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Introduction: Promoting Health and Well-Being in Social Work Education

Beth R. Crisp and Liz Beddoe

It is now 25 years since the influential Ottawa Charter for Health Promotion clearly outlined an agenda which positioned health as a valuable resource, and recognised the contribution of not just the health sector in promoting health and well-being:

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social wellbeing, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being. (World Health Organization, 1986)

More recently, the International Federation of Social Workers in its 2008 policy statement 'International Policy on Health' (IFSW, 2008) has described health as an issue of fundamental importance for social work practice. The IFSW argues that the promotion of health and well-being is aligned with the core social work values of human rights and social justice. While access to appropriate health services should be a right, too many people in the world cannot take this for granted, including many in our own countries which are among the world's richest nations. As long as social workers must continue to work to ensure that individuals and communities have adequate resources such as education, food, housing, clothing as well as the financial and social support necessary to thrive and develop to one's full potential, social workers will necessarily be involved in health issues (Bywaters, McLeod & Napier, 2009). As the IFSW statement notes, 'Social workers in all settings are engaged in health work whether in creating the conditions for improved health chances or working alongside people to manage the impact of poor health on themselves or those close to them' (IFSW, 2008).

It is not just in service provision, but also in policy development, where the IFSW sees an important role for social workers in promoting health and well-
being. Unfortunately, social workers have too often been active in promoting programmes and policies which have actually had a deleterious effect on health and well-being of individuals and communities. Hence in its recommendations about the roles and responsibilities of social workers, the IFSW has recommended that:

All social workers should constantly question the health consequences of their actions. IFSW policy opposes overt or covert actions or policies which are discriminatory or which exacerbate health inequalities. For example, policies and practices involving indigenous peoples and child migrants have sometimes resulted in the destruction of family and community life and life long physical and emotional health problems. Social workers should pay attention to the economic and political roots of the troubles people bring to them and give sufficient attention to ensuring that service recipients have a say in the direction and priorities of service provision. (IFSW, 2008)

The IFSW perspective on the social work role in the promotion of health and well-being is not universally understood within the profession. Certainly the promotion of health and well-being has long been (going back to a period even earlier than the Ottawa Charter) considered a significant and legitimate objective of social work practice in some parts of the world. In the 21st century there is wide variation in social work participation in health care services and programmes. In many countries health social work is a significant field of practice located mainly in institutional (private and government) hospitals and community services. Social workers are also employed in the fields of public health and health promotion in policy, planning and research as well as in direct practice in primary health care and in ‘grassroots’ advocacy and support organisations. Broad and holistic approaches to well-being provide a significant focus for working with vulnerable groups, especially in the fields of mental health, disability and services to support older adults.

We are nevertheless aware that for many social workers the promotion of health and well-being is not a key consideration, either for themselves or for the agencies in which they are employed. As social workers in Australia and New Zealand, where there has long been social work involvement in health services and health promotion, during the preparation of this volume we have been surprised by the number of encounters we have had with prospective authors who have suggested that this is a new agenda for the social work profession. However, given the prominence in recent years, at least in the professional literature, on risk management and ameliorating individual deficits, the potential for social work to impact more broadly on well-being can readily be lost. Fawcett (2009, p. 474) notes that the emphasis on risk assessment and safety focussed interventions while well-meaning can lead to disempowerment through a failure ‘to place the individual at the heart of the decision to intervene and which fail to engage adequately with their experiences’. Social work thus
has a role to play in critically assessing policies that overly focus on functional incapacity and associated vulnerabilities rather than personal aspirations, potential and social connectedness.

As the chapters in this volume demonstrate, social work educators can play an important contribution in ensuring that promoting health and well-being are firmly on the social work agenda for service users as well as for our students and ourselves as educators. Nevertheless, we recognise that this may be a challenge which requires some re-thinking in terms of curriculum content, pedagogy, and the theoretical standpoints that influence how social workers respond to social problems (Bacchi, 2009). However, if the promotion of health and well-being is not considered a priority for social workers, this raises important questions about the role and relevance of social work, and hence social work education, both now and in the future. In the following chapter, Beddoe describes what has too often been a problematic status quo of social work education tending to ignore or provide minimal coverage of health in the curriculum or relegate it to a minor subject status, usually an elective. Health is also often conceptualized within social work education in a very limited manner as being about sickness and social work in hospitals. Health social work practice has historically been most prominent within institutional settings and as a consequence the knowledge identified as crucial in this field is influenced by the dominant biomedical paradigm. The location of social work in a host setting with its associated medical dominance often limits the acknowledgement of the social determinants of health and the potential to contribute to reduction of health disparities.

The remaining chapters within this volume reflect the breadth of scholarship and research that can be employed within social work education to best prepare students for a practice that puts health and well-being at the forefront of practice. Chapters from Australia, Canada, New Zealand, the United Kingdom and the United States of America provide a broad sweep of perspectives drawing on research on quality of life, subjective well-being, the impact of social work education on students’ welfare, stress and trauma, community participation, religion and spirituality, mindful practices, disabilities and health inequalities.

Coren, Iredale, Rutter and Bywaters argue for a greater focus in social work education on the centrality of social aspects of physical and mental health in service users’ lives. The chapter explores the potential for social work to contribute to the reduction of health inequalities within the framework provided by the UK General Social Care Council’s Codes of Practice for Social Care Workers (2010). The examples provided offer an illustration of how awareness of health disparities can be woven into explorations of policy and practice. Ashcroft provides an overview of the six most dominant health paradigms: biomedicine, public health, biopsychosocial, social determinants of health, political economy, and holism. Understanding these varying perspectives and their compatibility with social work values provides tools for shaping
practice in a way that best focuses on health and wellness. Marlowe and Adamson address the troublesome concept of trauma, which they find often utilised uncritically. Drawing on two research studies these authors illustrate that a social work construction of a trauma knowledge base can inform a vibrant and critical curriculum. Simpson then explores well-being in the field of learning disability by exploring three themes which have a much broader applicability than this single field of practice: friendships and relationships, community engagement, and structural factors.

From policies and paradigms, we turn to a much more practice-oriented focus. The focus broadens as a series of chapters consider the connections between mind, body, spirit and our intellectual and moral dimensions as apposite to the aims of social work education. Napoli and Bonifas describe the elements of a mindful classroom in social work education and utilising the results of a study that examined learning outcomes associated with mindfulness introduce a framework for teaching mindful practice. Mensinga draws both on the extensive literature of the mind–body connection and her own experience of using yoga as a reflexive practice to make the role of the body more visible in the professional discourse of social work. She argues that placing a greater emphasis on embodied knowledge in social work education will strengthen the reflexive capacity of graduates, support the health and well-being of social workers and as a consequence produce better outcomes for service users. Crisp considers the implications of developing curriculum which acknowledges the religious dimension of the lives of many service users, arguing that this is a neglected area in social work education. She suggests the need for skill development to enable social workers to broach issues of religion with service users; and develop their capacities for working in or with faith-based agencies. Fouché and Martindale propose that raising awareness of the core domains of life satisfaction during social work education will eventually enable more effective management of stress and burnout and quality of service delivery in practice through better work–life balance. Hughes explores the impact (positive and negative) of challenges to students’ values and perspectives within social work education, drawing on a unitary appreciative inquiry. Hughes suggests further research is needed on the effectiveness of strategies for dealing with stress and stressful situations.

Maidment and Macfarlane address the significance to well-being of place and social space and the value of informal networks to generate support and opportunities for reciprocity. Drawing on a small research study of older women and craft making they explore how learning from diverse disciplines can illuminate understanding of well-being beyond a focus on illness and deterioration. In keeping with a significant theme of this special issue, the authors argue that by engaging with a more diverse range of disciplines, educators will be able to teach and advocate for well-being in more expansive and useful ways.
This collection of chapters highlights the knowledge base for understanding the impact of health, challenges to beliefs and values, work and academic stress and trauma in the lives of students, practitioners and service-users and the need to be aware of peoples’ capacities to respond to difficult situations. In the concluding chapter we seek to draw out the key themes and issues which have been identified in this volume and make recommendations to support the promotion of health and well-being within social work education.

The majority of the chapters in this volume previously appeared in the special issue of *Social Work Education: The International Journal* (vol. 30, no. 6) published in October 2011. We wish to acknowledge the support of the journal’s editors and editorial board, the majority of whom are based in the United Kingdom, for agreeing to support a special issue which emerged from our reflections on practice in Australia and New Zealand. We also wish to thank Routledge for the opportunity to expand the original special issue into this present volume. Finally, this volume would not have been possible without the contributions of all the authors who contributed to this project and in doing so vindicated our stance that the promotion of health and well-being is a crucial role for social work education.

References


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Edited by
Beth R. Crisp and Liz Beddoe