

# *Practice Reflexions* Volume 3, No. 1 - December 2008

## **Table of contents**

### **Editorial**

Responding to the times *Marg Lynn* 1

### **Refereed article**

Developing a social enterprise project idea with the disadvantaged from the 'bottom up' *Klaus Serr* 3

### **Refereed article**

Strengthening knowledge-guided practice *Yvonne Darlington and Jennifer Osmond* 17

### **Refereed article**

Male caregiving of a spouse with Alzheimer's Disease: A narrative of care *Wendy Wondrock and Sandra Taylor* 28

### **Non-refereed article**

'A local response to Welfare to Work': a methodology of story collection *Sandy Joffe and Val Kay* 40

### **Non-refereed article**

Developing a practice framework *Audrey Matthews* 47

### **For your attention**

New Community Quarterly *Jacques Boulet* 55

## **Editorial: *Responding to the times***

This third issue of Practice Reflexions continues our theme of reflecting on good practice, and on the theoretical insights from which it draws its strength. More than ever, our professional field needs social, welfare and community workers with a strong sense of their purpose, their potential for facilitating positive change, and their willingness to engage with the complexities of our society, not just the complexities of our organisations. The last month or two has seen the most extraordinarily rapid advance towards global economic crisis, guaranteeing a harsher reality for our clients and our communities, leaving us breathless and unprepared for the additional pain, financial exposure and reduced opportunities for so many of our fellow citizens. We need to be good practitioners and bottom-up policy advisers in order to respond creatively to the challenges brought by new conditions.

One creative response to poverty is explored in this issue by Klaus Serr's paper. His action research with a group of disadvantaged people aims to build with them a sustainable social enterprise. He provides us with an example, and potentially a transferable model, of practice that unpacks the elements required to create a process of empowerment based on genuine participation. In his case it is for a group whose members have had limited access to education, ongoing employment, and formal engagement with decision-making and the skills that underpin it. Sandy Joffe and Val Kay's paper takes an alternative approach to addressing poverty. They present a project that has worked with community agencies to facilitate clients telling their stories of being affected by the Welfare to Work policy, clothing statistics in personal experience, and influencing the policy process.

Other stories of practice are told in this issue. Wendy Wondrock and Sandra Taylor's paper also personalizes the impersonal with a single case study insight into the lived experience of a man caring for his wife who has Alzheimer's Disease. Such knowledge, when grounded in the methodological, gerontological and practice-based literature it is, becomes the basis for strong practice. Strengthening knowledge-guided practice is the theme of Yvonne Darlington and Jennifer Osmond's paper. They explore a research and training process they have led to encourage practitioners to re-engage consciously with theory, and to build into their practice, and into their organisations' commitment to them, the means by which they can give time and energy to their continuing professional development. The participants in their study acknowledge, among other things, the value to their practice in better informed and more confident decision-making, and the professional satisfaction of contributing to best practice.

We are keen to publish work that demonstrates some of the scaffolding of good practice. This will often start in earnest with the self-conscious and reflexive process of an undergraduate student intelligently analysing her placement experience which has required her to 'integrate theory and practice' – an expression we use almost glibly, but which becomes a profound process of discovery, and, if she is fortunate, equips her for a professional life of reflective and reflexive practice. We hope that in reading the student paper we have published by Audrey Matthews, we will encourage other students to send us for consideration their well-conceived assignments or papers that reflect Practice Reflexions' vision statement.

Finally in this issue, we want to draw to your attention our ‘cousin’ journal, *New Community Quarterly*, which concentrates on excellent community development practice, and invites you to engage in a wealth of related activities that it promotes and discusses.

We also want to remind you about our on-line discussion group, which you can join by clicking on the link on our homepage. While a number of you have joined, not many of you have sent an email to the list yet. We are grateful to those of you who have contributed their thoughts on practice or policy, raised a contentious point for discussion, or responded to others’ ideas, and we would love to encourage more of you to join and help create this on-line community-in-dialogue, exploring the issues that matter to you.

*Marg Lynn is a senior lecturer in social and community welfare at Monash University Gippsland*

## **Developing a social enterprise project idea with the disadvantaged from the ‘bottom up’**

**KLAUS SERR**

### **Abstract**

*This paper looks at a small pilot project which aimed to develop an anti-poverty strategy with a small number of disadvantaged people in inner-urban Melbourne. The main objective of the project was to facilitate a small group of people so that they themselves could develop a social enterprise idea as a way of addressing some of their issues of poverty. The pilot study also tried to ascertain whether the participating welfare agency would be interested in integrating such a project idea into its existing services. The paper discusses some of the processes and difficulties involved in arriving at the participants’ social enterprise idea, clearly showing that the disadvantaged people themselves have the capacity to contribute to the development of similar anti-poverty project ideas.*

**Keywords:** *Social Enterprise; poverty; disadvantage.*

### **Introduction**

Social problems such as poverty and homelessness continue to be major community concerns in most OECD countries including Australia (Serr 2006c). As many governments around the world have been committed to neo-liberalism, they have often implemented narrow economic policies including privatisation, deregulation and the reduction of the public services sector. While there has been an actual increase in the demand for social welfare provisions as a result of social dislocation, the need for a variety of public services has often not been met (Australian Council of Social Service 2008). Instead, governments in Australia, USA. and to some extent the UK have focused on the ‘failures’ of the welfare state and progressively questioned the legitimacy and even the necessity to provide social services to the poor. Since the 1990s there has also been a greater emphasis on ‘individual responsibility’, ‘mutual obligations’, and the promotion of greater community involvement under the banner of ‘volunteerism’. The trend of questioning the value of the welfare state and the provision of social services was resolutely pursued by the Howard government and the influential Centre for Independent Studies (CIS) in the early and mid-2000s (Senate Community Affairs Reference Committee, 2004; Saunders 2005; Australian Government 2006). This trend was followed by an increased interest in the notions of ‘social capital’, ‘social entrepreneurship’ and ‘social enterprise’, and a change in public policy away from traditional public welfare. Given this context some commentators view the keen interest shown by governments in social enterprises (SEs) with some scepticism (Gray, Healy and Crofts 2003).

## Social enterprises

The growing focus on SEs has been particularly notable in Britain with the development of a 'social enterprise strategy' in the early 2000s to support, finance and resource SEs. Consequently the U.K. government also set up the Social Enterprise Unit (SEU 2005) and the Social Enterprise Coalition (SEC 2005) to initiate research into SE models and assist the establishment of SEs. While not so pronounced in Australia, the level of interest and support for SE options has risen in both the government and the non-government sectors (Barraket 2004). Thus we have seen various support schemes emerge, such as the Prime Minister's Community Business Awards for partnerships between the community and business sector (Serr 2006b), and community building strategies in various States. In Victoria, for example, such strategies had been developed under the Department for Victorian Communities (DVC 2003-2006)

While definitions of SEs vary, they invariably have a business focus in order to produce goods or services to generate profits. This orientation on economic and business development has led to some strong criticism since the approach can potentially undermine more traditional community-based development processes and models (McArdle 1999; Gray et al 2003). However, SEs tend to develop strong links with various community stakeholders and have an ethical/social agenda in order to benefit the community in some way. This process normally includes the sharing of operational surpluses (Barraket 2004, Serr 2006b). Many commentators also suggest that SEs can create employment and training opportunities through commercial activities and encourage notions of self help in the community (Simmons 2000; Talbot, Tregilgas & Harrison 2002).

Although Australia has a long history of intentional communities and cooperatives (see Metcalf 1995; Serr 2006b), it has only recently become interested in SE models. Compared to other developed nations such as Britain, the Australian SE sector is still relatively undeveloped, especially when it comes to applying this model to the work with disadvantaged people (Serr and Rose 2008). Much of this work relates to skills training and the creation of employment options for disadvantaged people and is managed through existing welfare agency infrastructure. The Brotherhood of St Laurence (BSL), for instance, has played a leading role in sponsoring and supporting various SE projects as part of its 'Innovation Hub' established in 2003. SE projects thus developed include:

- Community Cleaning and Training Enterprise
- Charity Waste Recovery Centre
- A catering business that provides meals to BSL homeless programs
- The Hunter Gatherer clothing label and fashion stores
- The Phillips Gate project in West Heidelberg that is developing a range of enterprise including a community café (BSL 2003)

As SEs are increasingly becoming part of the work of established service providers, some commentators have claimed that the SE approach can achieve better outcomes for the disadvantaged than the traditional welfare sector, because of their capacity to engage and empower people (Gray et al 2003). In this context criticisms of established welfare provisions have gained momentum both in government and some sections in the community sector. Whereas recent public policy is questioning the traditional framework of the welfare state itself, some researchers want to see a greater involvement by the disadvantaged themselves in the identification of social issues such as poverty but also in the development of anti-poverty strategies (Peter Saunders 2005; Serr 2006a). In many ways the SE approach therefore seems to lend itself to the achievement of the government's agenda to reduce its role in the community sector. On the other hand, SE models may open new innovative options to involve and empower the disadvantaged. Yet it is still unclear whether an SE can really serve the needs of the disadvantaged more effectively than traditional service approaches. What seems obvious, however, is the fact that not many SE projects have consulted and involved poor people themselves in the design and management of SEs, in order to really empower them..

This paper therefore looks at a small pilot project which aimed to develop a social enterprise idea with a small number of disadvantaged people in inner-urban Melbourne. The context for the project is the idea that the disadvantaged need to be involved in defining their own problems as well as being part of developing their own solutions (Narayan 2000b; Serr 2004b). This project is also based on some research conducted earlier as part of the Shattered Dream study, which asked a small number of disadvantaged people, service providers and researchers/advocates to define poverty issues (Serr 2006b).

### **The aim of the project**

The main aim of the project was to facilitate a small group of disadvantaged people in order to develop an SE idea as a way of addressing the participants' issues of poverty. The pilot study also tried to ascertain whether an existing welfare agency (EWA) would be interested in integrating the SE project idea into its current service structure. To this end in 2004/5, the author (who is also the researcher) set up meetings with the group of participants for 2 hours per week over a 10-12 week period. At the end of the process, the SE idea was to be presented to the EWA to see if the agency was interested in exploring options to host such a project. It was made clear to all participants at the beginning that the development of the project idea might not be accepted by the agency, which made no commitment other than to look at the SE proposal.

### **Access and recruitment of participants**

The project was conducted at a large inner-urban welfare agency in Melbourne. This EWA granted access to their clients and also assisted with the recruitment process. The project was advertised at the agency's premises and explained to interested parties. An agency worker then selected volunteers based on the researcher's selection criteria, that volunteers a) were willing to cooperate and be part of the discussion group; b) had the cognitive abilities to understand the task required; c) were not under

the influence of alcohol or any other substance which could interfere with the research and d) were competent to give formal consent to participate.

The initial group selected consisted of 12 disadvantaged volunteers (7 females and 5 males), age-range 22 - 72. These participants had low levels of educational achievement, and only two people had current casual/part-time work. After a number of weeks a small core group of two men and three women emerged who were critical in the development of the final SE project idea.

### **Limitations and strengths of the approach**

A number of participants had transient/unstable lives without permanent accommodation, lacking adequate opportunities and life chances. Most also suffered various personal problems, inhibiting their ability to fully participate in the project and reducing their capacity to continue to attend the regular meetings. Most participants had initial difficulties in understanding the concept of the project and how a so-called 'SE' could ever address poverty, their problems or needs, and were sceptical about their ability to develop an SE idea, and about whether an SE could ever become reality. No participant had ever attended or worked in a setting where there were more or less formal meetings.

One of the most significant aspects of this pilot was the fact that it clearly involved the disadvantaged themselves, empowering them to work on a possible strategy to address their problems of disadvantage. As time went on, the researcher observed that those participants who attended the meetings on a fairly regular basis developed a greater sense of confidence and self awareness. They not only understood the whole concept of the SE, but also developed a strong belief in themselves and the fact that they could be involved in such a project. The core group was therefore keen to put their thoughts into practice and enthusiastically explored related business ideas. As reported by agency staff this occurred even after the project was completed.

As demonstrated later in the paper however, limitations of this type of research emerged, in that while such research can facilitate the development of ideas and a change process for participants, it can be undermined by the constraints of risk management measures taken by an agency, who might otherwise have facilitated the research outcomes. What follows is a discussion about the development of the SE project idea and the kind of processes that were involved.

### **Developing a social enterprise: The Coffee Shop Project**

The core purpose behind this project was for poor people themselves to identify relevant poverty issues and then develop an SE to address their needs. Thus a "ground-up" approach was used to closely involve the disadvantaged throughout the development of the initiative. There is increasing recognition of the merits of this approach, especially in the area of poverty research. A number of researchers now acknowledge that the disadvantaged must take part in the definition and development of their own solutions to ensure better outcomes for the disadvantaged (Narayan 2000; Peter Saunders 2005; Serr 2004b). This trend also acknowledges that poverty is a

multi-dimensional experience and does not relate solely to the lack of income (Serr 2004a; 2006a).

### **Initial processes and difficulties encountered**

While the participants were curious at the first meeting with the researcher, most had only really attended to see what would happen. They had no conception of how to work in a group, nor did they have the skills to function in a formal/ semi formal meeting. Many of the participants had multiple personal problems, including homelessness, emotional/psychological difficulties, and addictions to various substances such as alcohol and drugs. Some participants therefore appeared volatile on occasion. Others, especially those with low self esteem, were also vulnerable to being ridiculed and attacked by others in the group.

There was much confusion in the first meeting where most participants were unable to speak without being interrupted by someone else in the group. While some members never spoke, others would not stop talking once they had started. Some people had a lot of good ideas but others were unable to articulate clearly what they had in mind. The group also had major difficulties in grasping the key ideas behind the project and were rather unsure as to whether they wanted to be involved in the initiative. The initial few meetings were therefore taken up with:

- keeping the group going
- developing the necessary skills of the group so that members could actually function and work together in the meeting
- re-iterating the aim of the project
- explaining how poverty is defined and deciding how this particular group wanted to apply the concept
- explaining the concept of an SE and the fact that it was the disadvantaged themselves who needed to develop the idea of it

### **Defining poverty and the objectives of the project idea**

The most difficult task for the group was to understand how to define poverty. After much debate participants finally agreed to use it in the same way as the disadvantaged in the *Shattered Dreams* study (Serr 2006b) had developed it earlier. Since people in the earlier group had also come from the inner-urban areas of Melbourne, with similar lives and socio-economic characteristics, they seemed to resemble the participants' own poverty experiences. Thus they agreed with the earlier group that poverty involves:

... many factors, including lack of income and resources, substandard accommodation, family conflict/breakdown, lack of social or community networks, personal problems and ill health, physical hardship, negative outlook on life and the experience of personal degradation (Serr 2006b:x).

Thus participants in this project agreed that poverty is a multi-dimensional problem, and identified with the poverty categories developed by the people interviewed in *Shattered Dreams*, as outlined in Box 1. However the current participants insisted on including unemployment in the list of categories, as they thought unemployment relates clearly both to their own poverty experience and to the solution to poverty.

### **Box 1: Poverty Categories Identified in Shattered Dreams**

1. Multi-Dimensional Aspects
2. Lack Of Adequate Income
3. Substandard Accommodation
4. Family Conflict/Breakdown
5. Lack Of Social/Community Networks
6. Personal Problems

**Source:** (Serr 2006b:7).

Once poverty was thus defined and agreed upon by the participants, the next task for the group was to identify the objectives of the actual SE project they wanted to develop. Based on the poverty definition and the kinds of needs implicit in poverty experienced, the group agreed on the following objectives for their SE project:

- (a) To meet the needs of participants
- (b) To provide relevant skills and training for the participants
- (c) o provide employment opportunities for the participants
- (d) To make the project self-funding over time
- (e) To make a positive contribution to the local community (Serr & Rose 2008).

### **Developing the SE project idea**

As already pointed out, the initial process of working with the group was difficult given the diversity of people involved and the many kinds of personal problems experienced by the members. Low levels of general education reduced the participants' ability to understand the initial tasks required. The lack of skills to conceptualise the idea behind the project was further compounded by the fact that no participant had ever been part of a formal meeting or a discussion group. Part of the confusion in the early meetings was also due to the fact that people kept coming late to meetings or dropping out of the process over time. Sometimes an unknown person would turn up, contribute to the discussions, and never return again. Some meetings were also characterised by tensions between participants when potential conflict had to be avoided and people needed careful management. The vulnerability of participants was also demonstrated when one homeless young woman became emotionally attached to the researcher, writing inappropriate letters and leaving

numerous telephone messages. Eventually she had to be referred to the participating agency and counselled to leave the project.

Despite the many initial presenting problems, participants developed the necessary skills for the project at a remarkable pace, applying themselves with great enthusiasm to the tasks at hand. Once people had gained confidence, they showed amazing creativity and talents, and their in-depth knowledge of poverty and real life experience came to the fore. This enabled the group to come up with their project idea, which included some of the planning stages and possible management structure of the coffee shop. During the development process, the group clearly recognised that their project had to be hosted by an existing agency, both to make it successful and to provide the kind of personal support still needed by each individual member of the group.

Table 1 presents the broad SE idea developed by the participants, where the main purpose of the project is to set up a Coffee Shop. However the project also includes a Food Store, a Training Venue, and a General Office, all to be housed in one building.

**Table 1: The Coffee Shop Project**

SETTINGS	FUNCTIONS
1. COFFEE SHOP	<ul style="list-style-type: none"> <li>The coffee shop intends to sell basic food items such as: coffee/ tea, soft drinks, cakes, foccacias, sandwiches</li> </ul>
2. FOOD STORE	<ul style="list-style-type: none"> <li>The food store will be located near the coffee shop and provide some subsidised non-perishable food items for local disadvantaged people</li> <li>Membership based system may be considered to draw in the local community</li> </ul>
3. TRAINING VENUE	<ul style="list-style-type: none"> <li>This facility can be used for training purposes for the participants themselves but also intends to organise recreational activities such as yoga/meditation/needle classes for the local community. It is hoped that participants will patronise the coffee shop</li> </ul>
4. OFFICE	<p>The office is to:</p> <ul style="list-style-type: none"> <li>facilitate the setting-up process of the coffee shop and also assist in the running, promotion and advertising of its activities</li> <li>organise and manage recreational classes</li> <li>set-up additional small businesses once coffee shop is fully operational; ideas so include: gardening business, food delivery, furniture removal services, handyman service</li> </ul>

**Source: Adapted from Serr & Rose (2008).**

Accordingly the Coffee Shop is to provide some basic foods items without the need for intensive preparation and cooking. Participants clearly wanted to make profits through this enterprise, and they also wanted to assist local people who are in need and disadvantaged. Thus they developed the idea of the Food Store alongside the Coffee Shop to provide cheap and subsidised non-perishable food stuffs. The aim of a training facility is to have a venue which can be used by the group to run relevant training for its members to acquire the skills necessary to run its operations. In addition, the venue could be used by the local community for recreational activities. It was hoped that people attending these activities would also patronise the Coffee Shop to increase its revenue. Although the general office was simply going to be the place of the group's administration, participants also decided that they wanted to use it to set up other small scale businesses, such as a furniture removal service for instance. The group anticipated that the Coffee Shop would eventually be able to employ its members and become financially self-sustaining. Members also hoped that the income from the Coffee Shop and Training Venue would be able to subsidise the Food Store, and assist some of the needy people in the area. A membership scheme was thought of where people in the local community might join and thus be encouraged to eventually support the Coffee Shop and Food Store.

### **The project's structure and operations**

Table 2 describes the details of the SE idea developed by the group and how the participants thought the project could be structured and managed.

Participants felt strongly that the SE should be based in inner-urban Melbourne in order to maximise the opportunities for the development of a successful venture. They wanted to limit the number of disadvantaged people involved in the SE, to minimise the potential problems within the group and in the operation. Thus the group identified a number of problem areas which might present difficulties for the successful operation of the SE. These included:

- Personal conflict between participants and staff
- Disagreements between participants regarding roles, functions, and day-to-day activities
- Individual participants becoming unwell or just not turning up for work, leaving the operation unattended
- Some individuals not 'pulling their weight'
- Someone not 'fitting in' with the project, and having to be asked to leave the project
- Other people coming from the outside bringing in problems/conflict, making it essential for rules to be clearly established; for example, no drugs/alcohol on premises (Serr & Rose 2008).

In order to deal with the anticipated difficulties the group felt that agency staff needed to be involved in the SE, and should continue to be available to assist and support individuals when required. As the Coffee Shop idea was quite a 'big idea' to start out with, participants were quite realistic. They did not think such a major project could be started from the beginning without adequate knowledge, training and skills. Therefore they thought of starting out in a more modest way, first with the Office and a small business idea such as the furniture removal service. This would allow participants also time to attend necessary training classes and develop the kind of skills and working relationships with each other.

As Table 2 makes clear, the group also proposed that various stakeholders needed to be involved in the management of the SE. Since this is a 'bottom up' approach, participants felt strongly that they have to be included and represented in any management structure. Thus it was proposed that there should be a Board of Management, consisting of members of the projects (participants), agency staff and some members of the community with the relevant business expertise.

**Table 2: Proposed Project Details**

<b>Number of Participants</b>	<ul style="list-style-type: none"> <li>• 5-10 people, with preference given to the current six participants</li> </ul>
<b>Location/ Venue for the Project</b>	<ul style="list-style-type: none"> <li>• The project should be housed in an independent and suitable building in inner-urban Melbourne</li> </ul>
<b>Starting small with the Office</b>	<ul style="list-style-type: none"> <li>• The project should start with the Office and a small business idea such as the furniture removal service in order to develop the bigger project</li> </ul>
<b>Anticipated Problems</b>	<ul style="list-style-type: none"> <li>• Various difficulties associated with on-going personal problems and support needs</li> </ul>
<b>Support Needs identified by the Participants</b>	<p>In order to deal with anticipated problems, participants suggested that:</p> <ul style="list-style-type: none"> <li>• Two appropriately skilled staff members assist the project</li> <li>• Individual participants still need access to and support from agency staff when required</li> </ul>
<b>Management and Governance of the Project</b>	<p>The project should be managed by a Board, consisting of:</p> <ul style="list-style-type: none"> <li>• Participants</li> <li>• Relevant agency staff</li> <li>• Researcher</li> <li>• External representatives with relevant expertise, such as food handling and accounting</li> </ul>

	While the group was interested in investigating cooperative methods and principles, processes of governance, and mission statements/regulations, it was recognised that these would need to be clearly established and fit in with what is possible in relation to the work of EWA
<b>Roles within the Project</b>	<p>People/organisations involved would have the following roles:</p> <ul style="list-style-type: none"> <li>• Participants be directly involved in all activities of the project</li> <li>• The EWA to auspice and support the project</li> <li>• Researcher to be responsible for developing and conducting an action research project to document the progress and processes of the project</li> <li>• EWA and researcher to investigate/seek funding options for the project</li> </ul>
<b>Advertising the Project</b>	<p>Possible public relations options suggested include:</p> <ul style="list-style-type: none"> <li>• Developing a leaflet and then mail-out/letter drop</li> <li>• A launch by someone well known</li> <li>• Local newspaper feature/article</li> <li>• Community Radio interviews</li> </ul>
<b>Funding Options</b>	<p>Possible funding options include:</p> <ul style="list-style-type: none"> <li>• Government/DHS</li> <li>• Philanthropic Trusts/Foundations</li> <li>• Local Council</li> <li>• Fund raising activities</li> <li>• Corporate sponsorship</li> </ul>

Source: Adapted from Serr & Rose (2008)

While it is clear that the project would have to be hosted by an EWA, the group also saw value in an action research component in which the researcher would document the process during the different set-up stages. Funding for the proposed SE would need to be investigated and applied for by the EWA and researcher. Once the project was to go ahead, the group suggested several options for advertising/marketing, including a public launch, mass mail-out, and media campaign.

### **Project successes and impediments**

The great success of this pilot was that in a brief period of time participants developed an SE idea as a way of tackling their own poverty problem. This achievement confirms both the findings of other studies, and the fact that disadvantaged people

themselves have a significant role to play in developing poverty alleviation strategies (Narayan, Chambers, Shah and Petesch 2000; Serr 2004a, 2006a).

Despite being marginalised in society with low educational attainment, life chances and opportunities, the disadvantaged here have shown a remarkable capacity to understand the complex conceptualisations with which they had clearly struggled at the beginning. After only a few weeks, participants were able to overcome many of the hurdles of personal circumstances and the difficulties in working in a totally new and different environment. They mastered the skills in constructive engagement among themselves, and successfully brainstormed, workshoped and planned activities unknown to them previously. Without any prior knowledge of business and SE models, they developed a project idea that is both creative and innovative. This achievement again demonstrates that the disadvantaged have great potential to make very constructive contributions to poverty solutions if they are only given the opportunity and chances to do so.

Although the participating agency made no commitment to actually set up an SE with the participants, it had promised to look into the feasibility of the idea at the end of the process. When the EWA showed no interest in exploring the proposed SE further, participants were clearly disappointed despite no promises having been made to them. For this reason the researcher has undertaken to explore opportunities with other agencies to accommodate the project idea.

The EWA's decision not to continue the project seems to be based on two factors: first, it felt that such a project could not be integrated into the existing service model of the agency; second, the project was seen as 'too risky'. These risk factors included:

- Questions about the financial sustainability of such a project, as its development would require significant resources over a number of years
- Health and safety issues which could potentially expose the agency to legal liability, especially around the handling of food
- The general 'risk' such a project would inevitably pose to the agency
- Issues of governance and control over the project's operations, including financial accountability (Serr and Rose 2008).

While the decision by the EWA has disappointed the participants who were keen to develop a real SE project from 'the bottom up', the approach taken by the agency needs to be seen in the wider organisational context, where welfare agencies increasingly operate in an environment dominated by 'risk management' and 'financial accountability'.

Even though this current paper cannot explore these issues further, it is important to note that the work of organisations like the EWA are increasingly influenced by considerations of 'risk', to protect the interests of the agency and its staff. As Green (2007:397) points out:

Alongside this corporate approach to risk management, related regimes, including those governing occupational health and safety, quality assurance, auditing, negligence, and professional indemnity, all take their place in the complex regulatory frameworks constructing risks and risk responses for social workers.

This approach originally comes from economics and related business models, to calculate and minimise 'risks' to business operations. Related models have not only influenced the corporate world but also other sectors including welfare service providers (see Beck 1992, 1998; McDonald 2006). In this context the decision by the EWA not to pursue the SE idea will therefore be explored further elsewhere. What needs to be investigated is whether the focus on managing the risk to protect agencies and their staff will ultimately undermine the development of innovative and creative anti-poverty approaches such as the 'bottom up approach' shown in this paper.

## **Conclusion**

This paper has explored some of the processes involved in the development of an SE idea with a small group of disadvantaged people in inner-urban Melbourne. The main objective of the project was for the disadvantaged themselves to look at their poverty issues and then develop an anti-poverty strategy in the form of an SE. The project also considered the factors influencing the participating agency's decision on whether to explore the possibilities of integrating the SE idea into its existing programmes.

As the discussion demonstrates, developing an SE with highly disadvantaged people where they themselves are the main actors in such an initiative is very intensive and difficult. People's lack of education, social disadvantage, and personal problems are demonstrated to be impediments to such an endeavour. However, this pilot project also shows how much potential poor people have to be part of their own solutions, and demonstrates the enormous creativity and innovation they bring to such efforts. If SEs are developed from the 'bottom up', with the disadvantaged actively involved in all parts of the process, SEs clearly have the potential to empower the disadvantaged and to help improve their situation. Much can therefore be gained through this process.

The fact that the EWA was not interested in pursuing the work of the disadvantaged group further has to be seen, at least in part, in the wider context of risk management which currently influences the organisational behaviour of the welfare and other related sectors. The EWA decision therefore warrants further exploration in a follow-up paper to see how the increasing focus of 'risk' by welfare agencies can potentially undermine SE and similar initiatives, which try to empower the disadvantaged.

## **References**

Australian Government (2006) Government Response to the Senate Community Affairs Reference Committee Report on Poverty and Financial Hardship, Canberra: Commonwealth of Australia.

Australian Council of Social Service (2008) Australian Community Sector Survey, ACOSS Paper 154 June 2008, Australian Council of Social Service, Strawberry Hills.

- Barraket, J. (2004) *Community and social enterprise: What role for government?* Report prepared for The Department of Victorian Communities, <http://www.dvc.vic.gov.au/enterprise.htm>.
- Beck, U. (1992) *Risk Society: Towards a new Modernity*, London: Sage.
- Beck, U. (1998), *World Risk Society*, Cambridge: Polity Press.
- Brotherhood of St Laurence (undated) *Exclusion, innovation, inclusion*, (Innovations Hub) Brotherhood of St Laurence, <http://www.bsl.org.au/main.asp>.
- Department for Victorian Communities (DVC) (2005) 'Community Building' Department for Victorian Communities Website, <http://www.dvc.vic.gov.au/building.htm>, [Accessed 4 August 2005].
- Gray, M., Healy, K., & Crofts, P. (2003) Social Enterprise: Is it the business of social work? *Australian Social Work*, Vol. 56, No. 2, 141-154.
- Green, D. (2007) 'Risk and Social Work Practice', *Australian Social Work*, vol. 80 (4), pp. 395-409.
- McArdle, J. (1999) *Community development in the market economy*, Melbourne: Vista Publications.
- Metcalf, B. (1995) *From Utopian Dreaming to Communal Reality*, Sydney: University of New South Wales Press.
- McDonald, C. (2006) *Challenging Social Work: the Institutional Context of Practice*, New York: Palgrave Macmillan.
- Narayan, D., Chambers, R., Shah, M. K. and Petesch, P. (2000) *Voices of the Poor: Crying Out for Change*, New York: Published for the World Bank, Oxford University Press.
- Narayan, D., with Patel, P., Schafft, K., Rademacher, A., and Koch-Schulte, S. (2000) *Voices of the Poor: Can Anyone Hear Us?* New York: Published for the World Bank by Oxford University.
- OECD (1999) *Social Enterprises*, Organisation for Economic Co-operation and Development, OECD Publications, France. <http://www.oecd.org/publications/>
- Saunders, P. (2005) *Poverty Wars: Reconnecting Research with Reality*, Kensington: UNSW Press.
- Saunders, Peter (2005), 'The \$85 billion tax/welfare churn', *Issue Analysis* Centre for Independent Studies, no 57, 7 April.
- Social Enterprise Coalition Website (SEC) (2005) 'About SEC', UK, <http://www.socialenterprise.org.uk/>.

Senate Community Affairs Reference Committee, (2004) *A hand up not a hand out: report on poverty and financial hardship*, Canberra: Commonwealth of Australia.

Serr, K. (2004a) 'Poverty Solutions: Listening to the poor ', in *Thinking About Poverty*, ed K. Serr, East Brunswick: Social Work Services P/L.

Serr, K. (2004b) 'Voices from the Bottom', *Australian Social Work*, vol. 57 (2), pp. 137-49.

Serr, K. (2006a) 'Alternative Anti-Poverty Strategies', in *Thinking about poverty*, ed K. Serr, Sydney: Federation Press.

Serr, K. (2006b) *Shattered Dreams*, East Melbourne: Catholic Social Services Victoria.

Serr, K., (2006c) (ed) *Thinking About Poverty*, 3rd edn., Sydney: Federation Press.

Serr, K. & Rose, D. (2008) *A Study into the feasibility of a social enterprise project: the coffee shop development*, East Brunswick: Social Work Services P/L.

SEU (2005) 'Social Enterprise' Social Enterprise Unit, Department of Trade and Industry, UK. <http://www.sbs.gov.uk/sbsgov/action/> [Accessed 27 July 2005].

Simmons, R. (2000) Social enterprises: An opportunity to harness capacities', *The Smith Family Research and Advocacy Briefing Paper No. 7*, December  
<http://www.smithfamily.org.au>

Talbot, C., Tregilgas, P., & Harrison, K. (2002) *Social enterprise in Australia: An introductory Handbook*, Adelaide: Adelaide Central Mission.  
<http://www.ucwesleyadelaide.org.au/publications/resources.htm>

*Dr Klaus Serr is a Senior Lecturer at Australian Catholic University, School of Arts and Sciences in Melbourne.*

## **Strengthening knowledge-guided practice**

**YVONNE DARLINGTON AND JENNIFER OSMOND**

### **Abstract**

*Social workers and other human services workers are increasingly required to justify their decisions based upon defensible knowledge. This paper describes an innovative process that was employed to facilitate knowledge-guided practice among human service workers in child protection. The process incorporated the running of training workshops with time limited follow-up support, at the workplace level, on significant practice topics. In addition to describing the process, we identify salient principles of the workshop and mentoring processes that could be incorporated into ongoing professional development programs. Throughout, the paper is informed by our own reflections on the implementation of workshops with child protection workers and comments received from workshop participants in relation to the benefits and challenges of strengthening knowledge-guided practice in the workplace.*

**Keywords:** *knowledge and practice, child protection, social work*

### **Introduction**

In this paper we describe a practical strategy which was utilised to encourage and facilitate the use of knowledge-guided practice in direct service delivery. The strategy discussed is based upon our own experience of developing training workshops and mentoring for statutory child protection workers in Queensland, Australia. The paper is informed by our own reflections on the implementation of workshops and mentoring with child protection workers and comments received from workshop participants in relation to the benefits and challenges of strengthening knowledge-guided practice in the workplace. Strategies for overcoming implementation problems are also suggested. Our central aim in this paper is to give transparency to the process so as to enable its transfer to a range of human service practice fields. In so doing, we have identified several principles for strengthening knowledge-guided practice through group based training and professional development. These ideas which are based on our reflections could be further empirically examined in the future.

### **Knowledge-guided practice**

Knowledge-guided practice is the application of critically considered research knowledge to service delivery. It is also referred to as evidence-based practice which combines practitioners' expertise and experience with current evidence on practice issues and topics (Sackett, Richardson, Rosenberg & Haynes 1997). Professional judgement is not devalued or substituted but extended and empowered by external sources of evidence (MacDonald 1998). Practitioners are encouraged to be critical thinkers, accountable, goal-directed and utilise high quality research to inform their practice (Gibbs 2003; Rosen 2003).

The evidence-based approach requires that the best possible evidence should inform practice. This necessitates the clarification of what denotes 'best' evidence. Those closely aligned with medicine have stipulated that the best form of evidence is that which has been produced from randomised, controlled trials. We, however, align more towards a pragmatic position (Trinder 2000). We see value in different types of research, as no one type can address all research questions and issues. However, the challenge when holding a pragmatic view of evidence is to critically appraise all research scholarship in terms of what it contributes to the problem or issue of focus and how it impacts positively or otherwise on client service delivery.

Previous research suggests that workers from a range of professions consistently have difficulty applying research based knowledge in their practice (Carew 1979; French 1999; Rosen 1994; Rosen, Proctor, Morrow-Howell & Staudt 1995; Ryan, Fook and Hawkins 1995; Smith 1996). Workers may read research reports, but without assistance in drawing out implications for their own work, such knowledge is rarely brought to bear in practice decisions. In a study of child welfare workers' understandings of physical child abuse, Darlington, Osmond and Peile (2002) found that participants did not appear to regularly consult theoretical literature and research. Likewise, Osmond and O'Connor (2006) found that empirically based knowledge was not routinely guiding practice behaviour.

There is no shortage of calls for workers throughout the human services, including child protection, to call upon evidence to inform their practice (Munro 2002). This presents two significant challenges for the broad field of child protection. The first is the pressing need to strengthen the evidence base of practice (Gilgun 2005). This can be achieved through consolidation of the existing knowledge base, through well-conducted meta-analyses of available research (Gough 2004; MacDonald 2004), and through further high quality research in key practice and policy areas. This first challenge is beyond the scope of this paper. The second challenge is to encourage and assist workers to make use of the evidence base that is currently available. Evidence-based practice, or as we prefer, knowledge-guided practice, will remain at the level of rhetoric unless organisations seriously develop structures to support staff, with the necessary training and time to seek and implement available evidence in their decision-making. Workers should obtain useable and relevant information efficiently, critically review it, both in terms of quality and its applicability to their setting, apply it to their practice and evaluate its usefulness. There is much that organisations can do to assist workers to access such relevant and quality information, through the increasing number of sources available for systematic review of research. Examples of such sources include the work being done by the Campbell Collaboration ([www.campbellcollaboration.org](http://www.campbellcollaboration.org)), Research in Practice ([www.rip.org.uk](http://www.rip.org.uk)) and the Evidence Network ([www.evidencenetwork.org](http://www.evidencenetwork.org)). Organisations can also ensure the wide dissemination of any internally undertaken reviews through either dedicated research or policy branches or by motivated workers in front-line, supervisory or management roles. Good quality literature reviews conducted as part of higher degree studies are another fruitful source for research syntheses.

The most accomplished research review can not, however, tell a child protection or human services team how to act in any given situation. Child protection decision-making is complex and multi-faceted. Practice decisions require a strong knowledge

base, coupled with a comprehensive assessment that takes into account the particularities of the situation, enfolded within a critical and ethical gaze. The capacity to apply research-based knowledge to specific practice and policy questions, in a specific client or agency context has to be learned by every knowledge user. Knowledge-guided workers, however, need to be able to formulate questions, gather the evidence and critically evaluate and apply the messages from this evidence to practice situations. An organisational culture that values and supports informed practice is critical to the effective implementation of knowledge-guided practice.

In the following sections, we outline several principles that we incorporated into our training and professional development with 61 statutory child protection workers. These are: using a generic model, work group based learning, a safe learning environment, learning in context, ongoing learning support, and having a local champion. These principles began to emerge during the implementation of the project. We had not initially conceptualised the importance of these principles until examining our own personal learning and that of the participants.

### **Using a generic model**

We deliberately used an approach to evidence-based practice similar to those used across a range of professional groups (Sackett et al., 1997). The most commonly used steps of evidence-based practice include: defining the problem or question, accessing information, critically assessing information, applying information to practice and evaluating practice outcomes, and generating new knowledge (Sackett et al., 1997:3). These steps provide a relatively simple and systematic framework within which to practice evidence-based practice. The simpler and more easily recognisable the model, the more likely it is to be remembered and taken up by workers. Second, the use of a generic set of steps enables workers in this field to link with the common language used in wider evidence-based practice forums.

### **Work group-based learning**

Wherever possible, we delivered training to established work groups. In some cases, participants came from an entire region, but there was always a small representative group from the staff of each office included. This meant that, on each occasion, a substantial number of staff who ordinarily work together were exposed to the knowledge and skills-based material being presented. We did this for two reasons. First, to be able to focus on common and current areas of concern in that office or region and second, in order to foster ongoing discussion and integration of material once they returned to their practice setting. This we hoped would facilitate and sustain change in work practices at the local level.

### **Providing a safe learning environment**

Raising the need for knowledge-based practice may be challenging for some practitioners, who may fear that their practice will be exposed and found wanting. Material needs to be introduced in such a way as to not only encourage interest and enthusiasm for the topic but also be non-threatening and immediately practice relevant. Throughout the training, participants worked in groups where they could

pool their knowledge. In this way, no individual was put on the spot in relation to their level of knowledge on a topic. We also fostered an environment where people could be honest and say what they thought and what they do, particularly around the types of knowledge they were using in practice. It was vital to stress the importance of 'not-knowing' and therefore giving participants' permission to 'not know' and see this as a necessary precursor to learning.

### **Learning in context**

We were keen to ensure that participants understood how to implement or use the knowledge they had acquired in their local context. Given that participants ordinarily worked in the same locality, we encouraged small group discussion on how new knowledge introduced through training could be translated to their own area. A number of processes were designed to facilitate this objective. Conducting the training at a work group level went some of the way to achieving this. Additionally, to ensure practice relevance, training topics were chosen in consultation with departmental staff in policy and practice roles.

Case study activities enabled participants to consider the application of workshop material to specific and current case situations. We used a two-stage process to choose cases for group exercises. Initially, all participants are asked to choose a current case that is meaningful to them in terms of the practice issues being discussed in the training. We then allocated a short period for each small group to choose one of these cases to form the basis of that group's discussion. At this point, pseudonyms were applied for all persons and other potentially identifying information. Thus, training-based case study activities held explicit links to participants' own practice and ensured attention to regional differences in geography, socio-economic context and client groups.

### **Ongoing learning support**

We surmised that however enthusiastically the training was received, the continuation of this process depended upon the commitment of the organisation and the work groups themselves. To facilitate this, small group sessions were offered following the formal training. The purpose of the follow-up support was to assist work groups to build on the knowledge and skills developed in the workshops, in ways that were realistically implementable at the local level. This took various forms, including site visits and, as well, email and telephone follow-up. The form of follow-up was negotiated separately with each region or office but with most groups it involved two contacts.

Additionally, it was important to have local champions for knowledge-guided practice. In each region, a senior staff member took on the role of coordinating the ongoing learning support. This person needed to have the trust of staff and be proactive in encouraging knowledge-guided practice; they needed to take an active interest in what was being learned and how staff could use this knowledge in day-to-day practice. The key benefits of having a senior person taking on this role were: to enshrine knowledge seeking activity as a legitimate and necessary part of practice; to keep the momentum going when day to day practice concerns threatened to derail

knowledge seeking behaviour; to foster both formal and informal scheduled opportunities and activities for discussion and reflection; and to exemplify cultural change in the organisation.

### **Challenges to implementation**

In the latter half of the workshops, we engaged participants in a discussion about how they might incorporate a knowledge-guided approach into their ongoing practice. We recognised the pressures of child protection work, but did not want participants to view these as impediments to knowledge-guided practice – that they could shelve these ideas on the basis of the constraints of their work environment and responsibilities. The purpose of these discussions was for participants to critically reflect on tangible ways in which they could move forward in incorporating such an approach, in their own workplace.

We engaged participants in a structured exchange around three questions: what participants thought were the benefits of using a knowledge-guided approach; what factors might potentially hinder their capacity to do this; and what factors might potentially facilitate their use of knowledge-guided practice. Participants were initially encouraged to write down comments on each question on a pro-forma sheet. During the discussion phase, they were also encouraged to add comments from others that they thought might be useful in their own office. This enabled them to take their comments away with them, again emphasising the purpose of this session to assist them to think through possibilities for knowledge-guided practice and practical issues they may confront in doing so. In all, 61 child protection workers participated in this process, across four workshops. All comments that were shared in the large group discussions were written down by one of the workshop facilitators. The comments were rich and insightful, illustrating how some of the practical challenges to implementing knowledge-guided practice could be managed in day to day human service practice. Table 1 lists the major themes in relation to each of the three questions. In the following sections, we discuss each of these themes and sub-themes, illustrated with reflections from workshop participants.

**Table 1: Child protection workers' thoughts on implementing knowledge-guided practice**

Benefits of knowledge-guided practice	Number of responses
Better informed decisions	24
Benefits for clients	13
Being part of a broader change process	20
Increased credibility and professional satisfaction	11

Factors hindering knowledge-guided practice	
Time constraints and competing demands	11
Lack of organisational support and commitment	10
Lack of access to knowledge resources	6

Factors that might facilitate knowledge-guided practice	
Organisational support	29
Build in regional/local office structures	18
Work group initiatives	25

(Total number of participants = 61)

### **Benefits of knowledge-guided practice**

In commenting on how the use of a knowledge-guided approach might impact upon their work, participants identified links between the use of research in practice and increased confidence and a sense of professionalism, as well as direct impact on work with clients.

Participants saw benefits across four broad areas: better informed and more accountable decisions, benefits for clients, being part of a broader organisational change process, and increased credibility and professional satisfaction.

#### ***Better informed and more accountable decisions***

The most commonly reported benefit was in relation to the quality of decision-making. There were four related sub-sets. First, participants spoke of the possibility of more accurate decisions if based upon current knowledge about risk and about what kinds of services are effective. Second, they talked about being more able to articulate the reasons for decisions. For example, two participants said:

Give good account to team leader, court, client, yourself

Being able to rationalise clearly the basis of practice behaviour

Third, some participants linked this to increased confidence in the decisions made. Finally, they spoke about having less reliance on subjective, value-based assessments. Examples included:

More objective and less personalised basis for decision-making

Helps identify where you are getting your knowledge from – get balance back into your framework.

**Benefits for clients**

Some identified that better outcomes for clients would flow from more knowledge based decision-making. A key theme here was improved continuity of approach and thus, less confusion for clients. For example two participants said:

Steps towards more standardised responses in child protection approach how we work.

Goal-posts don't change for workers and clients. Continuity issues particularly considering staff turnover.

Others saw possibilities for client education, sharing information with them to help them to better understand the issues affecting them and their parenting. In the words of one participant:

Valuable joining with clients leads to sharing knowledge

**Part of a broader change process**

Some participants saw this as part of a broader direction in work practices, service delivery and organisational culture. They envisaged a shift in departmental approach towards valuing new ideas about best practice and encouraging staff to be part of that. Two participants said:

Shape future directions in service delivery

Developing and maintaining best practice culture – good for workers and clients

Some participants were hopeful that an emphasis in the department on evidence-based practice would flow on in terms of increased access to information and support for workers to incorporate relevant research into their practice and to reflect on their practice. Others felt they had learned more efficient ways of practice in a knowledge-guided way, through being able to undertake more focused searches for information and through pooling knowledge with others rather than working in isolation.

**Increased credibility and professional satisfaction**

Some participants saw benefits in more explicit use of research in practice in that this would impact positively on how others saw them. In particular, they thought this approach to practice would give them greater credibility with clients and in legal settings such as courts and tribunals.

Some felt that a shift to more knowledge-guided practice would lead to greater professional satisfaction. Examples included:

Increase in staff morale/pride which leads to increased success with clients and professional satisfaction

Stops professional stagnation

## **Factors hindering knowledge-guided practice**

Three points featured prominently in participants' comments on factors that might hinder or make difficult the incorporation of a knowledge-guided approach to practice. These were: time constraints and competing demands, lack of organisational support and commitment and lack of access to knowledge resources.

Time constraints related to the time needed to search for and find relevant research, to critique it and apply it to practice. This flows directly to their next concern – perceived lack of organisational support. In summary, participants felt there would need to be a significant change in organisational culture and in demands placed on front line child protection workers, in order for them to seriously engage in knowledge-guided practice. Specific cultural issues mentioned included an over-reliance on policies and procedures and insufficient commitment to professional development.

Some participants identified specific issues in relation to the knowledge resources available. These would also be related and relevant to earlier concerns as, presumably, a more knowledge focused organisation would make such resources available.

## **Factors facilitating knowledge-guided practice**

Bearing in mind these identified challenges to establishing and maintaining an active knowledge-guided practice culture, we asked participants to comment on what practical steps could be taken within their workplaces to facilitate this. Participants suggested various strategies, at a number of levels, ranging from broader organisational support, through to structural support at the regional or local level, and to worker practices. The nominated strategies dovetailed in many ways, suggesting that action at all levels is necessary to assist workers to engage in more explicit knowledge-guided practice, which confirmed many of the principles offered earlier in the discussion.

### ***Organisational support***

Many participants felt that tangible organisational support would be essential to their being able to practice in a more explicitly knowledge-guided way. Issues of resource allocation were seen as important: acknowledge time spent searching for and using research as part of core business; encouragement and resource allocation for worker's professional development; and allowing permission to prioritise this activity.

Some participants identified specific initiatives at the organisational level, such as, dedicating website space to post and share new research reviews; widespread sharing of resources; coordinating of networking within department. Others identified a need for better and more systematic access to relevant information and resources. Some felt that the organisation should make further externally provided workshops available. For example:

Let management know that better outcomes will require increased resource allocation.

### ***Build in structures and procedures to support knowledge-guided practice***

A number of participants identified structural changes at the regional or local office level that would facilitate their use of knowledge-guided practice. These included: allocating a staff member some time to facilitate; building time into existing meetings for group discussion of research material and its relevance to cases; allocating each staff member an hour a week to read; and set aside half a day a week for a staff member, on a rotational basis, to undertake research for the work group. Participants' suggestions included:

Employ someone to take it on – organisational leg work – legitimise it

Utilising special support staff – shared responsibility

Half day closures – good time for someone on team (rotational basis) to do some research

Case discussion/meetings with team and structured organisational environment that encourages

### ***Worker and team level initiatives***

Given broader organisational support and some facilitative structures at the regional or local level, many participants suggested ways in which they might use allocated time to further their own knowledge of research and to use this to inform practice.

One set of responses related to regular meetings to share learning from their reading and to apply this to specific cases. Participants from regional areas suggested a similar process, by teleconference. Others suggested a less regular process, in response to identified needs as they arose and inviting interested participants. There was from all responses a significant emphasis on pooling and sharing information with others. For example:

Finding a specific instance/case/need – then to advertise it

Pooling of knowledge – filing cabinet in the office

There was awareness of the need for attitude change among some staff and some participants saw themselves taking a role in encouraging this. For example:

Few interested – start with the motivated - then encourage the less motivated

Modelling by way of your own practice

### **Conclusion**

In this paper we have drawn on our own experiences, reflection and worker perspectives gathered during a work shop based project aimed at strengthening knowledge-guided practice in a child protection context.

From our experience with this program, we have identified a number of processes that appear to be useful in building capacity for knowledge-guided practice in the

workplace in a way that is sensitive to the realities of day to day human service delivery. These include: (1) establishing work-based learning groups and initiatives; (2) contextualising knowledge in real practice; (3) creating opportunities for on-going learning and organisational support; (4) explicitly attending to barriers/obstacles that hinder the use of particular knowledges; and (5) strategising how these can be overcome in the practice environment.

Further research could examine specific strategies that could be employed at a policy and program level to support knowledge-guided practice. Such insights would be valuable in identifying creative and pragmatic solutions particularly in time and resource limited practice contexts. For some organisations prioritising knowledge-guided practice could be difficult logistically, in terms of limited funding, impacts on staff availability and access to resources. These broader constraints along with individual workers commitment to research informed practice do require concurrent attention if aiming for quality service delivery.

Whilst resource issues cannot be underestimated we contend that the principles identified in our work provide a useful framework for enabling and maintaining knowledge-guided practice in human service contexts.

## References

- Carew, R. (1979) 'The place of knowledge in social work activity', *British Journal of Social Work*, 9, 3: 349-364.
- Darlington, Y, Osmond, J, & Peile, C. (2002) 'Child welfare workers' use of theory in working with physical child abuse: Implications for professional supervision', *Families in Society*, 83, 1: 54-64.
- French, P. (1999) 'The development of evidence-based nursing', *Journal of Advanced Nursing*, 29, 1: 72-78.
- Gibbs, L. (2003) *Evidence-based Practice for the Helping Professions: A Practical Guide*. Pacific Grove, CA: Brooks/Cole.
- Gilgun, J.F. (2005) 'The four cornerstones of evidence-based practice in social Work', *Research on Social Work Practice*, 15, 1: 52-61.
- Gough, D. (2004) 'Evidence for policy and practice: Making research relevant to practitioners, policy makers and users of research services', Paper presented at 15<sup>th</sup> *International Congress on Child Abuse and Neglect*, Brisbane, 19-22 September.
- MacDonald, G. (2004) 'Evidence-based child protection: What it is and what it isn't', Paper presented at 15<sup>th</sup> *International Congress on Child Abuse and Neglect*, Brisbane, 19-22 September.
- MacDonald, G. (1998) 'Promoting evidence-based practice in child protection', *Clinical Child Psychology and Psychiatry*, 3, 1: 71-85.

MacDonald, G. (1997) Social work: Beyond control? In A. Maynard & I. Chalmers (eds.), *Non-random Reflections on Health Services Research: On the 25<sup>th</sup> Anniversary of Archie Cochrane's Effectiveness and Efficiency*. Oxford: BMJ Publishing Group.

Munro, E. (2002) *Effective Child Protection*, London: Sage.

Osmond, J. (2006) 'Knowledge use in social work practice: Examining its functional possibilities', *Journal of Social Work*, 6, 3: 221-237.

Osmond, J, & O'Connor, I. (2006) 'The use of theory and research in social work practice: Implications for evidence-based practice', *Australian Social Work*, 59, 1: 5-19.

Rosen, A. (2003) 'Evidence-based social work practice: Challenges and promise', *Social Work Research*, 27: 197-208.

Rosen, A. (1994) 'Knowledge use in direct practice', *Social Service Review*, 68, 4: 561-77.

Rosen, A, Proctor, E.E, Morrow-Howell, N, & Staudt, M. (1995) 'Rationales for practice decisions: Variations in knowledge use by decision task and social work service', *Research on Social Work Practice*, 5, 4: 501-523.

Ryan, M, Fook, J, Hawkins, L. (1995) 'From beginner to graduate social worker: Preliminary findings of an Australian longitudinal study' *British Journal of Social Work*, 25: 17-35.

Sackett, D. L, Richardson, W. S., Rosenberg, W, & Haynes, R. B. (1997) *Evidence-based Medicine. How to Practice and Teach EBM*. New York: Churchill Livingstone.

Smith, D. (1996) 'Editors choice: More, better research now' *British Medical Journal*, 313: 1201.

Trinder, L. (2000) 'The appliance of science? A critical appraisal of evidence-based practice' In L. Trinder & S. Reynolds (Eds.), *Evidence-based Practice: A Critical Appraisal*. Oxford: Blackwell Science.

*Dr Yvonne Darlington is a senior lecturer in the School of Social Work and Applied Human Sciences, The University of Queensland, St Lucia 4072, [y.darlington@uq.edu.au](mailto:y.darlington@uq.edu.au)*

*Dr Jennifer Osmond is a senior lecturer in the School of Human Services, Griffith University Logan Campus, Meadowbrook QLD 4131, [j.osmond@griffith.edu.au](mailto:j.osmond@griffith.edu.au)*

## **Male caregiving of a spouse with Alzheimer's Disease: A narrative of care**

**WENDY WONDROCK AND SANDRA TAYLOR**

### **Abstract**

*The objectives of this paper are to document the case study of a male caregiver's experiences while caring for his female spouse with Alzheimer's Disease (AD) and to examine this narrative against key themes within contemporary Australian literature. It employs a qualitative single case study approach, with one male caregiver providing two in-depth interviews regarding his experiences. Key themes are identified and compared with current literature. The themes within the narrative related to: early signs and diagnosis of AD; carer and spouse relationship; becoming a carer; engaging with health care professionals; seeking and receiving support; caregiver health; financial considerations; social attitudes towards AD and perceptions about the future. The paper concludes that documenting the unique and contextualized narrative of male caregivers regarding spouses affected by AD gives voice to their experiences. Such narratives can affirm other caregivers and also raise awareness of practitioners, service providers and the general community about the experiences of care giving.*

**Key words:** *Alzheimer's disease, male caregiving, narrative research*

### **Introduction**

Contemporary Australian society is ageing as a result of factors such as high living standards, lifestyle choices, improved health care services and access to medical technologies and this trend is expected to continue (Australian Institute of Health & Welfare 2008:5; Taylor, Foster and Fleming, 2008:xiii). More people than ever before in Australia will live to experience ageing-related diseases like dementia and Alzheimer's disease (AD) and to require care in their later years (Foster 2008: 85). By 2050, the total number of Australians with dementia is expected to be over 730,000, a fourfold increase since 2000 (Access Economics 2005a:i).

In Australia, the ageing of the population has been accompanied in recent times by policy shifts towards community-based health care (Hancock & Moore, 1999:266). This trend is expected to increasingly impact on individuals, couples and families who have family members affected by a disability or chronic disease as well as on community-based health care services. While women as traditional caregivers within families are likely to be significantly affected by these demographic and policy changes (Hancock & Moore, 1999:265), so too are male caregiving spouses of women who develop dementia or Alzheimer's disease (Access Economics 2005b:3). How males approach and experience caregiving is an area that has been relatively under-researched in Australia however (Cahill 2000:53).

This paper describes a small research study undertaken in South East Queensland which aimed to document the narrative case study of a single male caregiver whose

spouse was affected by Alzheimer's Disease. This project was undertaken by the first author as a component of an honours degree in social work and as a result of a special interest in this area. The intention of the student researcher was to engage in collaborative and reflexive research and to authenticate the carer's voice and elucidate his experiences. In so doing, it was hoped that other carers, patients, community members and professionals would also benefit.

### **Alzheimer's Disease (AD)**

Alzheimer's disease is the most common form of dementia among older people. AD is estimated to constitute 70% of all cases of dementia (Australian Institute of Health and Welfare 2004:2) which altogether constitute the second highest disease burden for women and fourth highest for men (Access Economics 2003: 54). AD is a neurological illness and causes a progressive decline in a person's ability to remember, learn, think and reason; it is characterised by the gradual deterioration of intellectual abilities and changes in personality over time (Australian Institute of Health and Welfare 2004:2; Mace & Rabins 1991:284-5). The loss of short-term memory is the most striking early sign of AD and as the disease progresses, sufferers become increasingly less aware of their condition (Mace & Rabins 1991:284-5). During the course of their illness, affected individuals can also exhibit anger, aggression and behavioural disturbances although drug and non-drug therapies are available to help manage behavioral changes (Alzheimer's Australia 2005:2).

There are currently no treatments that are able to halt the progression of AD, the cause of which remains unknown. As with all diseases, the rate of progression and symptom severity associated with AD varies across individuals; people with AD can be expected to live an average of 10 years after diagnosis and this can extend to up to 20 years or more (Alzheimer's Australia 2005:2; Mace & Rabins 1991:285). In the final stage of the illness, the affected person is typically unable to recognise family members and is fully dependent on others for all aspects of their care (Alzheimer's Australia 2005:2; Mace & Rabins 1991:285).

### **Caregiving in the Australian Context**

Recently in Australia, there has been an increasing policy shift regarding the care of people affected by chronic illnesses like AD from institutional to community-based or 'informal' care (Access Economics 2005b:i; Hancock & Moore, 1999:276). This shift has resulted in family members like spouses or adult children providing personal care to a family member affected by AD, as well as assistance with mobility, communication, meals, financial management and transportation. From the policy perspective, this shift is based on the assumption that caring for a person in the community is a less costly care option. The implications of this policy shift are highly significant not only for individual patients, their carers and families but also for community-based medical practitioners, allied health professionals and community based services (Hancock & Moore, 1999:276).

## Caregiving and Caregiver Health

The experiences of caregiving for a loved one with a degenerative illness like AD are complex and multi-faceted. Although community-based support services are funded to provide supportive services for aged people and their carers (Hancock & Moore, 1999:266-7), caregiving within the family context is mostly carried out within the family home. For carers such as spouses, caregiving can be a very solitary activity and can have many inherent challenges, especially if it continues for an extended period of time (Russell, 2004:124; Mace & Rabins, 1991:218).

The health status of people who provide ongoing and constant care to family members affected by chronic or degenerative disorders has been identified as an important issue within the health care context (Access Economics 2005b:ii) and has been the subject of a range of Australian and international studies (for example, Cahill, 2000; Russell, 2004; Hoffman & Mitchell 1998; Gallant & Connell, 1998; Toseland & Rossiter, 1989). Overall, research indicates that providing caregiving for a sustained period of time is likely to impact negatively on the caregiver's health status because such caregiving can be associated with high stress and increased susceptibility to depression (Mace & Rabins, 1991:200-21; Hoffman & Mitchell, 1998: 5).

Emotional reactions like anxiety, guilt, loss, self-blame, physical and psychosomatic illnesses can be associated with caring for a loved one who progressively deteriorates with degenerative and incurable diseases like AD (Mace & Rabins, 1991:200). Such emotions can be intense and sustained over long periods of time. Managing symptoms of AD like aggressive behaviour that can emerge over the course of the illness can also present major challenges for caregivers (Mace & Rabins, 1991:34).

Losses experienced by caregivers can include the loss of companionship and connection with their spouse as the disease progresses; in time this can also be associated with an increased risk of carer isolation (Mace & Rabins, 1991:200; Gallo 1990:430; Harris 1993:556). However while many caregivers report experiencing a range of intense feelings like grief, guilt, anger, aggression and embarrassment, many people also simultaneously report a great sense of satisfaction and abiding loyalty that are associated with their care for their loved one (Cahill 2000:55).

Positive social and medical support has been strongly associated with the health and wellbeing of caregivers (Parks & Novielli 2000:2613). The involvement of general practitioners (GPs) appears to be a significant factor in this context as GPs provide opportunities for carers to discuss their concerns, feelings and management strategies, given that they are unable to share such matters with the person being cared for (Parks & Novielli 2000:2613).

## Experiences of Male Caregivers

Although women currently comprise 71% of all carers in Australia providing 'informal' or community-based care, the likelihood of men providing such care increases steadily as they age (Access Economics 2005b:3). However, much less is known about the experiences of male caregivers, particularly when caring for a spouse with Alzheimer's disease (Cahill 2000:53). An American study recently described the

experiences of a small number of male carers of wives who were diagnosed with AD (Pennington 2003). These caregivers reported needing support to cope as they experienced the helplessness of their situation; they also reported feeling robbed of their 'golden years'. At the same time however, the caregiving provided by the men was reported to be an expression of their love for their spouses (Pennington 2003).

Such positive orientation to caring has been confirmed in other studies which found that men desired to care well for their spouses and they acted out of a sense of duty, love and commitment; a problem solving approach also appeared to characterize their caregiving (Cahill 2000:55; Harris, 1993:555; Rose, Strauss, Neundorfer, Smyth & Stuckey 1997: 91). Other research described how male carers gradually incorporated the caregiving role into their self identity; they demonstrated a strong injunction to care for their spouses and derived satisfaction from their caring roles (Cahill 2000:53; Houde 2001:15).

Male caregivers have been reported to experience social isolation and loss of companionship however and pre-existing social networks are important in reducing caregiver burden (Cahill 2000:64; Russell 2004:121; Houde 2001:17-18). Seeking appropriate help or support may not necessarily be easy for caregivers. An American study of 178 male caregivers reported that multiple factors accounted for low use of services including lack of knowledge about services, lack of availability of services and also in some instances, a resistance to seeking help (Houde 2001:17-18).

Australian studies report similarly where male caregivers appear to want to be seen to cope by not seeking out help, such attitudes could be a barrier to accessing relevant services (Cahill 2000: 68). Where they are utilized, support groups have been found to be important for the mental health of male caregivers as has respite care (Mace & Rabins, 1991:163; Mittelman, Ferris, Shulman, Steinberg, Ambinder, Mackell: 1995:792).

## **The Case Study**

This study aimed to document, through an in-depth case study approach, the experiences and narrative of a single male caregiver with a spouse affected by AD. Case studies are useful in research as the basis of qualitative analysis is a rich and detailed description leading to broader understanding (Marlow 2001: 292). This understanding has the potential to yield vital information that may either support existing practice or suggest new approaches (Marlow 2001:292-3). Documenting the experiences and story of a caregiver in detail can be of interest and importance to other caregivers as it can assist in normalizing their experiences and emotions, thereby implicitly offering them support, encouragement and food for thought about a range of issues. The study had the approval of the Human Research Ethics Committee of Central Queensland University.

## **Method**

The single case study participant for the study was recruited in the South East Queensland region through liaison with a local Alzheimer's Association Queensland (AAQ) Support Group. Two in-depth interviews, spaced 5 weeks apart, were

conducted with the participant. A loosely structured interview schedule guided the interview but allowed the participant to describe his experiences in his own terms. Interviews were audio-taped with the participant's consent and were later transcribed for analysis. Data were analysed according to the main themes embedded in the caregiver's story and experiences and with reference to current literature. Findings are presented in narrative form and relate to the main dimensions of the participant's caregiving experiences. Details regarding the participant, his wife or the community they lived in which had the potential to identify them have been omitted. The account includes direct quotes from the interview transcripts and these allow the reader to gain a sense of the participant, his ideas and his experiences as they were expressed in his own unique manner.

## **Findings**

For purposes of the narrative, the participant chose to adopt the pseudonyms of 'Fred' for himself and 'Alice' for his wife. Fred was born in 1935 and was 71 years old at the time of the interviews; Alice was the same age. Fred and Alice were married in 1959 and had three children. At the time of the interviews, Fred and Alice's children were living in Queensland but at some distance from them.

### ***Alice's diagnosis***

In 2001, when Alice was 65 years of age, Fred noticed particular changes in her behaviour especially her apparent forgetfulness regarding matters she would normally have remembered. He reported however that he had been noticing changes and signs like that for some time before this. When Alice appeared to forget details, Fred recalled thinking "Alice should know that". Around the same time, a good friend of Alice's asked Fred "What's wrong with Alice? She is repeating the same topic of conversation". Fred felt guilty and a "bloody idiot" for not picking it up sooner.

After the discussion with their friend, Alice saw their general practitioner (GP) who did not make a diagnosis but he referred them on to a specialist; this doctor did not make a diagnosis either however. Fred contacted the local Alzheimer's Association of Queensland whose staff suggested he and Alice contact a doctor who conducted neuropsychological testing regarding AD; a referral was also made for Alice to have a Magnetic Resonance Imaging (MRI). Following these procedures, Alice subsequently had the diagnosis of Alzheimer's Disease confirmed. Fred was given comprehensive information on AD at this time including suggestions about coping strategies. Fred noted in the interview that he has not yet read all the literature but feels that he "should have done so".

### ***Experiences with health professionals***

Fred now regularly visits the GP with Alice because she would not be able to communicate her needs and might forget what she is there for if she went alone. Fred finds his GP is interested in his and Alice's experiences. He also reports learning while on a tour of local nursing homes that the GP attends the nursing home if he has a patient there; Fred found this comforting as he considers it very important to have a GP who would visit Alice in a nursing home if she was in need of medical attention. Fred also independently researches on the Internet before attending appointments at the hospital or with the doctor so that he can ask about specific drug trials.

A few years ago, Fred and Alice were invited to take part in an international drug trial related to AD involving 550 people. Towards the end of the trial however, Fred received a letter to say that the trial had been cancelled. Fred was upset and intends to correspond with the company; he wants to know whether Alice was receiving the placebo or the active ingredient in the trial. Fred thought that Alice had actually been improving since she had been taking the medication but he had no idea what it was. He had taken Alice to Brisbane when the trial was first set up and felt then that they were doing an important thing for research into Alzheimer's Disease. When he received the letter from the drug company he was very disappointed and felt it was very impersonal and that they had just been 'guinea pigs'. He thought patients and carers should be kept much better informed when these trials were being conducted.

Fred has also been invited through the local hospital to join a group of carers who complete daily reports about their loved ones that are submitted monthly as part of a research database that is being developed regarding AD sufferers. Fred thinks this could be of long-term benefit for caregivers to know that there is a database.

### ***The carers' support group***

Fred belongs to a carer's group in South East Queensland that meets on a monthly basis. Fred reports that the mutual fellowship within this group is helpful in that "we realise we are not on our own to a certain extent". The groups have helped Fred cope and through these he has also been able to access literature about various aspects of being a carer. Fred comments about his realisation that there are a lot of care organisations and he wonders if perhaps they should be centralised to provide care. Fred had not accessed the Dementia Help Line or other telephone support services as he has not needed advice as yet about looking after Alice at home; he reports that he would access these services however if he needed to.

### ***Respite services***

Fred has not used respite services at all as yet, but he knows that others in the carer's group have done so. Sometimes Fred is the only male in the group but he observes that many female caregivers have used respite services.

Fred feels confident about leaving Alice at home alone for shorter periods. However, to attend the support group Fred leaves Alice in the care of a friend. Fred says that this gives him a bit of a break. Other friends have also offered to care for Alice.

### ***Fred's experiences of others' attitudes to Alice***

Fred is clear that what other people say doesn't really worry him. He doesn't hesitate to take Alice out socially although she is unable to communicate well. Fred's attitude is that if people are only fair-weather friends, their friendship is really not worth having. Fred and Alice have a few very good friends although some of them do not live nearby. Fred says that he is not as reliant as Alice was on having lots of friends and that he copes fairly well in that respect. He says that he does not know what society thinks about men being caregivers. He has not heard anything derogatory; he stated that he would not tolerate criticism of his role as caregiver.

***Fred's life in recent times***

Fred considers it fortunate that he was able to retire early and thus be in a position to care for Alice. Fred says “at the moment the inability to travel probably affects me more than it affects Alice”. Fred considers that normal routine and surroundings are important however and he doubts that they will be able to get away on holidays very frequently. Fred accepts this but says that there is more travelling that he would like to do. Fred and Alice also have another family support in the form of Cindy their puppy. Cindy is a great diversion for Alice who really enjoys the puppy’s company. Fred thinks Cindy is a big help as she entertains and amuses them both.

***Fred and Alice's relationship***

Reflecting on their 47 year relationship, Fred states that he feels “duty bound” to care for Alice and certainly couldn’t walk away from her need to be cared for. Fred says “you don’t desert someone like that”. He spoke about knowing one another for so many years, about love and about signing their pledge ‘for better or for worse’. Alice is the mother of their children and Fred says that a “person doesn’t walk out on that sort of situation if coping is possible”. Fred thinks that he has to do everything he can although it can seem like a “bit of a losing battle”.

Fred’s concerns for himself were minimised by his focus on Alice and the fear that the time may come when she does not recognise others. If the time comes that Alice doesn’t remember him, Fred says he will just have to face it. Fred describes feeling as if he has been robbed when he considers this but then wonders whether these thoughts are selfish.

***Alice's behaviour changes***

Lately there have been a few slight signs that indicate that Alice might become more aggressive in some circumstances. This is quite a change as Alice has always been a very passive person. Fred shares that Alice is more forthright than she has been in the past and is a little bit less tolerant of some things.

***Fred's health***

Caring for Alice is a constant job and has had many effects on Fred, his health and his life. Fred says however that his saving grace has always been “having a sense of humour...I think that helps me”. Several years ago, Fred related that he had had a heart attack and underwent a five-way bypass from which he recovered well. Fred is fairly happy with his progress overall although he has not done as much exercise as advised; he admits to worrying about his health and intends to attend better to his own health soon.

Fred says that he is pretty busy and finds it difficult to fit everything in. He had untreated hypertension for a number of years (possibly hereditary); when he did receive treatment, he realised he had been living with this condition for a long while. Fred’s hypertension is now controlled with medication. Fred describes infrequent sensations in his chest and once had a bad brief stabbing pain but he didn’t tell anyone about it.

### ***Financial considerations***

Fred says his main financial strains have been caused by the loss of his Senior Health Care Card that was cancelled due to his income level. With both his and Alice's medications, the Card would have saved them around \$25 per script and thus hundreds of dollars each month. Fred has considered employing someone to assist with Alice's care at home although he has also heard from others that people can be better off in care situations like nursing homes where they have company.

As part of his preparations for Alice's long term care, Fred intends to approach the Aged Care Assessment Team to get Alice's name onto the waiting list for an assessment. Home and Community Care have advised Fred that he is not eligible for any unpaid help. He currently pays for about 3 hours of fortnightly home help for basic cleaning, vacuuming and dusting.

### ***The future***

Through the carers' support group, Fred has visited local care organisations and this has given him insight about where he might like Alice to go if the time comes. Fred is clear however that he wants to look after Alice at home as long as he possibly can. Fred is concerned for his family if he was to pass away and he intends to get both his and Alice's wills up to date soon. Their sons live at reasonable distances and are not able to be part of their everyday lives.

Fred stated that he has to get everything organised so that Alice could go into care if needed. This worries him and his solution is to keep himself fit so that he can continue to care for Alice, but this is a pressure upon him. Fred acknowledges that it may come to the stage where Alice would be better off in care, because she may not know where she is and might not recognise people.

### **Discussion**

This paper describes the experiences of a single male caregiver 'Fred' who lives in South East Queensland and who cares for his wife 'Alice' who has Alzheimer's Disease. Qualitative research provides insights into the lived experiences of people within the context of their unique lives and histories (Marlow 2001:292-3). While aspects of Fred's caregiving experiences may resemble others, the narrative account brings his own unique contextualised experiences to life and allows them to be located and described within his own frameworks and terms of reference.

Narrative accounts of male caregivers have been under-represented in the literature although men, as with women, can be primary caregivers in the home setting (Access Economics 2005b:6; Cahill 2000:54). Fred's early experiences of not being easily able to secure a clear diagnosis of Alice's condition are consistent with other people's accounts and can reflect an uncertain and concerning time for many patients, family members and their future potential caregivers (Mace & Rabins, 1991:68). The importance of public education around this issue has been strongly advocated by Alzheimer Associations and support groups as has the need for clear communication around the diagnosis of AD and the provision of relevant information to individuals and their families is also emphasised (Cahill 2000:68). Furthermore, the education and increased awareness of all health care professionals regarding the challenges and

implications of the diagnosis in the early, as well as subsequent, stages of Alzheimer's Disease is vital (Alzheimer's Australia 2005; Cahill 2000: 68-9).

Fred was relieved when he finally received information regarding AD from the AAQ but he also actively sought information about the condition and relevant drug trials in an ongoing way; he reported that his GP is supportive. While there have been some concerns about inadequate information for caregivers and lack of awareness about available resources (Fortinsky & Hathaway 1990:604), Fred did not experience this. Fred had a professional health career background and was competent in seeking information compared with other caregivers.

Fred's experience of the carers' group is consistent with findings that such support can help buffer or mitigate the challenges of caregiving (Gallo 1990:430). Information about coping strategies, stress management techniques, supportive counselling, behaviour management training and respite services have also been described as useful in these circumstances (Parks & Novielli 2000:2613). Fred accessed minimal assistance from family members and used few community services overall although he appreciated the short breaks that he did have. These findings were consistent with those of other studies reviewed (Houde 2001:13; Pinquart & Sorensen 2003:112; Watts & Teitelman 2005:282). Fred's capacity to pay for support services is a critical feature of his and Alice's situation.

Informal supports including family, friends and dog Cindy were important to Fred and also presumably to Alice. Support groups assist in meeting the psychological and educational needs of caregivers for people with AD and most caregivers have reported the benefits of knowing they were not alone and in helping them cope and prepare for the future (Chang, Brecht & Carter 2001:39-40). The importance for elderly people with dementia of having pets or animals in their lives has also been documented (Filan and Llewellyn-Jones 2006:597).

Fred's health status was also relevant in his account, an issue discussed by other researchers (Cahill 2000:67). Fred's health was of concern to him both for his own longevity and in terms of his wanting to be able to care for Alice well into the future (Mace & Rabins 1991:200). Fred's reflections about the future, as with other caregivers, are tinged with regret for lost dreams, restricted lifestyles and decreasing capacity to enjoy retirement years with his long-standing partner (Mace & Rabins 1991:200).

However, Fred appears to have adjusted to his care giving role and clearly intends to continue. Fred also describes the satisfaction he has gained from undertaking his care of Alice. Such an attitude is congruent with other research findings which indicate that caregivers often express feelings of responsibility, duty and love, and wanting to offer the best care possible for their spouses (Cahill 2000:61).

This was a small study with a single participant only. While it sought to present an in-depth account of a single male caregiver, broader data are required to inform more generalised understanding and service provision requirements, including possible gender-specific interventions. In addition to gender, individual differences and history

as well as cultural and geographical factors determine people's experiences and perceptions (Cahill 2000:67).

## Conclusion

Caring for a person with AD is simultaneously complex, challenging and rewarding for both men and women caregivers alike; it requires knowledge, skill, support and emotional resilience. The experiences of male caregivers are less well documented and understood than those of females, although an ageing population and trends towards community-based care in Australia are likely to result in both men and women caring, and being cared for, at home and in family and community-based contexts. Documenting caregivers' accounts gives voice to their experiences while simultaneously raising awareness and facilitating greater understanding of their experiences by other caregivers, health care professionals, policy makers and the broader community.

## Acknowledgement

The authors would like to sincerely thank "Fred" the caregiver who was at the heart of this study and who gave so generously and honestly of himself, his time and his experiences in order to contribute to this research.

## References

Access Economics (2005a) *Dementia Estimates and Projections: Australian States and Territories Report*, Report by Access Economics for Alzheimer's Australia, available on <http://www.accesseconomics.com.au/publicationsreports/search.php?searchfor=dementia> (accessed 16 July 2008).

Access Economics (2005b) *The Economic Value of Informal Care*, Report by Access Economics for Carers Australia <http://www.accesseconomics.com.au/publicationsreports/search.php?searchfor=community+care+&from=0&search=Go> (accessed 16 July 2008).

Access Economics (2003) *The Dementia Epidemic: Economic Impact and Positive Solutions for Australia* Report by Access Economics for Alzheimer's Australia, available on <http://www.alzheimers.org.au/content.cfm?infopageid=905> (accessed 16 July 2008)

Alzheimer's Australia (2005) *Alzheimer's Disease*, Sheet 1.12 About Dementia Series, <http://www.alzheimers.org.au/content.cfm?infopageid=326#f&f> (accessed 26 July 2008)

Australian Institute of Health and Welfare (2008) *Australia's Health 2008*, <http://www.aihw.gov.au/> (accessed 20 July 2008).

Australian Institute of Health and Welfare (2004) *The Impact of Dementia on the Health and Aged Care Systems*, AIHW Cat. No. AGE 37, Canberra: AIHW.

Cahill, S. (2000) 'Elderly husbands caring at home for wives diagnosed with Alzheimer's disease: Are male caregivers really different?' *The Australian Journal of Social Issues*, 35, 1:53-72.

Chang, B.L, Brecht, M & Carter, P.A. (2001) 'Predictors of social support and caregiver outcomes', *Women & Health* 33,1/2:39-61.

Filan, S.L, Llewellyn-Jones, R.H. (2006) 'Animal-assisted therapy for dementia: a review of the literature', *International Psychogeriatrics* 18, 4:597-611.

Fortinsky, R.H, & Hathaway, T.J. (1990) 'Information and service needs among active and former family caregivers of persons with Alzheimer's disease', *The Gerontologist*, 30, 5:604-610.

Foster, M. (2008) 'Fields of Health Service Provision' in S. Taylor, M. Foster & J. Fleming (eds), *Health Care Practice in Australia: Policy, context and innovation*, Oxford University Press, Melbourne.

Gallant, M.P, & Connell, C.M. (1998) 'The stress process among dementia spouse caregivers', *Research on Aging*, 20, 3:267-289.

Gallo, J.J. (1990) 'The effects of social supports on depression in caregivers of the elderly', *Journal of Family Practice*, 30, 4:430-437.

Hancock, L, & Moore, S. (1999) 'Caring and the state', in L Hancock (ed), *Health policy in the Market State*, Allen and Unwin, St Leonard's, New South Wales.

Harris, P.B. (1993) 'The misunderstood caregiver? A qualitative study of the male caregiver of Alzheimer's disease victims', *The Gerontologist*, 33, 4:551-556.

Hoffman, R.L, & Mitchell, A.M. (1998) 'Caregiver burden: Historical development', *Nursing Forum*, 33, 4:5-11.

Houde, S.C. (2001) 'Men providing care to older adults in the home', *Journal of Gerontological Nursing*, 27, 8:13-19.

Mace, N.L, & Rabins, P.V. (1991) *The 36-Hour Day: A Family Guide to Caring for Persons with Alzheimer's Disease, Related Dementing Illnesses and Memory Loss in Later Life*, Johns Hopkins University Press, Baltimore, USA

Marlow, C. (2001) *Research Methods for Generalist Social Work*, 3<sup>rd</sup> ed, Wadsworth / Thomson Learning, Belmont.

Mittelman, M.S, Ferris, S.H, Shulman, E, Steinberg, G, Ambinder, A, Mackell, J.A. (1995) 'A comprehensive support program: effect on depression in spouse-caregivers of Alzheimer's disease patients', *The Gerontologist*, 35, 6:792-803.

Parks, S.M, & Novielli, K.D. (2000) 'A practical guide to caring for caregivers', *American Family Physician*, 62, 12:2613.

Pennington, B, (2003) *Experiences of Men Caring for Wives with Alzheimer's Disease*, MSc Dissertation, UMI Number 1413758, MI.

Pinquart, M, & Sorensen, S, (2003) 'Associations of stressors and uplifts of caregiver burden and depressive mood', *The Journals of Gerontology*, 58B, 2:112-143.

Rose, S.K, Strauss, M.E, Neundorfer, M.M, Smyth, K.A & Stuckey, J.C. (1997) 'The relationship of self-restraint and distress to coping among spouses caring for persons with Alzheimer's disease', *Journal of Applied Gerontology*, 16, 1:91-104.

Russell, R. (2004) 'Social networks among elderly men caregivers', *Journal of Men's Studies*, 13, 1:121-134.

Taylor, S, Foster, M, & Fleming, J. (eds) (2008) *Health Care Practice in Australia: Policy, context and innovation*, Oxford University Press, Melbourne.

Toseland, R.W, & Rossiter, CM, (1989) 'Group interventions to support family caregivers: A review and analysis', *The Gerontologist*, 29, 3:438-449.

Watts, J.H, & Teitelman, J. (2005) 'Achieving a restorative mental break for family caregivers of persons with Alzheimer's disease', *Australian Occupational Therapy Journal*, 52:282-292.

*Wendy Wondrock (BSW Hons) is a full time social work practitioner at Gold Coast Hospital, Gold Coast Health Service District, Queensland, working in the Neuroscience and Stroke Rehabilitation Unit.*

*Sandra Taylor PhD is Associate Professor of Social Work in the Centre for Social Science Research, Central Queensland University, Rockhampton, Queensland .*  
[s.taylor@cqu.edu.au](mailto:s.taylor@cqu.edu.au)

## **‘A local response to Welfare to Work’: a methodology of story collection**

**SANDY JOFFE AND VAL KAY**

### **Abstract**

*The Federal Government introduced the Welfare to Work legislation in 2005. The legislation was intended to shift people from welfare to (paid) work, largely through punitive measures such as reduced payments and harsh penalties. Community agencies in inner south east Melbourne were interested in monitoring any harms caused by Welfare to Work and developing policy responses. ‘A local response to Welfare to Work’ (the ALR-W2W project) did this through a ‘story collection’ method, which has enabled us to raise awareness of the issue and have input into policy processes. There were challenges in collecting stories from people affected who might be in crisis, suspicious of anything that looked like a bureaucratic or invasive response, or facing other barriers such as limited literacy, language barriers or mental health issues. This article discusses the methodological issues involved in collecting stories of people affected by Welfare to Work*

### **Eddie’s story**

*Eddie was on Newstart payments after losing his job due to distress and mental health problems following a family breakup. He signed an activity agreement and was told to attend an interview for a cleaning job. Eddie refused to go, saying that he already had work doing medical research. He was told to send the documentation to Centrelink, which he did. He heard nothing back from them, but two fortnights later, Eddie stopped receiving payments. A few weeks later, Eddie was evicted without notice from his rented house after not paying rent. He was not able to take anything with him. After staying at his Uncle’s for a short while, he went to a housing agency who found him accommodation at a local rooming house. He became even more mentally unwell, and finally the CAT team had to be called. He was hospitalised for one month in February 2008. Since his discharge from hospital, Eddie is living in temporary accommodation. His payments have finally been reinstated, but he is back on Newstart. He is not well enough to work, and fears being breached again (March 2008).*

### **Introduction**

‘A Local Response to Welfare to Work’ (ALR–W2W) is a project based in the inner south east metropolitan area in Melbourne, monitoring the impact of Welfare to Work by disseminating information to local workers and collecting personal accounts from people affected by Welfare to Work. The aim is to understand, from the perspective of those affected, any harm from Welfare to Work to people in our local community, and to develop appropriate community and policy responses. (Individuals are referred to appropriate support services if they need assistance in sorting out their individual problems). Stories like Eddie’s reveal the effects of Welfare to Work on the lives of some of the most vulnerable people in our community.

In 2005 the Federal Government introduced the 'Welfare to Work' legislation, based on the principle of mutual obligation which assumes that welfare is not an entitlement, but a contract between government and individuals. As the name suggests, the policy aims to move people from welfare payments to the (paid) workforce. The legislation targets two groups in particular: people with a disability who were assessed as being able to work 15 hours a week or more (having partial capacity for work) and parents on parenting benefit whose youngest child turned six (partnered parents) or eight (sole parents). These people were now to receive Newstart payments, which are substantially lower than the Disability Support Pension or Parenting Payment, involve the loss of other benefits, a steeper rate of tax 'clawback' and an obligation to meet 'activity requirements', to look for a certain number of jobs per week or undertake other training or activities approved by Centrelink. The legislation also imposed new requirements on long term unemployed and mature aged jobseekers and a harsher regime of penalties, including 'breaching', whereby Centrelink may delay payment of benefits or stop payments altogether for up to eight weeks.

There were some additional resources for training and support under Welfare to Work but they were limited and the major thrust of the legislation was punitive. As the legislation has progressively come into effect, the number of people affected and the number of penalties have sharply increased.

Centrelink data shows that there were 31,789 eight-week non-payment periods (breaches) imposed from July 2007 to March 2008, more than double that for the whole of the previous financial year (O'Connor 2008:1). While these statistics give us a sense of the enormity of the problem, they do not convey the full physical, social and emotional impact on people affected by the legislation.

From the beginning of Welfare to Work, many community and welfare agencies were concerned about the likely impacts, especially on disadvantaged and vulnerable groups (Australian Council of Social Service 2006). The Australian Council of Social Service (ACOSS), as the peak body for the sector, put in place a number of responses, including a case study library to collect case studies of people who had been affected by Welfare to Work.

In the inner south east area of Melbourne, a number of agencies were concerned about the impact of Welfare to Work on their clients and the community. Inner south east Melbourne, though a generally wealthy and increasingly gentrified area, still contains pockets of severe disadvantage, particularly people living in rooming houses, public housing, supported residential services, community residential units and other forms of low-cost or insecure housing. Residents include people with disabilities, particularly mental illness, drug users, street sex workers, people who have served jail sentences, socially isolated people, people of migrant and refugee background and sole parents, many of whom may have experienced family violence. Many of these people were likely to be affected by Welfare to Work.

## **Methodology**

Port Phillip Community Group (PPCG) and the local Primary Care Partnership, the Inner South East Partnership in Community and Health (ISEPICH), hosted two

awareness-raising forums on Welfare to Work for local agencies and community members, supported by the City of Port Phillip. Following the second forum, agencies who attended were invited to participate in a project to respond to Welfare to Work.

Those involved in setting up the project had been interested in working with ACOSS, however we had concerns about the methodology ACOSS was using, in particular the proposed method of collecting case studies. The case studies were to be collected through a website and the collection forms required participants to provide a lot of detail, not just about what benefits they were on and what had happened to them, but other information such as their age and family status.

Our experience, from working with vulnerable and disadvantaged groups, suggested this approach would have limited success. Many would not have the required levels of computer literacy or literacy in written English. Moreover, they were likely to be suspicious of anything that might seem invasive or bureaucratic. The challenges for case study collection include:

- Those affected are often in crisis and telling their story is not a high priority
- Regardless of their circumstance, people affected often feel they are at fault, and prefer not to reveal details about themselves
- The W2W legislation is complex, and it is challenging to distinguish which issues are related to this legislation, and which are a result of other Centrelink responses
- Community workers rarely have the time to retell the stories they've heard
- Communication across the sector can be patchy so workers who hear stories don't know that they can be reported.
- Assistance available to people affected is limited.

To address and reduce these barriers, ALR – W2W has adopted a story collection rather than a case study model. While less rigorous in terms of data collection, this method ensures that stories collected identify the impact that the laws have on those affected without any requirement to divulge information. It also allows workers to retell stories simply and directly and enables the project to understand the impact of Welfare to Work on people most affected.

On the basis of practice experience, we believed people were much more likely to provide information if they could do so through simple, flexible systems, which also gave them the opportunity of providing it through existing relationships with trusted workers. Therefore we set out to develop a system that would allow them to do this.

There were many methodological considerations and the project steering committee, which included people who were or had been welfare beneficiaries, as well as workers, spent several months planning the project. We developed 'story collection' forms that were in plain language and accessible to people of limited literacy, and allowed people to tell their own story in as much detail as they wanted, with

identifying and contact details if they wished, or alternatively, to provide minimal details, anonymously, through a worker. People did not even need to sign the form if they did not want to, as the form provided an option where the worker could verify that the person gave consent but did not want to sign. In this case the worker would provide his or her first name and agency details. Pilot testing confirmed our view that this approach was necessary and useful.

With the aid of a community grant from the City of Port Phillip and support from the Australian Federation of Disability Organisations (AFDO) we were also able to engage a graphic designer to develop publicity materials for the project. Again, considerable thought was given to these materials. They had to be eye-catching and use plain and direct language that would be accessible to people of low literacy and also make a personal appeal (people are both more likely and more able to read material that engages them emotionally). The images of people portrayed in the material as telling and listening to the stories were important, since we wanted to convey a non-verbal message to potential participants that there were people interested in hearing their stories, who were not bureaucrats or 'social workers'. The telling and listening figures were even intended as far as possible to be of indeterminate gender, ethnic or cultural background, in order to avoid stereotypes, while still being human and engaging. We were lucky to have a talented graphic designer to achieve these aims.

The verbal content of the material was equally challenging, and in this case the steering committee had to compromise, since some wanted to have minimum content so that people would not 'switch off' in response to too many words, while others wanted to provide sufficient explanation to ensure we obtained stories from people affected by Welfare to Work, rather than people who were just generally disgruntled with Centrelink or their employment service provider. In the end we agreed on a poster with minimum information, and a DL leaflet providing more detail about who was affected and what kind of impacts they might experience.

A project plan was developed on QIPPS (the Quality Improvement Program Planning System) which also enabled us to develop an evaluation framework for the project. The plan was developed on an action research model, allowing us the flexibility to develop further stages of the project on the basis of the results of previous stages.

Once the initial planning was completed, we began engaging more agencies. Port Phillip Community Group was the project leader and hub for receiving stories. The Chairperson of ISEPICH sent a letter to member agencies (49 in all) explaining why the Executive Committee supported the project and urging agencies to become involved. A student on placement then contacted agencies (including agencies that were not members of ISEPICH but were potentially interested), providing agencies with materials for display and, if they were interested in collecting stories, arranging for a member of the project steering committee to visit the agency to discuss the project in more detail. Agency visits, usually through presentation at staff meetings, had significant additional networking and education benefits. Over 60 agencies were contacted, most agreed to display materials and about six have been involved in collecting stories.

The basic conceptual and theoretical models we are drawing on can be summarised as: the social model of health (Department of Human Services 2008a); the integrated health promotion approach (Department of Human Services 2008b); community development and participant action research, within an overall paradigm that has usefully been described by Guba and Lincoln as participatory, and leading to 'action to transform the world in the service of human flourishing' (Guba & Lincoln, 2005:196).

## **Ethics**

During the planning stage we also considered the ethical implications. The project was not a formal research project but a consultation for the purpose of providing services (advocacy), so it did not require formal ethics approval, but it did need to meet privacy principles (Department of Human Services 2005) and respect people's rights under Victoria's Charter of Human Rights. The processes below were intended to meet these general requirements and specific ethical requirements of being realistic (not raising people's expectations about what the project could do) and supporting participation (allowing people to choose the degree to which they wished to participate). The key aspects were:

- Provision of plain language project information in accessible formats (a plain language sheet was provided or explained to all potential story tellers in addition to the project publicity materials), including a clear explanation of the aims of the project, its limitations (in particular that we did not provide support with individual disputes but would refer people to the Welfare Rights Unit) and the name and contact details of the individual (Sandy) and agency (PPCG) with overall responsibility for the project.
- The option to be involved to the extent that the person wanted, including the right not to participate or to withdraw at any point, without suffering adverse consequences
- The option to provide contact details or remain fully anonymous (as previously described)
- Participants being able to receive regular information about project progress and achievements
- Participants being able to have an ongoing involvement in the project and be involved in the development of responses (eg. policy advocacy) or to limit their participation to the degree they wished
- The lead agency keeping the stories in safe and secure conditions

## **Results**

We received 22 personal accounts, both through workers and direct from people affected. In relation to harms, some key themes are:

- Psychological harm, disempowerment and increased dependency on community services as a result of their experience
- Housing loss/insecurity/risk of homelessness (particularly as a consequence of being breached)
- Reduced incentive to seek work
- Food insecurity

On the basis of stories received, the project has been successful in raising the profile of the issue through stories in local and metropolitan media and through a regular project newsletter. The steering committee was able to advocate to candidates in the 2007 federal election, and to relevant Ministers after the election. In early 2008, the Australian Federation of Disability Organisations hosted a meeting between steering committee members and a Ministerial adviser, to discuss recommendations arising from the project. Steering committee members also presented on the project at the International Mental Health Promotion Conference in Melbourne in September 2008.

Several aspects of Welfare to Work are now under review by the Rudd Government, with changes expected to be introduced at the time of the 2009 budget. Key areas of expected change include a more flexible approach to breaching, ie. people may be breached only for the days they did not meet their participation requirements rather than the mandatory eight weeks removal of the disincentives for people on Disability Support Pension to work by allowing them to retain their pension despite work or volunteer activities, and removal of the \$25 rule, which had meant that single mothers had to take a job even if they were only \$25 per week better off than if they had remained at home with their children.. In conjunction with a wide range of community organisations and peak bodies, the ALR-W2W project has contributed to these changes, in particular by highlighting the personal impacts of Welfare to Work.

## **Conclusion**

In political terms, marginalised groups are often caught in a vicious circle. Because they are marginalised, they do not have a voice in policy-making processes and may be suspicious of these processes. This lack of voice in turn contributes to their further marginalisation. By detailed attention to methodology, this project has been able to ensure that voices of people affected by Welfare to Work have become part of the policy debate.

## **References**

Australian Council of Social Service (ACOSS) (2006) 'ACOSS & its members respond to start of Welfare to Work'  
<http://www.acoss.org.au/News.aspx?displayID=99&articleID=1032> (accessed 30 April 2008)

Department of Human Services (2008a) 'The determinants of health'  
<http://www.health.vic.gov.au/healthpromotion/foundations/determinants.htm>  
(accessed 30 April 2008)

Department of Human Services (2008b) 'What is integrated health promotion (IHP)?'  
[http://www.health.vic.gov.au/healthpromotion/what\\_is/index.htm](http://www.health.vic.gov.au/healthpromotion/what_is/index.htm) (accessed 30 April 2008)

Department of Human Services (2005) 'DHS Privacy Policy'  
<http://www.dhs.vic.gov.au/privacy/public/html/ppolicy.htm> (accessed 30 April 2008).

Guba, E, and Lincoln, Y. (eds) (2005) *Paradigmatic Controversies, Contradictions and Emerging Confluences*. Texas: The SAGE Handbook of Qualitative Research. University of Illinois at Urbana Champaign

O'Connor, B. (2008) Presentation to ACOSS National Conference, Melbourne.  
<http://parlinfoweb.aph.gov.au/piweb/Repository1/Media/pressrel/ZO5Q60.pdf>  
(accessed 24 April 2008)

*Sandy Joffe is the Executive Officer of the Port Phillip Community Group,  
[www.ppcg.org.au](http://www.ppcg.org.au)*

*Valerie Kay is the Health Promotion Coordinator for Inner South East Partnership in  
Community and Health (ISEPICH), [VKay@portphillip.vic.gov.au](mailto:VKay@portphillip.vic.gov.au)*

## **Developing a practice framework**

**AUDREY MATTHEWS**

### **Abstract**

*This paper will outline the key elements of my professional identity, giving the reader a portrait of how I will operate as a social welfare worker. My practice framework includes a discussion of the values of social justice, accountability, transparency and congruence which I feel strongly about. Included is an evaluation of postmodernism, systems theory and anti-oppressive theories, three theories which have best informed my practice, and how these theories were revised, modified or confirmed (O'Connor, Wilson & Setterlund 2003:217). Issues such as the influence of the medical model in welfare work and the use of principles similar to those used during the time of the stolen generation posed a challenge to my practice on placement. I have discovered my professional identity is shaped by my belief that change is possible and can occur. I have identified closely with critical social work practice and a reflective approach.*

### **Introduction**

Discussing an entire practice framework in detail is beyond the scope of this paper. I have included some salient aspects of my practice framework which will guide my future practice. Only after completing a practice framework can I see how each of the parts are internally consistent. The values I feel strongly about reflect the key elements of my professional identity. Formal theories which inform my practice share commonalities with tensions in practice. What is presented in the following framework is a blue print for future welfare work. Although this reflects common welfare themes and feelings as expressed in ethical guidelines and handbooks I feel it is individual to me because I experienced these theories, practices, values and attitudes in action. Most paradigms of practice were originally presented to me in a theoretical sense and now I feel I have gained a practical knowledge of these by being on placement and involvement in social welfare work.

### **Practice Framework**

#### ***Values I feel most strongly about***

Values are the cornerstone for moral and ethical action in social work. Values guide and influence our choices, decisions, our relationships with clients and understanding of situations. Values penetrate all aspects of welfare work including key areas such as policy and research (O'Connor, Wilson & Setterlund 2003:234; Dominelli 2002:15). Thinking and revisiting our values is pivotal to good social work because, as social psychology studies have revealed, our values and attitudes guide our behaviour more when we think about them (Myers 2005:139).

Accountability is a value I feel strongly about because being accountable as a social welfare worker is a component of being anti-discriminatory and anti-oppressive. As a welfare worker I will be working in the public arena and therefore my work will directly or indirectly affect the wider community. Accountability is valuable because

it is linked to broader social and moral accountability (Banks 2002:29). As a worker I can engage with supervision to 'practice' accountability (Banks 2002:34). Accountability is closely linked to transparency and transparency to congruence, all of which are important to providing an ethical framework for practice.

Another value I feel most strongly about is often stated in social welfare ethics and codes. Social justice is a difficult concept to define for it is widely debated (Commission on Social Justice 2000:53). and yet a very important value which I feel all social welfare workers should evaluate and determine its part in their practice. Social justice is so significant in the field of social work because it typifies what the majority of social work is based on (Clark 2002:38). My understanding of social justice is that it is simply a concept and what is important about it are the actions which follow. Social justice implies the notion of equality and therefore social justice is about reducing or eradicating inequalities wherever possible. Social justice also involves the fulfilment of basic needs for each citizen. Social justice is about creating opportunities for equality and entitlement. A socially just world would mean each individual was of equal worth (Commission on Social Justice 2000:62).

As a social welfare worker I can work towards social justice by being an advocate for equal distribution of resources: getting involved with social policy and politics to influence others who have power to make a difference. To promote social justice it is important to remember that an individual's civil and political rights should be an adjunct to (but no more important than) social, economic and cultural rights. As a social welfare worker I can work towards changing structures which maintain inequality and injustice (Australian Association of Social Workers 2002:8). This infers social welfare practice requires 'top down' work to obtain social justice, that is, work which challenges power structures that maintain inequality (Popple 2002:152). The policies and structures created by those in power affect and control the powerless and need to be deconstructed to achieve equality. Critical social work is something I identify with and has become part of my professional identity.

### ***Key elements of my professional identity***

I identify myself as a critical social welfare worker because I engage with reflection and criticality. I feel I can identify with critical social work because of the notion that change is crucial to critical practice. My goal for my time on placement was to assist with a change or experience change in a client's life. I was determined to see this happen because I have had doubts about the possibility of change. I was somewhat disappointed when progressing through placement and not seeing change at least over a short time. Gradually as placement went along I realised that change is gradual rather than abrupt. I recognised this after being with a worker who was very elated about a client's actions which just seemed to me to be everyday normal behaviour. The worker had observed the change in this client as a significant and important milestone towards sustained change. I began to see value in the very mundane things which were changes in themselves and reassured myself that change was possible. Certainly coming to the realisation that change is possible has been only one of the challenges I faced during placement.

***Issues which challenged practice during placement: Points of tension***

The Victorian Children, Youth and Families Act (2005) contain a set of “Best Interest Principles” as part of section ten. The Best Interest Principles are used widely throughout child protection practice, therefore, becoming familiar with and also adopting them was crucial to the development of effective practice on placement. Their use in my practice was originally very challenging. My issue with the Principles originates from the research and study in relation to Indigenous Australians I have engaged with while at university. My initial wariness of the Best Interest Principles was the connection it held to past ideas and actions which were viewed as in the ‘best interests’ of the child which led to the maltreatment of Indigenous children and families. The principle of ‘best interests’ in the past contributed to the destruction of Indigenous people in a multitude of ways (Miller 2007:4). Because of the involvement in events such as the stolen generation, social work practice has been subject to accusations of devaluing Indigenous culture. It has also been implied that in the past, social work engaged in imposing white western ideology in practice (Briskman 2007:12), although, as I have learnt, social work is a developing profession and modern social work today is a product of past responses to needs (Johnson 1995:19-20). Overcoming negative feelings about the Best Interest Principles involved finding where the Principles have built upon and acknowledged the past. There is recognition of the historical context of the Best Interest Principles and true advancement made from past mistakes is acknowledged through the collaboration with Aboriginal and Torres Strait Islander groups to create a new framework for child protection practice.

Early social work practice has been influenced greatly by the medical model. The process of engagement still used today, albeit in an evolved form, was originally shaped by the medical model (Johnson 1995:22). Early child protection work in Victoria was based on the medical model which saw the cause of child abuse as the parental psychopathology (Miller 2007:6). Others argue the medical model was disregarded from social work as early as the 1950s (Johnson 1995:26) Martin (2003:18) states since the settlement movement social work has shifted back and forth between structural explanations and individual explanations based on the medical model, and continues to do so. Traditional approaches to social work are generally more associated with the medical model and the individualisation of problems, while critical social work evolved from Marxist theory which proposes structural explanations for social problems (Martin 2003:24). Adopting a critical and structural approach to social welfare work has helped me to challenge the notions of individual pathology brought about by the medical model.

***Integrating theory and practice***

Integrating theory and practice has been about applying wider concepts to particular situations. Developing praxis has involved greater reflection and the recollections of experiences as well as identifying where theory appears to have been operating within these situations (O’Connor, Wilson & Setterlund 2003:217). Evaluating the links between my personal plans and what actually occurred was an important step in seeing how theory relates to practice. Finally I used, as Fook (1996:2) suggests, critical incident reflection to integrate theory and practice. Critical incident reflection required me to reflect on critical events which I felt were important to my development as a social welfare worker. Using reflection has been my primary

method; it has proved to be an important asset when integrating theory and practice (Fook 1996:2).

Using the adaptation of Bogo and Vayda's Integration of Theory and Practice Loop (O'Connor, Wilson & Setterlund 2003:218) I begin by retrieving the event. On placement I participated in visits to many families with violent males as a partner or husband. With one particular interaction I had with a female client who was in a violent relationship I noticed a resistant and defensive reaction. The client defended the violent actions of her partner and resisted any suggestions the violence was significant enough to change her life. Workers reinforced that the actions of her partner were affecting herself and her children in a multitude of ways, some of which are not immediately noticeable.

Reflecting on the effectiveness of work done and identifying values and attitudes is the next stage to integrating theory and practice according to the loop (O'Connor, Wilson & Setterlund 2003:218). Workers were able to effectively increase the client's interaction and encouraged her to question her partner's actions through open questioning and providing information about violence and its effects on her and her family members. The worker portrayed values of transparency through informing the client of things which one normally might avoid discussing in a casual conversation. The worker also challenged any comments by the client that suggested the violence was acceptable.

Stage three of the Integration of Theory and Practice Loop (Cleak & Wilson 2007:94) involves conceptualising the event in theoretical terms and therefore it is a step away from the specifics of the situation and will require me to look into theories, research and professional perspectives to explain the situation. I would argue the female client's reaction could be explained as 'acceptance mode' of an oppressive situation (Dominelli 2002:11). Anti-oppressive theory suggests people react to oppression in three ways: acceptance, accommodation and rejection (Dominelli 2002:11). I believe the client was in an acceptance mode because of her original deep denial in and refusal to believe the violence was harmful to her family. This demonstrated to me embeddedness in the situation (Dominelli 2002:11). Choosing a theoretical option for action is the final step to linking theory and practice (Cleak and Wilson 2007:94), in this case anti-oppressive theory would be a specific option to try. Working to break down oppression with a client who is experiencing acceptance of oppression involves revealing and helping the client to see how oppression operates and how it is continued through their interactions (Dominelli 2002:13).

As part of developing praxis I 'tested' my own theories as well as the wider theories which I have learnt throughout university. I will explain how these theories were revised, modified or confirmed in the following section (O'Connor, Wilson & Setterlund 2003:217).

### ***Theories which best inform my practice***

Whether we are truly in a period of postmodernity or we are still lingering in the period of modernity it is hard to deny society across the globe has experienced changes due to globalisation (Cohen & Kennedy 2000:58; Scholte 2005:4). In a world with increasing interconnectedness and increasing cultural interactions (Cohen &

Kennedy 2000:26) postmodernism seems to hold some validity. Postmodernism and social work share an uneasy relationship (see Trainor 2002; Pease & Fook 1999) and at first I felt there was very little room for postmodern ideas in social welfare practice. In many instances postmodernism appeared to be uprooting all the main ideas of traditional and critical social work (Trainor 2002:207). Howe (1994:513) suggests social work is a 'child' of modernity, much of what social work represents was formed during this period. Although, in some aspects, modern social work practices run parallel with postmodernist and post-structural notions (Howe 1994:523). Postmodernism shares a commitment to being constantly critical, de-centred, self-reflexive, as does social work. It is the conflicting and challenging views of postmodernism that offers social work a reason and grounds for reflection on action (O'Brien & Penna 1998:186). I understand how important reflection is to good social welfare practice, and postmodern theories are important because they encourage me to be constantly scrutinising my actions and choices and I feel this will help me to maintain a good standard of practice.

When interacting with clients I felt a consciousness of the postmodern idea that we each construct our own realities. I had to take account of my own interpretations of the client's story (Pease 2002:8). Pease (2002:8) suggests postmodernism can, in this sense, be more empowering as it motivates workers' accept accountability for their own interpretations as these will always be different to another person's interpretation according to postmodernism. Postmodern theories have allowed me to reconceptualise power and empowerment (an integral skill in social work) and therefore shape my use of it in practice to best empower clients (Pease 2002:2). Power, according to postmodernism, is the product of discourses and is not possessed but exercised. Conceptualising power in this manner gives hope to powerless groups who have the possibility to exercise power even if they are unable to possess it (Healy 2005:203). Postmodernism enabled me to make sense of some ambiguous situations while on placement. It was terribly confusing when I would go from being a powerful person in my role with clients and then being a powerless junior worker with other more powerful workers. I would imagine some parents may feel powerful and in control with their children when together as a family and then very powerless and vulnerable when the family unit is separated. Postmodernism explains competing discourses are responsible for multiple identities, our identity may be conflicting and segmented and this is because discourses shape our identity in each context (Healy 2005:200-201). I do, however, agree with some feminist criticisms of postmodernism that fixed identities and collective identities are important in achieving progressive social movements (Healy 2005:202).

Systems theory is a socially focused theory which attempts to explain connections between families and groups (Payne 2005:142-143). Systems perspectives inform my practice partially because my personal theories are shaped by my family relationships. In systems theory the family is viewed as an interrelated unit consisting of members who influence each other through interactions and relationships (Compton & Galaway 1999:29). I understood the concept of families in systems theory more comprehensively on placement when I received a phone call from a client's mother. The client's mother was wishing to find out the organisation's plan for her daughter's family in order that she could organise her long trip down to visit the family. The client's mother soon grew frustrated at the organisation's inability to give definitive

answers. She explained to me she did not normally act like that but was under stress after hearing her daughter's children were in foster care. Kaplan (as cited in Compton & Galaway 1999:29) makes an interesting analogy of a family system and a tuning fork which goes "When you strike one end, the other end reverberates". The client's mother was feeling the effects of the family system being disrupted at the other end. I learnt a valuable lesson that families are interrelated and as a social welfare worker one should be prepared, when taking on one client, to interact and consider how actions with the individual have a wider effect on the family as a whole. The effect that changes had to the other side of the family showed me that the wider family can be a source of strength when they are part of the operating whole. I came to conclusions such as these through reflection, which has certainly been a strong point to my practice.

### ***Strengths of practice***

I gained confidence and strength from exercising a reflective approach to any work I did while on placement. Our personal theories always seem to be the most apparent in our lives and formal theories, in my experience, are generally harder to adapt to everyday situations. Fook (1996:6) argues a reflective approach is highly regarded as it facilitates workers' paralleling practice with formal theory. Effectively, being reflective has assisted me to 'join the dots', that is, link formal theory, research and practice. I believe a strength of my practice was my ability to inquire and criticise my actions in order to change and assume accountability (Fook 1996:5). At first I would find myself reflecting after (positive and negative) events and eventually I would reflect before, during and after events. I found the more I thought about my actions and proposed actions the more I could control them to better reflect my values and theories. Achievement of goals proved more successful if I was reflective at all stages.

### **Conclusion**

I will conclude by mentioning practising social welfare on placement has given me the missing piece to the theoretical puzzle. Through the process of reflection on action and reflection in action (O'Connor, Wilson & Setterlund 2003:217) I have pieced together a logically connected practice framework. I have discovered where postmodernism and social work connect and how I can use postmodern ideas to benefit practice. I have experienced systems theory in action and felt firsthand how welfare work has broader impacts on family systems. A constant critical view of my values, attitudes and theories is important in ensuring my actions are consistent with these. The most meaningful aspect of my journey has been the move to the belief that change is able to be attained and sustained in social welfare practice. For me, without the possibility of change social welfare practice would be in vain.

### **References**

- Australian Association of Social Workers (2002) *Code of Ethics*. Barton, A.C.T Australian Association of Social Workers.
- Banks, S. (2002) 'Professional Values and Accountabilities' in Adams, R, Dominelli, L, & Payne, M. (eds.) *Critical Practice in Social Work* Hampshire Palgrave.

- Clark, C. (2002) 'Identity, Individual Rights and Social Justice' in Adams, R, Dominelli, L, & Payne, M. (eds.) *Critical Practice in Social Work*. Hampshire Palgrave.
- Cleak, H, & Wilson, J. (2007) *Making the Most of Field Placement*. 2<sup>nd</sup> Edition South Melbourne Thomson.
- Cohen. R, & Kennedy, P. (2000) *Global Sociology*. Houndmills Palgrave Macmillan.
- Commission on Social Justice (2000) 'What is Social Justice' in Pierson, C, & Castles, F. (eds.) *The Welfare State Reader*. Malden Polity Press.
- Compton, B.R, and Galaway, B. (1999) 'The Ecosystems Perspective and the Use of Knowledge' in Compton, B.R, Beulah, R. & Galaway, B. (eds.) *Social Work Processes* California: Brooks/Cole.
- Dominelli, L. (2002) 'Introducing Anti-Oppressive Theories for Practice' in *Anti-Oppressive Social Work Theory and Practice*. Hampshire Palgrave Macmillan.
- Dominelli, L. (2002) 'Values in Social Work: Contested Entities with Enduring Qualities' in Adams, R, Dominelli, L, & Payne, M. (eds.) *Critical Practice in Social Work* Hampshire: Palgrave.
- Fook, J. (1996) 'The Reflective Researcher: Developing a Reflective Approach to Practice' in *The Reflective Researcher* N.S.W Allen & Unwin.
- Healy, K. (2005) *Social Work Theories in Context: Creating Frameworks for Practice*. Houndmills Palgrave Macmillan.
- Howe, D. (1994) 'Modernity, Postmodernity and Social Work' in *The British Journal of Social Work*, Vol. 24, 5: 513-531.
- Johnson, L. (1995) 'Social Work as a Developing Profession' in *Social Work Practice a generalist approach*. 5<sup>th</sup> edition. Boston: Allyn and Bacon.
- Martin, J. (2003) 'Historical Development of Critical Social Work' in Allan, J., Pease, B. & Briskman, L. (eds.), *Critical Social Work*. Crows Nest: Allen & Unwin.
- Miller, R. (2007) *The Best Interests principles: a conceptual overview: Best interests series*. Victoria: Victorian Government Department of Human Services.
- Myers, D. (2005) *Social Psychology*, (8<sup>th</sup> ed.), New York: McGraw-Hill.
- O'Brien, M. & Penna, S. (1998) *Theorising Welfare: Enlightenment and Modern Society*. London: Sage Publications.
- O'Connor, I., Wilson, J. & Setterlund D. (2003) *Social Work and Welfare Practice*. 4<sup>th</sup> edition. N.S.W: Pearson Education Australia.

Payne, M. (2005) *Modern Social Work Theory*. 3<sup>rd</sup> Edition. Houndmills: Palgrave Macmillan.

Pease, B. & Fook, J. (1999) 'Postmodern Critical Theory and Emancipatory Social Work Practice' in Pease, B. and Fook, J. (eds.), *Transforming Social Work Practice*. St Leonards, N.S.W: Allen & Unwin.

Pease, B. (2002) 'Rethinking Empowerment: A Postmodern reappraisal for Emancipatory practice' in *The British Journal of Social Work*, Vol 32, (2).

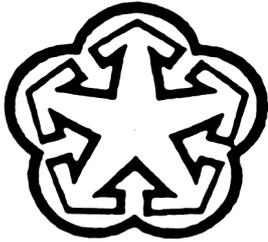
Popple, K. (2002) 'Community Work' in Adams, R., Dominelli, L. & Payne, M. (eds.) *Critical Practice in Social Work*. Hampshire: Palgrave.

Trainor, B.T. (2002) 'Postmodernism, Truth and Social Work' in *Australian Social Work*, Vol. 55, (3): p 204-213.

### **Legislation**

Children, Youth and Families Act 2005 (Victoria).

*Audrey Matthews completed her final year of the Bachelor of Social and Community Welfare at Monash University Gippsland in November 2008.*



## New Community Quarterly

For those of you who haven't come across the (New) Community Quarterly yet, let me start with a bit of history. '*Community Quarterly*' started in 1983 by *People's Projects*, a publishing project of Employment Working Effectively Inc. It appeared during the heyday of government attempts to use community development as a strategy to enlist the efforts of activists, volunteers and '*true-believers in the bottom-up approach*' to assist with addressing problems like unemployment (especially amongst young people), multicultural work, environmental involvement, etc. It kept going for seventeen years as the only specialist community development journal in Australia, mostly produced by volunteers, totalling 51 issues. Fading energy and the virtual destruction of community development programs under the conservative governments of the 90s led to its suspension in 2000.

In 2002, a collective of people based at or associated with the Borderlands Cooperative, relaunched the journal as the '*New Community Quarterly*'.

We start from the premise that the '*development of community*' is something our world, our nation, our local sites and places and we as individuals need fundamentally if we are to survive as a species with a sense of dignity, justice and responsibility. The journal aims to promote education and to stimulate discussion about theories and practices of community development, to foster a sense of community through the establishment of networks of community activists, practitioners and learners in Australia and Oceania. Each of the four yearly issue includes (refereed and non-refereed) contributions to a set theme, a section with other refereed articles related to community development-at-large, network news – local, state-wide and national as well as international, and news about relevant happenings across the world, including new books, conferences and other events, important news in the political and economic realms, poetry, letters, etc.

We just published the second issue in our *sixth* volume with various CD-related contributions from conferences or drawn from people's varied local and global practices. The theme of the first issue of 2008 was '*Indigenous Peoples and Community Development*' and the next issues will offer contributions to '*Restorative Justice and Community Development*' and '*Community Development in Rural, Remote and Regional contexts*.'

We strongly believe that *all* community and welfare workers should be – at least – interested in community development theories and practices – even if their job description makes no reference to it. People are always already members of a

community and it is imperative that (future) community sector workers become aware of what could be meant by the concept and the reality covered by it.

A full-year 'regular' subscription is \$50 dollars - for a total of over 280 pages of reading per year!!! Students pay \$25 and organisations at present pay \$95 per year. We have to increase these amounts for next year to \$110 for (funded) organisations, \$60 for employed persons and half that, \$30, for students / people on low income. As an incentive for members of AIWCW, we will keep the regular price for next year at \$50, hoping that many of you may decide to join about 500 subscribers across Australia.

Our contact details are:

P.O. Box 3079 Auburn, Victoria 3123  
Phone (61 3) 9819 3239, fax (61 3) 9819 3439  
Email: [ncq@borderlands.org.au](mailto:ncq@borderlands.org.au)  
Website: [www.newcq.org](http://www.newcq.org)

Jacques Boulet, editor.