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Conclusion: Developing an Agenda to Promote Health and Well-Being in Social Work Education

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To the best of our knowledge, this book (and the journal special issue which preceded it) is the first ever collection of papers on the promotion of health and well-being in social work education inclusive of multiple paradigms. We are pleased that the volume encompasses perspectives on the well-being of students and practitioners as well as the health of service users. It is our hope that this volume will encourage educators and practitioners to incorporate more health content in curriculum and practice. To this extent our aim was to fill a gap that was apparent to us as educators and researchers. Reflecting on their own student experiences, Maidment and Macfarlane have noted that

... while notions of illness, oppression and disempowerment were addressed, the notion of ‘wellbeing’ in a more holistic and creative sense has been widely neglected in traditional social work education. (p. 148)

Similarly, Simpson has commented, well-being as an explicit concept has been absent in the social work literature, or at least in respect of his speciality area of learning disability in the United Kingdom. How typical is the picture painted by Simpson more generally for social workers around the world is unclear, but the chapters in this volume, along with several inquiries from other potential contributors suggest that promoting well-being is of growing concern to many social workers and social work educators.

After we began work on this volume, we found ourselves having conversations in which people assumed that a collection of papers on promoting health and well-being in social work education would be comprised of various considerations of social work responses to the social and emotional aspects of illness and trauma. Whereas historically health social work has been associated with social workers employed in hospitals and health centres, wider understandings of the impact of social environments and access to fundamental resources including adequate housing, education and transport, have enabled a more comprehensive understanding of the role and responsibility of social workers in promoting health and well-being. As Coren et al. have argued:
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The key challenge for social workers is to address underlying threats to well-being that may develop into risk. Thus, social work education optimally needs more focus on the interacting factors which contribute to an individual's health, well-being and resources, where there may be no obvious risk of immediate harm but where well-being and quality of life is threatened: (Coren et al., p. 25)

To fully acknowledge the many aspects of human wellbeing—physical, emotional, spiritual, cultural and cognitive—and the link between socioeconomic factors and health inequalities requires social workers to have an understanding of health which goes beyond the biomedical paradigm. In New Zealand and Australia social workers have worked to better understand a holistic approach to health by learning about the spiritual elements so intrinsic to the well-being of indigenous peoples (Durie, 1998; Kaplan-Myrth, 2007). Social work researchers have often sought to avoid narrow paradigms in exploring the well-being of populations served. This is reflected in Beddoe's model curriculum in which students would be taught a series of wide lens and narrow lens questions which they could apply to situations involving a very broad range of health issues. Recognising the impact of culture and environment, Marlowe and Adamson have provided a rationale as to why social workers need a more expansive understanding of trauma than is posited by the International Classification of Diseases (ICD) and Ashcroft charted six influential paradigms which are underpinned by very different understandings of health. In addition, Ashcroft has sought to explain how different perspectives and ways of practising social work result in individual social workers preferring different ways of explaining health. This is important knowledge both for teams of social workers, but just as important for social workers working in interprofessional collaborations as these paradigms can influence how others understand the role of the social worker. Furthermore, as Simpson explains in respect of people with a learning disability, policy responses which have been designed to promote well-being have changed and evolved over recent decades, and at a single point of time there are often substantial geographical variations in approaches.

While it is important that social workers recognize the impact of social determinants on health and well-being and the various paradigms in which health and well-being can be framed, as the remaining chapters in this collection demonstrate, there is a much broader potential for social work education to contribute to the promotion of health and well-being. As Marlowe and Adamson note, this includes the need for a very real rather than superficial understanding of the impact of trauma. An understanding of the positive ways in which migrant, refugee and other populations that are often deemed 'vulnerable' build and sustain community in spite of trauma histories provides us with a deeper appreciation of human resilience. This suggests a necessary reconsideration of the importance of social connectedness (Taket et al., 2009) and for community supports which are outside those staffed by social workers
and other health and social care professionals (Crisp, 2010). Social work curricula typically include courses on working in and with human service organisations, which are often busy places, trying to provide quality services despite limited staffing and other resources. Social work theory and practice classes and practice learning may, possibly inadvertently, reinforce a privileging of professional organisations over other community resources in teaching about assessment and referral processes. Although joining craft groups (Maidment and Macfarlane), exploring religious beliefs or participating in religious actions (Crisp) or becoming involved in other community activities such as sporting groups or arts organisations may not be favoured, or even possible, for many service users, as social work educators we nevertheless need to ensure that our students and graduates are able to access and utilise a wide range of community resources and recognise the potential benefits of these resources for community members. Just as importantly, judicious assessment practices need to ensure that our efforts as social workers to provide professional services do not cause further trauma by damaging effective but non-professional community supports.

In addition to promoting health and well-being among the individuals, groups and communities who are served by social workers, a second theme running throughout this volume has been the need to promote the health and well-being of social work students. Napoli and Bonifas remind readers of the immense emotional stresses which are present for many students, some of whom experience their studies as so distressing that they leave before graduation. The case studies of the five final year social work students presented by Hughes explore some of the many tensions and issues which students may face in their quest to qualify, including changing values and outlooks to an extent that this placed strains on relationships which existed prior to commencing study. We also know that those who graduate do not necessarily stay in the profession long-term with a recent British study suggesting that the average working life for a social worker was eight years, compared to 15 for nurses, 25 for doctors and 28 for pharmacists (Curtis et al., 2010). Consequently, in addition to the usual knowledge and skills which are taught to social work students, Napoli and Bonifas, as well as Mensinga have described a range of techniques, including meditation and yoga, which they have used to develop mindfulness in their students. In a profession which values clarity of thought, and indeed several authors in this volume have emphasised the need for expertise in critical thinking, Mensinga, in particular, emphasises the value of workers being aware of the feedback from their own bodies in respect of the stresses they encounter in their work.

A further rationale provided by Napoli and Bonifas for promoting well-being among students is that they will more effectively be able to care for others if they can care for themselves. This may only be possible when expectations on social workers are reasonable and enable them to have an appropriate balance
between work and other aspects of their lives. Fouché and Martindale raise the importance of ensuring students understand the importance of maintaining a healthy work–life balance to ‘more effectively manage stressors and burnout by addressing the domains that matter most’ (p. 17). Developing an understanding of the research underpinning such notions as subjective well-being and work–life balance is of multidimensional significance. The insights gained during social work education will endure to the benefit of students, practitioners and their service users and colleagues alike.

One group whose health and well-being have been virtually ignored in this volume are social work educators, particularly those of us employed in the higher education sector, although Hughes has noted the important role of educators in modelling values and behaviours to social work students. Ironically, many social work educators in our acquaintance work long hours, often far in excess as to what they are paid for in efforts, to be responsive to the complex needs of their students. Perhaps we may pause to ponder whether those emails from students we respond to late at night and at weekends are ultimately helpful if our behaviour models work practices of constant availability and a life of constant work. While we have sometimes laughed at the absurdity of a student emailing or telephoning early on Monday morning to ascertain why their weekend communication to us remains unanswered, the culture in many universities seems to be that working most nights and weekends is an expectation. Stress in the academic workforce is a relevant area for further research (Kinman, 2001). Both of us have been academics for around two decades and are far from alone in experiencing huge increases in workloads, due to student numbers rising at a much faster rate than teaching staff, reductions in administrative support as well as greater expectations on gaining a doctorate, obtaining research grants and publishing books and peer-reviewed articles which can be included in research quality exercises. As senior staff with programme leadership responsibilities including responsibilities for staffing, we have at times been acutely aware of the limitations on us in facilitating reasonable work–life balances not only for ourselves but for colleagues in our programmes.

This is a small collection of chapters and as such cannot reflect all the possible themes and issues apposite to health and well-being in social work education. One of the limitations is that the authors are all from predominantly English-speaking settings in Australia, New Zealand, North America and the United Kingdom. We recognise that the concepts of health and well-being are not universal between cultures and as noted above there is much to be learned from exploring cultural differences in the construction of health and well-being. In Australia and New Zealand, cross-cultural competence, particularly in respect of the indigenous peoples of our countries, is a required skill for social workers and consequently a curriculum requirement in social work education. Some glimpses as to the complexities of cultural competence in respect of health and
well-being can be gleaned from Marlowe and Adamson who write about some particular issues for Sudanese refugees in Australia, as well as some Maori viewpoints from New Zealand. In both case studies, the importance of recognising the role of the community when dealing with trauma is considered crucial and is at odds with “Western” counselling approaches that focussed on talking about trauma in an unfamiliar agency setting’ (Marlowe and Adamson, p. 4). Consequently, we can necessarily rely on what were once appropriate methods or processes for promoting health and well-being. As Maidment and Macfarlane have noted:

... paradigm shifts in the way people live their lives prompted by the impacts of globalisation necessitate a re-examination of the knowledge base that informs social work and the way it is practised. The emergence of global ageing, the exponential growth in geographical mobility of kith and kin, rapidly changing technologies and environmental estrangement require practitioners to ... nurture sustainable individual and community wellbeing ... (p. 146)

As have a number of other contributors to this volume, Maidment and Macfarlane suggest that in order to promote well-being, the social work curriculum needs to foster students' abilities to deal with a myriad of complexities which is the lived reality for both individuals and communities. This leads us to question whether as social work educators we need to revisit our definition of social work and to contend that many social workers would be surprised to discover that the enhancement of well-being is so central to the definition of social work adopted by the International Federation of Social Workers in 2000:

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work. (IFSW, 2000)

In reviewing the IFSW definition the Council of Social Work Education Aotearoa New Zealand (Staniforth et al., 2010) links the achievement of wellbeing with ‘positive change’. However, the message which our students receive, either explicitly or implicitly, is that the role of social workers is in the provision of remedial services. For example, in Australia, although the Australian Association of Social Workers (AASW) definition of social work states ‘the social work profession is committed to the pursuit of social justice, the enhancement of the quality of life and the development of the full potential of each individual, group and community in society’ (AASW, 2010, p. 5), some years ago the association produced a poster, titled ‘Social workers make a difference’. The social worker is depicted as constructing a bridge across a deep hole in the ground but despite being built from a wide range of social work
skills and practice methods (advocacy, community development, conflict resolution, counselling, crisis work, education, empowerment, family therapy, group work, relationship counselling and social policy) the crossing is incomplete. One possible interpretation of this image is that social workers can put in extensive efforts and even then struggle to ameliorate the difficulties in the lives of service users, let alone improve their well-being. But even when the promotion of well-being is an explicitly stated aim, the impact may be less than optimal if presented as subsequent to social workers meeting other legislative requirements (Scottish Executive, 2003).

There is a challenge for social work educators to question whether the ways in which we define social work may result in students concluding that consideration of health and well-being is an optional extra to some other more pressing or real tasks. Furthermore, we also need to ensure that discussions of health and well-being are not confined to topics concerned with provision of health services. As the IFSW (2008) has noted, all social workers, and not just those employed in the health sector should be playing a role in promoting health and well-being. This may be a greater challenge in countries where the employment of social workers is more narrowly confined to the social services sector (e.g. England and Scotland) than in countries where social workers are employed in a range of sectors, including health services (e.g. Australia, New Zealand, Ireland, North America). However, even when social workers are considered integral to health service provision, the need to conceptualise health issues beyond acute care remains a challenge for social work educators.

Another issue which received very little mention in the papers in this volume, but should increasingly be of concern to social workers is environmental sustainability. The negative impacts on health and well-being due to degradation of air, water and soil disproportionately impact on the poor and marginalised groups in society from whom the users of social work services tend to be associated are starting to be recognised (Berger, 1995; Wiseman, 2007). Energy-efficient heating, cooling and household appliances, solar water heating, installing rainwater tanks, growing fruit and vegetables are among the options which individuals and families may embark upon to both improve their health and well-being and reduce living costs. However, such options may not be possible for those living in rental accommodation or low income home owners, unless they can attract realistic subsidies (KPMG, Brotherhood of St Laurence and Ecos Corporation, 2008). It has been proposed that integrating environmental justice with other social justice issues should be a key challenge for social work, although it is recognised that how social workers incorporate such thinking into their work will require a re-thinking about how social work is understood and practiced (Zapf, 2009).

Finally, we need to ensure that the process of social work education promotes the health and well-being of both social work students and those who teach them. While there is plenty of justification that prospective social workers be
able to demonstrate a high degree of competence in responding to complex social problems, we nevertheless need to ensure that the demands on either students or ourselves are not unduly onerous (Crisp et al., 2003). Furthermore, we need to ensure that the skills and knowledge which promote professional resilience are considered no less integral in social work education than the skills and knowledge to effectively promote the health and well-being of the individuals, families and communities which social workers are charged to work with. There is ample evidence in the literature to describe social workers’ jobs as being stressful in nature and for stress to impact on well-being (Collins, 2007, 2008; DePanfilis, 2006). Negative workplace experiences are thought to contribute to ongoing recruitment and retention challenges faced by the profession as workers leave their jobs for roles that they perceive to be less emotionally demanding (DePanfilis, 2006). High turnover has a deleterious effect on all the stakeholders of a social service organisation, from service users and carers, to managers and practitioners and this may perpetuate the cycle of difficulty found in this context in the first instance. We do not wish to unduly emphasise the profession as being inherently ‘stressful’; indeed there is an extensive body of research emerging which supports the view that, despite working in often adverse conditions, social workers experience high levels of job satisfaction (Collins, 2008). Congruently, resiliency frameworks advance a strengths-based approach to this issue and focus on identifying variables that underpin subjective well-being (Graham & Shier, 2010) so that alternative strategies can emerge to support the development of resiliency in social workers, especially during social work education (Beddoes, Davys & Adamson, 2011; Grant & Kinman, 2012).

There are clearly many challenges for the profession of social work and for social work educators in particular, in promoting health and well-being, and this volume only begins to explore these issues. Nevertheless, sometimes it seems as if sections of the profession do not share our view that the promotion of health and well-being is a fundamental aim of social work, and perhaps overcoming this is the greatest challenge we face as educators.

References
