

AUSTRALIAN JOURNAL

OF COMMUNITY WORK

SIGNATURE
PEDAGOGY

SHAME,
ALCOHOL
& ABORIGINAL
WOMEN

MENTAL HEALTH
& NDIS

ECOLOGICAL
JUSTICE
& LOVING
RELATIONSHIPS

HOMELESS
IN BATH



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VOLUME 1



ACWA

AUSTRALIAN COMMUNITY
WORKERS ASSOCIATION

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EDITORIAL

Sha Cordingley

In the nearly fifty years since the Australian Community Work Association (ACWA) published its first journal articles the profession has changed beyond recognition.

In the early years of the Association, welfare workers as they were then known, were largely unqualified and mostly worked through charities or the government departments responsible for welfare support. Formal training and qualifications were in short supply and by no means compulsory in the not-for-profit sector.

In 2020, community work practitioners are professionals in their own right; qualified, highly skilled; an integral part of the human services workforce - but none of this has come easily. Over five decades community work has evolved, generally unnoticed and unacknowledged, into a profession. The view of community work being ancillary to other professional work has dominated, without justification, the employment practices of many state government departments, not-for-profits and local government for years.

This blinkered approach highlights the ongoing challenge for the profession and for ACWA. Many qualified graduates are in jobs below their skill level and this is particularly apparent where diploma holders work in certificate level jobs. The SkillsIQ publication *Right Skills. Right Time?* reveals that 1 in 4 Australians are over-qualified for their current jobs, and across Australia over qualification costs individuals 3.6 billion dollars annually in foregone income due to time spent in unnecessary study and \$555 million in superfluous tuition fees. Whilst this is an issue across the board it does have a profound effect on our sector. Apart from the low job satisfaction levels of graduates, they are also



EDITORIAL



left in the position of never gaining skills at the right level thus stymying their own career development.

In rejuvenating and restarting this Journal we hope to encourage enquiry and rigorous research into the profession leading to scholarly articles, opinion pieces, and practitioner reports. Some of the thornier issues will be examined and start to influence opinion. Over time we anticipate that there will be both an upsurge in public recognition of community work as a profession and in the professional pride of community work practitioners. Taken together these two trends should cement the place of qualified community workers as professionals in the human services workforce.

Our new journal, the Australian Journal of Community Work, has a distinguished Editorial Advisory Board and a respected and experienced Editor. We are grateful for their combined expertise and enthusiasm which will help the Journal carve out a place for itself alongside other well-regarded publications. Above all, however, we hope that practitioners will gain from differing insights into the profession and feel inspired to share some of their own valuable experiences and knowledge for the benefit of others.

We invite practitioners, academics and researchers alike to contribute to the Journal believing, as we do, that this will provide a rounded and influential publication that will stand the profession in good stead for years to come. ■



Sha Cordingley

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A Signature Pedagogy for the Emerging Human Service and Community Work Profession.

Banham, Vicki

ABSTRACT

Different disciplines have been preparing their students for professional practice for centuries but examining in detail how this is actually undertaken is relatively new. In human services and community work, this has been a particular challenge for human services/community work as an academic profession is still emerging. As a result, there has been a dearth of literature on appropriate discipline pedagogies (Pavelová 2014) for this profession. Signature pedagogies are considered important in the scholarship of teaching and learning as according to Shulman (2005) they implicitly define what counts as knowledge in the field and how things become known. This paper presents for debate the importance of creating a signature pedagogy for the profession. It calls upon Shulman's work in signature pedagogies, examining how his three dimensions: surface structure

(operational strategies for teaching and learning); deep structure (the assumptions underlying how knowledge should be taught); and implicit structure (the focus on the professional values and attitudes) could be applied to create a signature pedagogy for the profession. It also acknowledges the work of Gurung, Chick, and Haynie (2009) who noted the need for an emerging academic discipline, like human services/community work, to create a pedagogy to enable its students to understand and practice disciplinary ways of thinking or habits of mind, in ethical, moral, and/or professionally prescribed ways. In attempting to answer how the human services/community work profession can apply Shulman's work to create a distinctive signature pedagogy for the profession, the paper presents two frameworks for further research and debate.

- COMMUNITY WORK
- SIGNATURE PEDAGOGY
- FIELD EDUCATION



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INTRODUCTION

Different disciplines have set about preparing their students for professional practice for centuries but examining in detail how this is actually undertaken is relatively new. In the field of human services and community work, this has been a particular challenge for human services/community work as an academic profession is still emerging. As a result, there has been a dearth of literature on appropriate discipline pedagogies (Pavelová 2014) for the human services/community work profession. However, considerable work has been undertaken on signature pedagogies in other professions namely in education, medicine, health, engineering, nursing, the liberal arts and social work (Chick, Haynie & Gurung 2012) but what can we learn from these?

This paper explores creating a signature pedagogy for human services/community work and presents the challenges the profession will need to reflect upon to undertake such development to shape the culture and character of practice for practitioners. It can be argued, as an emerging academic profession, it will be in the profession's best interest to position human services/community work education at the forefront of innovation in this space. The paper concludes with a potential way forward for the profession presenting two frameworks for debate and comment on the development of what a signature pedagogy might look like for the human services/community work profession. The paper calls upon the work of Shulman (2005a, 2005b) to guide this discussion.

WHAT DOES A SIGNATURE PEDAGOGY LOOK LIKE?

Shulman (2005a, 2005b) questioned how educators translate knowledge into teaching practice to prepare future practitioners. He was particularly interested in how connections were being made between teaching and learning, and practice. Shulman (2005a) proposed that such connections could be examined through the creation of a signature pedagogy that is, the 'types of teaching that organize the fundamental ways in which future practitioners are educated for their new professions' (2005a, p.52). The Carnegie Foundation for the Advancement of Teaching undertook further research to try to understand how certain professions educate their members in applying the knowledge they have learnt to their field but this was focused in medicine, teaching, law, nursing and engineering. Signature pedagogies are considered important in the Scholarship of Teaching and Learning and according to Shulman, they possess distinctive features: they are pervasive, routine, habitual, and they make



students deeply engaged in their learning (2005b, p. 22). For Shulman signature pedagogy:

...implicitly define what counts as knowledge in the field and how things become known. They define how knowledge is analysed, criticized, accepted, or discarded. They define the functions or expertise in a field, the locus of authority, and the privileges of rank and understanding. (2005a, p.54).

Shulman argues there are three overlapping and critical skills that underpin a practitioner's competence: to think, to perform, and to act with integrity (2005a, p. 52) but he noted that across a discipline's curriculum these are not always provided with the same attention. He stated that even though 'professionals must learn abundant amounts of theory and learn vast bodies of knowledge ... [to think] in order to act, they must also act in order to serve' (2005a, p. 53). This recognised the importance of performance and what it means to 'perform'. To create a link between the knowledge that is taught (thinking) and applying that knowledge in the profession (performing) requires the practitioner to call upon their ethical, moral, and social learnings, that is to 'act with integrity'. For this to occur one could argue that all three critical skills need to be supported by institutions and educators, given adequate resourcing and be acknowledged equally in the curriculum. It is these skills, argues Shulman, which shape the practitioner's actions and provide them with an understanding of the values and cultural contexts of their profession.

WHAT MAKES A PEDAGOGY UNIQUE TO A PROFESSION, WHAT IS ITS SIGNATURE?

Shulman postulates that the professions are a starting point for building a signature pedagogy noting that a key feature is how students are instructed in a particular discipline to build their understanding of that profession. For human services and community work this is our challenge, to clearly articulate:

1. What makes our profession unique?
2. What are the central forms of instruction that prepare practitioners for future practice in our profession?

To explore these questions, an exploration of Shulman's (2005a, pp. 54-55) dimensions of a signature pedagogy; surface structure (operational strategies for teaching and learning); deep structure (the assumptions underlying how knowledge should be taught); and implicit structure (focus on the professional values and attitudes), could prove useful. Shulman's work (2005a, 2005b) is largely focused on learning that happens in a face-to-face classroom, but many academic programs in our field are being taught both face-to-face and online through platforms such as Blackboard and Adobe Connect. However, Shulman did make note, when presenting some of the challenges for signature pedagogies, of the need for change in the professions to encompass 'new technologies of teaching via the Internet; Web-based information seeking; computer-mediated dialogues ... all create an opportunity for re-examining the fundamental signatures we have so long taken for granted' (2005a, p. 59). So, the question that needs to be asked is whether educators delivering online programs use

equivalent strategies, as in the face to face mode, in the delivery of knowledge and to guide the online students through the learning process. This may be an opportunity for the emerging academic human services/community work profession to address as, Eaton et al. (2017) noted, a gap in the literature that addresses how signature pedagogies can apply to online learning.

Surface structure refers to 'concrete, operational acts of teaching and learning, of showing and demonstrating, of questioning and answering, of interacting and withholding, of approaching and withdrawing' (Shulman, 2005a, pp. 54-55). This relates to knowledge and learning that is imparted by the educator in the classroom, where the discussion is centred on understanding the body of knowledge required for a practitioner to be competent in the field. It is about how educators approach the delivery of knowledge, whether it be through lectures, seminars, tutorials, group work, observations, and/or case studies, in ways that scaffold the student's learning of knowledge.

Deep structure refers to 'a set of assumptions about how best to impart a certain body of knowledge and know-how' (Shulman, 2005a, p.55). It is thus argued that to think like a human service/community worker, exploration of knowledge and skills are best undertaken through interactive sessions between the educator and the student. However, according to Moore et al. (2011) in order to arrive at deep structure learning, the educator's presence in some form is critical as it provides a foundation upon which learning is facilitated. Edmond and Lock (2008) suggest that case-based learning and inquiry-based learning promote the deep structures of problem solving, higher order thinking and collaboration among students.

Implicit structure refers to 'a moral dimension that comprises a set of beliefs about the professional attitudes, values, and dispositions' (Shulman 2005a, p. 55). For the human service/community work practitioner this focuses on dimensions of social justice, equity and what it means to be human in our society. It can be argued that implicit structures are the most complex elements of a signature pedagogy to disentangle because they involve what Shulman refers to as, the 'hidden curriculum' (2005, p. 55) with educators reflecting on the knowledge they are imparting whilst also reflecting on the processes of learning as they engage with the material. Discussions about what is ethical or acceptable behaviours in classroom-based learning or in practice, for example, touch upon the implicit structures in learning but in on line learning the implicit structures need to be embedded and explicit elements of learning (Eaton et al. 2017).

This paper has presented how surface, deep and implicit structures build a signature pedagogy according to Shulman's (2005a) model but he argues a signature can also be characterised by 'what it is not – by the way it is shaped by what it does not impart or exemplify. That missing component he suggests is often the pedagogy of practice and performance' (2005a, p. 55). For human services/community work, there is a requirement to undertake field education in the field of 400 hours within an academic course but is there a symbiotic relationship between the theory provided and the practice undertaken? Is it sufficient to meet the requirements of a signature pedagogy integrating practitioner knowledge, performative action, and awareness that emphasises the development of the professional self as suggested by Earls, Larrison and Korr (2013, p. 194)?

To explore this further, Shulman refers to three typical temporal patterns that need to be present in a signature pedagogy:

- ‘the pervasive initial pedagogy that frames and prefigures professional preparation ...’,
- ‘the pervasive capstone apprenticeships’, and
- ‘the sequenced and balanced portfolio of academic study, tutorials, casework practice and received knowledge orientated courses’ (2005a, p.55).

Cornell-Swanson (2012, p. 207) recommends a signature pedagogy should be comprehensive and combine all three of the temporal patterns that define what counts in the profession. This recommendation is supported by Earls, Larrison and Korr (2013) who suggested many signature pedagogies that focused on the pedagogy of practice and performance, as the professions signature pedagogy, did not meet Shulman’s criteria. This literature provides the human service/ community work profession with direction when creating its own distinct signature pedagogy.

A POTENTIAL WAY FORWARD FOR THE PROFESSION TO CONSIDER

How can Shulman’s dimensions of surface structure, deep structure, and implicit structure, along with a pedagogy of practice and performance be met that would demonstrate the uniqueness of the human services/community work signature pedagogy? This appears challenging, noting Shulman’s comment that ‘pedagogies that bridge theory and practice are never simple’ (2005a, p. 56).

I return to the questions posed earlier to guide this next discussion. I present these questions for debate in the profession as there is a dearth of literature to call upon on how they might be answered. Thus, it is noted each of the questions

have raised further questions to be researched and explored.

WHAT MAKES OUR PROFESSION UNIQUE, TO THINK, PERFORM AND ACT LIKE A HUMAN SERVICES/ COMMUNITY WORKER?

As we are an emerging academic profession, we are in a unique position to distinguish ourselves from other allied professions. Our closest profession might be identified as social work which has provided a plethora of literature on what makes a signature pedagogy of social work (Boitel & Fromm 2014; Cornell-Swanson 2012; Earls Larrison & Korr 2013; Holden et al. 2011; Wayne, Bogo & Raskin 2010; Lynch, Bengtsson, & Hollertz, 2019), from which our profession can call upon to create our own signature pedagogy.

To create a signature pedagogy, the uniqueness of the profession needs to be identified but that requires a recognition of the characteristics of uniqueness. Australian Community Workers Association currently defines (but is under review) community work as:

A person who has the knowledge, skills and values to work with individuals, families, social groups or communities to promote or restore social functioning. Community workers advocate for the rights of individuals and communities and work to address systemic barriers that prevent the social and economic inclusion of all citizens. Promoting social justice and maximising human potential are cornerstones of community work. (ACWA 2019).

This definition is linked to the current Code of Ethics, and Practice Guidelines for community workers (ACWA 2019).

Taylor suggests community work encompasses:

- A commitment to empowerment to ensure that people have opportunities to make choices about the actions they would like to take and have the ability to have those choices implemented.
- A commitment to social inclusion so that all individuals and groups are able to participate fully in and benefit from the social, economic, and political activity of society as a whole.
- A commitment to advancing human rights recognising the inherent value of each person, regardless of background, where we live, what we look like, or what we think or believe.
- A commitment to social justice in terms of the distribution of wealth, opportunities, and privileges within a society.
- A commitment to collective action or advocacy or the intrinsic importance of people working together to address common problems or issues. (2015, p. 5).

Poppo argues that 'despite the significant societal changes and assaults on the principles and practice of community work, the activity has remained true to its roots in questioning and, where necessary, challenging the power of the powerful as well as offering an alternative vision for now and the future' (2015, p. 1). Returning to the question: what makes this profession unique to think, perform and act like a human services/community worker, it could be suggested from the above that the focus for community work is on the collective rather than the individual. Is this the characteristic what makes us unique and different from other similar professions?

WHAT ARE THE CENTRAL FORMS OF INSTRUCTION THAT PREPARE PRACTITIONERS FOR FUTURE PRACTICE IN OUR PROFESSION?

Currently academic teaching and learning is delivered in both the face to face and online modes, as discussed earlier. Within these modes of delivery, is Shulman's overlapping and critical skills to think, perform, and act with integrity provided the same attention across the curriculum? Are Shulman's dimensions of a signature pedagogy (surface structure, deep structure, and implicit structure) interlinked across teaching and learning? Where is field education in this discussion? Perhaps we can call upon the literature currently being debated in the social work profession around the notion of field education as the signature pedagogy of social work (Earls, Larrison & Korr 2013; Egan et al. 2018; Ledger et al. 2017; Wayne et al. 2013) which questions both this notion and the lack of research to assert this claim, to guide our thinking.

In summary, it can be suggested that the human services/community work profession has elements of Shulman's temporal factors: a pervasive initial pedagogy that frames and prefigures professional preparation; the pervasive capstone apprenticeships; and the sequenced and balanced portfolio of academic study, tutorials, casework practice and received knowledge orientated courses, but how well these are integrated to create a signature pedagogy for the human services/community work profession requires further research beyond this paper.

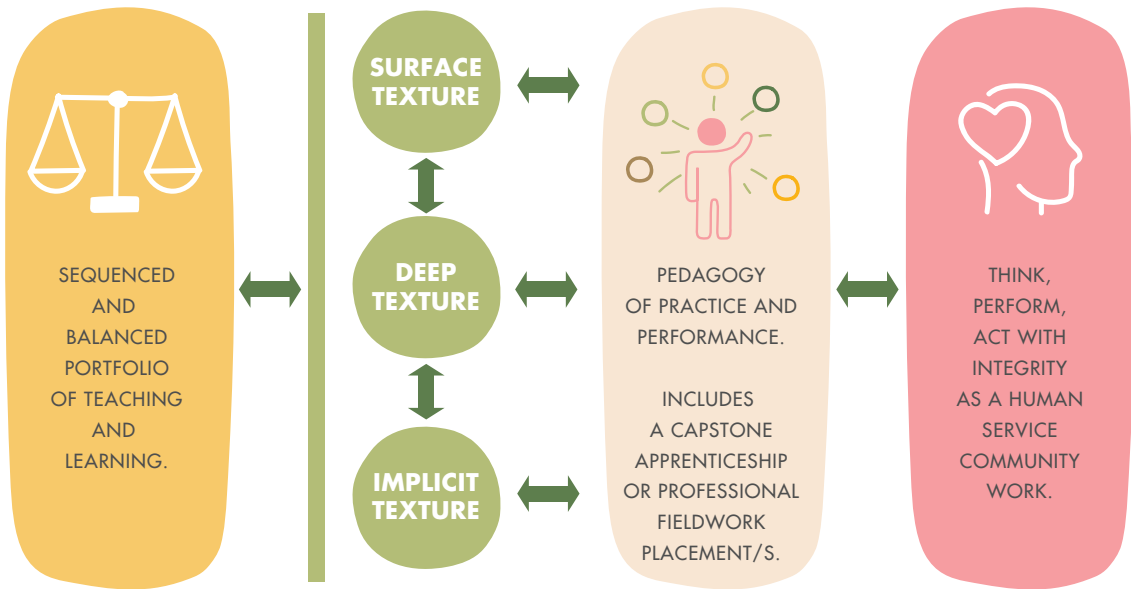
This article presents that we as a profession can take a number of pathways to develop our own signature pedagogy and two frameworks are presented for consideration, debate and further research. Model A presents a framework for developing a distinct signature pedagogy for the

EMERGING ACADEMIC
HUMAN SERVICES/ COMMUNITY WORK PROFESSION.

**DEVELOPING A DISTINCT
SIGNATURE PEDAGOGY**

PERVASIVE INITIAL PEDAGOGY THAT FRAMES
AND PRECONFIGURES PROFESSIONAL PREPARATION.

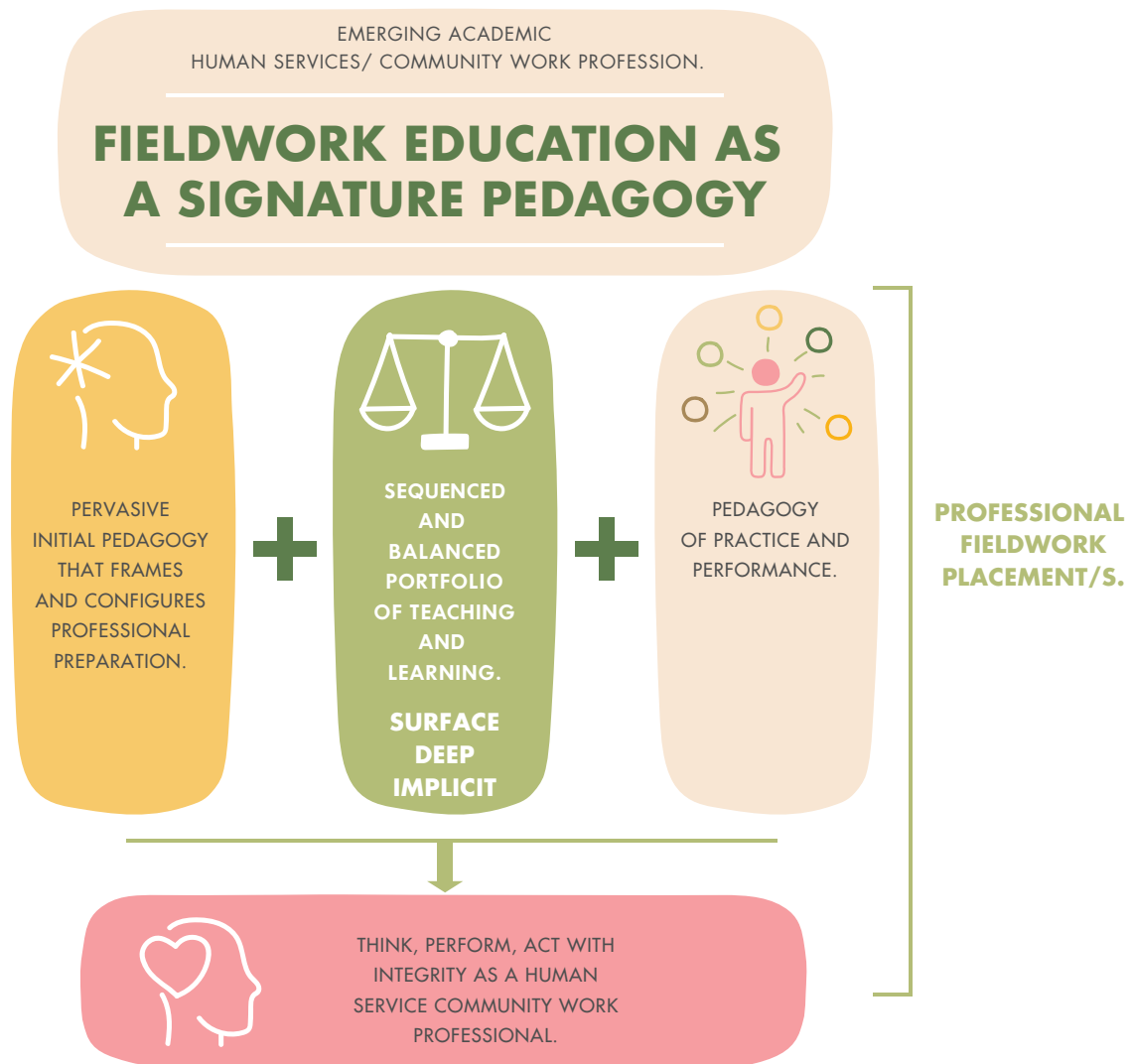
CURRICULUM AND PROFESSIONAL
FIELDWORK PLACEMENT/S.



Model A: Framework for developing a distinct signature pedagogy, Banham (2019).

human services/community work profession. This framework adopts Earls Larrison and Korr (2103) approach in suggesting a signature pedagogy, as Shulman developed, is grounded in teaching and learning that focuses on preparing practitioners for their profession through scaffolded learning with a balance between curriculum and field content. The framework also adopts Cornell-Swanson (2012) work in suggesting that teaching

and learning needs to occur across the curriculum – including both classroom and field education and be inherent in all aspects of human services/ community work education. Thus, although field education is a critical element in thinking, performing and acting with integrity, it needs to be preceded by preparatory teaching of theoretical constructs, practical skills sets, and ethical codes of conduct (Cornell-Swanson 2012, p. 207).



Model B: Framework for developing a field education distinct signature pedagogy, Banham (2019).

Model B presents a framework for developing field education as the distinct signature pedagogy. This framework adopts the concept presented by Egan et al. (2018) who concluded from their research that field education itself can be seen as a distinctive pedagogy. This model presents challenges as although there is evidence in the literature that field education is important enough to be a profession’s signature pedagogy (Holden

et al. 2011), there is limited research (Cornell-Swanson 2012; Wayne et al. 2010) on its efficacy to quantify this assertion. However, it does provide the opportunity for the profession to better understand the principles of its field education, review its principles of practice and the relationship of educational practice guidelines to field experience, and consider all the practical challenges in implementation (Boitel & Fromm 2104).



For any framework developed by the profession, Chick et al (2012) acknowledges there will always be an ongoing tension between generic teaching practices, pedagogical content knowledge, and application of knowledge to the profession. Shulman (2005a) suggested that educators in academic courses need to re-examine how and what they teach to ensure the students are work-ready. For Middendorf & Pace (2004) this appears to be a good starting point for the educators and professions to examine pedagogical content knowledge. Chick et al (2012) noted that any signature pedagogy in a profession can change and morph over time as the field changes and practitioners in the profession amend and reflect on their values. Thus, any signature pedagogy must be open to change of not only the knowledge to be learnt but the core values of the profession.

SOME OF THE CHALLENGES FOR THE PROFESSION

For an emerging profession interpreting Shulman's work in creating a signature pedagogy for the profession can be a challenge. Does the profession take on board Earls Larrison and Korr's (2013) argument that a signature pedagogy goes beyond field education and recognise that student learning occurs in the classroom in order to impart the knowledge and skills and socialisation into the profession? Or does the profession work towards developing fieldwork

education as the signature pedagogy as suggested by Egan et al. (2018), accepting the Holden et al. (2011) argument that although field education has historically been acknowledged as important enough to be called a signature pedagogy there is little empirical evidence to support such a stance.

As the human services/community work is an emerging academic profession, having the profession acknowledged within educational institutions and provided with adequate resourcing and expertise to support it as a profession, is a challenge. Field education in academic social work programs was reviewed by Raskin, Skolnik & Wayne (1991). Their findings identified similar issues the human services/community work programs experience today. For instance, issues such as the level of skills and knowledge of practitioners in the field supervising students; access to suitable agencies in which students can undertake a placement; and, support, resources and recognition provided to those supervising students.

Even with these challenges, to create a distinctive signature pedagogy for the human service/community work profession presents an opportunity for another chapter in the development of the profession. Even though further research and debate is required, it can call upon the current debates in the literature, ground its framework in the Code of Ethics and Practice Guidelines (ACWA 2017), and work with academic institutions to identify what makes this

profession distinct. Further research in undertaking current curriculum practice within Australia and internationally, and how it aligns to the principles of a signature pedagogy, would also contribute to the development of a framework for the profession. To conclude with the final word from Shulman (2005b)

...a true professional does not merely practice: he or she performs with a sense of personal and social responsibility. In the work of a professional, the performance of practice must not only be skilled and theoretically grounded; they must be characterized by integrity, by a commitment to responsible, ethical service. (2005b, p. 18). ■

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On the relationship between shame and problems with alcohol through the narratives of Aboriginal women.

Hine Moana, Anni Elizabeth

ABSTRACT

In Australia many Aboriginal women have a lifelong experience of trauma which has been identified as a significant risk factor for the development of alcohol and other drug (AOD) problems. Although it is acknowledged that problem AOD use and associated harms is an issue for many Aboriginal women, significant dimensions of the issue remain largely unaddressed. It has been widely reported that there are multiple barriers to addressing issues of problem AOD use amongst Aboriginal Australians including fear, lack of services, and gaps in our knowledge of culturally safe therapeutic practices. For Aboriginal women, whose voices have been historically silenced, these gaps are even wider. Informed by the stories of Aboriginal women who have experienced a problem with alcohol, as well as Aboriginal counsellors and community workers who have worked with them, this article presents a conceptual framework. The aim of this framework is to contribute to greater knowledge and more culturally sensitive



- ABORIGINAL WOMEN
- RACISM
- SHAME
- NARRATIVE
- ALCOHOL

practices in the provision of services for Aboriginal women experiencing alcohol and other drug (AOD) related harm. Based on ethnographic fieldwork, and using narrative-inquiry methods, this article examines the development and maintenance of alcohol problems as experienced by Aboriginal women. In particular a broader and more nuanced understanding of the impact of gendered racism, and the role of the self-conscious emotion of shame is made.



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INTRODUCTION

The relationship between the high rates of harm related to the use of alcohol and other drugs (AOD) and the complex historical traumas experienced by Indigenous peoples subjected to settler-colonisation (Wolfe, 2006) has been widely documented (Brave Heart, 2004; Gray & Wilkes, 2010; Human Rights and Equal Opportunity Commission, 2008; Lawson Te-Aho, 2013). The National Indigenous Drug and Alcohol Committee (NIDAC) reported in 2010 that in Australia over 60 per cent of Aboriginal people consume alcohol at harmful levels despite it having been found that it is far more common for Aboriginal Australians than non-Aboriginal Australians to abstain from alcohol (Brady, 2005, 2008, 2012). Although one in seven clients of mainstream AOD services is Aboriginal, it has been found that often these services do not necessarily provide the most appropriate therapeutic responses to Aboriginal people and many fail to address the concerns that Aboriginal people have expressed about working with non-Aboriginal AOD workers (Bacon, 2013; Bennett, 2013). Further it has been reported that non-Aboriginal workers often have difficulty in listening to an Aboriginal person's story (Vickery & Westerman, 2004).

As a woman with Maori ancestry I believe this is an area worthy of investigation. The material for this article has been drawn from my doctoral research study: 'Looking at Our own History Book': Exploring the Relationship Between Shame and Problems with Alcohol Through the Stories of Aboriginal Women'. It aimed to create an in-depth understanding of the relationship between

shame and alcohol problems as experienced by Aboriginal women. Based on ethnographic fieldwork, in-depth interviews with Aboriginal AOD counsellors, community workers, service users and conversations with cultural informants, the study contributes to our understanding of the role of shame in the development and maintenance of alcohol problems as experienced by some Aboriginal women and contributes to a better appreciation of the potential for narrative and storied approaches to therapy (Brady, 2012; Waldegrave, 2012; White, 2000; White & Epston, 1990; Wingard & Lester, 2001).

The research did not claim to represent the situation of all Aboriginal and Torres Strait Islander women in Australia. There are many differences in culture, lived experience and in points of view among Aboriginal Australians and Torres Strait Islanders. Rather the study was conducted in Victoria with participants who described themselves as Aboriginal people, and some as Yorta Yorta. As recommended in the Australian Indigenous HealthInfoNet Guidelines for Aboriginal and Torres Strait Islander Terminology (Australian Indigenous HealthInfoNet, 2017), when referring to research participants, the term 'Aboriginal' was preferred to the term 'Indigenous'.

SHAME

SHAME AND ENGENDERED RACISM

Since the arrival of the first Europeans in Australia, Aboriginal women have been described in highly disparaging terms and suffered from the imposition of deficit discourses particularly in relation to racial identity and gender (Conor, 2016; Huggins & Huggins, 1994; Johnson, 2015a). Many women experience a flawed sense of self, which negatively affects identity. (Brown, 2012). For Aboriginal women, this negative self-image may

be compounded by poverty, injustice, racism and gender stereotyping (Brady, 2005; Conor, 2016; Huggins & Huggins, 1994; HREOC, 1997, 2008; Tracey, Robins & Tangney, 2007). Alongside their stories of injustice and oppression (Denborough, 2011; Waldegrave, 2012) many of the Aboriginal women with whom I have worked, and those who contributed to this study, talked about experiencing the self-conscious emotion of shame, (Goffman, 1963). This appeared to be strongly related to prevailing discourses of indigenous deficit, that is, the stories these women had been told about themselves by others (Brown, 2012; Drahm-Butler, 2015; Huggins & Huggins, 1994; Towney, 2005).

Shame has been described as the 'intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging' (Brown, 2012, p. 5). Further, Brown (2012) argues that shame often precedes problems with alcohol, and that it is maintained by problem alcohol use and becomes even greater when a person's health, self-care and behaviour are adversely affected by alcohol. Shame has been described by Tangney (1998) as an ugly feeling that negatively affects interpersonal behaviour. It has been described as not only harmful to wellbeing (Maxmen, 2007) but as a significant risk factor in the development and maintenance of AOD problems (Potter-Efron, 2002), and as being prevalent among women with alcohol problems (Wiechelt, 1999). Brown (2012) has found that shame cannot survive exposure to empathy and argues that when feelings of shame are shared with someone who is capable of listening without judgement, shame can dissipate, whereas in the presence of silence and secrecy, shameful feelings become more powerful.

It has also been found that shame is of concern to many Aboriginal people, and that this experience of shame has its genesis in their experiences of

ongoing trauma and the racialised deficit narratives that continue to support the social, cultural and economic interests of white Australia (Adams, 2014; Johnson, 2015a; Toney, 2005). However, the literature in this field is quite limited, and there have been calls for further research on the topics of shame, alcohol, gender that can arise from experiences of racism and prejudice (Dearing, Stuewig & Tangney, 2005).

SHAME AS A SELF-CONSCIOUS EMOTION

Shame is a powerful emotion. It can be debilitating and destructive. Usually it arises not through our own actions but through a concern that others may think badly of us (Tangney, 1998). A socially constructed emotion linked to experiences of oppression, shame negatively affects the construction of social identity (Maxmen, 2007; Wingard & Major, 2015; Tafjel & Turner, 1979). It is also seen as a significant risk factor in the development and maintenance of alcohol problems (Brown, 2012; Fossum & Mason, 1986; Potter-Efron, 2002).

NARRATIVE APPROACHES TO COMMUNITY WORK AND COUNSELLING

Narrative approaches to community work and counselling, arose from work by Michael White in partnership with Aunty Barbara Wingard, Jane Lester and Aboriginal community workers (Denborough, 2011). It positions the problems experienced by people and communities in a social, political and historical context. Narrative approaches to therapy are commonly used by Aboriginal community workers and counsellors.

This study examined the use of narrative practices in relation to their potential to address the alcohol problems that some Aboriginal women experience and to support the development of a more positive self-account (Bacon, 2013; Johnson, 2015b). By many accounts, deficit narratives are familiar, not only to Aboriginal Australians, but to many fourth world¹ populations, including the Maori people of Aotearoa/New Zealand and the First Nations peoples of North America.

Such narratives have been found to be profoundly destructive to individuals and communities (Bennett, 2013; Drahm-Butler, 2015).

No study could claim to represent the situation of all First Nation women in Australia. Nevertheless, as a case-study of five Aboriginal women's accounts of their experiences with alcohol, shame and healing, and the accounts of their Aboriginal community workers/AOD counsellors in Melbourne and the Victorian regional city of Shepparton, this study provides a closely textured account of how we make ourselves through the narratives we create from our lived experience (McKenzie, 2010). and how this needs to be the basis for responding to alcohol and other drug problems as experienced by Aboriginal women.

The generational sorrows and trauma experienced by indigenous people have been clearly linked to the development of AOD addictions (Mate, 2008; Brave Heart, 2004). Given that narratives and storytelling are important to Aboriginal cultures, and that telling stories is an essential way through which indigenous knowledges are shared (Bacon, 2007, 2013; Hume, 2002; Wingard & Lester, 2001), the methodologies chosen are considered by Indigenous researchers to be culturally appropriate to use when conducting research in

¹ Colonised indigenous populations and ethnic and religious minorities who have been subjected to political and economic oppression may be referred to as 'fourth world populations' (Manuel & Posluns, 1974). The term is also sometimes used to refer to those from the poorest countries in the world.

Indigenous communities who have experienced settler-colonisation (Lawson Te-Aho, 2013; Smith, 2012; Vickery & Westerman, 2004). Following Ong (1982), who proposes that cultures and languages that are traditionally based on orality and storytelling possess different qualities of thought and expression to those that have become substantially literary, this study concentrated on listening to the narratives of the research participants, and attempted to understand and report on the meaning of their lived experiences.

AOD TREATMENT DISCOURSE

Language is structured into the discourses through which society is organised and it is in the interests of powerful groups in society that some discourses are privileged over others (Burr, 1995; Lilja, 2013). Generally, AOD discourse is largely modernist in tone, and is dominated by the language associated with the medical and allied health professions. Smith and Winslade (1997) observe that medical metaphors are used widely in the AOD field. The use of words such as 'recovery', 'treatment', 'assessment' and 'diagnosis' and the use of a disease model within the AOD sector locate the field firmly within a twentieth century scientific discourse. Thus, despite being a meaningful and appropriate therapeutic response for many people, mainstream approaches to AOD counselling may not be appropriate for all clients. If cultural and social factors are not considered, the counselling provided may be inconsistent with an individual's own worldview, priorities and values, and also potentially damaging to the individual's cultural and social identity (Brijnath et al., 2011; Corey, 2013; Holdstock, 2000; Sue & Sue, 2012; Walker, Schultz & Sonn, 2014).

According to NADA (2016), the use of mainstream AOD treatment models are neither appropriate

nor effective when used with women who have experienced trauma. Mate (2008) has established that when addressing AOD problems experienced by colonised indigenous populations, for lasting positive change to occur, it is necessary to explore the effect of issues such as trauma and the self-conscious emotion of shame. In addition, Tamasese and Waldegrave (2005) state that for therapeutic responses to indigenous people and to women, specifically, to be just, they must arise from deeply engaged ethical considerations that include cultural and gender accountability (Australian Human Rights Commission, 2010).

GETTING CONNECTED

The study followed the lead provided by Aboriginal researchers and was initiated through contact with members of the Aboriginal community members with whom the author was acquainted. As found by Vickery and Westerman (2004), in order to be accepted into Aboriginal or Torres Strait Islander communities, non-Aboriginal Australian researchers need to be 'vouched for' by an Aboriginal person known to and trusted by the community. An Aboriginal friend, who at the time was working at Rumbalara (Aboriginal Community Controlled Health Service at Maroopna), vouched for me to members of the Rumbalara Board and the Chief Executive Officer (CEO). Once I had received permission to contact members of staff to establish if they or any of their clients would be willing to participate in the study, the research began. An email was sent out to all AOD and family services staff, containing a description of the study and other information for potential research participants from the two targeted groups:

1. (Group A) Aboriginal women who had experience of an alcohol problem (Amber, Pearl, Jade, Ruby and Dorrie – not their real names)

2. (Group B) the counsellors/community workers working with the women (Uncle Lance James, Aunty Suzanne Nelson, Sharon Jones, Bianca, Kristy, Amber and Trish).

Nearly all of the Aboriginal community workers/counsellors who took part in this research asked me to use their real names. The five women who had experienced a problem with alcohol were not identified by their real names and some identifying details were removed in order to protect their privacy. ‘Pearl’, ‘Violet’ and ‘Ruby’ were introduced to me through one of the senior Aboriginal AOD counsellors at Rumbalara’s AOD service Guawa Place in Shepparton. ‘Dorrie’ and ‘Jade’ were introduced to me through an Aboriginal community worker and AOD counsellor in Melbourne. Each of these five women had experience of narrative approaches to community work and counselling (Bacon, 2013; Drahm- Butler, 2015; Johnson, 2015b; Wingard & Lester, 2001; White, 2004; Wingard & Major, 2015).

FINDINGS: WHAT WAS UNCOVERED THROUGH THIS STUDY

The study participants, both the Aboriginal community workers/counsellors and the women with whom they had worked reported three significant dimensions to shame:

- Firstly, there was shame associated with identifying as an Aboriginal Australian woman in Australia.
- Secondly, there was the shame associated with the Stolen Generations and especially shame associated with having your own children removed.
- Finally, there was a dimension associated with being a ‘black woman and drunk’.

It was clear from the stories that the self-reported experience of shame was implicated as

a precipitating factor in the establishment and maintenance of heavy-drinking practices among the women, which resulted in alcohol becoming a significant problem (Dearing, Stuewig & Tangney, 2005; Fossum & Mason, 1986; Potter-Efron, 2002). For Pearl, Ruby, Violet and Dorrie, high levels of shame were primarily linked with their racial and gendered identity—what it was to be an Aboriginal woman in Australia.

I hit the Moselle because I wanted to kill my pain and just hurt myself so much that I just went and got myself drunk because I felt worthless ... I felt shame because I was worrying about what people out there would think I was ... You’re a drunk! You’re an alcoholic. That’s where the shame comes back into it. Makes it worse again. (Pearl)

Trish, one of the Aboriginal AOD community workers, spoke about racism as creating conditions under which Aboriginal women felt less than human:

When I was born, we weren’t even considered to be human. Flora and fauna. Australia was founded on racism. We know that. The system still has systemic racism. Absolutely. And we know that our whole communities have been silenced over the years from the laws that were there. You weren’t allowed to teach language. You weren’t allowed to teach dance. And if you then get caught, you’d be locked up, and we know that the prison system has an over-representation of all of us. We know that the hospital systems have an over-representation. We know that drugs and alcohol is really our way of running away from the pain and shame ...

With feeling bad about our identity ... It [the drug and alcohol use] may deaden the pain for a short time, but we’re carrying it all the time. So often we don’t feel as though we’re worth anything.

Racism in Australia is rife. So, until you sort out society and sort out that, we're going to have to learn ways around that shame. You can see it in our children, trying to wash their skin colour off sometimes, because they get affected by racism in the schools, still. We have to learn to stand tall for who we are... So, yes, there is shame out there, but if you can get that woman to see, to walk past that shame and realise that the experience of shame, of being who you are, an Aboriginal woman, is no shame ... then you get somewhere. (Trish)

One of the other Aboriginal community workers referred to trans generational trauma and ongoing racism:

Feeling worthless...

All that kind of stuff is why our black women drink. And that's what you were perceived as growing up as a child, worthless. You know white mainstream society as well, the amount of racism that you had to put up with too. So, it's not only just that trauma, but it's racist attitudes that people not thinking they're worthy enough to achieve anything. So, you lose all that dignity, and pride, and self-esteem and confidence as a human being. When you constantly have crap put on you. And these poor women, they've got to deal with that. (Sharon Jones)

THE USE OF ALCOHOL TO RELIEVE FEELINGS OF SHAME, PAIN AND LOSS

All of the women described using alcohol to seek relief from shame and other painful feelings and related how, over time, the alcohol use became a problem. The women were aware that this created a vicious cycle where, as the alcohol use increased, so too did the emotional pain, shame and experiences of various types of loss (Dearing

Stuewig & Tangney, 2005; Fossum & Mason, 1986; Potter-Efron, 2002).

The narratives of both groups shed light on the relationship between socially constructed shame and alcohol problems as experienced by some Aboriginal women, and the types of therapeutic approaches that might be helpful. They also highlight what it means to live in contemporary Australia as an Aboriginal woman.

In addition to describing the effects of shame and its dimensions on Aboriginal women experiencing problems with alcohol, the community workers and counsellors talked about how shame creates challenges in the development of a positive social identity (Johnson, 2015a). They described how the social identity of Aboriginal women has been constructed around a social discourse that, in the words of Uncle Lance James, positions Aboriginal women at the bottom of the social ladder (Tamasese & Waldegrave, 2005). They identified that, for many of their clients, such subjugation has engendered and reinforced a sense of shame that penetrates to the core of their gendered racial identities (Huggins & Huggins, 1994).

RESPONDING TO 'ALCOHOL PROBLEMS' AS EXPERIENCED BY ABORIGINAL WOMEN

It is clear from the testimony of the women, and that of their Aboriginal community workers/ counsellors who participated in this research that focusing on the symptoms only and using non-narrative therapeutic practices not only misses the point of what the problem is, but perpetuates and exacerbates the problem—a point poignantly made by Aboriginal woman Maria Edwards in an interview with Sunday Age reporter Justin McManus (2018) on the tenth anniversary of Kevin

Rudd's apology to the Stolen Generations:

Children are being taken because the parents are not being offered help, just like my mother. They don't receive help to restore relationships, or they are simply sent to rehab where, in many cases, they come out worse.

The stories highlighted that usually the decision to change occurred at a time when the costs of maintaining the alcohol use outweighed any perceived benefit (Prochaska, DiClemente & Norcross, 1992). Such costs came in the form of further loss related to health and wellbeing, human dignity and valued relationships.

To seek help despite the shame associated with identifying alcohol as a personal problem required great courage and can rightly be seen as an act of resistance. What emerged from the stories is that seeking support for her alcohol problem represents an act of resistance by the woman to the dominant discourses of what it is to be an Aboriginal woman in Australia. Despite some of the women describing the experience of seeking help for an alcohol problem as a potentially shaming experience, each had done so when they felt that they were ready to change their relationship to alcohol. What also emerged from the stories is the critical role played by the Aboriginal counsellors and community workers in enabling the women to experience their acts of seeking help as resistance against the prevailing social, historical and political landscapes.

I've lost too much through drinking ... The loss continued, and it just got worse and worse, and what actually made me stop me was the fear of losing my son ... when he left, that's when I thought, 'No, I can't. I've lost too much'. ... It was like, 'I don't want to live like that anymore, and I don't want to keep hiding things with alcohol'. So, I stopped doing it. (Ruby)



DISCUSSION

The research findings demonstrate the value of AOD practitioners embracing the use of narrative and storied approaches in working with Australian Aboriginal women seeking help for alcohol problems, to 'treat' the immediate alcohol problem, and to address the underlying issue of endemic low self-esteem that gives rise to and perpetuates the problems. All of the women spoke about the importance of being able to tell their story and feeling heard.

For some of the women, part of the construction of a more positive self-account involved naming the injustice, and having that injustice witnessed and affirmed. In particular, the incorporation of themes related to justice-seeking within some of the narrative practices used at two Aboriginal Community Controlled Agencies, Guawa Place at Rumbalara in Maroopna and Winja Ulupna in Melbourne, were experienced as very helpful. Pearl spoke of the impact of justice-seeking on how she felt about herself. Having her story taken seriously, and being supported to seek justice in relation to a particular series of events had affected her self-esteem in a positive manner (Waldegrave, 2012; White & Epston, 1990).

Uncle Lance James put this very succinctly:

The women's stories must be listened to, again and again if necessary. The injustices must be witnessed. The Aboriginal woman is not the problem; transgenerational trauma and racism are the real problems here, so separate the alcohol problem from the person. You can help to heal shame through listening, naming the injustices and showing her compassion.

A number of recommendations from the research were made. Firstly, it was recommended that mainstream AOD services, as part of their reconciliation action plans offer storied and narrative therapeutic responses (individual and group) to Aboriginal women. Such approaches are culturally safe and support the emergence of a positive self-account through locating problem alcohol (or other drug) use within a social, historical and political context. To do this, AOD counsellors and community workers will need to be trained, wherever possible, by Aboriginal practitioners, in narrative approaches.

The second recommendation was that clinical practices provided to Aboriginal women should be carried out in consultation with Aboriginal community-controlled agencies.

In the third recommendation, mainstream AOD agencies could develop services that reflect a sound understanding of how problems with AOD may be differently constituted according to gender and adopt trauma-informed practices when working with women (NADA, 2016).



It was also recommended that mainstream AOD services increase their numbers of Aboriginal staff in all areas of service delivery and make this a matter of priority through the adoption of affirmative action in recruitment policies that reflect the urgent need for more Aboriginal counsellors and community workers in this field.

The final recommendation concerned the need for the Australian Government to demonstrate its commitment to 'closing the gap' in life expectancy between Aboriginal and non-Aboriginal Australians by providing secure, ongoing funding to Aboriginal community-controlled AOD services to provide gender-specific counselling services as well as long-term, culturally appropriate residential services to accommodate Aboriginal women and their children.

DIRECTIONS FOR FUTURE RESEARCH

In future research a larger study to better understand the prevalence of the self-conscious emotion of shame among Aboriginal women who have sought support for alcohol or any other drug problem could be undertaken. Further there is more to learn about the efficacy of narrative approaches to counselling and community work for Aboriginal women who experience problems with AOD use. Such research would help us understand how addressing injustices plays a role in supporting the emergence of a more positive self-account for Aboriginal women. ■

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Community mental health staff perspectives of the impacts of transition to the National Disability Insurance Scheme (NDIS) on consumers, carers and workforce in Victoria

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- NDIS • PSYCHOSOCIAL DISABILITY
- MENTAL HEALTH • COMMUNITY WORKERS
- WORKFORCE ISSUES

ABSTRACT

The National Disability Insurance Scheme (NDIS) is a landmark transformation of Australian Government policy. It has been designed to offer more choice and control. Never before has disability policy included mental health (termed 'psychosocial disability'). This article explores, from the perspective of mental health support staff, the impact of the transition to the NDIS. A survey was sent to all staff of a leading community mental health provider in one state of Australia who were supporting consumers to transition to the NDIS from both state-funded and federally-funded programs. A 13-item questionnaire was developed through a consultation process with staff from the state funded service. It was found that job insecurity, increased workplace stress, changing roles and less scope for recovery-oriented work in a disability model, effected staff wellbeing during the transition to NDIS. Three quarters of the

respondents stated that difficult processes, lack of appropriate support, or its reduction, caused increased anxiety and stress in consumers. Further, two thirds of respondents stated that lack of carer information and support created confusion and anxiety for carers. The conclusions drawn were that mental health services faced challenges to continue working from a trauma-informed practice model in the unstable and changing environment of transition to NDIS. Staff believed that consumers, carers, and they themselves, were directly affected and were experiencing high levels of stress and dissatisfaction with service changes due to a complex, bureaucratic and inconsistent process that occurred during the transition.



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INTRODUCTION

The community mental health sector in Australia has gone through a number of major reforms with the introduction of the National Disability Insurance Scheme (NDIS) in 2013 (Warr, Dickinson, Olney, Karanikolas, Kasidis, Katsikis & Wilcox, 2017). It was estimated in the National Mental Health Commission Report 'Contributing lives, Thriving Communities' that of an overall 3.7 million people in Australia who experience mental ill health, 690,000 live with severe and persistent mental illness (Smith-Merry, Hancock, Gilroy, Ms & Yen, 2018). The National Insurance Disability Agency (NDIA) is the body that implements the NDIS. While the Commonwealth government has estimated one third, or 230,000 people, will need regular and ongoing support, the NDIA has estimated that by full roll out in mid-2020 only 460,000 will be participating in the Scheme, a number that includes 13.9% or 64,000 people with a primary psychosocial disability requiring support. There is a significant projected gap of up to 91% of people with severe and persistent mental ill health, 166,000 to 626,000 people, who will fall back on non-NDIS community mental health services in some form to meet their challenges and needs (Smith-Merry, et al., 2018). Thus far, NDIS participation of people with a primary psychosocial disability diagnosis is low; indicating multiple difficulties experienced in the implementation of the Scheme to date. This article explores the impact of the transition to NDIS experienced by mental health support staff.

In the state of Victoria specifically, the revised Mental Health Act in 2014 and the recommissioning of services in 2014, had a significant impact on the delivery of psychosocial support to people experiencing mental health challenges. On top of those changes, the NDIS has impacted community mental health services,

including services delivering the state funded Mental Health Community Support Services (MHCSS), and the commonwealth funded Partners in Recovery (PIR), Personal Helpers and Mentors (PHAMS) and Day-to-Day living (D2DL). This has occurred because the state government decided to defund existing community mental health services in preference to funding the NDIS. This has led to a transfer of all consumers who received public mental health services in Victoria to services under NDIS funding arrangements, policies and practices (Australian Services Union, 2019).

Engaging in this very complex and system-wide change from the current block funded community mental health system to NDIS funded services has been a difficult process and taken considerable adjustment for consumers and the staff supporting consumers (Viereck, 2016). The Mental Health Victoria (2018) report 'Saving lives. Saving Money' states that community mental health services are vital, as part of the mental health system providing care in the community contexts, to people with severe mental illness and psychiatric disability. These services provide both early intervention, when people are initially becoming unwell, as well as supporting people on return to their community from acute settings, typically as hospital admissions.

The NDIS, as applied to mental health, commenced as a disjointed insurance system with instability of funding and roles (Baxter, 2015). Originally, there were unclear timelines for supports available, uncertainties with the development of the Scheme and most importantly constant changes in the processes and policies that created confusion among people using the Scheme and service providers. Moreover, the experience of the transition process indicated that the process itself is complex and bureaucratic (Warr et al., 2017). For instance, there is inconsistency in messages

delivered by National Disability Insurance Agency (NDIA) and there is a clear lack of understanding of psychosocial disability (Smith-Merry, et al., 2018).

There are a limited number of studies focusing on the impacts of transition of community mental health services to NDIS on community mental health workers. A study conducted in NDIS Barwon Trail region in 2015 suggested that the staff in community health sectors are highly impacted due to this change and highlighted the risk of losing a pool of specialised mental health workers from this sector, thus compromising the quality of mental health support delivered through NDIS (Daya, 2015).

Prior to the introduction of the NDIS, the community mental health sector in Victoria was robust and stable with a stable workforce that specialised in recovery-oriented community rehabilitation support (Crowther, 2017). This model has been important to consumers of services to experience as the focus is on their strengths and capacities rather than a diagnosis that highlights their illness and/or deficits. The organisations within the system were able to provide support structures and had put in considerable efforts to form strong collaborations between sectors, partners and stakeholders in the best interest of consumers (Community Mental Health Australia, 2017).

Rosenberg (2017) raised further concerns about the job insecurity of 12,000 full time equivalent staff, employed by approximately 800 mental health NGOs (Australian Institute of Health and Welfare, 2016). This has been associated with cashing out of community mental health funding into the NDIS. This poses a great risk of losing the trained specialist community mental health workforce. There is a need for a National Mental Health Workforce Strategy to prepare and support

the workforce to deal with reforms and retain the workforce in the sector (Crowther, 2017).

Previous studies conducted with consumers from Barwon region during the NDIS trial found consumers voiced their concerns that the NDIS transition was a complex and stressful process to navigate (Daya, 2015). Consumers strongly recommended that NDIS should not replace the current community mental health support, but rather be provided to offer additional support to consumers with psychosocial disability.

The Carers New South Wales study of the experience of carers in the Hunter region trial highlighted similar challenges faced by carers during the one-year trial of the NDIS (Carers NSW, 2014). Carers found that they were impacted by challenges with the NDIS transition such as: understanding the Scheme, managing a complex and inconsistent process, a lack of recognition of carer's roles, inconsistency in NDIA's approach with carers, and, the ending of funding for carer support services. The report highlights that carers need more support to be able to navigate this change and support their loved ones to transition into NDIS smoothly. Consumers reported feeling unsafe, angry, hyper-aroused, confused and depressed. Staff were mirroring similar experiences of feeling unsafe, angry, fragmented, confused and demoralised. The community mental health organisations that were successful prior to NDIS felt punitive, stuck, mission-less, valueless and directionless. This parallel process of a traumatised system (Gonzalez, 2015) had a huge effect on consumers, carers, the workforce and organisations trying to manoeuvre this 'The NDIS was "like a plane that took off before it had been fully built and is being completed while it is in the air" says a highly critical review.' (Dunlevy, 2014 para 1).



METHOD

SURVEY DESIGN AND DEVELOPMENT

Through a process of consultation with staff from one inner city MHCSS service, a questionnaire was developed. As illustrated in Appendix 1, the questionnaire included 13 questions in total including a multiple-choice question that had a comment box in each question and open questions. Responding to the survey was voluntary and respondents were not identifiable.

RECRUITMENT

The survey was sent to all staff of the community mental health provider in Victoria who were directly supporting consumers to transition to NDIS. The staff employed by the organisation were delivering MHCSS, PIR, PHAMS and D2D living programs. The online survey was open for four weeks. The staff self-selected to participate in the survey.

DATA ANALYSIS

Frequency distributions were calculated for questions 2 to 9. A thematic analysis was conducted on the open-ended questions (questions 10 to 13) to identify themes in the data. The responses from each of the open-ended questions were read and coded twice (Grinnell & Unrau, 2011) to identify the main themes in those responses. These themes were then used to code the responses and the instances of the codes were counted.

ETHICAL CONSIDERATIONS

This study was an internal review, designed to capture the experiences of the workers and for them, in turn, to pass on to management points of advocacy as to the experiences of individual consumers and families. The study protocol and survey tool were reviewed. This review included the ethical considerations and was approved by the Research and Evaluation Committee (REC) and the leadership teams of the community mental health organisation where the study was conducted.



RESULTS

QUANTITATIVE SURVEY FINDINGS

Respondent characteristics

In total, 51 surveys were completed and a further four were partially completed. Overall, 39 respondents had worked in the sector for 2 to 10 years and 10 had worked for more than 11 years. Only 12.7% said that they will continue to work in community mental health sector after NDIS is implemented in Victoria.

Staff respondent perceptions regarding process of NDIS transition

Overall, 60.1% disagreed that the consumers they worked with reported feeling safe and empowered throughout the transition process. In total, 76.2% of staff responded that the difficult processes, lack of appropriate support and/or reduction of support was causing increased anxiety and stress. There were 70.9% who disagreed that consumers have choice and control in the transition process. Of all staff, 68.5% stated that they were not confident that the NDIA would be able to integrate services moving forward and provide holistic support to consumers. A considerable 64.4% of staff stated that the lack of carer information and support throughout the transition process created confusion and anxiety for carers. In all 74.5% of staff have raised concerns that the planning meetings, where they support consumers, are not trauma-informed.

Impact of NDIS transition on staff

Table 1 illustrates that the majority of staff have experienced issues around job insecurity and uncertainty about the future of their roles. Staff experienced increased workplace stress due to increased workload, emotional labour and concerns for consumers. The majority of staff also felt increased anxiety and stress at work and were concerned about the nature and pace of their rapidly changing work. Staff stated that dealing with the NDIA and planners had been a frustrating experience nor had they found it to be in the best interests of consumers. They also shared concerns that the nature of their work was no longer focused on recovery. Further, the change process damaged their view of the organisation for which they worked. Only 4.1% of the respondents' stated that they felt positive and excited to be a part of the system change.



Table 1: The broader theme of the impacts of NDIS transition on staff

Broad Themes	Percent
Issues around job insecurity / I will lose my job in coming months.	40.8%
Increased workplace stress as a result of increased workload, increased emotional labour, worry about consumers 'falling through the cracks', and watching highly trained and passionate colleagues leaving the sector	40.8%
Increased stress and anxiety	37.2%
Dealings with NDIA/NDIS agencies have been/are frustrating/not in the best interests of the consumers	37.2%
The nature and pace of the work has changed, cannot focus on recovery as having to spend time navigating the new system.	28.6%
Process has damaged my view of (the organization)	11.6%
Feel positive/excited to be part of the system change	4.1%

Impact of NDIS transition on consumers

Staff perspectives of the impacts of NDIS transition on consumers, who they supported, are reflected in Table 2. The majority of the staff stated that transition to the NDIS had been a difficult process as there existed a lack of appropriate support, or a reduction in support which caused increased anxiety and stress for consumers. Staff shared other concerns about consumer experiences.

For example, consumers did not trust the NDIS due to systemic difficulties as well as less choice and control with support issues. It was also noted that the transition process caused friction between consumers and support workers. Only 4.8% of the respondents agreed that consumers had received a reasonable package from the NDIS. It was also found that only 2.4% of total respondents thought that appropriate support and information were eventually provided to consumers.

Table 2: Staff perspective of the impacts of NDIS transition on consumers

Broad Themes	Percent
Difficult processes, lack of appropriate support and/or reduction of support causing increased anxiety and stress	76.2%
Consumers have no trust in the NDIS due to systemic difficulties.	9.5%
Reduction in consumers’ choice and control around their support.	7.1%
Transition problems causing friction between consumers and support workers.	4.8%
Consumers have received reasonable packages	4.8%
Initial difficulties, but resolve when appropriate support and information provided	2.4%



Impact of NDIS transition on families

Table 3 illustrates staff perspectives of the effects of the NDIS on carers. The majority of the staff stated that there was a lack of information and support for carers. This was perceived as creating increased confusion and anxiety. Staff believed that carers were concerned that their loved ones would get the support they needed under NDIS and that the pace of the transition created extra work for carers. Overall, 11.1% of the respondents stated that carers have had an initial good experience of the transition.

Table 3: Staff perspective of the impacts of NDIS transition on carers

Broad Themes	Percent
Lack of carer information and support creating confusion and anxiety for carers	64.4%
Lack of clear outcomes and uncertainty creating worry for carers, they don't know if consumers are going to get the support/services they need	13.3%
Clumsy transition is creating extra work for carers	40.0%
Some positives. Carers have had initial good experience	11.1%



QUALITATIVE FINDINGS

Staff feedback about impacts of NDIS transition

Staff reported that job insecurity has had one of the biggest impacts. This applied equally to those advised that their employment would end in the immediate future and those who were under-employed and lacked ongoing permanent employment. This second group felt the need to seek more stable employment in the short-term before they faced sudden unemployment.

The following comments are examples of the impact of the NDIS on staff morale and job satisfaction:

The NDIS has not only been a stressful time for consumers but also staff. I have personally been (affected) by the amount of change and disruptions

I have experienced during employment. There is no job security through the NDIS which has taken ICSP funding and put many people out of jobs.

It's hard to maintain motivation at work because I am more focused on my future and wondering how I will support my family without a job.

My job and the service I work for will be shut down in 5 months, and there are no longer any similar programs to try to find employment with. So, there is no other opportunities to work in community mental health outreach/day program.

It's heartbreaking to see a professional and comprehensive service dismantled for a minimal service provided by low paid workers...

It was considered that knowledge was being lost as experienced staff had begun to leave the sector. Workers were reverting to using deficit or disability-oriented language as the NDIS framework was not set up to prioritise consumer-centred recovery. This was exacerbated by changes to staff roles which had become less recovery focused:

The NDIS clashes with my values as it doesn't come from a recovery orientated model. It has resulted in me seeking out alternative work.

Workers struggled to feel effective in supporting consumers as much of their time is spent navigating the transition. Workloads have increased due to the extra time support workers are spending helping consumers navigate the transition. This includes the emotional labour in which staff are engaged.

Beyond the impact of the NDIS transition on staff morale and job satisfaction it was also found to heighten staff stress and emotional load as

illustrated by the following comments:

As much as I have tried to not take stress home with me - being human impacts by holding stress physically - I have become physically exhausted and experience very high adrenalin to get work done - and am left with very low energy once home. This has made me unhappy and stressed as an individual...

[There has been] a huge increase in work load. [NDIS] removed the ability to work from a slower paced approach where time is given to build rapport. Collaborative practice has been greatly impacted as work focusses on navigating the system.

It has created unnecessary additional work, NDIS and NDIA do not communicate to each other resulting in confusion of who is doing what.

One respondent explained that the transition caused friction between some consumers and support workers:

Feeling like the 'punching bag' for upset consumers/carers, feeling powerless to change anything - especially having come from PIR which was a very collaborative and successful model of support. Watching consumers become very unwell is difficult. Constant anxiety and anger within the team is hard to be around. Supporting colleagues in their process can also be exhausting.

Another respondent noted that the organisation could have provided better support for staff:

I never had any confidence in NDIS so I really haven't been at all surprised by the way NDIS has unfolded but I have found the (organisation's) attitude and actions throughout the transition

to be disappointing so this has also impacted my motivation and will see me leaving the organisation with a fairly negative perception of my time working for (the organisation).

Only two respondents expressed any positivity with their experience of transitioning to NDIS. One saw it as a challenge and the other felt privileged to be a part of system reform:

It's been interesting to be part of such a big change. I have felt privileged to be able to support a consumer to get the best possible package and to have met staff from LAC/NDIS and other stake holders.

Staff perspectives of impacts of NDIS transition on consumers

Staff responded that many consumers experienced feelings of confusion and anxiety at the difficulties of navigating the NDIS. Rejections of access to support and/or reductions in services have caused feelings of grief and increased feelings of worthlessness in many consumers:

I feel the process has been traumatising for some people, particularly those people sensitive to abandonment and people who feel the system does not care about them or support them. I don't feel consumers believe they are being heard, understood or respected.

One respondent reported that the increase in stress experienced by consumers was having serious consequences:

[There is a] sense of not understanding the new big system. Increased anxiety and frustration that previously-funded supports are no longer available. When denied access to the NDIS this can have

a huge detrimental impact - I have seen people withdraw from their normal activities and become increasingly suicidal.

Similarly, other staff reported that many consumers felt negatively impacted. This was illustrated in the following experiences that include a disorganised NDIS set up which has led to unnecessary rejections, and when consumers are approved there is a lack of providers for consumers to engage with:

The access process has resulted in many rejections, which has increased consumers' sense of worthlessness... once receiving a plan, consumers await support workers and services for lengthy amounts of time. This has led to self-harm, withdrawal and low mood.

Another worker stated:

They often don't know what kind of support they might get, what to ask for and for those who have attempted to access themselves have been rejected a few times as they may have delivered information that was deficit oriented.

A perceived lack of knowledge held by the NDIA and its agencies about mental health and psychosocial support requirements has meant that consumers struggle to access the support they need:

... people feel that they are not taken seriously and that their mental health issues are not a valid disability. Psychosocial support has disappeared and left people feeling vulnerable and unsupported emotionally.

A respondent explains that the loss of services and/or supports, particularly the loss of the

relationships with their support workers is putting some consumers under significant strain:

...fear [of loss of current supports], grief [once supports are lost], gaps in support, many changes of people in their life [workers/services] causing chaos/anxiety, feeling of abandonment, feeling of overwhelmed-ness of the administrative elements [including service agreements, planning meetings], feeling disconnected from services - unable to hold a strong working relationship with support coordinators / the organisation staff.

Another respondent reported that the grief associated with losing support workers was increasing consumers' risk of hospitalisation:

...increased hospitalisations due to change and lack of choice to remain with existing service... associated grief and loss with ending nurturing worker/consumer relationships.

Respondents expressed concerns about the reduction in the quality and amount of support consumers received, due to the changes in the workforce:

We are now working with a highly casualised workforce, meaning that a lot of staff are not properly trained in working with consumers who experience mental ill health.

Two workers reported incidents where consumers had received 'reasonable' packages, but that these were diminished by the lack of established providers for consumers to choose from:

Most of my consumers have received reasonable plans but the lack of providers to engage is impacting consumer confidence in the Scheme.

Only one respondent reported that some consumers were getting the support they required:

Some have reported they are finally getting the support they choose rather than having to fulfil expectation of meeting recovery goals. Majority are still feeling loss of as [they] need support which is not linked to [dollars] in their plans.

Staff perspective of impacts of NDIS transition on carers

Staff reported a lack of support and understanding of the contribution that carers made:

Not clear information about how they will be supported in their caring role. At times, supports not include in the plan because carers are supporting the consumer to do so, adding burden to caring role and not validating their contribution.

Carers have been put under greater stress and their caring load has increased as they had to spend more time on administrative and bureaucratic tasks:

NDIS transition has created enormous pressure on carers who receive little support on how to navigate the extremely complex NDIS system and have to be incredibly more involved than they ought to be.

The stress is compounded by additional worry that the consumer(s) they care for may not be eligible for NDIS support:

The NDIS change creates anxiety in carers due to the lack of guarantees that these services will be what is expected or even if they will be there for their loved ones.

In some instances, the lack of support for carers created discord in their relationships with consumers and negatively impacted their ability to provide support:

Some carers have stated they feel lost and overwhelmed with the NDIS transition. Although they have attempted to support their loved ones through this process, strain has often developed within relationships of carers and consumers, due to the extra pressure and stress placed upon them to support them. Carers seem to be either overwhelmed with 'more' work as a carer (due to gaps within plans/ access denied/ reviews needed), or distanced due to being too unaware or overwhelmed by the process (and their own mental health being impacted negatively), leaving the consumers without carer support.

Despite the stress that some carers are experiencing, some staff reported that there does seem to be evidence that this may lessen in the future:

The transition for a lot of carers of my consumers has been stressful and confusing. However, once the transition is completed, NDIS Plans seem to offer reprieve to carers.

DISCUSSION

In this article, an online survey was used to focus on the impacts of NDIS transition on the staff of a community mental health service currently supporting consumers to transition to NDIS. Also considered were their perceptions of how consumers and carers were affected. The findings of this survey are in line with those of Baxter (2015) who examined the experiences of community mental health support workers during the NDIS trial in the Barwon region, N.S.W.

The issues highlighted in that study concerned experiences of role conflict and ambiguity, work stress due to constant change, challenges in managing practice demands due to change in roles and complexity with the access process, and, a lack of direction and support from management and the organisation. In terms of the present research, there appeared to be a sense that the NDIS will limit staff chances of finding similar roles they currently hold. Staff also reported that their morale had dropped as a direct result of job turnover and increased job insecurity.

IMPLICATIONS FOR THE FIELD

Direct quotes from the staff highlight the level of impact on their wellbeing. There is evidence of considerable stress attributable to lack of trust in the NDIS change process and concerns for disruptions to established relational work with consumers and carers. There are notable staff concerns about the dismantling of structures, processes and funding of services, and what this means to providing security and predictability for consumers in the future.

This study encourages further consideration by policy makers to understand the impacts of an unplanned and fragmented system change on a workforce. The implication for service managers is that it highlights the need for an effective workforce strategy in community mental health sector to retain expertise in mental health service providers.

LIMITATIONS

The perspectives gathered in this study are limited to those of current staff of one major community mental health service provider in Victoria. Recruitment was largely opportunistic.

As the staff self-selected to participate, this may have influenced the findings if participants were motivated due to extreme negative or positive experiences of the NDIS. The study explores the experiences and perspectives of staff supporting consumers through NDIS. No consumers or carers participated in this survey. We acknowledge that the experience of consumers and carers may vary from that of staff supporting their access to NDIS. It is important that future studies of the NDIS consider the experiences and needs of consumers and carers.

COMPETING INTEREST

One of the authors currently works as a service manager in the mental health community support organisation where the study was conducted.

CONCLUSION

Staff who participated in the research in a community mental health service in Victoria have experienced higher stress levels and less job satisfaction as they support consumers to access and transition to NDIS. Further, staff perceived a direct impact on consumers and carers during transition to NDIS. This impact included heightened stress and dissatisfaction with the system and process. Staff believed choice and control have not yet been realised by those experiencing psychosocial disability. The challenge is to provide support structures and mobilise resources at a time when funding has been cut and many services have been closed as people transition into NDIS. ■

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APPENDIX 1 *Questionnaire for the online survey*

1. Which service do you work for?
2. How many years of practice in the mental health sector?
3. My observation is that the consumers feel safe and empowered throughout the transition process:

Agree Neutral Disagree

Comments _____

4. The transition to NDIS has been a collaborative process with NDIA/LAC, consumers and CRSW.

Agree Neutral Disagree

Comments _____

5. Consumer have choice and control in the transition process.

Agree Neutral Disagree

Comments _____

6. Consumers have expressed concern to me around their experience of the NDIS transition.

Not at all Rarely Sometimes Often All the time

Comments _____

7. I am confident that NDIA will be able to integrate services moving forward to provide holistic support to consumers?

Agree Neutral Disagree

Comments _____

8. NDIS planning meetings demonstrate the application of a trauma informed practice.

Agree Neutral Disagree

Comments _____

9. Do you plan to work in community mental health under NDIS once the roll out completes?

Yes No Undecided



Practising community and dialogical communities of practice for ecological justice and loving relationships.

Dyann Ross

- ECOLOGICAL JUSTICE
- LOVE
- NONVIOLENCE
- STUDY CIRCLES
- COMMUNITIES OF PRACTICE
- DIALOGICAL COMMUNITIES OF PRACTICE

ABSTRACT

The relationship focused and person-centred approach to community work practice is extended by suggesting an ecological ethical sensibility. This re-orientation recognises animals, eco-systems and planet Earth as beings of equal intrinsic worth and in equal relationship with people. The idea of ecological justice and the closely related principles of love and nonviolence are described and provide the basis for practising community with people,

animals and the environment as an inter-connected and dynamic whole.

This brings forth the relevance of community work in situations of ecological conflict where there is a need to engage with and influence the large power differentials between communities, governments and industry. The small group strategies of study circles and communities of practice can enable the practising of community in workplaces as well as in communities. In turn, when linked with the strategy of dialogical communities of practice, the strategies can build capacity to undertake justice work between low power and high power groups in situations of ecological conflict. Several examples are presented which demonstrate how linking study circles and communities of practice to build community capacity and improve worker's effectiveness with dialogical communities of practice may contribute not only to social justice but environmental sustainability and more considered care of all species.



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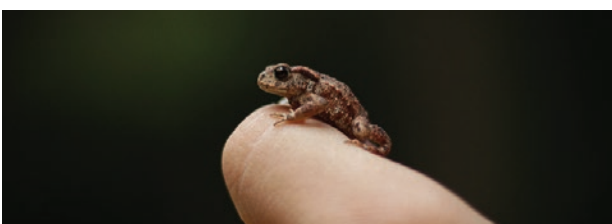


INTRODUCTION

The article argues that the purpose of community work needs to be re-oriented along the lines of an ecological approach (Ife 2016) and guided by love and nonviolence (Ross 2020). Further, social justice is refined to include species justice and environmental justice to give due recognition to the equal intrinsic value of animals and the environment. There is potential for community workers to contribute in a range of situations including ecological conflict where there are significant power inequalities between communities and entities such as mining corporations and governments.



As part of this exploration, the ethical and practice challenges for community workers are outlined to establish the impetus for the re-orientation. This is followed by the introduction of a model of the ethics and responsibilities for practising community. The model is described by outlining a set of interconnected study circles and communities of practice. Several examples are presented which involve practising community in a range of relevant small group settings. Further, the development of dialogical communities of practice is recommended to engage powerful entities with communities as an integral part of the dialogue that is needed to achieve social, species and environmental justice.



ETHICAL AND PRACTICE CHALLENGES FOR COMMUNITY WORKERS

The over-arching goal of community work is the commitment to uphold the public interest. Typically, this refers to the best possible response to the combined interests of parties involved in an issue (Wheeler 2006). The article suggests that the interests and rights of people need to be balanced with the interests and rights of animals and the sustainability of local environments and planet Earth. Community work practice, in its many forms and locales, has the central goals of building connection and empowerment; fostering wellbeing and seeking social justice (Kelly & Westoby 2018). Ife (2016) describes empowerment as enabling disadvantaged groups to gain an increase of power over life choices, resources and income through policy and planning, social and political action and education. The human relationship focused and person-centred approach to community work

practice (Kelly & Westoby 2018) could be extended by establishing an ecological ethical sensibility. An ethical re-orientation might address the anthropocentric bias of community work and the helping professions more broadly (Hanrahan 2011). Anthropocentrism refers to the human-centric bias which privileges human rights over the interests and rights of animals and the natural environment (Boetto 2019). This bias is an issue because it can create harmful dualisms such as human beings versus non-humans justifying cruelty and the killing of animals (Francione & Charlton 2013). Similarly, a harmful dualism can occur when human beings versus the environment can justify the degradation of eco-systems (White 2017). Community workers are dedicated to the upholding of human rights (Ife 2012) and by including the rights of animals and the sustainability of the environment as explicit goals, the potential scope of community work can be extended.

A holistic, or ecological understanding of the intersecting issues would help community workers build on their capacity to practice with a sociological imagination (Mills 1959). This can be extended to an ecological imagination that is inclusive of animals and the environment (Thomashow 1996). For example, the social justice issues of poverty and social exclusion (Kostenko, Scutella & Wilkins 2009) in communities are central concerns in community work practice. These concerns can be compounded by a range of factors such as the impact of rural and remote disadvantage (Australian Council of Social Services 2018; Harvey 2014), the higher proportion of First Nation communities in these areas (Altman 2009), the lack of sustainable employment, and the exploitation of natural landscapes by large scale mining companies which undermine First Nation land rights (Woodley 2020) and deplete natural water resources and wild life habitats

(Cleary 2012; Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (ISPPBES) 2019). Community work can contribute to ecological justice if practitioners grasp the intersectionalities of justice issues (Besthorn & McMillen 2002) and think in a more holistic manner about the problems being experienced on the planet.

In Australia, the pursuit of unsustainable development projects such as large-scale mining (Cleary 2012) is indicative of state governments' support of developmentalism as the main logic and mechanism of capitalism (Thurbon 2012). Developmentalism is based on the pursuit of profits and the vested interests of the power elites of industry and governments (Mills 1953). This creates a two-tiered economy, one for the rich and one for the poor (Brueckner, Durey, Mayes & Pforr 2014) where profits are pursued at the expense of local communities, animals and landscapes (Brueckner & Ross 2020). Developmentalism is about insufficient limits to capitalist growth and the word should not be confused with [community] development which is about enabling growth that is sustainable (Ife 2016).

Given the global reach of the environmental crisis, loss of species and bio-diversity there appears to be a need for a powerful shift in how we think about such problems. A further ethical complexity is due to the way developmentalism has occurred in a white settler system of government and politics. As Lindbolm (1977) argues, economics and politics are intertwined to such an extent that both need to be considered in order to understand the social practices of a society. When a society is founded on 'settler- colonialism' (Wolfe 2006, p. 381) the social practices tend to disproportionately disadvantage First Nation People. Settler colonialism involves the perpetuation of white

privilege (Mullaly 2017) which refers to unearned or unfair social (and economic) benefits. hooks (2000; 2001) explains colonialism in terms of the dominating culture's values, practices and systems of government and economics which reinforce white supremacy. White supremacist logic is that in order to gain access to the land and the resources any First Nation People must first be removed (Hine Moana 2017; Wolfe 2006). Thus, white supremacy is constructed on the exploitation of non-dominant racial groups through racism. This can intersect with the exploitation of animals and landscapes (hooks 2008; Shiva 2014). For example, First Nation eco-activists are fighting to protect their homelands in northwest Western Australia (Poelina 2020; Woodley 2020). Their experiences suggest that anthropocentrism, developmentalism and racism can create complex ethical situations for community workers. The complexity is due to the intersecting issues of injustice in the communities they seek to support where there may be no immediate, achievable solutions.

The ethical issues can create moral pressure on practitioners to respond to the justice issues they confront in their practice (Lynch & Forde 2016). Lynch and Ford call this moral pressure the 'moral distress chasm' (2016, p. 94) which tends to arise when workers recognise systemic injustices but feel powerless to act. For instance, community workers may not have the culturally appropriate education (Green & Baldry 2013), resources or agency mandate to address racism, discrimination, stigma and the effects these have on individuals, communities, animals and eco-systems.

This ethical challenge can be compounded by the impact of working in unsupportive agencies where practitioners may not be able to act according to their values due to managerial constraints (Pease, Vreugdenhil & Stanford 2018). Further,

there may be a potential of threats to personal wellbeing and safety if they take up social activism (Shier, Nicholas, Graham & Young 2018). Fronck and Chester describe social activism as 'attitudes that support and behaviours that attempt to influence the social distribution of status, power and resources' (2015, p. 165). For example, threats to personal safety can take the form of workplace gossip which has been banned in a number of workplaces in Australia due to occupational health and safety concerns for targeted employees (Bita 2018, p. 5). Practitioners' experiences of moral distress or outrage over injustice (Rees 2016) can co-exist with a lack of safety and the uncertainty of gaining managerial support if they attempt to challenge the status quo. Practitioners undertaking justice work can reasonably expect to incur challenges to their ethical stance as a result of their social activism. This is due to justice work sooner or later challenging the status quo, including the status quo at a practitioner's workplace.



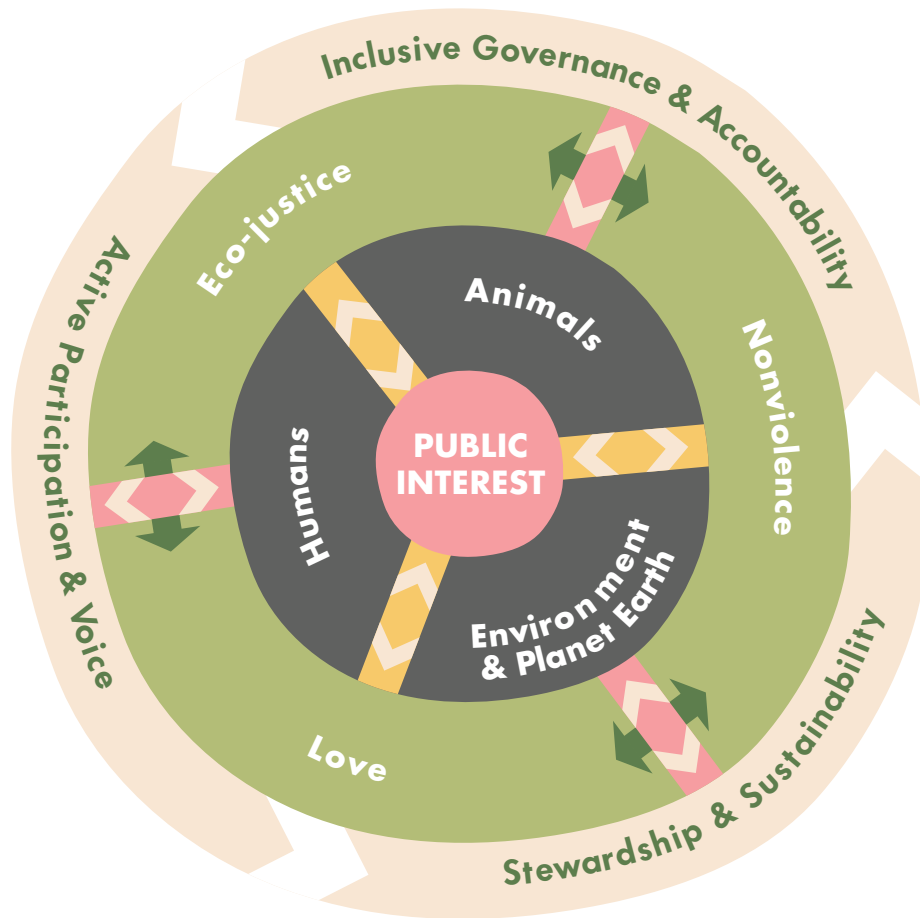


Figure 1: Dimensions of ethics and responsibilities for practising community (Ross 2020)

AN ECOLOGICAL JUSTICE AND LOVE ETHIC FOR PRACTISING COMMUNITY

The proposed ethical re-orientation to community work recognises that human rights can be extended to include the rights of animals, eco-systems and planet Earth. The re-orientation suggests that social justice can in turn be extended to include the principle of ecological justice (or eco-justice) which includes animals and ecosystems in justice concerns. This broader notion of justice is closely related to an ethic of love which is premised on nonviolence (Ross 2020). These three key principles of eco-justice, love and nonviolence are now described and provide the basis for practising community with

people, animals and the environment as an interconnected and dynamic whole. Figure 1 shows some of the central ideas of a love ethic model (Ross 2020) which is adapted here to support ecologically just and loving community work.

The over-arching goal of community work is to uphold justice and wellbeing in communities or, in broader terms, to contribute to upholding the public interest (Wheeler 2006). This can be achieved by seeking justice and wellbeing for parties involved in an issue by balancing their competing rights and interests and by addressing sustainability issues. This point is depicted in the second circle in Figure 1 and when the balance is achieved this constitutes eco-justice. Social



injustice can be understood as oppression and for people it is caused by exploitation, violence, marginalisation, powerlessness and imperialism (Young 1990). Oppression for animals involves any use of animals by people that causes violence (for example, being killed for human consumption) and other forms of cruelty and control (Francione & Charlton 2013). Oppression for eco-systems and planet Earth involves any human activity that, separately or combined, causes unsustainability as shown by severe loss of bio-diversity, escalating species extinction, unsustainable de-afforestation, mining, pollution, and displacement of First Nation People and minority groups (ISPPBES 2019).

The principles of eco-justice, love and nonviolence comprise the third circle in Figure 1 and will guide the considerations of interests, rights and sustainability. Eco-justice enfolds human, animal and environmental interests as beings and entities of equal intrinsic value (White 2017). Love is an ethic which ties a deep compassion and care for beings and entities with a critical understanding of, and capacity to respond to, injustice and unsustainability (Ross 2017). In this way a love ethic is about love as a political activity and as hooks (2000; 2001) explains where there is love there will be no oppression. Nonviolence is closely related to love and refers to peaceful actions, strategies and social campaigns that purposefully

adopt methods of challenging dominant groups without resorting to violence (Gandhi 2013). Public protests, non-co-operation, petitions, lobbying and media reports highlighting injustices are some examples of nonviolence (Sharp 2005). The aim is to bring moral and public pressure to bear on high power (Hyde 2018) individuals and entities to take responsibility for the harm they cause or have failed to address.

The outer circle of Figure 1 identifies the types of social responsibilities that need to be enacted by relevant parties to address injustice. Minority or low power groups (Hyde 2018) have the responsibility to actively participate in justice concerns to make sure their voices are heard. High power groups such as governments and multi-national, large scale businesses based on unsustainable use of the environment have a different order of responsibility to provide leadership and governance structures that are responsive to minority groups' voices and concerns. Further, the high power groups need to be accountable for their respective parts in the justice issue and substantially contribute to the redress of these issues. Integral to this accountability and governance is the responsibility to partner with First Nation People who have traditionally provided stewardship (Woodley 2020) of planet Earth to ensure its sustainability.

PRACTISING COMMUNITY THROUGH LOVING AND JUST RELATIONSHIPS: TOWARDS DIALOGUE

The focus now turns to a consideration of how the principles of ecological justice, love and nonviolence can be enacted through community development practices for social activism. One approach to community work practice involves a commitment to building just and loving cultures and places, including within practitioners' own agencies. Fook's (2016) explains that being aware of contexts of practice can enable practitioners to discern the impact of workplace culture on relationships which can lead to opportunities for micro changes. Bloom and Farragher (2013) write that an organisation which upholds a commitment to nonviolence, democratic processes and respectful, caring relationships will be one that is free of violence and the harm violence causes. In organisational contexts just and loving places are referred to as trauma-informed organisations (Bloom & Farragher 2013). In such workplaces when harm is experienced by people it is acknowledged, not hidden, and becomes the

loving relationships (Bloom & Farragher 2013). In turn, just and loving relationships are needed to sustain the collaborative work and dialogue required for change efforts within agencies and communities. Nevertheless, often community work occurs in less than ideal circumstances for practitioners which makes it doubly challenging to achieve substantial justice outcomes.

Balra-Ulloa (2018) emphasises the need to tie community work values and ethics to action for justice. One way to frame how the proposed ethical approach can be practised is dialogical community development, as articulated by Westoby and Dowling (2013) and Ingamells (2010). Community workers' social activism is congruent with the dialogical community development ideas of love or hospitality, nonviolence, dialogue and acting in solidarity (Westoby & Dowling 2013). Community development has historically been practised in localities, not usually in practitioners' agencies, and has been promoted as a bottom up 'by the people for the people' philosophy for enabling communities to seek social justice (Ife 2016). Lathouras (2010) writes that community development is about working in small groups to build their capacity to challenge and change oppressive systems.

The community development literature is replete with processes and strategies on how to progress loving and justice informed relationships and practice (Kelly & Westoby 2018; Ife 2016; Lathouras 2010). Westoby and Dowling's (2013) and Lathouras' (2010) power sensitive, relational approaches are similar to the Buberian idea of dialogue where 'love is the responsibility of an I for a You' (Buber 1970, p. 66). This contrasts with 'I – It' relationships where one person, the dominant party is the 'I', the subject, while the 'other' person (Seidman 2016, p. 309) is the



object or lesser valued party. Buber writes that in the 'I–Thou' relationship every 'thing ... being ... earth and heaven ... is included ... [such that] to comprehend all – all the world ... is the perfect relationship' (Buber 1970, p. 127). Thus, where an 'I–Thou' relationship is occurring there will be no oppression or injustice, rather, love and dialogue will be the capacities being engaged to effect beneficial outcomes for the disadvantaged individuals, groups, animals and ecosystems.

PRACTISING COMMUNITY AND DIALOGICAL COMMUNITIES OF PRACTICE

The power elites who gain from the inequalities and discrimination in the status quo will not give up their privileges, power and wealth unilaterally or without some pressure being brought to bear on them. Freire (1970) recognised this when he explained that the 'oppressors' will not want to dialogue with the 'oppressed' (p. 70). Thus, this article recommends practising community at every opportunity. This would create a safe and loving cultural milieu of readiness for dialogue in workplaces, communities, public institutions, businesses and governments and foster equal partnerships between parties to address the justice concern. It would also build the moral capacity and support base of practitioners to challenge powerful parties. In particular, it is recommended that the practising of community needs to include high power parties in dialogues with low power groups impacted by their policies, actions and business operations. This type of dialogical work seeks the substantive uptake of relevant responsibilities through engaging in high power and low power individuals and groups involved in a justice concern. The litmus test of the moral and practical strength of dialogical community

development strategies located in an ecological and love ethic sensibility is how well it can hold the powerful accountable in direct dialogue with the impacted parties.

The small group strategy of study circles (Brophy 2001), linked with the idea of communities of practice (Wenger & Snyder 2000), are explored and provide the basis for dialogical communities of practice. Figure 2 shows how they can be conceptualised as an adaptable three phase way to practice community across differences of species, power and social structures.

1. Study circles:

To build trust & capacity; to learn about a justice concern; to prepare for social action.

2. Communities of practice:

To practice community work within an equal group; a support group for the duration of the justice work.

3. Dialogical communities of practice:

To practice community work within unequal groups; to act in partnership to address justice concerns.

Figure 2: Group-based strategies for practising community

The three types of group-based strategies are: study circles to prepare for social action, communities of practice to sustain community workers, and, dialogical communities of practice to undertake dialogue between unequal groups.



STUDY CIRCLES

First of all, an ongoing dedication could be beneficial to adopt strategies focused on building a workplace culture of democratic, loving and just interactions in community workers' agencies. This is important to provide the supportive work base and to build practitioners' capacity to sustain change efforts within and beyond the workplace. The idea of study circles (Brophy 2001; National Coalition for Dialogue and Deliberation 2008) suggest a way to think about the preparation and learning required to undertake culture building work in workplaces and social action in communities. Small gatherings of individuals who share a justice concern can form a study circle to hold discussions and share stories and, in this way, build a critical understanding of the power dynamics and other factors involved.

For example, Shiel (2007) describes how study circles were used as part of a 'building rural futures through co-operation' (p. 6) project in Victoria in the 1990s. Resource kits on how to run study

circles were developed for rural people to gather and discuss their towns' futures. The grassroots, democratic and relationship building study circles 'provided an opportunity for the unique heart of every community to become visible and feature in policy and planning in a negotiated manner' (Shiel 2007, p. 6). The initiators of the project found that the provision of information-based resources to communities, in and of itself, was not sufficient to negotiate the complexity of relationships, different ideas and needs within a community. Further, without education, financial assistance, and in particular, on-the-ground support to facilitate study groups too much may be expected of this strategy (O'Connor 1998).

Study circles in the workplace can include initiatives such as informal gatherings to discuss new research and publications in the area of community work and may build to become a peer writing group on matters of shared interest. For example, Edith Cowan University (Centre for Research in Entertainment, Arts, Technology,

Education and Communications 2017) has embedded a writing retreat initiative in its staff development program. The initiative began as residential-based gatherings in bush cabins over weekends to support the research of higher degrees students employed at the university. The participants were academics from Edith Cowan University and other universities who needed time away from other work demands to concentrate on their doctorates, masters or honours degrees. A crucial component of the exercise was to work in a collaborative way with other colleagues for both moral support and to enrich the quality of scholarship through collegial conversations. The writing retreats were also a space for peer support and work debriefing with trusted colleagues which fortified and sustained staff on return to their usual work commitments. The initiative was so successful in enabling completions of participants' higher degrees that the University now provides similar opportunities for other academic staff.



COMMUNITIES OF PRACTICE (COP)

One possible form of decentralised organisation in agencies and communities which is congruent with community development being based on small groups (Lathouras 2010) is the idea of communities of practice (CoP). Communities of practice are not new and yet have untapped potential for community workers to practice dialogical community development in the most constrained of workplaces and with adversely impacted social and species groups and communities. Wenger and Snyder (2000) suggest the potential of CoP represents a 'managerial paradox' as they are typically constituted outside the control of management. They suggest CoP are not as prevalent as might be expected, at least from a top-down perspective, because 'the organic, spontaneous and informal nature of CoP makes them resistant to supervision and interference' (Wenger & Snyder 2000, para. 4). This makes CoP particularly appealing for addressing moral outrage through informal group-based processes under the noses of the managers and nay-sayers who may react negatively if the changes threaten their status, comfort or need for control. At the same time research shows that internal dynamics of CoP may reflect the organisation's hierarchy of expertise, status and role differences. This means that equalisation of members' contributions in the CoP cannot be assumed (Lev-On 2015, p. 152) and will need to be actively enabled to support the members' empowerment.

In human service agencies, CoP include peer supervision groups where workers meet on a regular basis and share the role of facilitating reflections and debriefings related to the workplace. For example, Nickson (2015) argues that virtual online peer supervision can address the lack of professional supervision and issues of staff retention in rural and regional Australia.

In unsupportive organisational contexts, CoP can offer purposeful meetings of like-minded practitioners who nurture and sustain each other in challenging contexts. The CoP can take the form of a project group, a peer supervision group, or even a lunch time walk group. Within this space the participants can be actively critiquing and resisting workplace violence and unfair policies. The group activity becomes a CoP when there is a purposeful use of group facilitation skills to support democratic processes and empowerment of members. The level of trust needs to be high due to the potential of backlash against members if their views are reported to management. Wenger identifies such CoP as either 'unrecognised' by the organisation or 'bootlegged' where CoP are 'only visible informally by a group of people in the know' (Wenger 2018, para. 17) and usually only to the participants. Such CoP deliberately do not declare themselves and consciously seek to support each other in unsafe workplaces.

CoP can also provide spaces for the empowerment of workers undertaking justice work within agencies and in local communities. A three-way university partnership involving academics from Murdoch University, Edith Cowan University and the University of the Sunshine Coast provides a CoP example that responded to ecological injustice and conflict. Several academics formed an inter-linked alliance to support a community activist group, Community Alliance for Positive Solutions Incorporated (CAPS). For many years CAPS has been challenging the Government of Western Australia for failing its social responsibility to the small rural town of Yarloop, its ecosystems and animals. All of which have been adversely impacted by the multi-national mining company, Alcoa World Alumina, Wagerup (Alcoa) (see Brueckner & Ross 2010). The CoP between the academics

and the activist group provided moral and practical support to the community which in turn used the knowledge and resources of the university partnership. The substantive contributions generated by holding a group-based approach took a number of forms: a debriefing space as needed, assistance with writing submissions against Alcoa's licence conditions and to parliamentary inquiries, support in attending meetings with government, and assisting with CAPS' strategy planning and research. The eco-activism of CAPS has been sustained for more than twenty years and the CAPS community group in itself is an example of a CoP (see Ross & Puccio 2020; CAPS 2019).





DIALOGICAL COMMUNITIES OF PRACTICE (DCoP)

In the main, communities of practice (CoP) tend to include members with similar interests working on a project that does not challenge the power dynamics of the workplace or community. Justice work additionally requires CoP that are focused on fostering dialogue to address issues of undemocratic and unjust policies and practices where parties meet across differences in role, status and agenda. This deliberate inclusion of parties who occupy different access to power is a defining feature of a refinement of the CoP method, called dialogical communities of practice (DCoP). This article focuses on a specific type of DCoP which is informed by an ecological justice and love ethic and is guided by seeking social responsibility from the power elites in agencies,

communities and governments. These types of DCoP are primarily about holding key parties responsible for their actions or failure to act where there is injustice.


For example, in the early 2000s, the author and her research team from Edith Cowan University engaged members of the Yarloop community, Alcoa and Government of Western Australia in a dialogical process to address the adverse impacts of Alcoa's nearby refinery. The impacts related to pollution from the refinery and its overall operations which adversely affected many residents' health and had flow on effects such collapsing the social fabric of the town, threatening the viability of local business, causing concerns for animals' health and the organic status of farm products and destroying old growth jarrah forests to access bauxite which is the raw material for

producing alumina at the refinery (Brueckner & Ross 2010). The justice work was based on linked small interest group preparatory and debriefing meetings (CoP) for respective parties with regular public meetings between all parties (DCoP).

In a context of substantial losses, some small gains for the community were achieved even though the government subsequently required Alcoa to continue with the fairer property buy-up processes established by the DCoP work. This government directive included properties purchased outside Alcoa's preferred purchase areas when residents wanted to sell due to health, animal and property value concerns (Brueckner & Ross 2010). The community focused approach which actively included a regard for people, animals (domestic, farm and wild) and the local ecosystems, gives credence to the effectiveness of this holistic approach. A focus on peoples' health alone would not have afforded sufficient traction in the dialogues, as it was then and continues to be very hard to prove a direct and causal relationship between health issues and the refinery emissions and operations. The holistic approach was successful in getting the inter-related issues on the dialogue table and it continues to have traction for the community being heard in its current attempts to have the State Government place tighter controls over Alcoa's licencing conditions (CAPS Chairperson, personal communication 17/10/19).

This universities community activist group CoP developed into a DCoP with a collaboratively researched and written book on eco-activism. The book details a number of ecological justice concerns and shows how activists have challenged high power groups (Ross, Brueckner, Palmer & Eaglehawk 2020). The book's contributors continue to work in communities where eco-systems, animals, social groups, small towns and suburban






areas are variously impacted by government infrastructure development, large scale mining, animal farming and real estate development. The eco-activists, as writers, sustain themselves in small mutual support groups (CoP) and their justice work seeks opportunities to engage, dialogue with, and influence, high power groups while standing with the impacted low power groups (DCoP). Writing about eco-activism is a value-adding way to affirm non- anthropocentric outcomes in community work practice, both relating to the specific justice issues addressed and for how it can inspire and guide other practitioners into the future.

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CONCLUSION



The relationship focused and person-centred approach to community work practice can be extended by establishing an ecological ethical sensibility. The principles of ecological justice, love and nonviolence were described and provide the basis for practising community with people, animals and the environment as an inter-connected and dynamic whole. The article presented the small group strategies of study circles to understand issues and prepare for social action and communities of practice for community workers to support each other in justice work. Both of these types of groups can enable the practising of community in practitioners' workplaces and intersecting with members of the community as relevant. In turn the study circles and communities of practice can link with the strategy of dialogical communities of practice to undertake justice work between low and high power groups. Several examples were presented of the group-based strategies to encourage ideas for how to build worker and community capacity for social action and to bring unequal parties together in dialogical communities of practice to undertake dialogue to contribute to social justice, species justice and environmental sustainability. ■

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FROM THE FIELD



HOMELESS IN BATH

Issues & Opportunities

Taylor, C. and Donoghue, J.

INTRODUCTION

Community work covers a diverse range of activities from Alcohol and Drug rehabilitation, Emergency Relief to Social Housing and Youth work. Working with people experiencing homelessness is an important part of community work. There is an increased community awareness of those in serious economic and social need, for example more people are experiencing primary homelessness and rough sleeping in Australian and UK cities. There are also more people with untreated mental health issues due to the shortage of appropriate mental health services, which effectively increases social isolation and alienation. It would be fair to say that a lack of affordable social housing does not make for a better city.

The city of Bath is recognised as an affluent city and is designated an official world heritage area. It has two universities that ensures the students population is over 20,000. With Roman baths and its planned Georgian city, it is in the UK top ten tourist destinations outside London attracting 1.2 million visitors in 2016. It is therefore not surprising that the cost of housing with regards to purchase and rentals is high. Recently the Guardian newspaper named it one of the least affordable cities in the UK with house prices over ten times higher than average annual earnings (Guardian 2018). In terms of housing affordability in Bath the information published by Lloyds Bank indicates that the ratio between house prices and average earnings has increased from 5.6 in 2012 to 7.0 in 2017 (Lloyds 2018). The numbers show that with a ratio of 10.1 Bath is now the fifth least affordable city behind Oxford, Cambridge, Greater London and Brighton and Hove. The average ratio for UK cities was found to be 7.0, but there are six cities where average house prices are least ten times average annual earnings. In real terms the cost of rental property in Bath city centre is on average over £800 for one-bedroom apartment to £1500 for three-bedroom apartment (Lloyds 2018).

Like many affluent cities with a high tourist profile Bath has significant numbers of people living on the streets. According to its annual rough sleeper count there were 25 people living on the streets higher than comparable cities of York or Poole (B&NES 2018). This may not include some homeless people living on the fringes of the city who by choice are difficult to contact or locate.

This paper provides an overview of a very important aspect of community work. It does so by defining homelessness and assessing how organisations in Bath respond and provide community services to people who are homeless. It will identify areas where new homeless services or different community responses are required. Finally, it will forward recommendations to assist with the reduction and support for people who are experiencing primary homeless.



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DEFINING HOMELESSNESS

The term homelessness broadly refers to people without conventional accommodation. There are a number of ways of defining 'homelessness'. A common definition, (Chamberlain and McKenzie 2003) divides it into Primary, Secondary and Tertiary. These definitions are based on the complete lack of or type of inadequate accommodation. Primary homelessness - people who have no shelter (egg. living in cars, sleeping rough); Secondary homelessness - people who move between various forms of temporary shelter (egg crisis accommodation or staying with friends or relatives); and Tertiary homelessness - people who live in accommodation which is without security of tenure, unsafe or inappropriate to their needs (Chamberlin & McKenzie 2003).

It is important to be clear on how the authorities define rough sleepers as these statistics are used to justify policy and allocate funding to front line agencies. The UK Government defines 'rough sleepers' for the purposes of rough sleeping counts and estimates as:

people sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments) people in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or 'bushes'). (Ministry of Housing, Communities and Local Government 2018, 1).

The definition does not include people in hostels or shelters, people in campsites or other sites used for recreational purposes or organised protest, squatters or travellers. Bedded down is taken to mean either lying down or sleeping. About to bed



down includes those who are sitting in/on or near a sleeping bag or other bedding.

EXISTING LEGISLATION

There are three major UK Government Acts that shape the local council response to homelessness. Briefly summarised they are the Housing Act 1996 that provide the statutory requirement for action to prevent homelessness, the 2002 Homelessness Act requires a response from Housing Authorities in the form of a strategic plan to tackle homelessness. It also requires extra assistance for younger people leaving care or institutions or have become homeless or have become homeless because of violence. The Homeless Reduction Act (2017) requires housing authorities to provide some assistance or services to all people defined as homeless or threatened with homeless. However, if the person is deemed not to have a local connection by residence, family ties or work they can be referred to another local authority (Ministry of Housing, Communities and Local Government 2018). In 2018 the Homeless Reduction Act

reported that 10,000 people have been prevented from rough sleeping. However, local councils also report that the legislated £72 million fund for three years support falls short of what was required to significantly reduce the numbers of people becoming long term rough sleepers (Geraghty 2019).



OVERVIEW OF BATH HOMELESSNESS STRATEGY

As a smaller unitary authority Bath and North Somerset council has a population of less than 200,000 made up of the City of Bath and surrounding towns and villages. The unitary authority has a homelessness strategy that is endorsed by the Council and renewed every four years. During this period the homeless strategy is reported to council on an annual basis and actions relating to it are guided by the Homeless Partnership made up of Local Government officers and members of community and voluntary organisations.

The Council Delivery Plan is focused on making an impact on the ten local priorities:

1. To adopt a corporate commitment to prevent homelessness which has buy in across all local authority services
2. To actively work in partnership with voluntary sector and other local partners to address support, education, employment, and training needs
3. To offer a Housing Options prevention service to all clients including written advice
4. To adopt a No Second Night Out model or an effective local alternative
5. To have housing pathways agreed or in development with each key partner and client group that include appropriate accommodation and support
6. To develop a suitable private rented sector offer for all client groups, including advice and support to both client and property owner
7. To actively engage in preventing mortgage repossessions including through the Mortgage Rescue Scheme.
8. To have a homelessness strategy which sets out a proactive approach to preventing homelessness, reviewed annually to be responsive to emerging needs
9. To not place any young person aged 16 or 17 in Bed and Breakfast accommodation
10. To not place any families in Bed and Breakfast accommodation unless in an emergency and for no longer than 6 weeks.

According to the Rough Sleeping Initiative year 1 Report (B&NES 2019) the numbers of people sleeping on the street had been reduced since (year) but is now on the increase once again. According to the May 2019 count there were 29 people living on the street of Bath. It is important to note that the report does not mention the number of people living on the streets or in hostels

who have died. In the last 12 months estimates suggest that this number could be between 7-10 people (Big Issue 2019). This report also does not report the number of homeless people who refuse services and some of the reasons why this occurs.

EXISTING SERVICES

Services for homeless people in Bath are based in several locations around the city. For example, Julian House provides a range of services to homeless people including a night shelter, traveller service, bike repair workshop and some semi supported transitional accommodation, they also provide accommodation pods and a good website. In conjunction with DHI (Developing Health and Independence) and B&NES (Bath and North Somerset Council) Julian House provides a rough sleeper outreach service. B&NES provide information and referral for people who are homeless under the homeless person Act. This service is normally provided at the one stop shop in Manvers street Most of their former council housing stock is managed by CURO housing. CURO are also are involved in the development of new social housing on former defence sites. B&NES Council also provide a travellers site based on the located on the western outskirts of the city.

There are a number of other services for people experiencing homelessness in Bath such as the Big Issue Foundation and the Genesis Trust. The Big Issue has contact with homeless people in Bath and supports them to engage with services and ongoing support. The Genesis Trust based provides access to food and clothing and can also assist people to gain identity documents. Bath housing and community services meet on a monthly meeting to coordinated responses to homeless people who are becoming long term street homeless or have been reported to be in vulnerable or in poor

health. The Task and Targeting Meeting, which is attended by several community-based support services and the local police exchanges information and coordinates service delivery where necessary.

As the only hostel in the city that provides crisis short term accommodation, for people who break the rules or are excluded from Julian House there are very limited options to go elsewhere. Bath has one generic hostel that provides a bed for homeless people living on the streets. The Julian House hostel has accommodation for about thirty people of both genders and all ages between 18-70. The hostel also provides meals and showers to people who are not staying at the hostel. At the time of writing the hostel does permit homeless people to bring their dogs with them. However, there are several rules in the hostel concerning times of entry and behaviour.

ISSUES AND GAPS IN SERVICE DELIVERY

Despite having a comprehensive range of services for homeless people the question remains why are there such high numbers of people (see Figure1) experiencing street homelessness in Bath? At a 2018 housing conference in Bath hosted by the local MP Vera Hobhouse it was argued by more than one organisation that homelessness was a result of system failure caused by austerity, welfare reform and a chronic housing shortage (Hobhouse 2018). The health of people street sleeping also needs additional resourcing if the number of homeless deaths is to be reduced. In order to eradicate such structural issues would take additional resources and goodwill by all levels of government and the community.

The one size fits all policy while cost effective does not allow the flexibility or expertise required for people with complex needs who are homeless.

It is becoming more evident that the individual pods that the hostel provides are not suitable for many people looking for emergency accommodation. The pods that consist of a windowless room with a single bed and a shelf for baggage and belongings do not have means of external communication. In recent years this has resulted in several deaths of people while intoxicated or in poor health.

On a positive note, there can be several benefits if a homeless person stays in the hostel. For many it can be the gateway to further services as they can be offered more independent short-term accommodation as a step to securing social housing and further support. However due to shortages of appropriate 'exit points' into affordable, secure accommodation in the public and private rental housing sectors, there are frequent blockages in the homelessness system. The length of time people stays in the hostel and the short-term accommodation can be considerable and sometimes results in rules being broken and the cycle of street homelessness starting again. This situation is further aggravated by 'local connection' policies that support and prioritise the provision of resources to local people experiencing homelessness, rather than people who come to Bath and are forced to sleep rough due to the lack of affordable accommodation. In some instances, people who are homeless and do not have a local connection with Bath are excluded from basic services and offered train tickets to leave the area. In an affluent tourist area like Bath, it should be recognised that people will always come to the city looking for work or assistance from other areas.

Universal Credit is a payment to help with your living costs. It's paid monthly - or twice a month for some people in Scotland. You may be able to

get it if you're on a low income, out of work or you cannot work. The storage of personal belonging and blankets is another issue in Bath. With shop doorways or carparks being a major source of shelter, personal belongings are often left or stored in these places. In such cases the belongings are removed by rubbish collection agencies or stolen. Bath being a major tourist destination with a night time entertainment centre visible reminders of homelessness and poverty are quickly removed. In many cases people have lost not just physical belongings but also valuable ID documents.

In Bath it is not easy for people who are homeless to participate in community activities or use local facilities. The major blockage is a lack of appropriate identification or an address so they can join the library or obtain a resident's discovery card to access local museums gyms and other cultural centres. Living on the street also blocks access to further education and courses to assist gaining employment.



a role or opportunity for homeless people to resolve their situation through innovative ideas or alternative living arrangements. There are some interesting examples of such initiatives such as short lease housing, self-build and container accommodation. In Bath many people have resolved their homelessness by buying or building boats on the canal between Bath and Bradford on Avon. Another alternative is in nearby Bristol where affordable accommodation is offered in former shipping containers. This project based in Bedminster South Bristol involves homeless people in the building and refurbishment of the shipping containers (Help Bristol's Homeless 2019).

The short lease housing projects set up in the 1970s and 1980s should be reconsidered. At that time, properties that had been left empty and falling into disrepair were leased as short lease housing and provided people who were homeless accommodation for up to two years. Currently in England there is a shortage of about 300,000 homes while at the same time there are over 200,000 empty homes (Empty Homes 2018). According to the charity Empty Homes some of these properties could be sustainably converted for use as affordable housing. Given the numbers of homeless people who are based around Bath the recycling of twenty empty properties could have a significant impact on reducing the numbers of people who are street homeless.

In East London there is a proposal to turn disused parking garages into 'pop-up' homes. This proposal has won funding and is in the process of planning. Levitt Bernstein's design, entitled HAWSE (Homes through Apprenticeships with Skills for Employment, 2012) won a building design competition run by the Building Trust, a charity dedicated to providing homes.

People who are homeless also require involvement and inclusion in varied meaningful day time activities. While Bath has a bike workshop there could be other activities that allow to produce food. Examples might include a community garden or allotment for people who are homeless to grow, sell, or, with the use of a kitchen in a community centre cook or learn how to prepare food.

The loss of belongings for people living on the streets of Bath is a common occurrence due to theft or removal by cleaning authorities. It can also mean the loss of important documents and valuable items such as medicines and clean clothes. In some places lockers or safe storage areas have been provided, for people who are street homeless, with some degree of success. For example, The City of Sydney in NSW worked with its cleaning department to provide a safe secure area with lockable wheelie bins for people living on the street. The impact of this has reduced the loss of possessions and valuable documentation for people.

Like Bath, Sydney is a major tourist destination with many events held in public open space. To prevent conflict and promote engagement the City of Sydney encourages staff to directly engage and consult with homeless people:

The public space liaison officers (PSLO) provide a compassionate and respectful response to address issues arising from the impact of homelessness in public places. The PSLOs work with rough sleepers and street drinkers, the City of Sydney, homelessness service providers, government agencies such as Transport for NSW, the police as well as residents and businesses to broker responses that both address the issues and respond to the needs of vulnerable individuals at the same time. (City of Sydney, n.d.)

For a person who is in their 50s and living on the streets there are additional issues and concerns re safety and health. Bath does not have a service that specialises in working with the older people who have been sleeping rough for several years. For older people living on the streets there is limited access to essential dental, podiatry, and nutritional care services. The over 50 age group is over represented in the number of sudden deaths in hostels and other forms of supported accommodation (see Table 1). In seven deaths of homeless vendors who sold the Big issue between 2016 and 2019 three were aged over 50 and two were aged over 40. (Big Issue Bath 2019). It is notable that only one of these vendors had access to end-of-life services in a hospice. Even in death there is limited support for homeless people to be buried or cremated with dignity.

Table 1. Cause of death by gender and age (Taylor 2019)

Gender and Age	Cause of Death
Male 50+	Cancer
Male 50+	Cancer/Alcohol Drug abuse
Male 50+	Heart attack
Male 50+	Drug abuse
Female 40+	Alcohol/drug abuse
Male 30+	Fall/Alcohol/drug abuse
Male 20+	Suicide

ALTERNATIVES TO 'ONE SIZE FITS ALL'

While Bath has several services and organisations that are active in reducing homelessness, numbers of people living on the streets have not been significantly reduced (B&NES 2018). There may be several reasons why this has occurred as previously suggested. It could be argued that homeless services in Bath are largely designed and operated with a 'one size fits all' mentality, and there is no alternative hostel option to provide diversity or choice. Therefore, some people who are living on the streets in the Bath clearly do not fully engage with existing services. Despite a limited funding source there is a recognised need for some specialist supports to address the needs of different groups. Notably there are strong arguments to separate and meet the needs of different age and social groups. For example, St Mungo's runs a hostel, London, specifically for people over the age of 50 years who have a recent history of rough sleeping. Many of such people would not access mainstream hostel provision for fear of intimidation and violence. This hostel caters for drinkers and non-drinkers. It has a night centre on the ground floor, which is free and open access and encourages more withdrawn rough sleepers inside without formally being assessed. There is an emphasis on resettlement and life skills within the hostel and the average length of stay is 2 years. Residents move to the upper floor of the hostel to try out independent living skills (New Policy institute 2019). In Trowbridge Wiltshire the Amber foundation provides more specialist accommodation for younger people aged up to 30, where accommodation can be for two years and an individual program is devised for each person so they can work on their goals and aspirations.

From an organisational perspective the structure and delivery of Bath homelessness services are very top down and do not allow or recognise

The public space liaison officers and City of Sydney staff regularly consult with rough sleepers regarding policy and actions that will impact upon them. People experiencing homelessness are given the opportunity to negotiate outcomes and help find solutions. Street sleepers are encouraged to contact the City with any concerns about their interactions with City staff or external stakeholders (City of Sydney 2019).

Like Bath, in Basingstoke, Julian House set up lockers for people who are homeless under the Real Change (2017) program:

Most homeless people have important possessions like ID, birth certificates, clothes and personal items that they need to keep safe daily. If you've got a job interview, health appointment or are trying to get help with housing, having to carry all your worldly possessions around or worry they will be stolen, damaged or removed is an extra burden for someone in already desperate circumstances. (Help Bristol's Homeless 2019).

The lockers are an important resource for the people experiencing homelessness as well as being good for the wider community.



CONCLUSIONS

Bath like many British cities has a significant number of homeless people living on the streets. While the reasons for this are complex, Government and community attempts to resolve rough sleeping in Bath must move away from a 'one size fits all' approach and provide options for people living and sleeping on the street. The numbers of homeless who are not using existing services or refusing to use the hostels should be researched and evaluated. At the same time, it is important to support organisations who involve homeless people in resolving their accommodation needs.

The health and welfare of people sleeping on the street and in hostels needs resourcing if the number of deaths is to be reduced. Improved access and prompt medical intervention is required. A comprehensive health risk assessment of all people living on the streets should be undertaken and a register of the people at risk should be kept. The homelessness workers who are based at the Royal United hospital is clearly a step in the right direction. Health and wellbeing should also focus on offering meaningful activities that improve fitness and lead to a person gaining an independent income and or employment.

In Bath homeless people should be able to access gyms and be able to apply for a 'discovery' card which is available to other residents and allows them free access to a range of local attractions and restaurants.

There are several examples of affordable and acceptable small-scale housing projects that

homeless people could be involved in either the construction or refurbishment. In London ‘pop up’ housing has been built on unused land and in an old garage. In Bath there are at least 20 empty properties/and underused land sites that could be redeveloped in this way.

There is clear evidence that a lack of affordable housing and support services increases the likelihood that a person will end up homeless, in hospital or prison. The provision of affordable housing is a valuable investment in the lives of all citizens. Community work helps us to address the barriers that limit individual participation in society and enables Not for Profit organizations to promote better social and economic outcomes for people who are marginalised or homeless. ■

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POLICY

Australian Community Workers Association: Research agenda.

The Australian Community Workers Association (ACWA) is the professional association for thousands of community work professionals in Australia. Community workers hold a variety of occupational titles and come into the profession from a number of disciplines and educational backgrounds. And whilst this diversity is the very strength of community work, it can create fragmentation that undermines the ability of the sector to present itself as a coherent profession able to demand recognition, career development, appropriate pay, and good employment conditions.





ACWA believes that current research into this vital workforce is ad hoc, narrow and in the main underpinned by a misconception regarding the professional standing of community work practitioners. Consequently, we have developed a research agenda designed to assist and encourage researchers, governments, the community sector and educational institutions to identify areas of enquiry that will lead to a better understanding of the community work profession.

Only by putting the spotlight on the profession will we be able to build a body of knowledge to address the challenges of limited public recognition and limited availability of appropriate roles for community work professionals.

In line with the overarching policy direction of ACWA as a professional association, the objective of this agenda is to promote and support research that will provide insight into the community work labour force, and to highlight any issues or

factors impacting on the professional identity of community workers, and public acknowledgement of their professional skills.

Over the past two years we have consulted with members and other stakeholders and identified three main areas we believe worthy of research and enquiry: minimum qualification requirements; the workplace; and public policy and the legislative framework. We are vitally interested in these areas of research that will add to the body of knowledge about the community work sector and would appreciate being informed of any new or existing research relevant to this agenda.

QUESTIONS THAT INTERESTED US REGARDING: QUALIFICATIONS

Most, if not all, professions require a body of theory and knowledge which ensures that practitioners are sufficiently competent to practice. We are interested in the level, length, mode of delivery and practical fieldwork components of the community and human services qualifications, and how well they align with community expectations.

- Do existing community and human services qualifications adequately prepare students for professional roles?
- Does the community believe community workers (holding a diploma and above) are sufficiently qualified and do they have an expectation around qualifications?
- Is there a variation in the quality of education provided by private RTO's and TAFE's? Does this have an impact on the work available to graduates?
- Do VET providers and universities conduct interviews prior to a course commencing and would this help student retention?
- Do fieldwork placements adequately prepare students for the types, stresses and responsibilities of professional community work? Is there anything else that might replace fieldwork (e.g. supervised practice/internships)?
- What is an appropriate length for fieldwork placement? What impact on not for profit organisations does fieldwork placements have?
- Should students specialise before or after they enter the workforce? Does specialisation assist or hinder career progression?
- Could specialised courses be brought together with a standardised core component, for example, Diploma Community Services, Mental Health, and Alcohol and Other Drugs?
- Does the curriculum and practical education component of courses allow for articulation into a higher course? Is it easy for students to move from a diploma to a degree, or from a certificate to a diploma?
- Do educational institutions work together to encourage students and graduates to take-up packaged or articulated opportunities? Is this a good idea?
- Are the entry standards for community and human services qualifications set sufficiently high to enable students to graduate, or once graduated, provide a service that meets community expectations?
- Are higher education graduates getting similar recognition as social workers? What can a social worker do that a qualified community worker cannot, and is the difference perceived or real?
- Do workforce shortages have an impact on the quality of education?

THE WORKPLACE

Most people who graduate from community services courses have in mind a career in the sector. The type and quality of the qualification has a direct bearing on their career trajectory including, how long they stay in the sector, and how much they enjoy their work. We are particularly interested in comparing VET and higher education graduates and comparing community work and social work graduates.

- Do the conditions and pay levels reflect the complexity of work, the qualifications, and the expectations of the role?
- Do graduates with community service qualifications advance as far in their careers as, for example, social workers?
- Are graduates sufficiently knowledgeable and educated to provide a service in the workforce?

Does the workplace have to invest in significant training for new graduates?

- Is the transition from education/training to the workforce easy?
- How long do practitioners stay in the sector?
- How long does it take to get work? Why don't some students practice after graduation?
- What brings about stress, burnout and attrition in the sector, and what is the cost?
- Are community workers more likely to suffer stress in the workplace than other occupations?
- What are the high-risk areas for community workers? What workplace safety issues have the most impact on community workers?
- In which sector are community work professionals most commonly employed?
- Do workforce shortages/over supply have an impact on the types of employment graduates take up? Are graduates of Diploma courses likely to take up, for example, roles for which they are over-qualified?
- Do practitioners pay for their own CPD? If so, is this a disincentive?

PUBLIC POLICY AND LEGISLATION

Policy decisions by governments have a direct effect on the practice of community workers, whether through funding cuts or increases, imposing conditions on welfare recipients, adjusting sentencing laws, expanding mandatory reporting, or even strengthening or relaxing regulations in childcare. We are interested in how organisations that employ community work practitioners' future-proof themselves against changes in legislation and public policy that impact on their work.

- Do organisations have strategies in place to respond to public policies that affect them?
- How do organisations and staff respond to changes in public policy that are inconsistent with their own ways of operating?
- How do organisations address public policy that is inconsistent with their professions' code of ethics?
- Do changes in public policy have an impact on retention of staff?
- Do community work practitioners have the right/obligation to comment on public policy that impacts on their clients and/or their clients? Do organisations acknowledge that right?
- Does public policy that affects individuals have a direct impact on community workers?
- Should the sector be regulated?
- Do changes in public policy have an impact on the missions' of organisations that employ community workers? ■



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