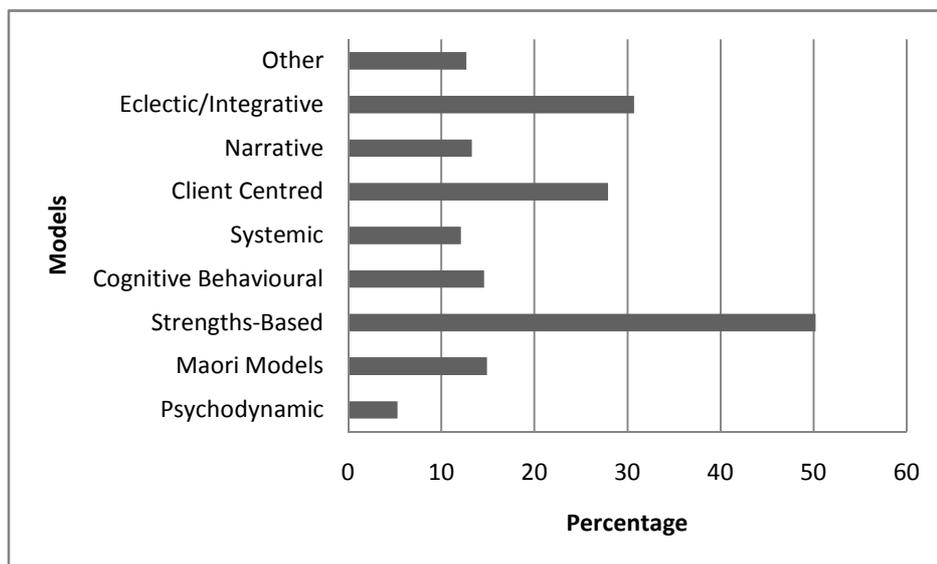
N=337

Table 8.14 shows that those working in the not for profit sector are most likely (84%) to subscribe to a certain model of practice, while those in private practice (74%) are least likely. This finding would be interesting to explore further as there is no apparent reason for this to be the case. Results are indicative only due to the small number of the sample in private practice.

As a follow up to question six, respondents were asked to indicate which model best described the model they worked from. While the questionnaire asked respondents to

circle one model, many (29%) circled more than one model. The total number of responses to this question came to 586. The number of respondents is 323. Figure 8.16 indicates the percentage of respondents who indicated that they subscribed to certain models of practice. Because some respondents indicated more than one response, cross tabulations could not be done.

Figure 8.15 Percentage of Respondents Reporting Using Various Models of Practice



Respondents N=323, Responses N = 586

As can be seen in figure 8.15, the most frequently cited model used by respondents was strengths-based approach with half (50%) indicating they used this approach. This is an interesting finding given the small amount of social workers who included strengths-based perspectives in their definitions of social work in chapter six. This is followed by 31% of the questionnaire respondents indicating that they used an eclectic or integrative approach and 28% indicating that they used a client-centred approach. Most other models were less commonly used but reported at similar rates, such as Māori models (15%), Cognitive Behavioural (15%), Narrative (13%) and 12% reporting using Systemic approaches. Psychodynamic models were least likely to be used with only 5% of respondents claiming to adhere to this approach.

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Several respondents indicated that they used “other” models of practice. These are summarised in Table 8.4.

Table 8.4 Other Models of Practice Used

| | | | | |
|--|-------------------------------------|--------------------------------------|-----------------------------------|---|
| Anti- Oppressive | Carl Rogers | Child & Family Centred | Christian | Cognitive Analytical Therapy |
| Community Reinforcement Approach | Competency Model | Contextual, New Zealand- Based | Crisis Intervention (2)* | Dialectical Behavioural Therapy |
| Ecological (2) | Empowering and Advocacy Model | Evidence- Based (2) | Existential | Family Therapy(2) |
| Feminist (4) | Fonofale | Gestalt | Holistic | Interactive Drawing (3) |
| MET | Motivational Interviewing (2) | Neuro Linguistic Programming | Pacific Models | Practical Skills |
| Problem- Solving Therapy | Psychosynthesis | Reflective Learning | Reflective Practice | Restorative |
| Solution Focused Therapy (3) | Task Centred Practice (3) | Te Whariki Tautoko (Tikanga) | Te Whariki Whānau (Tikanga) | Theory of Self Determination and Autonomy |
| Whānau Centred | Youth Development | | | |

*(numbers in parenthesis indicate number of times cited)

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The most frequently cited “other” models of practice used were Feminist (4 responses), closely followed by Task Centred Practice (3 responses) and Solution-Focused approaches (3 responses).

Social workers in this sample reported using a wide range of theoretical perspectives in their work. Almost a third of respondents (29%) used more than one model. The majority indicated a focus on strengths and client centred approaches (e.g. Postmodern). Models were not defined in the questionnaire so terms like “client-centred” may have been ambiguous. Many social workers reported being eclectic in their approach. It would be interesting to see if they subscribed to any framework for integrative or reflective practice. The question was a bit flawed as it did not state whether the model of practice being used was in relation to counselling within social work or social work practice generally.

Only a limited number of respondents discussed particular models of practice in their qualitative feedback. The three respondents below discussed the need for more skill-based types of therapy being provided in social work training:

Am moving out of Social Work for my last few working years – involved in Research. If I had my time over again I would have undertaken a qualification in Cognitive Behavioural Therapy since I have felt the need for a comprehensive and structured approach to counselling while working in the Health Sector dealing with issues of death, dying – pregnancy loss. Have always considered that social work has let itself down by not making professional and well trained counselling skills part of its integral repertoire. A missed opportunity!!

I think that counselling skills/CBT/DBT should have greater prominence when studying to be a social worker-

There is too much time spent on learning to be “non judgemental” and not enough time spent on teaching skills within counselling.

There appears to be a clear link between theory and practice with these respondents again indicating their desire for educational institutions to teach skills-based theories to

Chapter 8 – What Social Workers Do in Relation to Counselling within their Practice

social work students. The next section deals with education and training experiences of respondents in relation to their professional development around counselling.

Education and Training

In chapter seven, many of the respondents had concerns regarding the education of social workers in relation to counselling. The questionnaire asked respondents to consider various aspects in relation to their own experience of education and training of counselling. In this section, respondents were asked:

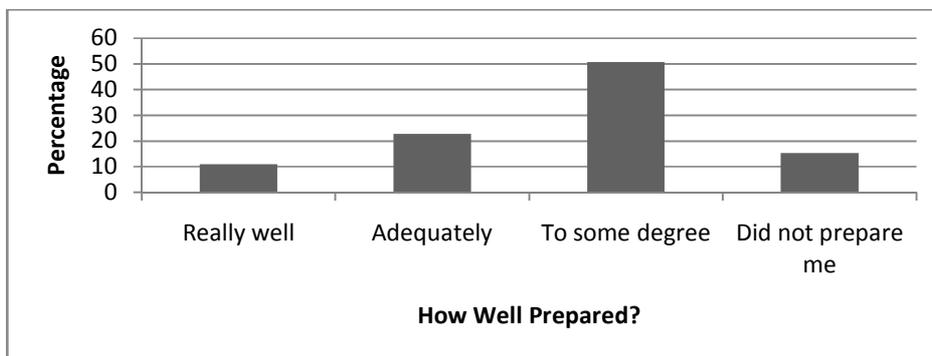
Do you feel that your basic professional qualification prepared you adequately for the role of counselling within your job?

Have you undertaken any additional training to improve your skills or knowledge in relation to the role of counselling within your practice?

If so, which kinds of training have you undertaken?

As a follow up to the statement in the previous part of the questionnaire, which asked respondents to rate their belief in the statement “**Social workers are not adequately prepared for these tasks**” (counselling), respondents were asked if they felt that their basic professional qualification had prepared them adequately for the role of counselling within their jobs. Figure 8.16 shows the results to this question.

Figure 8.16 How Respondents Felt about How Well their Basic Professional Qualification Prepared them for their Counselling Role within Practice



N=390

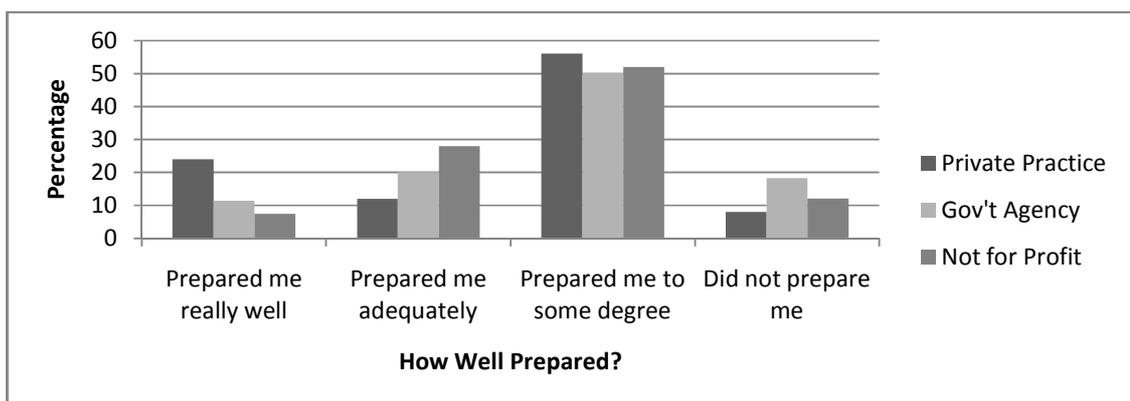
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The majority felt prepared to at least some degree, but only 34% felt that they had either been really well or adequately prepared. Only 15 % of respondents felt that they had not been prepared.

In terms of cross tabulations, there were two areas which demonstrated statistical significance. Cross tabulation with New Zealand or overseas born showed a weak relationship ($\Phi=0.150, p<.05$), with New Zealand born social workers feeling less well prepared generally. Only 8% of New Zealand born social workers indicated that they felt their training had prepared them really well, compared to 19% of overseas born social workers. A similar amount of New Zealand born (23%) and overseas born (22%) respondents indicated that they felt that their training had prepared them adequately.

In cross tabulation with age, there was a weak negative relationship ($\Gamma= -0.133, p=.05$) between age and respondents' belief that their social work qualification had prepared them well for the counselling role within their practice with younger social workers, indicating that they did not feel that they had been as adequately prepared. Of those in the 20-40 age group, 21% indicated that they did not feel they had been prepared compared with 17% in the 41-50 year old group and just 11% in the over fifty-one age group. Comparison between sectors in relation to feelings of preparedness is presented in Figure 8.17.

Figure 8.17 Comparison by Sector in Relation to How Well Basic Qualifications Prepared Respondents for Counselling within their Practice



N=361

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Figure 8.17 (Previous page) shows that those in private practice indicated the highest percentage (24%) of respondents claiming that their basic social work qualification had prepared them really well for counselling within their practice, while those in the government sector had the highest percentage (18%) indicating that they felt their qualification had not prepared them for counselling within their practice. Respondents across all groups were fairly uniform in believing that their qualification had prepared them to some degree, all falling within the 50% range. Again, due to small number of respondents within the private practice sample, results are indicative only.

In the qualitative interviews, Hermansson described the tension which existed within a particular agency where counsellors and social workers were both employed. His quotation demonstrated the tensions which have at times existed between social workers and counsellors due to perception of skills based on educational qualifications.

I was at Massey in Palmerston North when they began to say “we are going to train social workers”, and Merv Hancock actually became the initial director of that programme. Raj Prasad was there as well, and I used to get brought in to do the counselling skills training for their social work trainees. That went on for a number of years and then when Ian Shirley came on board, that kind of thing dropped away because it became policy. And so here we had people train under the label of social workers, who came out and because they had been doing a little bit of communication work were, in a way, saying, well we counsel and we are counsellors, and within that organisation there was conflict because the counsellors who had been trained as counsellors were saying, there are boundary problems (Personal correspondence, 12/02/06).

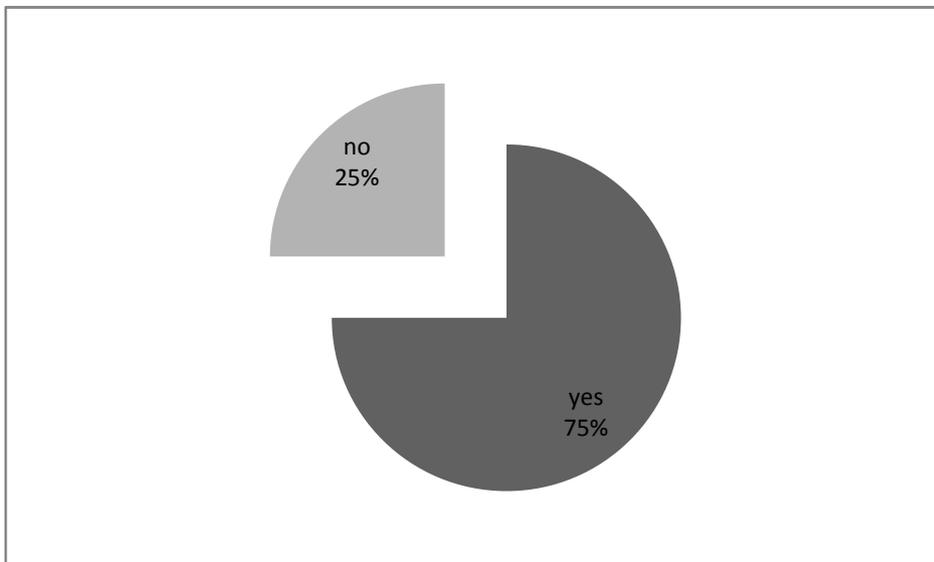
The following two extracts from the qualitative feedback in the questionnaires represented one of the perspectives held that demonstrated the perception that social work training in Aotearoa does not prepare social work students adequately enough to call what they do counselling, as in the previous quotation by Hermansson.

I trained in the Netherlands – with the qualification I would be able to do counselling in the Netherlands. In New Zealand it seems less obvious.

I do use some counselling skills in my work. However, counselling is more therapeutic in that it involves intensive group or individual work, in depth weekly sessions that I believe social workers haven't the time to provide, or have had training in. During my studies, counselling was taught, but at a basic level, we were only given a taste of counselling practices. There wasn't enough time given to improving our counselling skills. Counselling is a practice in its own right. You either study social work or counselling.

Respondents were asked if they had undertaken any additional training to improve their skills or knowledge in relation to counselling. Figure 8.18 shows the results to this question.

Figure 8.18 Additional Counselling Training Undertaken

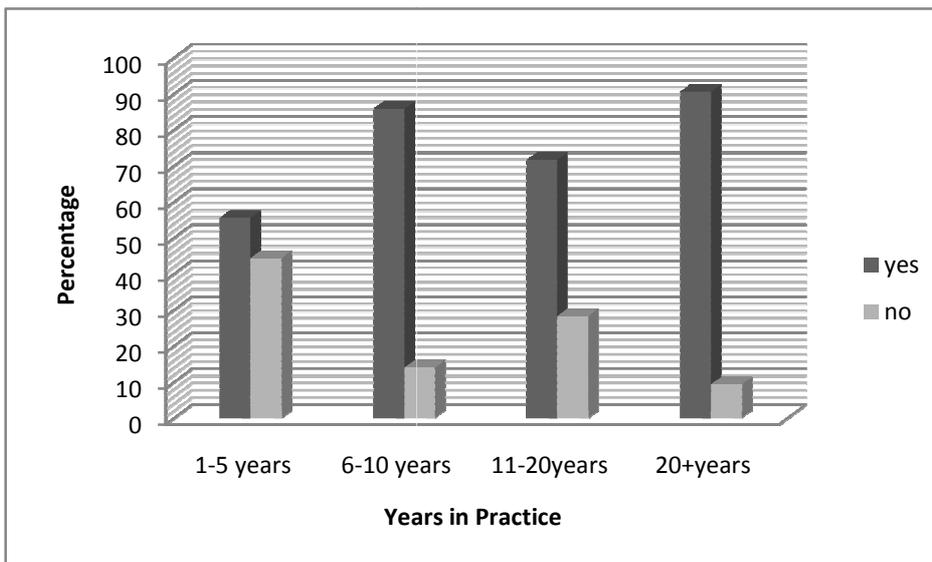


N=392

Chapter 8 – What Social Workers Do in Relation to Counselling within their Practice

Three-quarters (75%) of respondents indicated that they had undertaken additional training to improve their counselling skills. Two cross tabulations revealed statistically significant results in relation to this question; those of number of years in practice, and ethnicity. Figure 8.19 shows the results for the years in practice cross tabulation.

Figure 8.19 Having Undergone Additional Counselling Training by Years in Practice



N=389

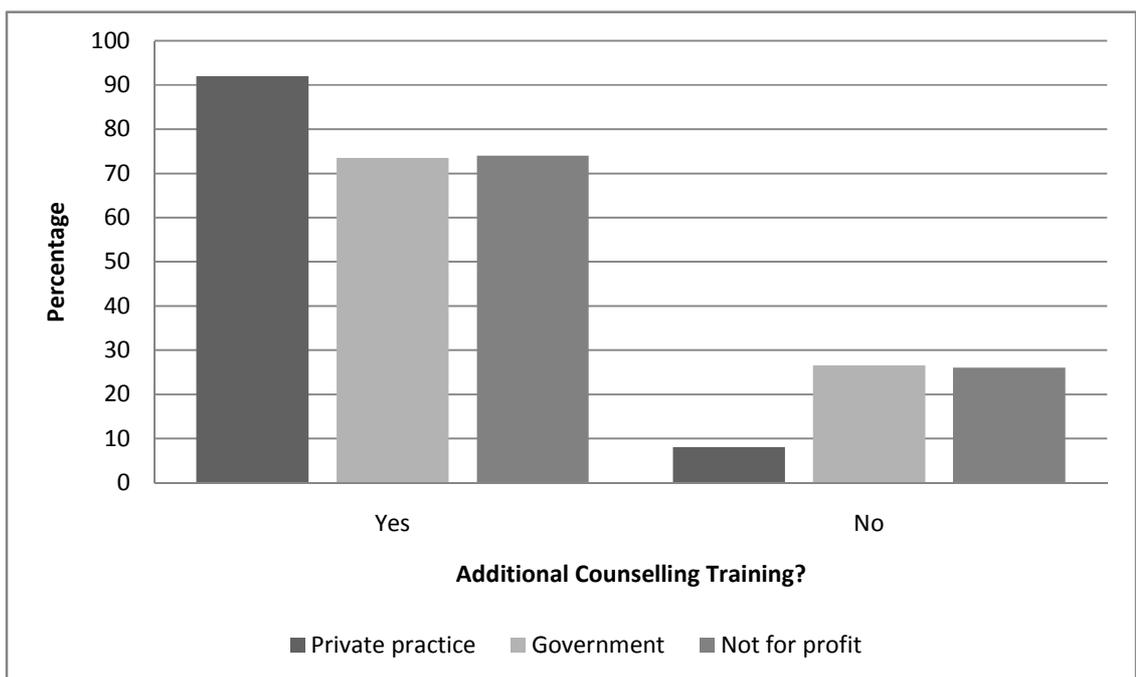
There is a moderately strong association with number of years in practice increasing the likelihood of having undergone additional training ($\Phi = 0.313$, $p < .001$). Of interest is that there is a greater number of social workers in the 6-10 (86%) year band who have undertaken additional counselling training than the 11-20 (72%) year band. This then rises again in the 20+ years of practice band to 90.6% of respondents. This may be explained by social workers in their mid career years feeling less in need of training, than those new to their fields, or those who have been away from school for a longer period of time. This is also consistent with results displayed in Figure 8.9 where social workers in the 11-20 year band were less likely to have counselling within their job descriptions than those in the 21 and over year band. This finding would benefit from further exploration.

Cross tabulation of ethnicity and additional training undertaken also revealed some statistically significant differences ($\Phi = 0.131, p < .05$). Pakeha were most likely to have undertaken additional training (79%) followed by other ethnicities (70%). Māori were least likely to have undertaken additional training (64%). This is consistent with previous results described whereby Māori were more likely to believe that social workers should not be engaged in counselling (Figure 7.11).

This finding would also benefit from further exploration. It seems to support Wikaira’s statements in chapter six which discussed how there were perhaps inequalities in access to education for Māori, or a lack of interest for Māori in pursuing counselling training.

Figure 8.20 shows the cross-sector comparison for having undertaken additional counselling training

Figure 8.20 Having Undertaken Additional Counselling Training by Sector



N=363

Those in private practice have the highest percentage (92%) of reporting having undertaken additional training to improve their skills or knowledge in relation to the role of

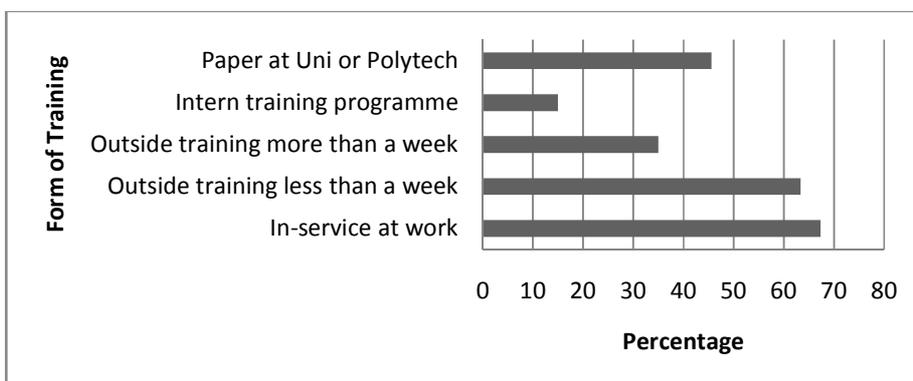
Chapter 8 – What Social Workers Do in Relation to Counselling within their Practice

counselling within their practice, versus 73% for those in government jobs and 74% of those in the not for profit sector.

While results are indicative only due to small numbers within the private practice group, it is comforting to see that those who may be primarily engaging in counselling have undertaken additional training. Again, those in private practice are likely best able to choose the training they wish to undertake, and are not as constrained by mandated training related to specific areas of practice, as is more likely to be the case within statutory organisations. The finding of the Kazantzis et al's study (2007) reported on previously in the chapter, that many social work therapists indicated that supervision provided them with a high degree of professional development, is of interest here. Unfortunately, the questionnaire used in the author's research made no reference to supervision, so it is impossible to tell if and how respondents used supervision in relation to counselling within their practice.

Of those who reported having undertaken additional training, respondents were then asked what form of additional training they had undertaken to improve their skills or knowledge in relation to the role of counselling within their practice. Respondents were given a range of choices and told to answer as many as applied. The total number of respondents to this question was 294 and there were 665 responses. Figure 8.21 shows the percentages of respondents indicating particular forms of training.

Figure 8.21 Percentage of Respondents Undertaking Particular Forms of Additional Counselling Training



N=294 with 665 total responses

Chapter 8 – What Social Workers Do in Relation to Counselling within their Practice

The most common forms of training were in-service (70%) and outside less than one week (63%) and papers from a tertiary institution (46%). Thirty-five percent had taken an external course lasting more than a week and only 15% indicated that they had been part of an intern training programme that was described as “usually involves learning theory and then moving into practice in intensely supervised, often observed way”.

It is not surprising that in-service education appears to be the most highly taken up form of training for respondents. In-service education is usually provided free through an agency (e.g. staff meeting, grand rounds, etcetera) and is often of short duration and depth. Outside training of less than a week is also popular. This may take the form of conference education sessions or one or two day workshops where a specialist in a particular field provides training. There is low uptake on intern training programmes that would provide intense theory/practice based training. These are often quite costly and require a high degree of time and energy commitment.

Conclusion

This chapter began by exploring the previous research done in the area of what social workers do in relation to counselling within their practice. One of the few pieces of research available was from the NASW in the USA which showed that 86% of a sample of licensed social workers indicated spending time on individual counselling with 29% indicating that they spent more than half of their time on individual counselling.

Two previous research studies which came out of Aotearoa New Zealand in the 1980s were presented. Rochford and Robb (1981) indicated that 11% of their sample of paid social workers identified counselling as one of their roles while 56% identified social case work (with counselling being indicated as one of the activities making up social case work) as being one of the things they did. Over two thirds of the social workers in that study indicated that they were engaged in continuing counselling as a method of practice while 61% reported doing personal counselling, showing that overall, the majority included counselling within their roles. In the Sheafor study (1982), counselling/problem solving had the highest mean job analysis score by cluster and counselling activities were represented in the top three activities which exceeding the mean of all tasks by more than 200%.

Chapter 8 – What Social Workers Do in Relation to Counselling within their Practice

In terms of the author's research described in this thesis and "what social workers do", approximately one third of social workers stated that the role of counselling was within their job description. Cross tabulations revealed statistically significant results in terms of age, length of time in practice, and gender. Those who were older or who had been in practice longer were more likely to have counselling within their job description, and men were slightly more likely to have counselling within their job descriptions than women.

Respondents to the survey indicated that nearly two thirds, or 63%, reported doing counselling, ranging from a small amount of counselling within their practice to it being the majority of what they did. Just under one third or 31% indicated that they used counselling skills in their jobs, but did NOT do counselling, while only 7% indicated that they did not do any counselling. Cross-sector analysis revealed that those in private practice were most likely to report that counselling was the majority of what they did in their practice.

The clear majority of respondents (80%) indicated that they subscribed to a certain model of practice. The only area where there was statistically significant difference between groups was in regards to the level of social work qualification achieved, with those with post graduate qualifications being most likely to subscribe to a certain model of practice. Those in the not for profit sector were also more likely to subscribe to a certain model of practice compared with those in government jobs or private practice.

Of those claiming to adhere to a model of practice, around half indicated that they followed a strengths based approach. Approximately one third indicated that they followed an eclectic approach, and a third indicated using client centred approaches. Māori models, cognitive behavioural and narrative models were used about equally in around 15% of respondents. Psychodynamic models were least frequently used.

Opinions varied between respondents in terms of how well they felt they had been prepared in their basic qualifications for counselling within their practice. About half felt that they had been prepared to some degree, while 15% felt that they had not been prepared at all. The remainder indicated that they felt they had either been well prepared or adequately prepared.

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Three quarters of respondents indicated that they had undertaken additional training to improve their skills or knowledge in relation to the role of counselling within their practice. There was statistical significance, with those being in practice the longest (over 20 years), of Pakeha ethnicity and those in private practice being most likely to have undertaken additional training.

In terms of the kinds of training undertaken, respondents indicated that they had most often engaged in in-service training at work, followed by outside training of less than one week's duration. This was followed by papers from tertiary education providers, and outside training of more than one week. Respondents were least likely to have engaged in intern trainee programmes.

This chapter has attempted to provide a snap shot of what social workers in Aotearoa New Zealand do (or have done) in relation to counselling within their practice. The following chapter will explore what social workers want in relation to counselling training, and future perspectives on the role of counselling within social work.

**Chapter 8 – What Social Workers Do in Relation
to Counselling within their Practice**

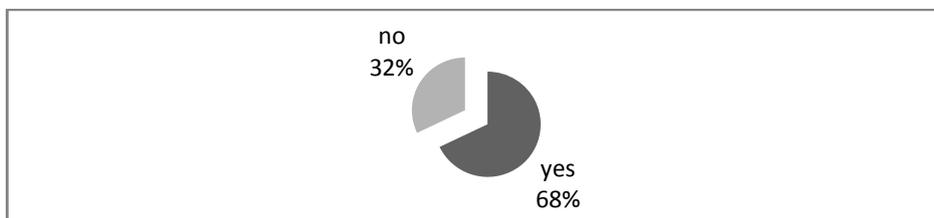
Chapter Nine- Future Directions and Considerations

Previous chapters have explored the development of counselling within social work from both international and local contexts. Issues in relation to the definition of terms and language have been discussed, and what social workers involved in the author’s research think and do in relation to some aspects of counselling within their practice has been presented. This chapter looks at what these social workers have said they want and then goes on to look at issues which are likely to have influence upon the practice of counselling within social work in both the short and the long term. These issues include education and training, the ongoing relationship between the professions of social work and counselling, registration of various professions, the impact of the Health Practitioners Competency Assurance Act (HPCA), 2003, Injury Prevention, Rehabilitation and Compensation Act, 2001, private practice, the growth of indigenous practice models and the mandate of social work generally. The first section of the chapter deals with education and what social workers in the survey have said they wanted in relation to education and training in the area. Issues in relation to the accreditation of social work programmes in a registration environment are explored, and finally, some of the potential scenarios of offering counselling training to social workers in the future are presented.

Education

Survey respondents were asked to indicate if they would be interested in “pursuing further education or training in the area of counselling”, and if so, what models or theories would be of interest, and what form they would like that training to take? Figure 9.1 shows that the majority of social workers who responded to the questionnaire (68%) stated that they would be interested in further training in counselling.

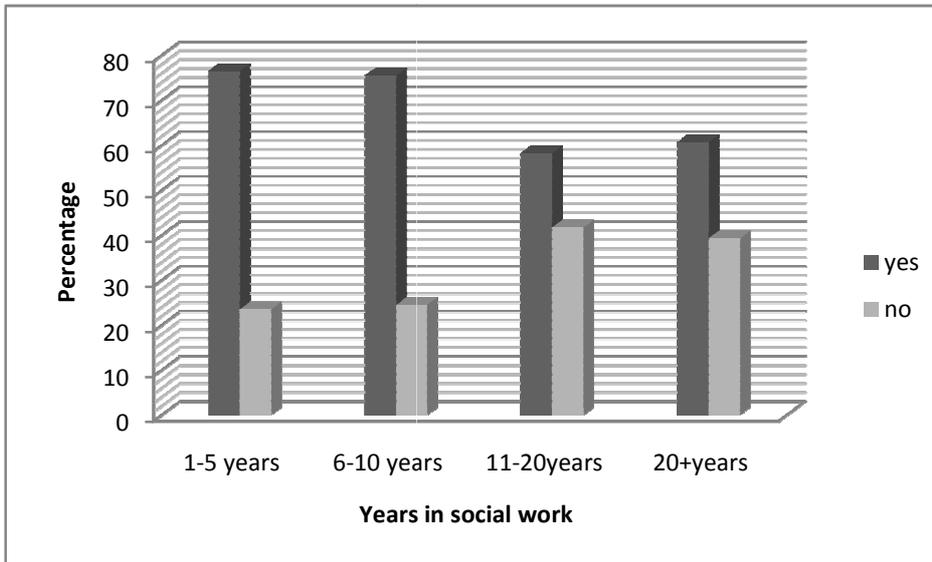
Figure 9.1 Interest in Pursuing Further Education and Training in Counselling



N=390

Cross tabulation with years of practice indicated a weak but statistically significant relationship ($\Phi = 0.179, p < .01$).

Figure 9.2 Desire for Further Counselling by Years in Social Work Practice

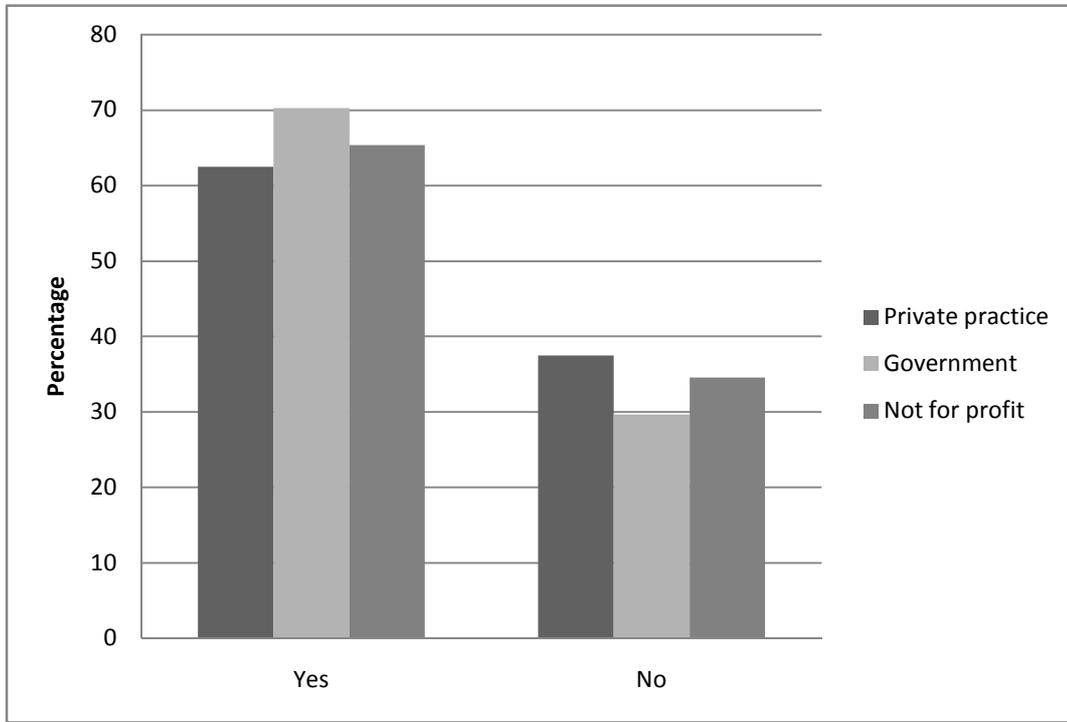


As seen in Figure 9.2 those with the least time in the field indicated the most interest in pursuing further education (77%) and those in field from 11-20 years were the least likely to want to engage in further education in counselling (58%). The time band of 20 years and over was also lower (61%) than those working in the field from 1-10 years.

A cross-sector analysis shown in Figure 9.3 (Following page) shows that those working within government organisations demonstrated the highest percentage of respondents wishing to undertake further education or training in the area of counselling (70%), while those in the not for profit area were slightly less interested (65%) and those in private practice (62%) were least interested in further education in the area of counselling. These results are indicative only due to the small numbers of social workers indicating that they were engaged in private practice.

The results tend to concur with the question which asked if workers had undertaken additional training, where those in private practice had the highest rate of “yes” responses to the question. As they had already undertaken training, they may not feel the desire to undertake further training.

Figure 9.3 Cross-Sector Comparison of Interest in Pursuing Further Education in Counselling

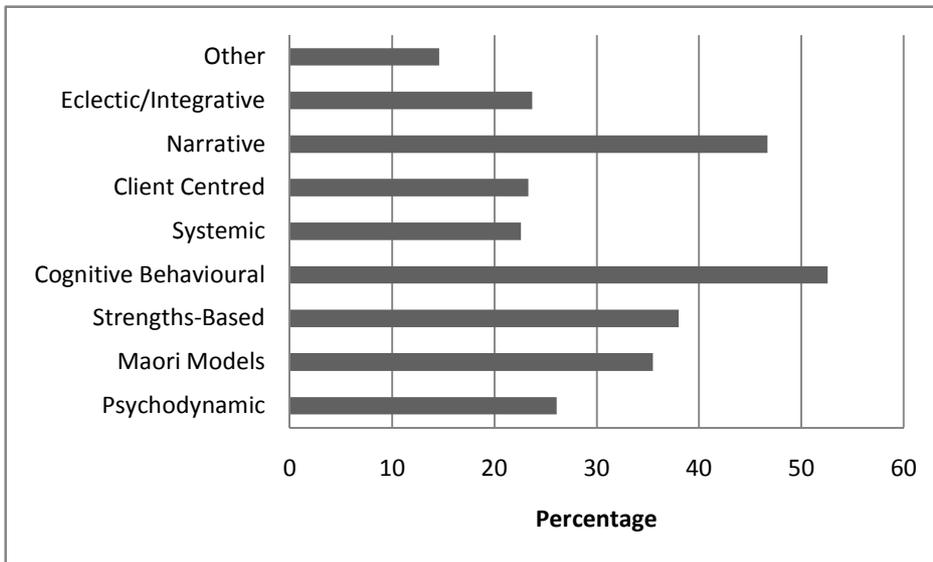


N=363

Respondents were asked to indicate what theories or models they would be interested in learning more about. Respondents were invited to indicate as many responses as applied. In this instance 287 respondents provided 813 responses. Due to multiple responses, cross tabulations could not be done.

Figure 9.4(Following page) shows that the most frequently cited model of desired training is cognitive behavioural therapy (CBT) with 53% of respondents indicating an interest in this model. This is followed by narrative therapy with 47% of respondents indicating interest. Thirty-eight percent of respondents indicated that they would like to learn about strengths-based perspectives and 36% indicated that they would be interested in Māori models. There was less interest in the older or more traditional models of practice such as psychodynamic (26%), client-centred, and systemic both with 23% of respondents indicating interest. Eclectic or Integrative approaches were indicated in 24% of cases and “other” was indicated in 15% of cases.

Figure 9.4 Preferred Models or Theories for Further Training



Respondents N=287, Total responses N = 813

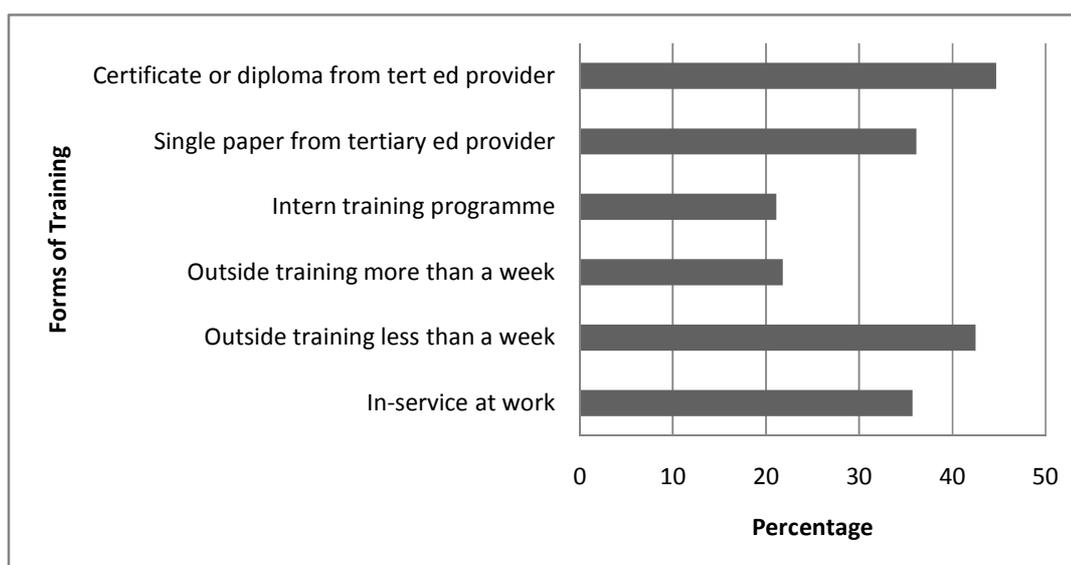
In terms of models or theories described in the “other” category, 28 different forms were indicated. Those with more than one person indicating an interest included: dialectical behaviour therapy (6), solution-focused brief therapy (4), family therapy and grief counselling (3), and Christian counselling, interactive drawing and transactional analysis, all with two respondents.

Given the high number of social workers who indicated that they operated from a strengths perspective in the previous chapter, it is not surprising that they are interested in learning more about skills based theories in terms of future training. CBT has enjoyed good standing within health and mental health in this country (author’s observation) and has been endorsed along with interpersonal therapy as being effective for the treatment of moderately severe depression by the Royal Australian and New Zealand College of Psychiatrists Clinical Practice Guidelines Team (2004). Social workers within multidisciplinary teams may be called upon to provide counselling or therapy to clients in this modality (National Advisory Committee on Health and Disability, 1996). It is also one of the therapies which enjoys a good evidence base (Roth & Fonagy, 2005).

Narrative therapies or constructivist therapies (White & Epston, 1990; White, 2007) are also being used in Aotearoa. The Bachelor of Social Practice in either social work or counselling from Unitec employs this perspective, and, as has been presented in relation to the “Just Therapy” approach discussed in chapter six, narrative type approaches are held in good esteem in Aotearoa. As discussed in chapter five, there is also a high number of respondents who have an interest in pursuing training in Māori models of practice.

Respondents were asked to describe what mode or form of training they would be interested in taking. Respondents could indicate more than one mode. There were 266 respondents with a total of 537 responses. Due to multiple responses, no cross tabulation could be done. Figure 9.5 shows the percentage of respondents indicating a desire for particular forms of training.

Figure 9.5 Preferred Forms of Additional Training in Counselling



N=266, Total responses N= 537

Almost half (45%) of the respondents indicated that they would be interested in undertaking a post graduate certificate or diploma in counselling, while 42% indicated that they would be interested in taking an external workshop of less than one week’s duration. Thirty-six percent of respondents indicated that they would be interested in taking a single paper provided by a polytechnic, university or wananga, while 36% also indicated that they

would like to attend an “in-service” session in their workplace. Of least interest to respondents were outside workshops lasting more than a week and intern training programmes, which both received similar response rates, with 21% of respondents indicating an interest in these training formats.

These results seem to show a high degree of interest from respondents towards up skilling in counselling, as nearly half (45%) indicated that they were interested in a certificate or diploma from a tertiary education provider. This would usually involve taking two or more courses in a particular area of interest. This also seems to show that there is a degree of scope for education providers in terms of course development in counselling skills.

The majority of questionnaire respondents have indicated that they would be interested in pursuing further education and training in counselling. There are various options that could be used to achieve this aim. The next section moves away from the quantitative data of the thesis and begins to describe some of these options and some of the issues associated with each, which have emerged from the literature and from the qualitative data.

Potential Models of Counselling Training for Social Workers

1. Counselling Skills within Basic Social Work Qualification

As discussed in the previous two chapters, the social workers in the research reported on in this thesis had varying opinions in regards to how well prepared for counselling they felt with their initial social work qualifications. Many certainly felt that social work programmes needed to do a better job at preparing their students for their counselling roles after qualifying. This sentiment has been echoed by the author’s students, and various social work colleagues who have commented upon the need for better skills training in regards to counselling for social work graduates.

In terms of looking at where counselling within social work is headed, or has the potential to head, schools of social work are in a strong position to play a part in influencing the amount and depth of counselling skills being offered at an undergraduate, or first social work qualification, level. As has been mentioned, social work and social work education are currently in a time of transition. Social work education programmes in Aotearoa New Zealand now require accreditation by the Social Work Registration Board. Accreditation

involves the Board reviewing social work programmes via a set standard of criteria. In terms of the relevance to this thesis, the standards by which the Board accredits institutions were explored for reference made to counselling within the curriculum. No direct reference was made. The major statements regarding curricula are described in Standard 5 of the *Programme Recognition Standards* which reads:

Each programme will have a graduate profile and specific graduate outcomes and will result in the award of a formal academic qualification at Bachelor degree level, in which social work is the major discipline in which credit has been achieved.

and

Social work is the major discipline within the programme of study and where 'minors' or 'specialisations' are included these do not impact on the core curricula as indicated in the IASSW Global Standards (SWRB,2006).

The IASSW *Global Standards for the Education and Training of the Social Work Profession* which are referenced in the SWRB document were then accessed to see if any particular mention was made in relation to counselling within social work. The word "counselling" was not mentioned within that document either. Sections relating to counselling-type activities were most represented within two sections. In the section on the core purposes of the social work profession, the document stated that social workers should be able to:

Form short and longer-term working relationships with and mobilize individuals, families, groups, organisations and communities to enhance their well being and their problem-solving capacities (IASSW, 2004, p.3).

And within the methods of social work practice that students needed to demonstrate:

Sufficient practice skills in, and knowledge of, assessment, relationship building and helping processes to achieve the identified goals of the programme for the purposes of social support, developmental, protective, preventive and/or therapeutic intervention

– depending on the particular focus of the programme or professional practice orientation (IASSW, 2004, p.7).

The document acknowledges the dominance of Western constructs of social work practice and the heavy influence which the USA has had on the teaching of social work throughout the world. The document is very clear in outlining the importance of local contexts in terms of countries being able to determine what fits for each country's version of social work practice. This in essence gives back much discretion to individual local jurisdictions in terms of the teaching and practice of social work (IASSW, 2004). As has been discussed in other sections of this thesis, the USA version of social work leans heavily towards psychotherapy and counselling and the IASSW document ensures that this perspective is not perpetuated internationally. This seems consistent with the joint IFSW and IASSW definition of social work which places concepts of social change and social justice at the forefront of what social work is about (Hare, 2004). It would seem, therefore, that the amount of counselling instruction offered in individual social work programmes is likely to be more related to local contexts, historical associations, individual preferences within programmes, strengths and preferences of staff and available time within curricula. It is the author's impression, from interviews and discussions with colleagues throughout New Zealand, that this emphasis varies considerably from institution to institution. Some programmes however, offer their students the opportunity to do both social work and counselling within one programme.

2. Concurrent Undergraduate Models

The Social Practice programme at Unitec in Auckland has made provision for their students to specialise in either social work, community work or counselling. In this three year programme all students engage in the same foundation year. In following years students then move into one of the three streams. In the interview for the research described in this thesis with Gavin Rennie, who was instrumental in setting up that programme, he discussed how social work students were increasingly becoming interested in also obtaining the counselling qualification:

We now have a number of people who are starting to see themselves as both counsellors and social workers and many now, have got both

qualifications...Last year's students are now starting...are in fact doing a double major...It's another year. Some of them manage it in six months, depending on what other papers...what other choices they make. It's actually quite a good deal...So there are quite a lot of people out there now who have got the Bachelor of Social Practice, majoring in counselling but also have a social work qualification, and they are very sought after, I can tell you (Personal correspondence, 11/09/ 2006).

Given that this is a three year social work degree, students with a strong interest in counselling could emerge with both social work and counselling qualifications within the same time frame as other universities' four-year social work programmes.

3. Post Graduate Models

With nearly half of the questionnaire respondents indicating that their preferred means of obtaining more training in counselling would be through a post graduate certificate or diploma, or a single paper at post secondary level, this seems an area that it would be worthwhile for social work schools to explore. Currently, various institutions such as the University of Auckland and Massey University offer such programmes, but they are offered through counselling or education programmes.

NZ could provide basic counselling skills for social work graduates as a paper. Counselling has to be recognised and accepted as a practice involving specific knowledge and skills in New Zealand (Questionnaire respondent).

When asked to comment on the future, Brenda Cromie, social work advisor for mental health in Canterbury stated that she would like to see postgraduate counselling courses available for social workers which sat within schools of social work:

Yeah, I would love to see that. I don't know whether we will. I have a colleague here who is working in Otago and part-time clinical work here and she teaches counselling and therapy within their

postgraduate course...yeah ,I'd like to see it (Personal correspondence, 02/02/06).

As discussed in chapter seven, Ken Daniels, of Canterbury University also indicated a strong desire for a PhD programme in clinical social work.

Unfortunately, the questionnaire for this thesis did not provide people with the opportunity to indicate an interest in a Master or PhD level degree qualification in clinical social work practice. As discussed by Cromie above, Otago University does offer a Master of Social Welfare (MSW) endorsed in Counselling and Family Practice as a specialty within their post graduate programme (Department of Social Work and Community Work, University of Otago, 2008). This would appear to be the only clinically oriented post graduate qualification being offered out of a social work programme at this time. Canterbury University's School of Social Work and Human Services offers one paper at a post-graduate level in Clinical Social Work-Narrative Therapy, and Massey University offers a Masters level paper in Clinical Social Work as well. The author has been present at Massey University meetings where the proposition to lump certain MSW papers into various clusters for post graduate certificates has been made. This would potentially see Clinical Social Work, Mental Health, and a Social Work with Alcohol and other Drugs, and perhaps a paper out of the Counselling programme put together for a post graduate diploma in clinical social work. The University of Auckland has also recently begun to advertise a Postgraduate Diploma in Education or Master of Education both with specialisms in counselling within the ANZASW Notice Board to social workers.

4. Continuing Professional Development Activities

There also may be scope for the ANZASW or other private training providers to develop one to five day training packages in counselling skills at either refresher or advanced levels. Forty three percent of questionnaire respondents, who indicated being interested in further training, indicated a desire to take a "workshop offered by an outside individual or group of less than a week". The ANZASW has recently begun offering continuing professional development activities around such issues as ethics and cultural or bicultural competence. Counselling skills could easily be included. Private providers have begun to advertise counselling skills workshops in the February 2009 ANZASW Notice Board. The

author has been asked on several occasions to provide training for district health boards on topics related to clinical social work or counselling within social work practice. These have been well received. The author has also opened up the post-graduate clinical social work paper offered at Massey University for people to take for continuing professional development as a series of one-day workshops.

Counselling and Social Work

Relationships

The relationships between the psychotherapeutic or helping professions have been highlighted throughout this research, with registration of the professions of psychotherapy, social work and (likely) eventually counselling adding another dimension to these relationships. In terms of the qualitative interviews and questionnaires reported on in this thesis, and the literature within Aotearoa, it would appear that relationships between social work and counselling professions appear cordial, if not a bit disconnected. While there are social workers who form part of the NZAC and some counsellors who form part of ANZASW there appears to be little relationship between the professional associations, themselves, at an executive level (D. Chilvers, personal correspondence, 4/11/08).

In the first interview for this project, Merv Hancock described the development and links between the social work and counselling associations:

The development of the professions has been parallel. And so has the coming and going between the two. There have been some people who have been in the Social Workers Association and then joined the Counsellors Association and felt that was right for them. There are some social workers who are members of both and some counsellors whose dominant orientation is towards counselling but still belong to the social work profession. These have been parallel developments impelled by vast social forces at one level and by individual choices at another level (Personal correspondence, 02/11/05).

As has been discussed previously in this thesis, there are some people such as Gary Hermansson, who began his career as a social worker, but went on to become a pioneer

Chapter 9 – Future Directions and Considerations

in the field of counselling in New Zealand. People such as Hermansson, Ruth Manchester, and Kate van Heugten have held some of the relationship bonds between social work, counselling and psychotherapy within the country.

Hancock went on to describe how the past few years have seen the separate associations working towards their own registration tracks and that this has preoccupied them. This preoccupation has perhaps minimised the potential competition which exists, or could exist, between the two professions:

Now there is competition between these two groups. Competition for members, I do not think that it is very overt at present because everybody is trying to put their house in order, but there is competition and there is criticism by each, and I think we have to live with that kind of tension and that kind of difficulty (Personal correspondence, 02/11/05).

Now that social work and counselling have for the most part reconciled the move towards professionalisation, there is the potential for energies to turn outwards and for competition to begin to be more apparent between the professions.

Daniels outlined the importance of working together for the benefit of society and the benefit of the client:

My hunch is that most of the students who come here want to work with people and they want to work with people who are struggling with issues, either in themselves, in their interpersonal relationships or with their networks and that gives me heart that social work is right in terms of its orientation. But it needs to be having some ongoing discussions and dialogue with people who do things that are very similar to us, about how we share our common aspirations. Because if we don't look out, we could end up competing with other people, in fact I think there is already quite a lot of competition, and competition means wasted resources (Personal correspondence, 01/02/06).

How They go Together

There are different ways of conceptualising how the professions could work alongside one another. In part of the interview with Hermansson he talked about how he saw the relationships between various professions and the distinctions that existed between what they all did.

You have social work, counselling, psychotherapy and then across... more this way you have kind of them in terms of a vertical kind of thing...And then cutting across you have social group work or group work within social work and you have group work within those other areas as well, and there will be slight distinctions in that way. And you may have educational groups, kind of like guidance groups and you'll have counselling kind of group work and family work can be of the same kind. If you are a social worker, you may be doing family work which would be of a different kind, than if you were a counsellor doing family work and maybe if you are a psychotherapist doing family work as well, depending on whether you are doing counselling, but called it psychotherapy (Personal correspondence, 12/02/06)

Table 9.1 (Following page) has been developed by the author to demonstrate Hermansson's view of the professions' relationships. Similarities and differences in perspectives are denoted for each of the areas of practice.

Hermansson went on to explain the relationships between the professions:

There is a thing called social work, there is a thing called counselling, there is a thing called psychotherapy and if you say, right-o, there is a clean distinction that says there is a thing called group work, which cuts across those three and has a different kind of dimension based on what the definition of those three are and family work, the same way. But then you get into the area which says, "Yes, but how blurred are those boundaries between social work and counselling?"

Table 9.1 Professions Matrix

| Modality | Counselling | Psychotherapy | Clinical Psychology | Social Work |
|-----------------------|------------------------------------|---|--|---|
| Individual | Problem-solving | In depth analysis | Symptom resolution | Support Problem-solving Advocacy |
| Family/ Whānau | Communication Problem-solving | Analysis of issues | Education | Education, problem-solving support |
| Couple | Communication Problem-solving | Understanding of transference and projective identification | Communication Skills training | Problem solving Communication skills training |
| Group | Skills training, problem solving | Understanding patterns in group reflect patterns outside | Skills training Symptom resolution of mental health issues Treatment | Skills training Support Education |
| Community | Understanding of community context | Understanding of community context | Understanding of community context Education | Understanding of community context Facilitating community change |

There is a blurring of them, you can't draw a line firmly, but at one dimension there is a difficult blurring between psychotherapy and counselling in as much as...they are much the same, yet others would practice in a way that is markedly different, so that's the kind of shifting ground, as it were, or shifting sand around that point of view (Personal correspondence, 12/02/06).

Various interviewees and respondents indicated that they saw overlaps existing between the professions:

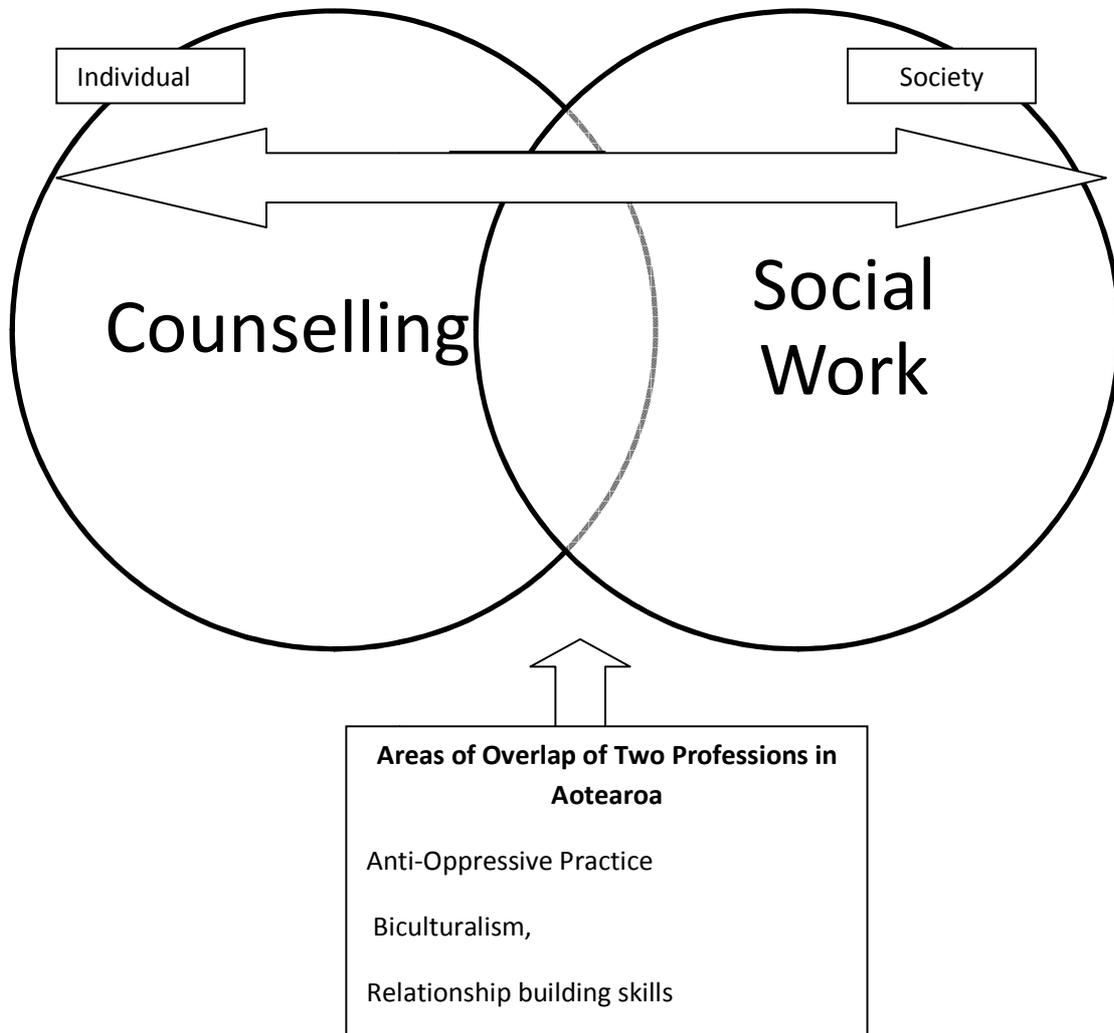
Social work and counselling overlap in a Western perspective...The processes are very much the same, it just has a different...at the end of that journey it has a different connotation I think...is it social work or is it counselling? I think it's the journey into, is the thing that counts (E. Webber Dreadon, personal correspondence, 21/05/06).

These overlaps or differences were sometimes presented as semantic, with the idea that there were far more important things to consider than our differences:

I see counselling and social work as two different disciplines with some areas of overlap. I think this will always be the case. Each individual practitioner has to be able to assess when the work they are doing falls beyond their range of skills or job description and refer the client on (Questionnaire respondent).

A possible way of visualising the relationships between the professions can be seen in Figure 9.6 (Following page). Here, while both professions are about change, counselling is more focused towards the change of individuals, while social work moves more towards community or social change, but that there are areas of overlap. In Aotearoa, these areas of overlap include a focus on biculturalism, anti-oppressive practice, recognition of the role of environment, relationship building skills, and helping people solve their problems.

Figure 9.6 Overlapping Model of Social Work and Counselling in Aotearoa



The model presented in Figure 9.6, which conceptualises the relationships, is represented in the following two quotations. The first quotation is representative of a view which sees social work's emphasis sitting in the fit with the environment:

My social work career has included Marriage and Guidance counselling, psychotherapy accreditation (Transactional Analysis) psychiatric and medical social work, D.S.W. Head Office in community development and E.E.O. Then as a senior manager CYPS with responsibility for social work development and training. So my original

bias towards counselling and psychotherapy has moved to the “point where people interact with their environment”, as the IFSW definition has it. But the process throughout the continuum is all about suggesting and enabling problem-solving and positive change (Questionnaire respondent).

Graeme Munford, from his Master of Counselling research project concluded, that again, what is not so important is “who does what?”, but rather how we can work towards what is best for the client:

It can be argued that counsellors and social workers, and in particular clients, would benefit from practice that focused on finding a common ground, enabling professionals to work more collaboratively to improve outcomes for clients. Professional practice and training from this perspective is concerned with the identification and development of techniques for helping and enhancing interpersonal skills-a core of skills which should be common to all helping professionals (Munford, 2000, p.21).

While there appears to be a belief about the importance of working together, it has been suggested by some of the interviewees (Hancock, Munford, Daniels) that registration of the professions has the potential to push the groups apart, and to create silos.

Registration

At this point in time, with psychotherapy having mandatory registration (begun in 2008), social work having voluntary registration (2003), and counselling in the process of making application for registration, registration would appear to be one of the most significant issues likely to impact upon what is done within each of the helping professions. This section looks at the issue of registration and some of the legislation within Aotearoa New Zealand that is related to professional roles and responsibilities.

Earlier chapters of this thesis discussed the tension which has existed within social work between a community orientation and professionalisation. Moves towards professionalisation eventually saw the development of the ANZASW competency

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assessment process within social work in 1989 (Beddoe & Randal, 1994), and the passing of the Social Workers Registration Act 2003. In his interview for this thesis which took place in 2005, Merv Hancock discussed some of the tension which pushed social work towards registration and its relationship to the counselling profession:

You see social work is pioneering for the counselling field on the registration issue. The counsellors have put off deciding on registration until they see how the thing works for social work. That's a pragmatic practical decision that I think is what they have decided to do...It is important to note that it is social work that has moved earlier in relation to registration after a long sustained fight in which I participated because I opposed the development of a highly professional group initially in order to keep the ranks open ...Now counselling is moving towards something similar but they are not yet decided on public registration. But I think that the registration issues are of profound importance, which means that both social work and counselling have to deal with anti-professionalisation views that numbers of people hold. Numbers of social workers are opposed to what the social work profession has done going down the track of registration and some of those social workers are anti the notion of a profession itself because they believe that professions force closure on economic grounds and take the interests of the social workers against the interests of the clients as being a dominant thing. But social work and counselling have got to meet that challenge, as both are open to the same challenge (Personal correspondence, 02/11/05).

Since the above interview, the counselling association has decided to proceed towards applying for registration under the HPCA Act, 2003. To date, social work registration has been a voluntary process. Of interest to this thesis is that the Social Workers Registration Act did not define what social work is, or the particular scope of practice for social work.

As discussed in chapter six on definitions, language within various acts governing health professionals in this country has the potential to play a crucial role in terms of “who does what?” As was discussed by Hermansson, the HPCA Act defines and limits the roles of

various professions in relation to what they do and determines “who can call themselves what”. The HPCA Act 2003 has had an impact on various health professionals, social workers included.

Health Practitioners Competence Assurance Act 2003

The Health Practitioners Competence Assurance Act first came into force in 2003 and has significant implications for the future of social work, counselling and psychotherapy within Aotearoa New Zealand.

The purpose of the Act is set out below:

- (1) The principal purpose of this Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions.
- (2) This Act seeks to attain its principal purpose by providing, among other things,---
 - (a) for a consistent accountability regime for all health professions; and
 - (b) for the determination for each health practitioner of the scope of practice within which he or she is competent to practise; and
 - (c) for systems to ensure that no health practitioner practises in that capacity outside his or her scope of practice; and
 - (d) for power to restrict specified activities to particular classes of health practitioner to protect members of the public from the risk of serious or permanent harm; and
 - (e) for certain protections for health practitioners who take part in protected quality assurance activities; and
 - (f) for additional health professions to become subject to this Act

(The Knowledge Basket, 2008).

This Act was being developed at the same time as the Social Workers Registration Act 2003. In March of 2008, the ANZASW prepared a submission to amend the Accident Compensation Corporation (ACC) definition of registered health professionals and treatment providers to include registered social workers under its provisions (They have

been, and remain, excluded as being labelled directly as service providers). As part of this process, the Association prepared a submission to the ACC review committee. In it, they outlined the process of how and why social work did not come under the HPCAA Act.

Table 9.2 is an excerpt from the ANZASW submission.

Table 9.2 Excerpt from ANZASW Submission to ACC Review Committee, 2008

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|---|
| <p>1. Social Workers Registration Act 2003</p> |
| <p>1.1 At the same time as work was being completed on the preparation of the HPCA Act, similar work was being undertaken for the proposed SWR Act. Both pieces of legislation have a primary objective to provide a system of regulation in order to protect the public, including systems to ensure that practitioners are competent, qualified and fit and proper professionals.</p> |
| <p>1.2 The Association at the time raised the question as to whether social workers working in health should be regulated under the HPCA Act. The Minister of Health and Minister of Social Development and Employment at the time, considered this issue and agreed that social workers should be regulated under one piece of legislation but that there should be no disadvantage to social workers in health from not being regulated under the HPCA Act. The expectation at the time was that there should be a link between the two pieces of legislation.</p> |
| <p>1.3 Indeed a link was created between the two pieces of legislation in 2003 under the Health and Disability Commissioner Act 1994, through amendment number 49. However, a specific clause linking the two pieces of legislation was not included in the HPCA Act to incorporate registered social workers in the definition of Health Practitioner. This oversight has been raised with the Ministry of Health as part of the review of the HPC Act and the Association understands that the Ministry is considering the most appropriate way to remedy this problem.</p> |

ANZASW, 2008

As such, social workers did not fall under the HPCA Act. While not bound by the Act, difficulties lie in the potential to be excluded from performing certain duties as prescribed by the Act.

The HPCA Act defines what professions can do partly by what it describes as “scopes of practice” which the professional authorities or particular boards of registration define for themselves.

Section 1: 7 of the Act relates to restriction on title of various health professions and states that an:

7 Unqualified person must not claim to be health practitioner

- (1) A person may only use names, words, titles, initials, abbreviations, or descriptions stating or implying that the person is a health practitioner of a particular kind if the person is registered, and is qualified to be registered, as a health practitioner of that kind.
- (2) No person may claim to be practising a profession as a health practitioner of a particular kind or state or do anything that is calculated to suggest that the person practises or is willing to practise a profession as a health practitioner of that kind unless the person---
 - (a) is a health practitioner of that kind; and
 - (b) holds a current practising certificate as a health practitioner of that kind.
- (5) Every person commits an offence punishable on summary conviction by a fine not exceeding \$10,000 who contravenes this section.

(The Knowledge Basket, 2008)

Section 1:8 of the Act describes the area of practice for health professionals, particularly in regards to the idea of each profession having a “scope of practice”. Section 8 states that:

8- Health practitioners must not practise outside scope of practice

- (1) Every health practitioner who practises the profession in respect of which he or she is registered must have a current practising certificate issued by the responsible authority.
- (2) No health practitioner may perform a health service that forms part of a scope of practice of the profession in respect of which he or she is registered unless he or she---
 - (a) is permitted to perform that service by his or her scope of practice; and
 - (b) performs that service in accordance with any conditions stated in his or her scope of practice (The Knowledge Basket, 2008).

The HPCA Act describes a range of activities which it lists as “restricted”. Within this list is the following activity as shown in Table 9.3:

Table 9.3 Restricted Activity 5 under HPCAA 2003

5. Performing a psychosocial intervention with an expectation of treating a serious mental illness, without the approval of a registered health practitioner

This wording recognises the broad range of care provided to those with mental illness (including culture-specific care from Māori caregivers etc), but requires, where there is a serious illness, that a registered practitioner must at least endorse the care regime proposed. The term “psychosocial intervention” will cover a range of non-specific activities, however, in the Ministry’s view, it will be important for a health practitioner who is being asked to exercise judgment on the intervention, that he or she be informed of the full range of interventions being carried out. Moreover, the wording is not prescriptive of how that approval might be obtained, as the circumstances will vary according to the urgency or degree of intervention being proposed.

Restricted activities are not intended to restrict the activities of practitioners of established professions not regulated under the HPCAA, from carrying out legitimate activities that they are currently undertaking without risk of harm to the public.

The provision for “restricted activities” - a form of licensing - was included in the HPCA Act to provide an additional assurance that non-health practitioners would not be able to

perform tasks that can only safely be performed by competent and registered health practitioners

(Ministry of Health, 2007)

While the Act provides the above provisos on restricted activity, this is still an area that causes concern for social workers as they are often engaged in providing psychosocial interventions within health and mental health settings. Further guidelines from the Ministry of Health in relation to restriction on psychosocial interventions state that:

The restricted activities do not, in themselves, limit what activities a registered health practitioner may carry out.

Under the HPCAA the activity of practitioners is determined by the scopes of practice within which they work. A registered health practitioner may do anything in his or her scope of practice – including an activity that is otherwise restricted if that scope of practice covers or clearly includes that activity.

It is not necessary for a scope of practice to specifically refer to a restricted activity; only that the scope clearly countenances it. A health practitioner who acts outside his or her scope of practice will be subject to proceedings initiated by his or her registration authority (Ministry of Health 2004).

This provides some reassurance that social workers may still practice counselling or psychotherapy without penalty, but at this time, scopes of practice for social work have not been defined under the Social Workers Registration Act 2003 and the title of social worker has not been restricted to those registered under the SWRA.

Chilvers, Executive Officer of the ANZASW at the time of writing, described the current status regarding social workers in regards to restricted activities under the HPCA Act:

John Marwick from MOH (Ministry of Health) has indicated that they have proposed to the Minister that the restricted activity relating to psychosocial interventions be removed but we have not yet had

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official confirmation that this has been accepted. He has also indicated a willingness to create a link between Registered Social Workers and HPCA in relation to restricted activities but once again it will be some time before we hear about the final outcome. We cannot have a general link between SWRA and HPCA since doing so would place an obligation for social workers in health to meet the requirements of both pieces of legislation and to have two registering bodies. Clearly this would be an expensive and unworkable solution. Our view is that a link at the level of restricted activities would deal with the problems that have arisen between the two pieces of legislation (D. Chilvers, personal correspondence, 4/11/08).

Occupational therapists and psychologists were included under the initial HPCA Act in 2003. Since that time psychotherapists have also become regulated under the HPCA Act, with a start date of January 1st, 2009 for mandatory registration with the Psychotherapists Board of Aotearoa New Zealand (NZAP, 2008).

The NZAC has also made application to the Minister to include counselling as a registered health profession under the HPCA Act and to combine with the Psychotherapists Board of Aotearoa with the idea that there is much cross-over between counselling and psychotherapy. If this is the case, then it is conceivable that “counselling” will become a restricted activity within the HPCA Act. This could present some difficulties for social workers who state that they do “counselling”.

One potential area of concern in regards to lack of current regulation is in relation to practitioners providing services through private practice. Currently, neither social work nor counselling groups has any restriction on their use of title, and anyone can present themselves to the public as a social worker or a counsellor.

Private Practice

There was some indication within the qualitative interviews reported in this thesis that private practice as a sector continues to grow within the profession of social work in Aotearoa New Zealand. Two of the interviewees felt that this trend was likely to continue.

Merv Hancock was asked about his opinion regarding the future of private practice within social work.

Well I think that that is going to grow... I think that that is a long-term trend that is unavoidable. There are good reasons why at present the state is moving towards encouraging the private sector to develop as strongly as it can because it wants more employment for people and therefore it is natural for social work to be subject to the same economic support that gives rise to the development of the practise...The middle class groups in society are doing better at present and therefore they are able to fund their own support and therefore that again feeds into the relation of private practise as such. But there is also contracting. The ACC development of contracts from the major health and welfare agencies to private individuals for certain kinds of services also feeds into that so I do not think that there is any doubt that there will be a rise in the number of social workers in private practise. And I think the formation of the gradual formation of interest groups within the profession for people in private practise will continue to be the case. Now there are other reasons why private practise will develop stronger, a lot of people from all income groups not just from higher income groups prefer to have their work helped by somebody they are employing rather than turning to an agency-be it a health group. They prefer to think that if they can do it they would like to do it themselves. The difficulty about that lies often in the economic circumstances. But the things will evolve in relation to that I think in time as well (Personal correspondence, 02/11/05).

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Kate van Heugten confirmed Hancock's hypothesis in discussing her impression of the students whom she has taught at the University of Canterbury social work programme:

I suppose I see a lot of the students that I teach, still with quite an interest in yes, counselling, psychotherapeutic approaches. So I'd say it is a strong interest of a number of students, certainly in our programme, and I would think nationally. I have not noticed that counselling and psychotherapy have become less of an interest over time; certainly it hasn't been just a short-term change in the profile of social work. I think we've become perhaps more accepting of social workers moving into private practice and learning about psychotherapeutic and counselling approaches (Personal correspondence, 01/02/06).

As discussed previously, social work and counselling approaches within it have also enjoyed an evolution from Western approaches to approaches which stem from a bicultural or multicultural stance (Waldegrave, 2003).

Indigenous Approaches

While the Crown declined to include reference to Te Tiriti o Waitangi/Treaty of Waitangi in the Social Workers Registration Act 2003, the proposed legislation was amended to include clauses which stated that social workers must demonstrate competency to work with Māori and other ethnic groups (Corrigan, 2005).

ANZASW's Bilingual Code of Ethics (2008) has social worker responsibility for Te Tiriti o Waitangi-based society listed as its first responsibility. This includes that members must:

- make ethical decisions in regards to their relationships with tangata whenua;
- have been educated in issues having to do with ethnicity and tangata whenua history;
- work with or within agencies that support the Treaty;
- seek an understanding of various tangata whenua perspectives and avoid imposing monocultural concepts and values upon tangata whenua;

- encourage tino rangatiratanga and self control of power and resources for tangata whenua; and,
- promote the rights of tangata whenua to use tangata whenua models of social work practice (p.7).

All social workers applying for registration under the Social Workers Registration Act 2003 must have passed a competency assessment. ANZASW is one of the bodies that performs competency assessment as a requirement of full membership. As part of this assessment, candidates must demonstrate that they “recognise and accept Māori as tangata whenua of Aotearoa and that the social worker’s role is to achieve social justice for Māori at both a structural and individual level within the spirit of the Treaty of Waitangi” And that “The social worker demonstrates a commitment to practising social work in accordance with the Bicultural Code of Practice and an understanding of the principles of the Treaty of Waitangi” (ANZASW, 2008, p.2).

Te Tiriti o Waitangi, the rights of tangata whenua, and the responsibility of upholding all that supports bicultural practice in Aotearoa New Zealand, are all firmly entrenched in the future direction of counselling within social work. While there are many aspects of counselling which have been imposed from Western perspectives, chapter five discussed how social work and counselling models in Aotearoa were evolving, having been impacted by indigenous approaches.

There is good interest in social workers learning more about Māori models of practice if results of this thesis are indicative of social workers within the country. Over a third of the total questionnaire respondents (and over half of the Pakeha respondents), indicated a desire to learn more about Māori models of practice, ranking fourth highest in a list of nine options, and some of the interviewees indicated that they saw progress being made in terms of the evolution of indigenous approaches to the idea of healing being considered, produced and embraced.

Several of the interviewees for this project discussed their views on the ways forward in regards to the use of counselling within social work. They are here described. They are in many ways representative of the author’s main learning from this thesis.

Direction of Social Work and Counselling

Like most things, social work has been impacted by the process of globalisation. The IFSW and the IASSW have both taken pains to be mindful of this and to situate both the definition and the educational standards within individual country contexts and ensure that rights of indigenous cultures are secured (Hare, 2004; IASSW, 2004). While this trend has been occurring within an international framework, social work in Aotearoa appears to be developing a more professional stance, one that is sometimes aligned to working with individuals, often in counselling type situations. The majority of questionnaire respondents indicated that they did at least some counselling within their current roles and that they would be interested in pursuing counselling training. Van Heugten discussed her impression regarding the direction of social work and counselling within it:

We have a lot of really smart people working in social work and many of those have an interest in community type approaches, but there are also many who do have an interest in the mental health and related fields. I don't see that waning. I don't see that diminishing and perhaps there still is an element to which professionalisation of social work is centred around that; more psychological approaches with more opportunity for better paid jobs etcetera, which is kind of regretful from a social justice perspective...regrettable, but that may mean that social work's place within counselling and psychotherapy will continue to strengthen (Personal correspondence, 01/02/06).

The move towards professionalisation and registration has sometimes been a difficult and painful one within Aotearoa (Staniforth, 2007). But the product of this is that social work has developed a professional stance that is strengthened by its commitment to bicultural principles. While counselling within social work has grown, it has grown cognisant of the importance of the realisation of context and the need for critical reflection in terms of how counselling techniques need to be amended or (re)invented for tangata whenua. This bicultural perspective has also impacted on some of the people interviewed for this thesis in terms of the idea of binaries or either/or thinking in regards to social work and counselling:

One of the biggest things that I've been helped with in terms of working with other cultural groups is that these distinctions are completely partial and subjective, that have been developed in Western thinking and they don't help us solve the problems. I don't have any trouble with a person being trained as a social worker or trained as a psychologist...I don't have any trouble with that at all, and bringing that specialty and the high quality of that, as long as they can come to the table and operate with everybody else and we can then begin to prize the skills and the outcomes, not whether you are going through this discipline or that discipline. I think all these disciplines have got gifts that we need, but they need to be then offered humbly into the greater whole (C. Waldegrave, personal correspondence, 07/02/06).

The Aotearoa literature (Barretta-Herman, 1998; Nash, 1998), and the interviewees in the research discussed in this thesis, presented the 1980s as a time of radical change and growth for society and for social work within it. Neoliberal reforms of the 1990s, managerialism, and the movement towards registration in the early 2000s have led, in the author's opinion, to a state of tiredness and depoliticisation within the profession. Robyn Munford discussed her beliefs about the current state of affairs in social work with the idea that the debates about what social work is, and what it should be, need to come back:

That's why I think it's a great PhD because I think it's useful to...because the political debates might come back and they might, again, when you are looking at funding and who gets what and who's allowed to do what sort of work, may come back and inform a different kind of practice (Personal correspondence, 17/08/06).

Munford went on to articulate the kind of practice she would like to see:

I really want social workers to be really involved in social change and I think we have to bring poverty back onto the agenda and we have to really understand what happens when people are poor and are living in impoverished environments. I don't want us to become so obsessed

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with becoming registered and professional, that we forget why we are there. I started this interview talking about social justice and I will challenge social workers who say they work with women around empowerment and then don't think about the bombing in Lebanon...You have to think about the women living in Lebanon and Israel at the moment and you have to think about what it is like for those women who are subject to honour killings and who have things done to them so that they become attractive to men and just because it's not happening in Aotearoa, New Zealand, we have to know about it, we have to be informed about it and we have to stand up about it. And so I want social workers to stay being political. I don't want them domesticated. I don't want them colonised. I want them to be...graduates from here, I want to understand biculturalism and indigenous frameworks, but I really want them to understand global issues and I want them to understand that with the movement of people around the world and with technology, we are very connected to different cultural and ethnic groups and we have to sort it and we have to know what that means. Because they are in our living rooms, the kinds of things that are happening for people. So for me, that's where I want the future to be. I don't want social work to be an elite profession, I want it to be a profession that stands up for social justice issues when there is something going on in our community...Social work has always been informed by social justice and by wanting to have community where everyone, as Merv Hancock would say, can participate, can be involved in determining what their futures are and determining what their communities are about and I won't give up until we've sorted that. So that's my end bit (Personal correspondence, 17/08/06).

Hancock echoed the sentiment that the debates about who does what are likely to come back due to increased professionalisation:

Well I think that will add a conservative trend to the social work profession. I think the debates about social injustice will increase rather than decrease. Partly because there is a tendency in the private sector for people to assume their own interests are important rather than the wider interests of the wider community. And so I think that the debate between the conservatives in the profession and those who are strongly with the social justice question will increase. Now it doesn't mean that there will be a split necessarily but there will be tension around that particular boundary (Personal correspondence, 02/11/05).

One of the questionnaire respondents echoed this sentiment and described his or her view of the impact of this tension:

I am convinced at the increasing divide between S.W. and counselling which is occurring to their detriment of both. Increasing professionalisation gives clients a fragmented rather than a holistic service (Questionnaire respondent).

Many of the interviewees described the tension that exists, or that has the potential to exist, between the professions. One strong idea that has come through in this work is that communication is more important for our clients than competition-but that achieving good communication is not always going to be easy.

Geo-political Climate

The world at the end of writing this thesis is at a very different place than it was at the beginning of writing this thesis. A world wide recession has hit which has already seen unemployment rise throughout the world. This, in combination with the election of a National (right wing) Government in New Zealand, is likely to see changes in social and economic policy after three terms of a Labour- led government. New Zealand in the 1980s and 1990s saw the rise in privatisation and contracting out of social service provision to non-government organisations. As discussed in chapter four, while philosophically, right wing governments may have been more inclined to want to situate the problem within the individual, and away from structuralist critiques (which would favour a rise in the

counselling function within social work), the climate we are moving into, will likely see social workers engaged in “individualist-reformist” rather than “reflexive therapeutic”, or “socialist collectivist” (Payne, 2005) kinds of practice. Phrased in a simpler way, social workers are likely going to be trying to “mop up the mess” of the recession rather than being proactive in either trying to help people initiate internal or interpersonal change, or work at changing social structures that have gone into creating the current situation. There are going to be many forces at play, pushing and pulling social work, and the counselling component within it.

Conclusion

This chapter has presented information from the author’s research to demonstrate views on what social workers want in relation to education and training in counselling skills, and some of the ideas of questionnaire respondents and qualitative interview participants in relation to where they believe the counselling role within social work may be headed.

The majority of questionnaire respondents (68%) indicated a desire for further training in counselling skills. There was a higher percentage of newer workers indicating a desire for further counselling education compared to those who had been in the field for 11 or more years. Of those respondents indicating a desire to have further education in counselling skills, cognitive behavioural therapy was the most often cited model of choice (53% of cases), followed quite closely by 47% of respondents who indicated a desire to undertake training in narrative therapy. Over a third of all respondents indicated a desire to learn more about Māori models of practice, with over half of the Pakeha respondents indicating this desire.

Respondents were asked to describe the format that they would like their training to take. In this instance, 45% of respondents indicated a desire for training that would lead to a post graduate diploma or certificate from a tertiary institution. This was followed closely by those with a desire for external workshops of less than a week’s duration and taking a single paper from a tertiary institution. Intern training and outside workshops of longer than a week were of least interest to respondents.

Various options for further education and training in counselling for social workers were explored. These included training within basic qualifications, bilateral qualification

programmes, post graduate programmes offered within tertiary education systems and finally other forms of continued professional development provided through either the ANZASW or private practitioners/trainers.

The relationships between social work and counselling in relation to future direction were explored. At this time it would appear that the relationships are cordial but distant, but there was a fear expressed that as the professions became more settled within themselves that this may impact negatively upon their relationships as they may then be able to focus their attention outward. This tension would not be of benefit to the consumer. Two different models of potential counselling/social work relationship conceptualisation were presented, the Matrix Model (as described by Hermansson) and the Overlapping Model as developed by the author.

The issue of registration of professions was explored due to the potential impact it has to play on the various professions and the potential for divisions which it creates. The HPCA Act 2003 was described in relation to its potential impact on social work and social workers' ability to practice counselling in the future. The idea of the SWRB developing a scope of practice for social work was discussed in this regard.

The issue of private practice was discussed, with at least two interviewees indicating that they felt that the provision of private practice for social workers was likely to increase.

Finally, the chapter ended where the thesis began. Just as social work had been impacted by global forces in its beginning stages of development, global forces in the form of an economic recession are likely to impact upon it again.

The chapter ended with several points that expressed some of the major conclusions about where we are going in relation to this topic: 1) Social work practice in Aotearoa New Zealand has become more professionalised; 2) That professionalisation within Aotearoa New Zealand has occurred within a context of biculturalism which is unique and has made it stronger; 3) That social work in Aotearoa New Zealand has become less politicised within the last two decades and that it is important for the community/professionalisation arguments to come back to help us formulate what we should be doing as a profession; 4) That competition between the professions is likely to grow now that each has or is getting "its own house in order" and that this competition is not necessarily in the best interests of

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the clients we serve; and finally 5) That the professions are better to work together than apart, but that this will not always be an easy task.

Chapter Ten: Conclusions

The role of counselling within social work can only be defined and examined within the context in which it is situated. It has changed over time just as it has changed depending on where it is practiced, who is doing the practicing, and who is being “practiced upon”. Social work grew out of poverty. From the slums of London to the streets of New York, social work has attempted to make things different for people who are struggling. It has not always been clear however, on how this should be done. This question, of how and where change should be made, has sat at the centre of debates within social work since the profession began. Whether it has been in relation to how it defines the presenting problem, or how it determines what needs to happen to fix it, the tensions between those espousing individual change or adaptation and those who advocate for social change have sometimes driven the profession forward, and sometimes set it back. Those espousing individual change, have also often been the same groups who have pushed for the professionalisation of the profession and have at times been aligned with health social work, or the medical model (where social work has had to work alongside other established professions such as nursing and medicine), and seemingly distanced from community or social change oriented perspectives. These debates have also played out differently around the world with the result being a social work (and thus the role of counselling within it) that looks very different in the United States, to one in Zimbabwe, to one in Sweden. Understanding of past and contextual variables in terms of being able to frame current and future debates resulted in the development of the first aim of this thesis.

The first aim of the research and this thesis which had a past focus or perspective was:

To develop an understanding of the historical evolution of the role and practice of counselling within social work practice both internationally and in Aotearoa New Zealand; including an examination of the particular historical and contextual variables, and bicultural context, of this country.

The Past Perspective

The Development of “Western” Social Work

The author was particularly interested in the part that counselling held in social work, and more particularly in an Aotearoa New Zealand context. To develop this understanding, a good awareness was needed in relation to the evolution of counselling within social work generally. Towards this aim, a literature review was completed which traced the evolution of social work within both the United Kingdom and the USA, as these were the models which New Zealand looked to as it began to develop social work here.

Several themes emerged through this historical study. The counselling/community debates were evident in both countries from social work's inception. In both countries, the Charity Organisation Society was seen to hold the individual/professionalisation side of social work. The other pillar of social work's early foundations stood on the Fabian Socialist movement in the UK and the Settlement House movement in the USA. Both these movements attributed poverty and many of society's ills to structural and economic issues, locating the problem more often in the environment than the person. Social work took quite different paths in these two countries based on several issues, including most prominently the socio-political and economic philosophies of each. Social work within the UK “grew up” mostly within centralised state funded agencies, while in the US a strong pioneer spirit and responsibility for “relief” coming from various sectors created a different incubator. Identification with social casework, early professionalisation and a strong capitalist ideology contributed towards the evolution of clinical social work within the US and a distancing from community work at key times in history, such as the McCarthy years.

While social work, and counselling within social work, in Aotearoa New Zealand have historic roots in the social work that grew up in such areas as the UK and the USA, it has developed its own unique presentation and practice here. There are several variables which have contributed to this distinct form of social work. Tennant (1989) described how New Zealand's early colonisers brought with them ideas in regards to “relief” from the UK which were based on the Poor Laws. Provision of relief to the perceived “undeserving” members of society changed after the Depression when the Social Security Act 1938 signalled the role of the state in caring for its people. With a strong welfare state in place, the view appeared to be that there was no need to develop social work in this country.

While formal social work education in the USA and the UK had begun to emerge by the late 1800s, the first school of social work at Victoria University did not begin until 1950. The Labour Government of the time under the direction of Peter Fraser insisted that the programme not be called social work, but rather social sciences. Many believed that this was due to the government fearing that admitting the need for social workers would be perceived as the state not fulfilling its role of social care adequately. While this was a post graduate qualification, and did for much of its time have a focus on psychodynamic approaches to social work, it had limited enrolment and those who graduated soon rose to management positions, or were so swamped by work, that the counselling perspective which they may have learned in theory was very difficult to put into practice. With no additional university based social work programmes emerging until 1976, the workforce remained largely without social work qualification, let alone post graduate education in social work. It also took some time for social workers to identify collectively as such, with individuals identifying with their fields of practice (visiting teacher, probation worker...) rather than the profession of social work. While the individual/community change arguments had raged in the UK and the US for over 50 years, the social work association here was not established until 1964, and the term social worker did not enter a state document until 1972. As in the UK, social work grew mainly within the state sector or church-based non government organisations. The view that one of social work's roles was counselling appeared to be widely accepted within those spheres.

Social work's adolescence here came at a time of political change and a radical movement within society in the early 1980s as the country was divided over such issues as the Springbok Tour, and a beginning Māori renaissance. The individual (therapy) versus community debates which had raged within social work internationally were represented here, but appeared to be overshadowed by an anti-professionalisation stance and arguments about gender and race. Neo liberal reforms of the 1990s saw some of these debates die down, and be replaced by cut backs in the social services sector and managerial mandates within government social work areas such as health and child protective services.

These reforms, however, likely contributed to the growth of social workers engaged in private practice, many of them doing counselling. Prior to this, the concept of paying an

individual for service appears to have been a foreign one. Not all of these social workers are easily identifiable though, as they often identify with their counselling role. While in the UK and the USA, social workers who performed counselling or therapy functions still identified themselves as social workers, in Aotearoa, this has sometimes not been the case, with many social workers engaged primarily in these tasks identifying themselves as counsellors or psychotherapists. The term “clinical social work” appears only to be emerging here more recently as well. As such, social work’s perceived scope has at times appeared to be limited to less therapeutically oriented aims.

The drive for professionalisation has seen the profession of social work devote much of its time and energy going into preparation for registration, which eventuated with voluntary registration through the Social Workers Registration Act 2003. Since that time social work has continued to put much of its energy into responding to this legislation, and the community/ professionalisation debates are maintained by a devoted few such as Munford and Walsh-Tapiata (2005), and O’Brien (2008). One facet of social work that has continued to receive growing attention in Aotearoa is its commitment to practice within a bicultural context.

The Impact of Māori on Counselling within Social Work

Tangata whenua have been impacted by colonisation and the importing of Western forms of social work, which have likely perpetuated some of these injustices. From this stance of oppression though, tangata whenua have been empowered and in turn have impacted hugely on the practice of social work (and counselling within social work) in Aotearoa and internationally.

In terms of the counselling/community splits, these debates have sometimes been situated by those social workers in health settings and by tangata whenua. Community approaches were seen to be much more appropriate to work with tangata whenua and other Pasifika cultures due to the collective nature of this work or of those societies. While in the USA, the indigenous peoples had little power, and were not strongly influential in the development of social work there, in Aotearoa, tangata whenua were empowered at a critical time in the development of social work. Here the community side of social work has become so associated with bicultural practice that collectively based social work practice is

enshrined within the ANZASW Code of Ethics. The “social change” aspect is less pronounced within the code of ethics but does sit within the values statement of purpose within the constitution.

Professionalisation has not always been seen to be compatible with what is best for tangata whenua. In addition to the fact that professionalism has often been aligned with individualistic approaches, Māori have traditionally been disadvantaged in terms of obtaining social work qualifications. There are many factors which have gone into producing this disadvantage. These have likely included difficulties in being able to access courses (for geographical reasons), to pay for courses (due to economic disadvantage) and to attend courses (due to time commitments and teaching formats which were inflexible in nature). Course content and assessment procedures may not have been seen to reflect Māori ways due to the individualistic and sometimes competitive nature of Western pedagogy. Lecturers were unlikely to be Māori and collective family commitments may have made it harder to attend to course work. In chapter five, Wikaira’s narrative described some of the evolution of tangata whenua’s relationship with formal education, which illustrated the above issues. It also described a change though, where more and more Māori are obtaining social work qualifications, and where alternate forms of qualification are available, such as those provided by Te Wānanga O Aotearoa where noho-based teaching is available.

Constructs of what is seen to be counselling might be quite different for tangata whenua compared to tauwi. Much of the healing work that Māori engage in could be described by them as counselling. Emma Webber Dreadon discussed some of her work done within traditional healing methods that were called “counselling” by her supervisor. It is not only traditional forms of practice which are being used by tangata whenua to help tangata whenua. Wikaira discussed the process of taking what was good in the Western models and linking that to her own cultural constructs, to develop models which worked for her and her people. This has occurred while other Māori models of health and wellbeing have entered the mainstream, such as Durie’s Whare Tapa Wha Model (1985a) and Pere’s Te Wheke Model (1991).

Māori models have also been influential in helping other indigenous cultures throughout the world through the development and exportation of the “Just Therapy” approach.

Waldegrave (2003) commented that this way of working “simply complements modern approaches to therapy with information and method that is usually considered outside the parameters of clinical practice. These include social, gender, cultural, and political data as appropriate” (p.9).

So while counselling and bicultural practice may have initially been seen to be somewhat at odds from each other, due to professionalisation and an individualistic focus of counselling, this relationship appears to have evolved. While Māori within the author’s research were more likely than other groups to support the view that social workers should not be doing counselling (although the majority of Māori still did not believe this statement), tangata whenua have moved from a place of disempowerment to a place of international influence in relation to how therapy is conducted with indigenous (and many other) groups of people. This interest in Māori models has also been supported by the statistics discussed in this thesis, which demonstrated that over a third of those in the sample of survey respondents indicated a desire for further training in Māori models of practice.

The main points taken away in relation to past perspectives are that the role of counselling in social work has evolved differently throughout the world. While in the USA counselling has always had a large and legitimate place in social work, it has nonetheless been controversial at times. Counselling within social work in the UK seems to have been slightly less contentious and appears to have been limited more by social work sitting within statutory agencies where, while seen as a legitimate form of practice, time and workload pressures were probably more the factors which limited its development. In Aotearoa, social work began later and began within a climate of a welfare state where the view that social work (and counselling within it) was not needed. With social work education not widely available until the 1970s there was limited training in counselling type approaches. The 1980s saw a move away from traditional casework activities with a growing awareness that imported social work may not have been appropriate to work with tangata whenua and other oppressed groups. The drive for professionalism (often aligned with the health social workers or those doing counselling) was tempered by those mindful of community and bicultural commitments. Bicultural mandates have helped develop both the profession and practice of social work in this country. Within social work, this has also been reflected in the influence which tangata whenua have had on the development of

“counselling” in terms of models such as “Just Therapy” which are aligned with both counselling and indigenous friendly approaches.

Present perspectives on the role of counselling in social work were explored in various ways throughout the thesis. The second aim of the research and the thesis was:

To explore current perspectives of the role of counselling in social work through an examination of how social workers define social work (and reference to counselling within it), “what social workers think” about counselling within social work practice and “what social workers do” in relation to counselling within social work practice.

Present Focus

Definitions of social work have been traced over time in the literature. These definitions reveal different emphases at different times in terms of the individual/social change themes. Current social work theory and practice has conceptualised these themes or emphases by categories. Payne (2005a) has described social work as falling within reflexive therapeutic, socialist collectivist, and individualistic-reformist views. Dominelli (2002) similarly refers to therapeutic, emancipatory and maintenance forms of practice.

The literature review indicated that definitions of social work were consistent with the era in which they were formed in Aotearoa. Early definitions had a strong emphasis on helping individuals adapt to their environments. Definitions until the early 1980s maintained their therapeutic or maintenance functions. As the socio political climate shifted in the early 1980s there was growing awareness about oppression within society and a shift was seen in social work with the introduction of the ideas of social justice and social change. The definition currently used by the ANZSW is that of the IFSW and IASSW developed in 2000, which places the ideas of social change and social justice front and centre before referring to the reflexive therapeutic aspects. Hare (2004) described how one of the reasons this was done was in recognition of the forces of globalisation which have traditionally seen social work be defined through Western perspectives, especially those of the United States.

Those interviewed for the research described in this thesis also provided definitions of social work and counselling. These were considered alongside the over 342 definitions of social work which were provided by the questionnaire respondents. These definitions were analysed thematically with several different themes emerging. Over half of the respondents indicated that they viewed social work as being about helping individuals, families or groups to initiate change. This is in line with Payne's reflexive therapeutic category. This is followed next by the empowerment or advocacy function, closely followed by holding a systemic perspective. Accessing of practical resources and social change were both scored by 27% of respondents, showing equal distribution of emancipatory and maintenance functions within social work. Very few respondents discussed the postmodern ideas of strengths-based or partnership ways of working in their definitions (only 12%) or that social work comes from a professional knowledge base (16%) indicative of the evidence-based movement. While the question did not ask respondents to locate their definitions particularly within an Aotearoa context, only two percent of respondents made any reference to biculturalism or working with tangata whenua. These responses tended to show that, while social work theory may have progressed in educational or academic settings, social workers "on the street" defined social work more by what they did on a day to day basis. The result gave a snap shot of current views from members of the social work association about what they see social work being at this time and in this place (recognising the limitation of the results to this particular sample.)

When asked to amend the definition of counselling provided within the questionnaires so that it would fit better with respondents' views of counselling within social work in Aotearoa, respondents much more clearly demonstrated their views in regards to biculturalism and working in partnership with clients. This may have been due either to the particular reference being made to it occurring within Aotearoa, or may demonstrate that respondents took for granted the ideas of strengths-based approaches or partnership when defining social work. Further exploration of this issue is needed to know definitively what this means.

Views on the Role of Counselling in Social Work

Views on the perceived role of counselling within social work have been well debated in the UK and the USA (and other places in the world). The role of counselling within social

work continues to be endorsed within major organisations and bodies from the Barclay Report in 1982 to the Scottish Executive Education Department who have recently completed reviews of the roles and tasks of social work (Asquith, Clark & Waterhouse, 2005). Research by Buchbinder et al, (2004) showed that while many social workers desired to work at more macro levels, that “the psycho level” remained the main area of intervention for many of them (p.546). Similarly, results from an international study looking at the preferences of graduating students found that respondents had a strong preference for working within micro contexts and that students in most of the countries studied indicated a preference for working within psychotherapeutic orientations rather than policy orientations (Dixon et al., 2003).

In terms of the results from the interviews and the questionnaires from the author’s research, there were several themes which emerged, which at times appeared to complement one another and at times to contradict one another.

Survey respondents were asked to comment upon a series of statements which explored the role of counselling in social work. Less than 20% of respondents did not believe that “**social workers who only do counselling are still doing social work**” with the greatest number believing this to some degree. Those in private practice were most likely to believe this to be completely true. In terms of qualitative responses provided in the questionnaires, those born overseas believed that this statement would be believed more in their countries of origin and some others indicated that perhaps counselling could be seen as a specialty area of social work practice.

An overwhelming majority of respondents indicated that they believed that “**counselling falls within many fields of practice**”. More post graduates, and overseas qualified social workers and those in private practice believed this statement to be completely true. There was a strong indication from survey respondents that social workers used counselling skills, but probably should not be doing counselling, with 61% of respondents believing that social workers should use skills but not do counselling. Differences discussed also related to the length and depth of what each profession does, with an indication that the counselling undertaken by social workers should perhaps be of shorter duration, and of less depth in terms of internal process.

When presented with the statement “**Social workers should not be engaged in counselling**”, most respondents did not believe this at all (70%). Previous trends were continued here with those in private practice, educated overseas and men believing this statement less. Māori were more likely to believe this statement completely (but still at only 10%).

When asked to rate the statement “**Social workers should not be engaged in individual change but rather making change at more systemic levels**” over 80% of respondents indicated that they did not believe this statement. It was believed slightly less by men.

Strong views were expressed in relation to the issue of how well prepared respondents believed social workers were to provide counselling, with over two-thirds indicating a belief that social workers were not adequately trained to perform these tasks. Those in private practice believed this the most. Many of the interviewees and respondents indicated that social workers needed more training, and should have more training.

Practice of Counselling within Social Work

There appeared to be little in the international literature which saw social workers defining how much counselling they did within their social work roles. Results from the NASW in the USA showed that in their workforce study in 2004, 86% of licensed social workers in their sample were involved in doing individual counselling. Two New Zealand social work workforce studies done in the 1980s (Rochford & Robb, 1981; Sheafor 1982) showed that there was a strong component of counselling being done by those in the social services at that time. Research reported on from Kazantzis et al. (2007) showed that there were at least 39 social workers in Aotearoa who self identified as therapists and that many of them reported using supervision for professional development in that role.

In terms of the author’s research described in this thesis, one third of questionnaire respondents indicated that counselling was within their job description. Those having been in social work the longest (over 21 years) reporting the highest rate (51%) and more men reported having counselling in their job description than women, as did those working in private practice.

Just under one third of respondents indicated that they used counselling skills, but did not do counselling, while almost two-thirds reported counselling being from “some” to the “majority” of what they did. No statistically significant results were revealed in the cross tabulation of this question. Those in private practice reported the highest rate of counselling being the majority of what they did.

In some of the additional comments, questionnaire respondents indicated again that they believed they used counselling skills rather than doing counselling, and that social workers needed to be aware of the limitations of their skills.

Respondents were asked if they subscribed to a certain model of practice. Almost 80% of the respondents indicated that they subscribed to a certain model of practice, with post graduates having the highest rates of theoretical prescription. The most frequently cited model of practice that respondents identified with was strengths based practice, followed by eclectic, client centred and Māori models. Respondents often indicated using more than one model of practice (29% of cases).

Just over half of respondents indicated that they felt that their basic professional qualification had prepared them to some degree for their counselling role within their social work practice. New Zealand born social workers and younger social workers reported feeling that they had been less adequately prepared. While those in private practice had previously stated that they did not feel that social workers were adequately trained to perform social work tasks, they had the highest sector rating for stating that they felt that their social work qualification had prepared them really well. Three quarters of respondents indicated that they had undertaken additional training to improve their counselling skills, with those in practice for more than 20 years indicating the highest rate of having done so (and also had the longest time in order to take additional training). Pakeha respondents were more likely to have undertaken additional training than other ethnicities.

Several major points came out of current (present) perspectives. In relation to defining social work, many questionnaire respondents indicated that they saw reflexive therapeutic forms of social work, which emphasise change for or within the individual, as being within their definitions of social work. Counselling is one of the forms of working with individuals within this perspective. Questionnaire respondents were also clear that while the generic

definition of counselling provided to them in the questionnaires was fine for some of them, many stated that the counselling task within social work should be amended to include less individualistic views and that it should hold a strengths based, collaborative stance that recognised the importance of a bicultural perspective.

The majority (about two thirds) of questionnaire respondents indicated that they did some amount of counselling within their practice, but about one third of questionnaire respondents indicated that they used counselling skills, but did not do counselling. Only 34% of respondents felt that their basic social work qualification had prepared them adequately or really well for their counselling role. The majority of respondents felt that they had only been prepared “to some degree”. Perhaps as a result of this, 75% of questionnaire respondents had undertaken additional training to help them with their counselling role within their practice. Respondents were also asked about what they wanted in relation to future training. This question was explored in the final aim of the thesis.

The final aim of the research and this thesis was:

To move beyond a description of the findings of the thesis to an understanding of the implications of the data, through an exploration of “what social workers want” in relation to counselling training within their practice and to look at future directions and issues which are likely to impact on counselling.

Future Perspectives

Future perspectives were explored through an examination of what questionnaire respondents indicated they wanted in regards to training in counselling. Potential models for the delivery of counselling were presented and the roles of various professions and implications of registration were discussed. Potential models which conceptualised how counselling in social work could sit alongside other professions were presented. Recommendations regarding future study in the area and in regards to this thesis were made.

Further Training

A majority of respondents in the survey reported on in this thesis (68%) indicated a desire to undertake additional training in counselling. Younger respondents were more interested in doing so. The highest percentage wanted training in CBT (53%) followed by narrative, strengths based and then Māori models. Almost half of respondents to this question indicated a desire to take a post graduate diploma or certificate in counselling skills. This was followed by an external workshop of less than a week, and then a single paper from tertiary education provider.

Various training options were presented in terms of counselling for social workers. These included counselling skills or specialist papers within existing basic social work qualifications, concurrent professional training in social work and counselling, and postgraduate qualifications or external specialist workshops.

The roles of counselling and social work are sometimes difficult to define, particularly as counselling has recently demonstrated a greater commitment to paying attention to the environment and commitment to practice within a bicultural environment. The actual relationships between social work and counselling professional bodies have been quite detached to date.

Two models were presented which looked at ways of conceptualising overlaps and differences between social work and counselling. One model was described by Hermansson during the interview for the research presented in this thesis which described different interventions occurring by different professions in different ways. This has been conceptualised by the author as a “Matrix Model”. The other model conceptualised by the author is the “Overlapping Model” of social work and counselling, which described separate areas and areas of overlap between the skills and functions within counselling and social work groups.

Professionalisation and Registration

Psychotherapy has become a registered profession, and at the time of writing (August 2009), counselling was in the process of applying for registration status within the HPCA Act 2003. Social work achieved voluntary registration status in 2003, and does not fall under the HPCA Act. While the idea has been to ensure a better level of service and

security for consumers, the registration environment has many implications for the helping profession. There are two related issues of particular interest to this thesis. The first is that professions with mandatory registration have protection of title, which limits those people who are registered being able to call themselves by that title (e.g. occupational therapist, psychotherapist and psychologist). An issue which follows from this is that of determining what scope of practice exists for that particular practice. Psychologists and psychotherapists have defined fields of practice. At this point, as social work does not have mandatory registration, it has not yet defined its scopes of practice in a legal way. There is a possibility that social workers may inadvertently engage in activities that are defined within other fields of practice. Social workers on multidisciplinary teams may be particularly at risk. There is a continued attempt by the ANZASW to clarify the status of social workers in relation to their ability to engage in certain psychosocial activities under the HPCA Act. 2003. Until social work has equal status with mandatory registration, it is likely that confusion will remain around this issue.

A third issue raised in regards to registration of professions is the idea that silos of practice will be created which may not be of help to consumers of social services. Psychotherapy, social work and counselling have wrangled with the issue of registration for many years, and this internal debate has likely distracted the professions from competing with each other. As these issues are sorted, the possibility exists for increased competition, rather than collaboration, to occur. This is likely to be one of the big challenges which may face social workers who are engaged in activities on the counselling end of the social work change spectrum.

Indigenous approaches are likely to continue to impact upon the development of counselling approaches both internal and external to social work practice. A challenge will be presented here in terms of how indigenous approaches are incorporated into practice. There will be a tension between indigenous approaches used “by Māori for Māori”, and how they will be amended for use within mainstream populations. Wikaira discussed her concerns regarding the co-option by non Māori practitioners of Māori models which hold a whakapapa. Her challenge was for tauwi social workers to come up with models that fit within their own cultures and contexts.

There were several points which came out of future perspectives. Over two-thirds of questionnaire respondents indicated a strong desire to engage in further study in counselling. The majority indicated a desire to pursue counselling in cognitive behavioural therapy, followed closely by narrative and strengths based approaches. Almost half of the questionnaire respondents who indicated a desire for future training stated that they would like for it to be a certificate or diploma from a tertiary education provider. Different ways of delivering counselling training were presented.

Professional issues were presented for consideration. The registration of the various professions of counselling, psychotherapy and social work were discussed, both in relation to potential competition that this may create as well as the implications for social workers in regards to protection of title and the scopes of practice as described under the HPCA Act 2003.

Limitations of this Study

This study is only able to present the views of those who participated within it, and to a lesser degree, those of ANZASW members. For the most part, the respondent sample was representative of those of the ANZASW membership. Representation between ANZASW sample and the research sample according to ethnicity was impossible to compare with any degree of accuracy as there had been a large number of ANZASW members who had not reported their ethnicity. Despite this, it appeared that there was an underrepresentation of Māori in the research sample compared to the ANZASW membership. There is also the problem of the ANZASW membership data provided being given for 2009, while the sampling frame information was drawn in 2007.

It is impossible to extrapolate the findings to members outside of ANZASW due to there being no other comparative demographic profile of social workers in the country. There are, therefore, many social work voices which are not represented in this study. This could include those who oppose professionalisation and take a stand by not joining ANZASW, as well as those social workers who are members of NZAC rather than ANZASW.

Further Areas of Study

There were several areas or questions arising from writing this thesis which could benefit from further research. These are outlined here.

Due to the lack of reference made to Te Tiriti O Waitangi/Treaty of Waitangi in definitions of social work provided by participants in the survey questionnaire, it would be beneficial to get a better understanding of this. As such a **study into how social workers conceptualise their understanding and their commitment to working under Te Tiriti O Waitangi/Treaty of Waitangi** may be useful.

This thesis focused particularly on the historical development of the counselling aspect of social work practice. **Research which looks at other parts of social work practice, including community development and social change aspects of social work practice**, would be useful to gain a better understanding of social work in its entirety in this country.

It is a long time since a large scale workforce study has been done looking at the roles and tasks of social workers in Aotearoa New Zealand. **Another research study such as that done by Rochford and Robb (1981) which looks at what social workers are actually doing in their practice** would be of benefit in terms of beginning to conceptualise and develop desired scopes of practice for social work.

Many of the questionnaire respondents indicated dissatisfaction with either the training they had received in relation to counselling within their social work qualification, or their perception of what was currently being taught to social work students. **A survey across schools of social work which explored what was being taught to social work students in regards to the counselling role** would help give a “snap shot” of the scope of counselling skills actually being taught.

Recommendations

Considerations and recommendations are now made in relation to findings within this thesis. One of the issues that was clear from the beginning of this thesis was the lack of social work research conducted and written up within Aotearoa New Zealand. Given the late development of social work education and the profession’s preoccupation with

“registration or not registration”, this is not surprising. The first recommendation is in relation to conducting research into the question of how various stakeholders want social work to look in this country.

In the interview for the research discussed in this thesis, Daniels discussed how the professions in this country had developed in a haphazard way. With the debates around registration of social work no longer taking centre stage, social workers and the social work association now have the opportunity to consider what they do, and what they think they should do. Munford expressed the desire for some of the debates about what we do and how we do it, to be reopened. Now seems like a good time for this to occur. It was also the opinion of interviewees described in this thesis that private practice would continue to grow in this country. It may be time for the Association to consider the implications of private practice and revisit the idea of some kind of statement in regards to this.

In 1978, Simpson wrote in the New Zealand Social Work Journal that there was a counselling crisis in statutory social work:

The general public expect the statutory social worker’s role to include a component of psychological counselling. Insofar as everyday social casework presents varied demands for counselling expertise, this public expectation is justifiable. At present the majority of statutory social workers attempt such activity without an adequate training. This is the counselling crisis in statutory social work (p.18).

Results discussed in this thesis would tend to show that perhaps “la plus ça change, la plus c’est la même chose”. While there has been a huge evolution within social work practice since Simpson decreed the “crisis”, this situation seems to be much the same with most questionnaire respondents indicating dissatisfaction with the counselling component within social work education. Most social workers are doing some degree of counselling within their practice, and many indicate that they do not feel that they or other social workers have had adequate training to undertake these tasks.

One of the issues pronounced throughout this thesis related to the perceived concerns about the quality or availability of counselling training available to social workers,

particularly within their basic social work qualification. Recommendations are made in relation to education and training.

While there was support for the development of clinical social work programmes from some sectors of the profession reported within this thesis, it would appear that many of the social workers who responded to the survey for this thesis would like to become more adept at developing their clinical skills.

Relationship building appears critical at this time. Tangata whenua and tauwiwi social workers need to continue to work together towards developing models which meet the needs of the various groups within Aotearoa New Zealand. As psychotherapy, social work and counselling come to terms with their long and ongoing debates around whether to “register or not register?”, it is possible that their gaze will now be turned outwards, with the real possibility arising for competition and turf wars between the professions. It is important that the professions work together to develop an understanding of each others’ practice to work towards the best interests of social service users rather than the best interests of themselves. There will always be tensions between the Social Work Registration Board, the ANZASW and the social work educators (ANZSWE), and this tension is a good thing. It is important, however, that the groups continue to move forward together in terms of how the role of counselling within social work is conceptualised, taught and delivered in Aotearoa New Zealand.

Finally, as the professions jockey around “who does what?”, it is important that there is clarity in terms of the legislation that guides demarcations. It is also important that social work’s interests are maintained in these arguments. As the group most likely to consider people in their contexts, they have a big contribution to make in terms of psychosocial interventions.

Summary of Recommendations

- 1. That there be further research into how various stakeholders conceptualise the roles of social work. These stakeholders should include social workers from various sectors, consumers of social work services, representatives from Tangata Whenua and other ethnic groups, employers, academics, the ANZASW, the Social Work Registration Board and other related professions.**

- 2. That the professional body (ANZASW) engage in discussions with its members about what its members think social work should be in Aotearoa, recognising our unique bicultural environment.**
- 3. That the ANZASW, the schools of social work and the SWRB continue to work together to clarify definitions of social work and scopes of practice within Aotearoa New Zealand.**
- 4. That the Association consider developing a statement or position in regards to private practice.**
- 5. That there is an indication about what basic level of counselling is expected from social work graduates and that schools of social work consider how best to meet those requirements.**
- 6. That a post graduate certificate/diploma in counselling skills for social workers be considered.**
- 7. That tangata whenua and tauwiwi social workers and social work educators continue to dialogue about the development and teaching of counselling models and skills within Aotearoa.**
- 8. That further liaison and relationship building occur between NZAC, NZAP and ANZASW.**
- 9. That the Association continues its discussions with the Ministry of Health in regards to clarification of restricted activities under the HPCA Act 2003 and social work's ability to perform psychosocial interventions and counselling.**

The social workers who participated in the research reported on in this study spoke clearly and consistently. They saw counselling falling within the mandate of the role of social work, but it is a counselling that needs to take into account the particular variables of the

country that it occurs within. Social workers need to consider the strengths of their clients, working collaboratively and within a bicultural context which deemphasises an individualist perspective and is contextual in its thinking.

Most social workers in the research described in this thesis either stated they “do counselling” or use counselling skills. They were, however, not satisfied with the counselling education they received, or that which they perceived is available to social work students. They wanted more counselling education, and most wanted this to be through a form of post graduate certificate or diploma coming out of a tertiary education provider.

Registration of psychotherapy, counselling and social work presents many challenges to the professions, but it also presents opportunities. One of these opportunities is for the ANZASW and the SWRB to become clearer about what fits within the scopes of practice of social work in Aotearoa New Zealand. The social workers consulted in the development of this thesis appear to think that counselling does.

Appendix I - Ethics Consent, Part One



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Regional Registrar - Auckland
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29 September 2005

Ms B Stanforth
College of Humanities and Social Sciences
Massey University
Albany

Dear Barbara

HUMAN ETHICS APPROVAL APPLICATION – MUAHEC 05/072

"Past, Present and Future Perspectives on Social Work and Counselling in Aotearoa/New Zealand"

Thank you for your application. It has been fully considered and approved by the Massey University, Albany Campus, Human Ethics Committee.

Approval is for three years. If this project has not been completed within three years from the date of this letter, a reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

Professor Kerry Chamberlain
Chairperson,
Human Ethics Committee
Albany Campus



Appendix II - Ethics Consent, Part Two



Massey University
AUCKLAND

OFFICE OF THE DEPUTY VICE-CHANCELLOR
(Auckland & International)
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New Zealand
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Regional Registrar (Auckland)
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6 December 2008

Ms B Stanforth
College of Humanities and Social Sciences
Massey University
Albany

Dear Barbara

HUMAN ETHICS APPROVAL APPLICATION – NUAHEC 06/078
Past, present and Future Perspectives on Social Work and Counselling in Aotearoa New Zealand

Thank you for your application. It has been fully considered and approved by the Massey University, Albany Campus, Human Ethics Committee.

Approval is for three years. If this project has not been completed within three years from the date of this letter, a reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

A handwritten signature in cursive script, appearing to read "Ann Dupuis".

Associate-Professor Ann Dupuis
Acting Chair,
Human Ethics Committee
Albany Campus



Appendix IIIa - Interviewees

Interview One

Merv Hancock

Palmerston North

2/11/05

Interview Two

Adjunct Professor Ken Daniels

Canterbury University

Christchurch

01/02/06

Interview Three

Dr Kate van Heugten

Canterbury University

Christchurch

01/02/06

Interview Four

Brenda Cromie

Professional Advisor, Social Work Mental Health

Canterbury District Health Board

Christchurch

02/02/06

Interview Five

Ruth and Brian Manchester

Waikanae

06/02/06

Interview Six

Charles Waldegrave

Family Centre

Lower Hutt

07/02/06

Interview Seven

Gary Hermansson

Auckland

12/02/06

Interview Eight

Bella Wikaira

Auckland

07/04/06

Interview Nine

Emma Webber-Dreadon

Te Wananga O Aotearoa

Tauranga

21/05/06

Interview Ten

Judith Mackenzie

Auckland

12/05/06

Interview Eleven

June Kendrick

Auckland

28/07/06

Interview Twelve

Professor Robyn Munford

Palmerston North

17/08/06

Interview Thirteen

Turoa Haronga

Kaumatua ANZASW

Palmerston North

17/08/06

Interview Fourteen

Gavin Rennie

Unitec

Auckland

11/09/06

Appendix IIIb - Letter to Interviewees



Massey University
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES

SCHOOL OF SOCIAL
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Private Bag 102 904
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New Zealand
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F 64 9 441 8162
www.massey.ac.nz

The Relationship of Social Work and Counselling in Aotearoa/New Zealand: Past, Present, and Future Perspectives

Information Sheet

Dear

My name is Barbara Staniforth and I am writing to ask you to consider being involved in my PhD project which is looking at the past present and future relationships of Social work and counselling in Aotearoa New Zealand. I am currently employed as a lecturer in social work in the School of Social and Cultural Studies, Massey University, Albany. My supervisors in this project are Dr Christa Fouche and Dr Mike O'Brien, both of Massey University, Albany.

As you are aware, social work and counselling or psychotherapy share differing relationships to one another the world over. As relatively little has been written about these relationships here, I am asking you to help me create an archive of some of the variables which have shaped the history and current status of the two in Aotearoa/New Zealand. The information you provide will help form the context for the second phase of my PhD which will involve sending questionnaires to ANZASW members to gather a snapshot of current views and practice of counselling and social work today.

I am using a snow ball sampling technique for this research in order to attempt to cover the area as comprehensively as I can. Your name has been provided to me from another participant who has identified you as someone who can contribute significantly to the understanding of the evolution of social work and counselling here.

I am requesting approximately one hour of your time for a taped interview which will follow a general set of questions which I have attached. I would like to use your information in my PhD and other possible future publications. I will be transcribing the interviews and I would like to make the information available to others in the future by also storing the tapes in an archive in the Massey University Library. As such, you will be identified in this research and other possible publications, both by myself and possibly others. I will also store the transcripts for at least five years in a filing cabinet in my office at Massey University.

I do not anticipate that there are any foreseeable likely risks involved for you if you participate in this project. While there may not be any significant gains to you directly, you will have contributed significantly to our understanding of the evolution of social work practice in Aotearoa/New Zealand.

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- *decline to answer any particular question;*
- *withdraw from the study up until such time as you have signed the transcripts release agreement;*
- *ask any questions about the study at any time during participation;*
- *proof read and amend transcripts of your interview;*
- *be given access to a summary of the project findings when it is concluded;*
- *decide whether your tape will be archived or not;*
- *request that your tape be returned to you.*

You also have the right to ask for the audio tape to be turned off at any time during the interview.

If you have any questions or concerns regarding this research or my conduct, you may contact either :

Barbara Staniforth (Researcher)
09 414 0800 extn 9084
b.l.staniforth@massey.ac.nz

Dr Christa Fouche
09 414 0800 extn 9082
C.B.Fouche@massey.ac.nz

Dr Mike O'Brien
09 414 0800 extn 9161
M.A.Obrien@massey.ac.nz

Thank you for your consideration and possible participation in this study.

This project has been reviewed and approved by the Massey University Human Ethics Committee, ALB Application 05/072. If you have any concerns about the conduct of this research, please contact Associate Professor Kerry Chamberlain, Chair, Massey University Campus Human Ethics Committee: Albany, telephone 09 414 0800 x9078, email humanethicsalb@massey.ac.nz.

Appendix IIIc - Consent Form Interviews



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The Relationship of Social Work and Counselling in Aotearoa/New Zealand: Past, Present, and Future Perspectives

PARTICIPANT CONSENT FORM

This consent form will be held for a period of five (5) years

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being digitally taped.

I wish/do not wish to have my CD returned to me.

I wish/do not wish to have the interview on CD to be placed in the Massey University Library.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: _____ Date: _____

Full Name - printed _____



Appendix III d - Release of Transcript Form



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AND CULTURAL STUDIES
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New Zealand
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www.massey.ac.nz

The Relationship of Social Work and Counselling in Aotearoa/New Zealand: Past, Present, and Future Perspectives

AUTHORITY FOR THE RELEASE OF TAPE TRANSCRIPTS

This form will be held for a period of five (5) years

I confirm that I have had the opportunity to read and amend the transcript of the interview/s conducted with me.

I agree that the edited transcript and extracts from this may be used by the researcher, Barbara Staniforth, in reports, presentations and publications arising from the research.

Signature: _____ Date: _____

Full Name - printed _____



Appendix IIIe – Semi Structured Interviews

Interview Questions:

Relationship to This Topic

Could you describe the role you have played in social work or counselling in Aotearoa/New Zealand, and your relationship to the two?

Definitions

What would your definition of the word counselling be?

What would your definition of social work be?

Where would you include group work and family work?

Historical Developments and Contributions

What is your impression of the paths that social work and counselling have taken in Aotearoa/New Zealand?

What are the major historical developments or movements which you have seen in relation to these areas?

What are the factors which are unique to Aotearoa/New Zealand which have played a part in the historical developments?

What influence do you feel that Tangata Whenua have played on the evolution of the thinking about social work and counselling in Aotearoa/New Zealand?

Current Views

What do you feel is the current relationship of social work and counselling in Aotearoa/New Zealand?

Future Trends

What future trends would you predict in relation to these areas?

Are there any other comments you would like to make in relation to this topic?

Appendix IV - Information Sheet Questionnaire



Massey University
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New Zealand
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F 64 9 441 8162
www.massey.ac.nz

Past, Present and Future Perspectives on the Relationships of Social Work and Counselling in Aotearoa New Zealand

Dear Colleague,

Kia ora, Talofa, Malo e Leilei, Fakaalofa, Kia Orana, Ni Hao, Namaste, Bula Vinaka, Anjong Haseyo, Salaam and Greetings!

My name is Barbara Staniforth. I am currently working as a lecturer in the School of Social and Cultural Studies, Massey University, Auckland. Previous to that I have worked in mental health both here and in Canada. I am currently undertaking a PhD looking at the relationships of social work and counselling in Aotearoa New Zealand. I have been given your contact details by the ANZASW who are supporting this research and I am requesting fifteen minutes of your time to help me in this process.

Social work and counselling in Aotearoa have been like two rivers; sometimes flowing together, and at times seemingly going off on their own trajectories. This study attempts to capture a snapshot of the current views and practice in regards ANZASW social workers and counselling.

Definitions abound as to what is encompassed within the word 'counselling'. Each of us may have our own definition, based on our histories, our culture and our education. For the purpose of this study I provide the following broad definition of counselling. provided by Mark Ludlow in his New Zealand book *Counselling and the Law* (2003)

"a therapeutic process involving interaction between a counsellor and a client aimed at enhancing the quality of the client's life by assisting them to overcome relationship difficulties, to deal with the consequences of trauma, to cope better with difficulties encountered in relationships in the workplace, or to change patterns of behaviour that are actually or potentially harmful to the client or others." (p.4)

The questionnaire is divided into four parts. For convenience and speed, I have asked you to choose from a series of set responses. I realise that this may limit your ability to say what you really think, and I welcome your additional comments at the end of the survey.



The questionnaires will not be coded and as such your information will not be identifiable. I will however give the return envelopes an identifier to keep track of responses. The questionnaires and the envelopes will be kept separate when they are returned so your responses will be anonymous. I will keep the responses in a locked filing cabinet at Massey University. I will use the data from these questionnaires for this PhD project, and also in further presentations, or publications. By returning your questionnaire to me you will be agreeing to this use.

I do not envision that there is any risk posed to you by completing this questionnaire. If however you feel distressed by doing so you are welcome to contact either myself, my contact details are below, or Turoa Haronga, of the Takawaenga O Aotearoa Caucus of ANZASW on Turoah@xtra.co.nz.

My supervisors are:

Associate Professor Christa Fouche , Massey University
Phone: 09 414 0800 ext 9082
Email: c.b.fouche@massey.ac.nz

Associate Professor Mike O'Brien , Massey University
Phone: 09 414 0800 ext 9161
Email: m.a.obrien@massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application 06/076. If you have any concerns about the conduct of this research, please contact Associate-Professor Ann Dupuis, Acting Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 9054, email humanethicsnorth@massey.ac.nz

This research has also been endorsed by the ANZASW.

If you have any queries or concerns please feel free to contact me.

Regards,



Barbara Staniforth
Phone: 09 414 0800 ext 9084
Email: b.l.staniforth@massey.ac.nz

Appendix V - Questionnaire

Social Work and Counselling Questionnaire

Perceptions of the role of counselling in social work

1. According to the definition of counselling provided on page one, please circle a response on the 0 to 5 scale provided about how much you agree with the following statements.

A. Social workers who only do counselling are still doing social work.

- 0 I do not have an opinion
- 1 I do not believe this at all
- 2 I believe this somewhat
- 3 I believe this pretty much
- 4 I believe this to a large degree
- 5 I believe this completely

B. Counselling falls within the role of social work in many fields of practice.

- 0 I do not have an opinion
- 1 I do not believe this at all
- 2 I believe this somewhat
- 3 I believe this pretty much
- 4 I believe this to a large degree
- 5 I believe this completely

C. Counselling falls within the role of some social work practice, but not much.

- 0 I do not have an opinion
- 1 I do not believe this at all
- 2 I believe this somewhat
- 3 I believe this pretty much
- 4 I believe this to a large degree
- 5 I believe this completely

D. Social workers should be able to use counselling skills in their work, but not do counselling.

- 0 I do not have an opinion
- 1 I do not believe this at all
- 2 I believe this somewhat
- 3 I believe this pretty much
- 4 I believe this to a large degree
- 5 I believe this completely

E. Social workers should not be engaged in counselling.

- 0 I do not have an opinion
- 1 I do not believe this at all
- 2 I believe this somewhat
- 3 I believe this pretty much
- 4 I believe this to a large degree
- 5 I believe this completely

F. Social workers should not be encouraging change in individuals, they should be engaged in making change at more systemic levels.

- 0 I do not have an opinion
- 1 I do not believe this at all
- 2 I believe this somewhat
- 3 I believe this pretty much
- 4 I believe this to a large degree
- 5 I believe this completely

G. This definition of counselling is not appropriate to work with people of certain cultures.

- 0 I do not have an opinion
- 1 I do not believe this at all
- 2 I believe this somewhat
- 3 I believe this pretty much
- 4 I believe this to a large degree
- 5 I believe this completely

H. Social workers are not properly trained to perform these tasks.

- 0 I do not have an opinion
- 1 I do not believe this at all
- 2 I believe this somewhat
- 3 I believe this pretty much
- 4 I believe this to a large degree
- 5 I believe this completely

Counselling in social work practice

2. *What is your definition of social work?*

3. *Is there any way that the definition of counselling on page one could be amended to make it more acceptable to your view of counselling within social work practice in Aotearoa? If so, please describe below:*

4. *Is counselling stated as part of your job description?*

- A. Yes
- B. No
- C. I don't know

5. *According to the definition of counselling provided on page one, do you do counselling as part of your current job?*

- A. Yes, it is the majority of what I do.
- B. Yes, I do a fair amount of counselling in my job.
- C. I do a moderate amount counselling within my job.
- D. I sometimes do a small amount of counselling in my job.
- E. I use counselling skills in my job, but do not do counselling.
- F. I do not do any counselling within my job. (If you circled this response, please move on to question 8)

6. *Do you subscribe to a certain model of practice?* A. Yes B. No

7. *If you answered 'yes' to question 6, please circle the one model of practice that best describes the model you work from.*

- | | | |
|--------------------|--------------------------|--------------------------|
| A. Psychodynamic | D. Cognitive Behavioural | G. Narrative |
| B. Maori Models | E. Systemic | H. Eclectic/integrative |
| C. Strengths-based | F. Client Centred | I. Other (please state): |

Training

8. *Do you feel that your basic professional qualification prepared you adequately for the role of counselling within your job?*

- A. Prepared me really well
- B. Prepared me adequately
- C. Prepared me to some degree
- D. Did not prepare me

9. *Have you undertaken any additional training to improve your skills or knowledge in relation to the role of counselling within your practice?*

- A. Yes
- B. No

10. *If you answered 'yes' to question 9, please circle which kinds of training you have undertaken. (Please circle as many as apply)*

- A. In-service education in my workplace
- B. Workshop offered by an outside individual or group of less than a week
- C. Workshop offered by an outside individual or group for one week or more
- D. Intern training programme over long period of time (usually involves learning theory and then moving into practice in intensely supervised, often observed way)
- E. Paper or course offered by a polytechnic, university or college of education. Please specify course:

11. *Would you be interested in pursuing further education or training in the area of counselling?*

- A. Yes
- B. No

12. *If you answered 'yes' to question 11, please circle in what form you would like the training in counselling to be provided. (Please circle as many as apply)*

- A. In-service education in my workplace
- B. Workshop offered by an outside individual or group of less than a week
- C. Workshop offered by an outside individual or group for one week or more
- D. Intern training programme over long period of time (Usually involves learning theory and then moving into practice in intensely supervised way)
- E. Single paper or course offered by a Polytechnic, University or Wananga.
- F. Series of papers offered by a Polytechnic, University or Wananga leading to a certificate or diploma.

13. *If you would like further training in any counselling theories or models please indicate which ones below. (Please circle as many as apply)*

- | | | |
|--------------------|--------------------------|--------------------------|
| A. Psychodynamic | D. Cognitive Behavioural | G. Narrative |
| B. Maori Models | E. Systemic | H. Eclectic/integrative |
| C. Strengths-based | F. Client Centred | I. Other (please state): |

Demographic details

Please circle the response which best describes your situation.

14. *What is your gender?*

- A. Female B. Male

15. *How old are you?*

- A. 20-30 B. 31-40 C. 41-50 D. 51-60 E. 60+

16. *What is your ethnicity?* _____

17. *Do you identify with any particular form of spirituality?*

- A. Yes B. No

18. *If you answered 'yes' to 17, do you think it impacts on your practice?*

- A. Yes B. No

19. *Were you born in NZ?*

- A. Yes B. No

20. *If you answered 'no' to question 19,*

A. *Where were you born?* _____

B. *How long have you been living in NZ?* _____

21. *If you answered 'yes' to question 19, have you ever worked as a social worker overseas?*

- A. Yes B. No

22. *How long have you been practicing as a social worker?*

- A. 1-2 years B. 3-5 years C. 6-10 years D. 11-20years E. 21+years

23. *What is your highest level of education?*

- A. No formal education
B. NZ diploma in social work
C. NZ diploma in related field, (Please specify): _____
D. NZ BSW
E. NZ MSW Applied
F. NZ MSW
G. Overseas trained BSW
H. Overseas trained MSW/MSW Applied
I. PhD
J. Other _____

24. *What is your current field of practice?*

- A. Education and Training
- B. Health- Adult
- C. Health- Child and Adolescent
- D. Mental Health -Adult
- E. Mental Health- Child and Adolescent
- F. Child Youth and Family
- G. Corrections
- H. Counselling
- I. Community/Iwi Development
- I. Other please specify: _____

25. *What Sector do you currently work in?*

- A. Iwi Social Services
- B. Government Agency
- C. Not-for-Profit Agency
- D. Private Practice

26. *Which role describes best the majority of your current practice?*

- A. Direct practice
- B. Management
- C. Research
- D. Teaching
- E. Other, please specify: _____

27. *If you are working directly with clients, please circle the response below which indicates who you work with: (Please circle all that apply)*

- A. Individuals
- B. Whanau/Family
- C. Groups
- D. Communities

28. *Please provide any additional comments which you would like to make here:*

Kia ora and thank you for taking the time to share your perspective and practice with me.

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