Ilango Ponnuswami
Abraham P. Francis *Editors*

Social Work Education, Research and Practice

Perspectives from India and Australia

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Dedicated to
'to our fellow authors and to our families'

Foreword

I am very pleased to write the foreword to this book. I remember when this collaboration began; I had some small part to play in its beginnings, and I am very pleased to see this volume that sets out the impressive range of creative results from a long collaboration. This book is the product of a ten-year cooperation between Indian and Australian social work academics and is a significant achievement in international collaboration and the sharing of such resources as personnel, knowledge, skills and expertise between India and Australia. During this time of COVID-19, when international borders are shutting and there is a danger that societies are turning inward, this book celebrates an international collaboration that showcases activities, programs and research ventures in social work education, research and practice that were shared and conducted in both Australia and India. I make the point that this collaboration was undertaken in both countries; it was not a one-way street of 'saviours' jetting in to show the locals how it is done.

My own experience as a community development worker, child welfare worker and social work academic may be from a different context to that of current workers, educators and students, but the basic philosophical and practical foundations of social work still flow through the profession and I can easily relate to the

issues, concerns, programs and solutions set out in this book. As the former Director of a social services agency, Centacare North Queensland, I have visited southern India a number of times including the sites of research and practice set out in this volume and I have supported the initiatives of Centacare, student exchange and the Indian and Australian University staff in beginning and consolidating a number of collaborative ventures. Many of these initiatives, now brought to greater fruition, are set out in this valuable book. Indeed, Dr. Vinay, when he was a student, was supported by Centacare to start a project in Kerala; now he is an academic and has contributed a chapter.

So, I am very pleased to present and praise the work, research, collaboration and innovation set out in this book. The chapters cover the range of human services that constitute social work. Some chapters focus on social workers and their education and learning, the use of reflective practices in social work and the role of community engagement in higher education. Other chapters focus on some of the range of work that social workers undertake: dealing with death, mental health in schools, working with older people, migration and criminal justice social work. A third theme in the book focuses on the intersection between workers and clients such as cross-cultural social work and conversations on decolonizing social work education. The concerns and actions written about here reach back into the religious and philosophical sub-strata of both countries and are given a new focus and impetus in the work described. I congratulate the authors and especially the editors, Assoc. Prof. Francis and Prof. Ilango, for gathering together the results of the collaboration to date. This is not the end of that collaboration, just a showcasing of a continuing relationship.

As we know, the contexts of social work and social work education are both unchanging and ever changeable. The themes of practice-based personal and social change, community organization and social justice are constant but the contexts, places and circumstances in which social work and social work education are practiced change, mutate, advance and contract. A report on collaborative international exchange in different cultures and contexts is greatly needed at this time in our shared histories. This book has valuable insights for social workers, students and academics. I commend it to all readers.

Townsville, QLD, Australia
May 2020

Anthony McMahon, BSW(Hons), MSW, Ph.D.
Former Director Centacare North Queensland

Declarations

This book is conceived and edited by Prof. Ilango Ponnuswami and Dr. Abraham P. Francis. They have had extensive discussions with the authors of this book at every stage of the production. It is a work that has involved many authors from various contexts and professional backgrounds. The focus of the book is about social work practice, research and practice. The ideas, concepts and practice frameworks discussed in this book are useful in any social contexts, but with a caution that it needs to adapted with cultural sensitivity and appropriate level of consultation. Our efforts have been to support authors to present their ideas and research outcomes with a view to retain their style, research focus and voices to reflect the collaborative nature of this book. Similarly efforts have been made to orient the students or practitioners to the current areas of practice for further reflection and action in their respective field of practice. The editors are responsible for the ideological framework, identifying the authors for this book, providing an overall structure and presentation of this book, while the Individual author/authors are responsible for the key ideas presented in their respective chapters. Some of the chapters are based on research studies, and others are views, experiences and reflections of the authors engaged in this field of research and professional practice.

Acknowledgements

It is with a great sense of gratitude and appreciation we write this acknowledgment section to this book. As you will read from the introduction, many events, personal circumstances and challenges have impacted on the completion of this project. However, the loving providence of God has strengthened us, guided us and inspired us to be resilient and committed to the cause of this endeavour. We thank God for being with us on this journey.

At the outset, we would like to express our deep sense of gratitude to the Hon'ble Vice-Chancellor Dr. P. Manisankar, Registrar, and the Syndicate of Bharathidasan University for granting a sabbatical leave to the first editor for this ambitious collaborative book publication project.

Our sincere thanks to Prof. Sandra Harding AO, the Hon'ble Vice-Chancellor of James Cook University, and the former Director, Prof. Hurriyet Babacan, for providing a visiting fellowship to the first editor during 2012, which set the ball rolling for a series and variety of fruitful academic collaborative endeavours between the social work faculty of Bharathidasan University and James Cook University.

From the very beginning of the project, many people have supported and contributed to this book. First of all, we thank sincerely all our fantastic authors who have made a significant contribution to this book and responding to our queries and being patient with us. We are grateful to Prof. Anthony McMahon, former professor, James Cook University, and former Director of NQCentacare, Australia, for writing a forward for this book which has not only added value to this book but has provided new perspectives to approach this book and social work practice.

We would like to mention the names of our peer reviewers who provided constructive feedback and mentoring support to some of our chapter contributors. We thank Dr. Venkat Rao Pulla, President of Brisbane Institute of strengths based practice, and a social work professor who has been very kind enough to support the peer-reviewing process. We thank Dr. Kalpana Goel, University of South Australia; Dr. Hyacinth Udah, James Cook University; Ms. Sandra Croaker, James Cook University; Dr. Jijo Joy, DePaul Institute of Science and Technology; Mr. Subin

George, DePaul Institute of Science and Technology; Dr. Sonny Jose, Head—Social Work Loyola College of Social Sciences; Prof. Sanjai Bhatt, Delhi University; Ms. Valarie Derwent, Social worker, Townsville; Dr. Narayan Gopalkrishnan, James Cook University, for peer reviewing and supporting this project.

Several colleagues have provided voices for the last chapter, and we acknowledge their contribution. We thank Ms. Vicki O'Brien, Social worker from, Townsville; Mr. Frank Baffour, research scholar from James Cook University, Prof. Sanjai Bhatt from Delhi University; and Prof. Ramania, and Dr. V. Sayee Kumar, Consultant—Counselling and Psychotherapy, Chennai, providing for their valuable reflections.

We would like to thank Ms. D. Padma Sheela, Ms. I. Preethi and Ms. I. Deepthi for extending enormous and invaluable moral support and secretarial assistance to the first editor who is incapacitated due to major illness. Similarly, the first editor would like to acknowledge the support provided by his research scholar Mr. Mahammad Sha Nadaf during the preparation of the book.

We would like to acknowledge Satvinder Kaur, Priya Vyas and Gowrishankar Ayyasamy from Springer Nature for being part of this project with their feedback, active engagement and timely responses.

This work indeed is a true celebration of collaboration and participation, and we remember all of them with gratitude—students, staff, researchers and practitioners—from these institutions who have directly or indirectly supported us in completing this work. A big thank you to all of you who are making such a big contribution to the profession and wellbeing of the communities.

We hope you will learn many things by reading this book; moreover, you will see the outcome of a collaborative work that goes beyond the limitations and adding value to the learning and teaching practices in the social work profession.

Prof. Ilango Ponnuswami
Assoc. Prof. Abraham P. Francis

About This Book

Professor Hurriyet Babacan
Research Director and Professorial Fellow
Rural Economies Centre of Excellence
James Cook University
Townsville, Australia

Humanity faces unprecedented challenges, some of which are of extinction scale. Global social issues transcend individual countries and increasingly require complex interdependent policy solutions. The recent COVID-19 pandemic has raised serious considerations about our global interdependence, societal impacts and capacity of our institutions to respond. Social work is at the forefront of addressing key issues such inequality and exclusion, human rights, social justice, climate change, environmental sustainability and fair access to resources. Contemporary social challenges require professionals with skills and outlook for a globalized world. Higher education is a global phenomenon, traversing national boundaries. Graduates are globally mobile and enter a highly dynamic, diverse and complex work environments. Social work graduates with attributes for transformational change are critical for the future of our societies and our planet. International

collaboration in design and delivery of social work curriculum, in accordance with global social stand work standards, and international exchanges are becoming common place. However, our knowledge and evidence base is still scant.

Social Work Education, Research and Practice in India and Australia provides much needed and significant scholarship in comparative social work education, research and practice within cross-cultural and transnational contexts. Stemming from intensive collaboration of social work educators from Australia and India, the book bridges the gap in social work education, research and practice by enhancing and creating more relevant learning opportunities for students and researchers. The book covers a range of contemporary topics and develops a refreshing views on social work education and knowledge. In particular, the book provides the readers with an appreciation of historical, place-based and cross-cultural aspects of social work practice and teaching. The comparative approach enables insights into diversity and the global character of issues facing social work. The strength of the book comes from critical reflections from teaching and learning perspectives, diverse contexts of practice and issues in social work.

The book is well organized in conceptual and practice themes and is comprehensive in the range of topics covered. The diversity of authors and topics is admirable. The style of writing is accessible to wider range of audiences while maintaining academic rigour. I congratulate the editors and authors on a fantastic effort and in addressing a gap in scholarship. I commend the book as an essential resource not only for social work educators and students, but for a wider range of allied health professionals, researchers and policy-makers.

Message from Prof. Vimla V. Nadkarni

Prof. Ilango and Dr. Francis have edited a must-read collection of collaborative experiences and understanding of social work education and practice in two different contexts namely a developed country Australia and an emerging economy India. The book covers a wide range of concepts, practices and concerns shared across both countries. The topics are wide ranging and exciting; a commentary on the profession itself giving macro and micro level perspectives, to people centred social work practice covering issues like mental health, school social work, criminal justice system, and decolonising social work education. The authors of the chapters are from either of the two countries thus providing a cross-cultural take on the content. I agree with the editors that the book is a true "celebration of collaboration" across the continents founded on the "values of social justice and human rights".

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About the Editors

Ilango Ponnuswami is currently Chair, School of Social Sciences and Professor, Department of Social Work, Bharathidasan University, Tiruchirappalli in South India. With a Fellowship from the UNFPA and the UN International Institute on Ageing, Malta, he successfully pursued a Post Graduate Diploma in Gerontology and Geriatrics at the Institute of Gerontology, University of Malta. He also attended a Short Term Training Course in Income Security for the Elderly in Developing Countries conducted by the United Nations International Institute on Ageing, Malta with a UNFPA Fellowship during May-June 1995. Dr. Ilango Ponnuswami was a Cairns Institute Visiting Scholar at the James Cook University, Australia during March – May, 2012. He is also a member of the Editorial Board of the Journal of Transformative Education published by SAGE. He has also published research articles in reputed journals like Indian Journal of Social Work, BOLD, Indian Journal of Social Psychiatry, Indian Journal of Criminology and Criminalistics, many chapters in books and quite a few articles in Social Welfare and Kurukshetra – official journals published by Central Social Welfare Board and Ministry of Rural Development respectively, Government of India. He has published 8 edited volumes through Allied Publishers, Authorspress, New Delhi and Niruta Publications, Bangalore. Besides, he attended with Full Scholarship and presented scientific papers at the International

Ageing and Social Work Conferences organized by UN International Institute on Ageing in Malta (1996), Hong Kong Council of Social Services in Hong Kong (1999), IFA in Montreal, Canada (1999), ASPBAE in Singapore (1999), IAHSA in Sydney, Australia (2003), Haggai Institute for Advanced Leadership Training in Maui, Hawaii, USA (2004), Episcopal Relief and Rehabilitation Division of the Churches in Bangkok, Thailand (2005), International Conference of ISTR, Bangkok, Thailand (2006), University of Malaya, Kuala Lumpur, Malaysia (2011), International Conference on Strength Based Social Work Practice in Social Work and Human Services, Kathmandu, Nepal (2012), the 20th World Congress of Gerontology and Geriatrics (IAGG), represented India at the BRICS Forum on Ageing in Seoul during 2013 and International Social Work Conference organized by Katholische Universität Eichstätt, Germany during October 2016.

Abraham P. Francis is an Associate Professor, and currently the Head of Academic Group in Social Work and Human Services at James Cook University, Australia. Dr. Francis is a research fellow at the department of social work, Stellenbosch University, South Africa and an Adjunct Faculty with Prasanna School of Public Health, MAHE, Manipal. He has worked with Government, Non-government and corporate sector, and has developed many international partnerships. He taught social work at the Delhi University in India and worked as a senior mental health social worker with Country Health South Australia before moving to Townsville to join James Cook University. He has extensively contributed to the literature on Social Work practice in mental health through his publications, convening conferences, establishing research networks and by developing consortiums. His other research interests are in the field of communities, criminal justice, international social work, and gerontological social work. His excellence in teaching has been recognised on a number of occasions. For example, in 2010, he was a recipient of James Cook University's Inclusive Practice Award for his "exceptional support for students with a disability". In 2016, he received the university's *'Citation for Outstanding Contributions to Student Learning'* for

his "leadership and expertise in social work education in mental health that inspires and nurtures students to be competent, confident and compassionate practitioners".

Dr. Francis was one of the finalists at the 2018 India ***Australia business and community awards*** in the category of Community Services Excellence Award and Business Leader/Professional of the Year. In 2018, Dr. Francis received the NAPASWI (National Association of Professional Association Social Workers in India) lifetime achievement for his outstanding contribution to social work Education.

Contributors

Saman Afroz is an Asisstant Professor in the College of Social Work, Nirmala Niketan (Autonomous), Mumbai University. Dr. Afroz is a social work academic specialising in the field of Public Health. Her areas of interest includes health policy, women's health, elderly and social policy. She has more than 15 years of experience in the field of teaching, training and research. She is a passionate teacher who has contributed immensely to the professional growth and learning of several Social work students by developing innovative teaching learning pedagogies and resource materials. She has also made active contribution in the field of research and has undertaken a few major and minor research studies. Currently she is involved in a minor research study on the "Awareness of Child Abuse among the slum dwellers", which is funded by the RUSA. Besides, Dr. Afroz has several publications to her credit and has presented papers in several national and international conferences. Recently she was invited as a Plenary speaker by the Central University Tamil Nadu, where she presented a paper on "User fee: Issues of Quality and Access". She is an active member of Jan Swasthya Abhiyan and is a core committee member of the Mumbai chapter of the JSA.

Frank Darkwa Baffour, is pursuing my Ph.D. in Social Work at James Cook University, Australia, on the topic: Factors contributing to recidivism among inmates in selected Ghana prisons. His research interests include Crime, Recidivism, Intimate partner Violence, Criminal Justice Social Work, Juvenile Delinquency, Mental Health, Child Labour and qualitative research. I apply critical social work theory, social learning theory and labelling perspective to understand the contributing factors to recidivism. I have published in Journal of Interpersonal Violence and other reputable peer reviewed journals. He is currently research on papers including, mental health experiences of life sentenced inmates in Ghana, stigmatization and mental health among ex-convicts, rehabilitation in Ghana

prisons and overcoming challenges in conducting qualitative prison research. I have skills in using computer based data analysis software such as NVivo and SPSS.

Shuchi Bharti has been involved in teaching law and social sciences subjects in Asian Law College affiliated to CCSU Meerut. She has prior teaching experience in Department of Social Work, Amity University Noida and has actively worked on academic projects, developed content/pedagogy, prepared training modules and organized academic seminars, conferences etc. throughout her career. She has widely published/presented research papers at international journals, conferences, summer schools and workshops. She has completed her Bachelor and Master degrees from the University of Delhi and M.Phil. and Ph.D. from Centre for the Study of Law and Governance, Jawaharlal Nehru University. Her teaching and research focus lies in the areas of Evidence Based Practice, Human Rights and Regulatory Governance. Dr. Shuchi has also completed certified summer university programme in Precautionary Principle and International legal regime from Central European University, Hungary. She has professional, research and consulting experiences in firms like EY and KPMG, government and non-government sectors with exposure of advisory, managing complex projects, working with cross-functional and cross-cultural teams. Dr. Shuchi has also worked on independent consultancy projects of multiple voluntary organisations.

Sanjai Bhatt is a Professor of Social Work at Delhi School of Social Work, University of Delhi since 2001. He is also the current president of National Association of Professional Social Workers in India. He is social work educator, trainer, and development consultant with his felt presence over more than three decades. He has also taught in the Department of Social Work at University of Lucknow, M. G. Kashi Vidyapith Varanasi, Kurukshetra University and Chitrakoot Gramodaya Vishwavidyalaya (CGV). His areas of interest are Non Profit organisations, social work education, social legislations, social security, occupational social work, Decent work, HIV/AIDS, and environment. Working with people is his passion which makes him workaholic. Committed to bridging the gap between social work education and practice, he experiments with different teaching methodologies, engages himself in research in welfare and development field, and works for with grass root organizations. He is associated with a number of social movements and civil society organizations in various capacities.

Dr. Mark David Chong is a senior lecturer in criminology and criminal justice studies. He was formerly the Director of Research Education at the School of Arts and Social Sciences (2012–January 2015), and Acting Associate Dean of Research at the College of Arts, Society and Education, James Cook University (July 2019–September 2019). He is also an external assessor (grant applications) for the Social Sciences and Humanities Research Council of Canada. Dr. Mark David Chong graduated with a Ph.D. (Law) from the University of Sydney, where he received the Longworth Scholarship (2003); Cooke, Cooke, Coghlan, Godfrey and Littlejohn Scholarship (2004); Longworth Scholarship for Academic Merit (2006); and the Longworth Scholarship again in 2007. He was trained as a criminal defence lawyer

and later secured a LLM (Merit) in Criminology and Criminal Justice from Queen Mary, University of London. Thereafter, he was appointed as a judicial Referee (currently referred to as a Tribunal Magistrate) by the President of the Republic of Singapore on the recommendation of the Chief Justice to the Small Claims Tribunals. Dr. Mark David Chong subsequently taught the Singapore Police Force and the Central Narcotics Bureau at Temasek Polytechnic (Singapore) under a joint programme with the Queensland University of Technology, Australia.

Preji P. Daniel, MSW, M.A. (English Language and literature), is a Research Fellow in the Department of Social Work Bharathidasan University, Tamil Nadu, under the guidance of Dr. J. O. Jeryda Gnanajane Eljo. He has participated in various National and International Conferences, workshops, seminars, and in certain training programmes and has presented papers and published articles in reputed Journals. Worked as Assistant Professor in Department of Social Work, Bon Secours College, Thanjavur. And worked as a volunteer with Childline Kaniyakumari.

Amy Forbes is Associate Professor in the Humanities and Creative Arts at James Cook University Australia where she is also the Associate Dean for Learning and Teaching. Her research interests range from media studies on gaming and social capital, to psychology and mixed marriages, to Work Integrated Learning, and to issues surrounding mental health and criminology. She is a keen multi-disciplinary approach advocate and works in such teams developing and evaluating innovative practices in online/digital delivery of learning in the Higher Education sector.

Dr. Kalpana Goel is an academic and researcher in Social Work, in the School of Psychology, Social Work and Social Policy, University of South Australia. She has both practice and teaching experience in the field of social work, community development and mental health. She has widely published in the area of migration, aged care workforce, community settlement, unorganized sector, mental health and teaching and learning. Currently, her research focuses on ageing population, aged care workforce, migration, gender issues, student engagement and curriculum in higher education. She is a member of Australian Association of Social Worker and Refugee and Migration Research Network.

Narayan Gopalkrishnan is the Course Coordinator of the Bachelor of Social Work course and is a Fellow of the Cairns Institute at James Cook University, Australia. Narayan has worked for over thirty-five years in Australia and overseas in universities, NGOs and the private sector and has held senior leading roles in research and sector development. He was the Founding Director of the Centre for Multicultural and Community Development, at the University of the Sunshine Coast. Narayan researches and teaches in the areas of cultural diversity, mental health, social entrepreneurship, community development, human rights, and social justice, and working with Aboriginal and Torres Strait Islander communities. Narayan brings together his background in business and in community development to his work in Social Entrepreneurship and Social Enterprise. He is the Founding Chair of SENT (Social Enterprise Network for the Tropics), a network

based in Cairns. He has written/edited several books and numerous book chapters and journal articles, including articles for bodies such as UNESCO. He has been a visiting scholar in different universities around the world including Africa and Asia. Narayan has a deep passion for social justice and integrated and holistic approaches to human development and participation.

Nonie Harris is an Associate Professor with James Cook University where she teaches undergraduate social work practice and research methods. Nonie's research and publications have focussed on feminist methodologies, feminist theory, work integrated learning, teaching research and child care policy in cross national contexts. This practice-focused research has drawn on Nonie's social work practice experience, engagement with women's services and a commitment to research informed teaching. Her research on hospital social work practice, childcare policy, teaching research and international social work student exchange has been funded by competitive internal and external research grants. Nonie values her prolonged engagement with Townsville's women's services, particularly as President and Vice President of the NQCWS (the Women's Centre) management committee, as invited Chair of the Sexual Assault Strategic Group (NQ) and, most recently, as a member of the management committee of the North Queensland Domestic Violence Resource Service.

Elsa Mary Jacob is the faculty of Bharata Mata School of Social Work, Bharata Mata College, Kochi, Kerala, India. Presently, she is an academician with 14 years of professional social work experience in the domains of Child welfare, Community development, Women empowerment, Social Work education, Community based rehabilitation (CBR), Corporate social responsibility (CSR) and Research. She has contributed to the discipline of professional social work through her expertise in project formulation, teaching and research. Her interventions among youth drop outs have gained appreciation in developing a model in working with disadvantaged youth. Her involvement in various Development Initiatives, White Ribbon Alliance India (WRAI) programme, Child Line and Bal Panchayat (Child Parliament) are remarkable in reaching out to the vulnerable target groups with professional social work skills and competencies.

J. O. Jeryda Gnanajane Eljo is Assistant Professor in the Department of Social Work since June 2008. Specialized in Medical and Psychiatry and working with Children, Adolescents and Mental Health. She has produced 7 Ph.D. and 17 M.Phil. Scholars. She has completed a UGC Minor Research Project on "Study Habits among Slum Children in Tiruchirappalli" and developed a "School Mental Health Inventory" (2017). She was the Director i/c of Students Counselling and Grievances Redressal Cell of Bharathidasan University. She has established a Child Guidance and Counselling Centre and provides free counseling services to school. She is the Coordinator of Linnaeus Palme International Teachers and Students Exchange Programme of the Department and visited University West in Sweden in 2019 for planning visit. Previously she worked for 12 years in Department of Social Work, Cauvery College for Women, Tiruchirappalli. She had visited UMEA University in

Sweden as a Full time visiting Lecturer from the Department of Social Work under Linnaeus Palme International Teachers Exchange Programme for 5 weeks (May–June 2008) and has travelled to Paris, Rome and Venice.

M. K. Joseph, A social work educator with more than two decades of professional experience, Dr. Joseph M. K. is currently heading the School of Social Work at Rajagiri College of Social Sciences. His domains of professional experience include community extension services and interventions, partnership building, research and teaching. Having research interests in community development and social entrepreneurship, he has contributed to the development of the discipline through his major research projects. He has undertaken various national and international training programmes and has been the resource person for various leadership training programmes across the country. He was instrumental in developing Bachelor of Social Work (BSW) curriculum and course at Rajagiri College of Social Sciences (Autonomous), Kochi, Kerala, India. His contribution in initiating an innovative programme called 'Know Your Neighbourhood' in the field practicum of social work education is noteworthy.

Archana Kaushik is Associate professor at the Department of Social Work, University of Delhi, India. Her areas of specialization and research interests include gerontological social work, death and dying issues, spiritual social work, empowerment of the marginalized communities, development administration and HIV/AIDS. She has many books and research articles on varied issues in the journals of national and international repute to her credit. She has conducted several research studies such as determinants of active-ageing in rural-urban locale, Correlates and determinants of death among individuals, social, economic and environmental costs of death, distance care of the elderly, poor and vulnerable aged, elder abuse and social support for the aged, vulnerabilities and empowerment of Dalits, etc. She has taken up many evaluation studies with Planning Commission, various Ministries and other institutions in different capacities. She has presented papers and chaired sessions at several national and international conferences on various social issues and participated as an expert in many television shows and other platforms.

J. Raja Meenakshi, Ph.D. is an ICSSR Post-Doctoral Fellow in Central University of Tamil Nadu. She started her career as Human Resource Coordinator in Aravind Eye Care system and following her passion for Social Work teaching, she joined as Assistant Professor in the Department of Social Work, The American College and later in Fatima College, Madurai. She has developed the course curriculum for Human Resource and Labour Management specialization of MSW in the Central University of Tamil Nadu. Her area of interest is Human Resource Development, Occupational Health of Women and Gerontology. She has research publications in reputed National and International Journals.

Vicki O'Brien graduate of James Cook University, Bachelor of Social Work (Honours), Master of Social Work. Employed as a mental health case manager in a Queensland government psychiatric outpatient team with an interest in the intersections of domestic violence and mental health and how trauma informed models of care can support workers to navigate this critical human rights and public health issue.

Sigamani Panneer, Ph.D. is Professor and Head, Department of Social Work, School of Social Sciences and Humanities and Coordinator, Centre for Happiness, at Central University of Tamil Nadu, Thiruvarur, Tamil Nadu, India. He has been a Visiting Professor at the School of Public Health, University of Minnesota (Twin Cities Campus), MN, USA; Jishou University, China; Tianjin University of Finance and Economics, Tianjin, China and Department of Management Studies, Sacred Heart College, Tirupattur. He has authored articles and books of national and international repute published by (1) Palgrave Macmillan, (2) Macmillan Publishers Ltd, (3) Sage, (4) Springer, (5) Wiley, (6) Elsevier, (7) BMC Tobacco Induced Diseases, (8) Bloomsbury, (9) Economic and Political Weekly and (10) Cambridge Scholars. He is a recipient of prestigious Raman fellowship (Singh-Obama initiatives) hosted at the School of Public Health, University of Minnesota, USA, co-recipient of Global Spotlight International Research Major Grant, award thorough the Global programmes and Strategy Alliance for the year 2014, awarded by University of Minnesota (Twin Cities Campus), USA. He has conducted research in various areas relating to new public health management, evidence based public health, drug delivery system, public private partnerships in healthcare, occupational health and women's health.

Venkat Rao Pulla, MA, Ph.D. is an Indian born Australian academic. He has made significant contributions to Social Work education to SAARC countries, and continues to offer Strengths-based practice. grounded theory and research writing Master Classes globally. He has been the Head of the School of Social Work, Northern Territory University, and taught At Australian Catholic University, Charles Sturt and at Sunshine Coast and tutored at Griffith and Queensland University of Technology. He has co-edited volumes on Strengths-based practice, 2012; Perspectives on coping and resilience, 2013; Theories, experiences, and challenges in community work, 2014; Advancing social work in mental health through strengths-based practice, 2014; Some aspects of community empowerment and resilience, 2015; and the Lhotsampa People of Bhutan-Resilience and Survival, 2016 and is the Principal Editor of the new title *Discrimination, Challenge and Response*, 2020 with Palgrave Macmillan. He has published with Sage, Routledge, Macmillan, Palgrave, and Wilfred Laurier Press—Canada; Primrose Hall—UK and Australia; Fernwood, California and others in Asia. He is a recipient of NAPSWI—India Lifetime achievement award 2015, and Karma veer Puraskar, Global Indian

Social Worker Award-2008. And is currently Foundation Professor at the Brisbane Institute of Strengths-based practice and Senior Research Fellow, (Adjunct), at Institute of Land, Water and Society at the Charles Sturt University, Australia.

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practice in mental health through his publication, convening programs and establishing research networks. He has published articles in 10 international and 12 national journals and has participated in national and international seminars and conferences. Recently, edited a book on *Public Health Challenges of Tropical Diseases: Moving Towards Universal Access*'. Udhayakumar values his prolonged engagement in offering mental health services to children, particularly as Psychiatric Counsellor in the Juvenile Justice Board, as a Member of the District Level Child Inspection Committee (District Child Protection Unit), Thiruvarur, Tamil Nadu. He is associated with many voluntary organizations and associations. He is also a life member of various professional institutes in India.

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Chapter 1
Social Work Education, Research and Practice in India and Australia: An Introduction

Ilango Ponnuswami, Abraham P. Francis, and Nonie Harris

Abstract The increased interest among social work educators and practitioners from India and Australia has created many pathways for innovative and creative learning opportunities through exchange programs. Social work educators and practitioners in both the countries have proactively engaged in international short-term faculty and student exchanges and field placements, research activities and collaborative initiatives such as workshops, international conferences and joint publishing of social work texts. The authors, from Bharathidasan University (BDU) and James Cook University (JCU), noted the success of these original endeavors and particularly their potential to create momentum beyond the initial activity. They saw that focusing on collaborative social work learning in their own smaller contexts could create positive change and impact in ways they did not anticipate. This experience, replicated in other collaborative activities, provided enormous insights and learning on both sides, leading finally to the idea of documenting cross-cultural perspectives from India and Australia. In this chapter the authors present their perspective on the scenario of social work education, research and practice in India and Australia. Besides, brief summaries of all the chapters of the book are also presented.

Keywords Social work education · Research · Practice · International collaboration

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Introduction

India and Australia have geographical, economic and cultural similarities; their democratic governments founded in the shared experience of British colonial rule and administration. Today, the international relationship between both countries in political, economic, security, lingual and education matters is remarkably good. Both countries are members of Commonwealth of Nations, founding members of the United Nations and active members of regional economic organizations such as the Indian Ocean Rim Association (IORA) and G20, a policy coordination forum that aims at global economic stability and sustainable growth. This shared cross-national experience and collaborative commitment has created pathways for many intellectual exchanges.

The Australia-India Council (AIC), perhaps, best reflects the current priorities of the relationship between India and Australia. The AIC was established by the Australian Government in May 1992 to broaden and deepen Australia-India relations through contacts and exchanges in a range of fields that promote mutual awareness and understanding. With staff in both India and Australia, the AIC funds new innovative projects that build sustainable collaborations and improve perceptions of Australia in India and/or India in Australia (Department of Foreign Affairs and Trade, 2017).

These international collaborative priorities are also apparent in the Indian and Australian tertiary education sector. This sector continues to expand in both countries, with students seeking international education opportunities beyond the bounds of their own countries. For example, in Australia, the commitment to international education has been given expression in the New Colombo Plan: "A genuine two-way flow of student exchange between Australia and the Indo-Pacific is the cornerstone of the Australian Commonwealth Government's "New Colombo Plan", launched in 2013 and aimed at ensuring Australian higher education students are work-ready and connected to the region on graduation" (Harris et al., 2017, p. 430).

However, we argue that student focused priorities, though valuable, potentially obscure richer international exchange initiatives involving academic faculty and practitioners. Social work educators and practitioners in India and Australia, reflecting the broader interests described above, have proactively engaged in international short-term student exchanges and field placements, research activities (Ponnuswami & Harris, 2017) and innovative collaborative initiatives such as workshops, international conferences and joint publishing of social work texts (Francis, La Rosa, Sankaran, & Rajeev, 2015). Over the past decade, we have collaborated together and with other social work colleagues from Bharathidasan University (BDU) and James Cook University (JCU). We found that our universities have much in common. JCU is located in the tropics and is "dedicated to creating a brighter future for life in the tropics world-wide, through graduates and discoveries that make a difference" (JCU, 2019, p. 1). BDU is also located in the tropics, with the goal of "creating in the region a brave new world of academic innovation for social change" (BDU, 2020). Our social work departments are both committed to social justice and enhancing

the lives of people in our communities (Baikady, Pulla, & Channaveer, 2014). This shared commitment has been the foundation of our successful collaborations. These commitments and activities align with a broad consensus across the literature (both Indian and international literature) that social work collaborative activity is valuable, that it plays an important role in establishing and increasing the global status of the social work profession and, most importantly, the standard of practice of its graduates.

In 2012, Assoc. Prof. Abraham P. Francis, invited Prof. Ilango Ponnuswami to JCU as a Cairns Institute Visiting Scholar. During this visit, Prof. Ilango engaged in academic discussions, peer-teaching, research planning and other academic activities. The collaborators found that although they were social work academics from very different parts of the globe, they shared many common research and teaching experiences. Consequent endeavours have included primary research, conference presentations and scholarly publications—and, in 2018, a successful proposal to the Global Initiative for Academic Networks (GIAN) to design and deliver the 5-day workshop on research teaching.

These endeavours provided opportunities for collaborative activities that have a long-reaching impact into the social work education sector. For example, in 2013, the editors of this book collaborated with colleagues from Bharathidasan University, India, and James Cook University in Australia to hold a Scientific Writing and Publishing Workshop in Coimbatore, Tamil Nadu. The workshop gave an opportunity for social work post-graduate students and faculty to work together to increase their skills in research, scientific writing and publishing (Ponnuswami, Francis, & Harris, 2013).

The editors noted the success of original endeavours, such as the Scientific Writing and Publication Workshop, and particularly its potential to create momentum beyond the initial activity. They saw that focusing on collaborative social work learning in our own smaller contexts could create positive change and impact in ways they did not anticipate. This experience was replicated in other collaborative activities—joint conferences, workshops and collaborative research publications, with enormous insights and learnings gained from both sides, leading finally to the idea of documenting cross-cultural perspectives from India and Australia.

These efforts are indicators of genuine commitment to activity between institutions providing tangible benefit and strong collaborative foundations, often consolidated in Memorandums of Understanding (MOU) between institutions. MOUs acknowledge and recognise past engagement and achievements and are, also, a positive commitment to future collaboration—providing a foundation beyond current vision—opening the door to new possibilities. A 2018 Memorandum of Understanding between BDU and JCU was the product of many years of genuine and sustained engagement and collaborative work. An MOU comes from consistent effort that has delivered recognised, valuable and beneficial outcomes for the institutions that subsequently reach a memorandum of understanding. Our MOU acknowledged and recognised past engagement and achievements and was, also, a positive commitment to future collaboration—providing a foundation beyond our current vision—opening the door to new possibilities.

These various collaborative initiatives and outcomes from social work faculty at Bharathidasan University and James Cook University have occurred over the past eight years, and now culminate in this book project. It is our hope that this publication serves to inspire readers to see the benefits of international collaboration and, where possible to undertake replication and move beyond the reflections of the authors in this book.

The Purpose of This Book

This book is an effort to support scholarship and international collaboration in social work education, research and practice. It addresses a broad range of issues related to the social work profession in India and Australia; particularly issues relating to social work education, research and practice within a cross-cultural perspective. The focus is on social work in both contexts, and recognition of the profession, regulatory mechanisms, roles and functions of social workers in different settings, issues and challenges faced by the social work fraternity and cross-cultural insights and learnings. Our intention is to bridge the gap in social work education, research and practice by enhancing and creating more relevant learning opportunities for students and researchers. This book will share some of these initiatives, illustrate the need for academic rigour in social work education, enhancement of quality and standards of education, research and practice and share stories of innovation in practice. We believe this book is a celebration of social work collaboration across two countries underpinned by the values of social justice and human rights.

This book is collaborative in nature and includes research papers, practice experiences, reflections and innovative approaches to learning and teaching in social work education. Most of the authors have professional association with Australia, and hence, as a reader you will find references to Australian contexts of practice. This does not in any way mean that the authors or the editors have completely captured the work from Australia rather it should be seen as a way to continue collaboration, conversations and professional engagement to create an environment for learning and teaching in social work, with specific focus on intercultural perspectives and innovation in the sector.

Collaboration with academics in India has enabled us to share some of the work done together while supporting others to contribute to this book. We have retained the voices of the authors in all the chapters and allowed them to share their story as they have encountered in their research, practice and education. This book consists of some great lessons on inquiry-based learning (IBL), reflective practices, innovative approaches in education, decoloniality, community engagement and the role of community engagement in higher education. Also, the book includes papers on death, school mental health, health social work and working with older people, including discussions on cross-cultural practices, migration, criminal justice social work and conversations on decolonising social work research education.

Chapter Summaries

The following summaries provide an overall orientation to the volume:

This chapter is contributed by Prof. Ilango Ponnuswami, Dr. Abraham P. Francis and Dr. Nonie Harris introduces the reader to the concept and the rationale of the book and discusses the significance of the book in the context of international collaborations, resource sharing and capacity building initiatives undertaken by the authors over a decade in India and Australia. During this period, several activities, programmes and research ventures were conducted in both countries with a focus on social work education, research and practice by the authors themselves and many of the contributing authors of this book. Therefore, the introductory chapter paints a picture of the landscape of the contexts, nature of the activities, cross-cultural practices that have occurred during this process of a decade long engagement that not only enhanced our learning and teaching, but also helped us in making long-lasting partnerships, friendships and collaborations.

In Chap. 2, Dr. Venkat Rao Pulla and Dr. Abraham P. Francis endeavour to look at the impetus for social work teaching in India and Australia, two former British colonies. The chapter offers a historical analysis, including the incidental timing of the introduction of the professional educational programmes. The authors review the teaching practices and the pedagogic models in both the countries alongside their standards, accreditation and requirements of learning with a view to discussing the future of social work in both the countries.

In Chap. 3, Dr. Kalpana Goel addresses the importance of assessment feedback in higher education—and undertakes a cross-cultural perspective through the lens of the reflections of an academic's experiences and perception on receiving and providing feedback in a cross-cultural higher education context. The chapter aims to bridge a gap within the cross-cultural context through research to advance best practices in higher education, especially in teaching social work.

In Chap. 4, Dr. Renu A. Shah locates inquiry-based learning—IBL within social work education both in India and Australia. The chapter discusses a set of inquiry-based pedagogies used by the author in her classroom teaching and field practicum processes. IBL requires conscious efforts from educators and also a firm belief in the immense potential of young learners and practitioners is presented here as a new direction to their overall development as a social worker.

In Chap. 5, Dr. Abraham P. Francis and Dr. Amy Forbes discuss the Competence, Confidence, and Compassion (3Cs) of social work education providing a detailed discussion on the need to respond to the challenges facing the sector, and sharing their approach with specific reference to their university. This chapter is based on a collaboration between two academic groups focusing on the role of the social worker as a multidisciplinary team member in the mental health sector. This chapter illustrates the increased need for social workers in the mental health field and how social work students can be trained to become engaged practitioners in the sector. In doing so, the authors have attempted to embed these 3Cs in their curriculum with

an emphasis on collaboration, professional development, student engagement and empowerment.

In Chap. 6, Prof. Ilango Ponnuswami and Dr. Nonie Harris address the complexity of honouring Indigenous knowledge, decolonizing our research teaching while considering the place and value of western research knowledge and theory. They argue that there are no simple responses to these complex considerations and, further, that research educators need to adopt a sophisticated and nuanced approach, focussing on collaboration and critical reflection.

In Chap. 7, Dr. Venkat Rao Pulla describes an understanding and approach to transformational learning and reflexivity. More specifically, the chapter presents explanations around the usage of concepts of reflexivity, positionality, privilege, situated knowledge and perceptions and the intricate relationships between these concepts. This discussion is provided as part of developing a practice framework in social work to build competencies.

In Chap. 8, Dr. Narayan Gopalkrishnan discusses the critical role of community development in social work education by highlighting how we are interconnected and interdependent in our lives. The local and the global are deeply intertwined, leading to complex transnational problems and shared risks that continue to impact heavily on communities. Cultural diversity has been discussed in the context of community development and what lessons could be applied in social work has been discussed in the chapter.

In Chap. 9, Dr. Joseph M. K. and Dr. Elsa Mary Jacob present their recent study on community engagement of Higher Education Institutions (HEIs) in Kerala, India, during the 12th five-year plan period. The study revealed that promoting neighbourhood/community engagement programs have catalysed attitudinal change among the youth as well as the authorities in using the untapped youth energy for constructive and nation-building purposes. This research has potential for practice implications for the profession and portrays the significance of community approaches to research.

In Chap. 10, Dr. Hyacinth Udah examines the importance of decoloniality in social work education in Australia. The author suggests that the inclusion of Indigenous, immigrant and refugee communities' ways of learning, knowing, being and doing is needed for effective social work education and practice in multicultural Australia.

In Chap. 11, Dr. Archana Kaushik talks about death providing some keys ideas around the implications for social work practice based on her recent research study. The author suggests that culture plays crucial role in perception of, and dealing with death. Insights on the needs of death education are derived from the cases in the study keeping in mind the cross-cultural contexts of practice in both countries. Kaushik calls for more palliative care social work activities to be developed and implemented in India and draw from the practice experience form others in the sector.

In Chap. 12, Dr. Sigamani Paneer, J. Raja Meenakshi and Dr. Shuchi Bharti share their work on evidence-based practice and its relevance to social work education. Using a case study approach, the authors discuss the importance of the use of evidenced-based practice in responding to the issues faced in the society and the need to be incorporated in the curriculum.

In Chap. 13, Dr. Saman Afroz draws readers' attention towards social work in health care and by particularly highlighting the history, developments and recent challenges in the health sector and calls for revisiting the fundamental values and ethics of the profession. While acknowledging the health sector in Australia employs a significant number of social workers in comparison to the Indian context, the Australian health social work fraternity is also grappling with its own set of challenges. The lessons from both these contexts provide not only a rich understanding about the health sector but do provide some reflections on the professional experiences of the practitioner which again adds value to our shared understanding.

In Chap. 14, Dr. J. O. Jeryda Gnanajane Eljo, Dr. Ilango Ponnuswami, Ms. Preji. P. Daniel address the critical mental health needs in school. The authors argue that having an evidence-based and scientific school mental health program is beneficial for the wellbeing of young children. The authors suggest that culturally appropriate services are to be designed in such a way that services create an environment of positivity and engagement and the social work profession has a lot to contribute to making this happen.

In Chap. 15, Dr. Vinay Xavier discusses resproductive health. It is one of the important health aspects of an individual, couples and families as well as of global health. This study is initiated to understand the knowledge and attitude of adolescent boys about reproductive health and how social workers can better engage with youth in discussing matters related to reproductive health.

In Chap. 16, Dr. Purnima Venkat focuses on the trend of migration and provides a lens to the struggles of migrants. Migration has an impact on multiple stakeholders both in the location that receives migrants and the location that loses population.

In Chap. 17, Frank Darkwa Baffour, Mark David Chong and Abraham P. Francis discuss the relevance of criminal justice social work practice both in Australia and India. Drawing on from the recent developments and research in this area of practice, the authors argue for further engagement and research. This chapter offers some possible strategies to move forward with an agenda on collaborative training and partnership with organisations from both governments/non-government and academic institutions.

In Chap. 18, Dr. P. Udhayakumar and Dr. Ilango Ponnuswami address gerontological social work practice in mental health: The chapter offers a comparative analysis between Indian and Australian gerontological social work practice. The burden of geriatric mental health, geriatric mental healthcare system and health services utilization between India and Australia are discussed in this chapter.

In Chap. 19, Dr. Beena Antony Reji shares her research experience with older people and the need for social work interventions in promoting advance care plans. This chapter looks into the emerging trend of planning one's own death with family and medical professionals, especially in an Indian context. This research chapter is based on qualitative data collected by interviews conducted with older persons which illustrates the role of the social work profession. There is a need to face, confront and prepare for death just like society prepares for all life events and happenings. The preparation to death is in the context of, medically and socially, how do we prepare for the "End of Life" situation. It is important to plan for death; this planning is

also called 'advance care planning'. This has been discussed by incorporating voices from the research participants, and the thematic analysis provides a bird's eye view of the issues faced by older people and highlights the significance of advance care plans.

In Chap. 20, Dr. Abraham P. Francis, Dr. Ilango Ponnuswami and Dr. Hyacinth Udah conclude with some reflections for the future social work education, research and practice in the context of post-COVID-19. This chapter is a celebration of ideas, insights and reflections on social work and is further strengthened by the views and voices from academics, practitioners and researchers in responding to the challenges faced by humanity post-COVID-19 world. While there are some sobering views, the readers are made to think creatively and reflectively to come into terms with reality and see the possibilities that await the social work profession.

This book is an ambitious task, but it is something that we thought to share with readers to see a new perspective that is emerging and make meaning out of the explorations that you might endeavour to do in your respective areas of practice.

Concluding Remarks

Learning is a continuous process that occurs in many ways—learning by doing, learning by seeing, learning from mistakes and learning from successes. When we compare India and Australia, we see differences in economic and social development as a result of which even social work practice contexts show differences. One suggested move could be improving practice standards in the Indian social work context. Another suggestion could be utilizing some community practices from the many tribal and rural communities in India and blending them with the Western practice. National-level association such as NAPSWI in India has a task of ensuring that the standards are created in the first place and then adhered to.

Finally, the final draft of this book was completed in the midst of the COVID-19 pandemic, witnessing its overwhelming effects across the world. As social workers, we wonder about the post-COVID-19 world—what will this new and potentially profoundly changed world look like? What are the opportunities for social work education, research and practice? It is our hope that the contributions in this book can make a modest, but real, contribution to a new vision of social work practice.

References

Baikady, R., Pulla, V., & Channaveer, R. (2014). Social work education in India and Australia. *International Journal of Social Work and Human Services Practice, 2*(6), 311–318.

Bharathidasan University. (2020) *About Bharathidasan University.* Retrieved from https://www.bdu.ac.in/about/about-the-university.php.

Department of Foreign Affairs and Trade. (2017). *Australia-India Council Strategic Plan 2017–2020.* Australian Government: Canberra.

Francis, A., La Rosa, P., Sankaran, L., & Rajeev, S. P. (2015). *Social work practice in mental health: Cross-cultural perspectives*. New Delhi, India: Allied Publishers.

Harris, N., Miles, D., Howard, E., Zuchowski, I., King, J., Dhephasadin Na Ayudhaya, P., … Puthantharayil, G. (2017). International student exchange in Australian social work education. *Australian Social Work, 70*(4), 429–440.

Ilango, P., Francis A. P., & Harris, N. (Ed) (2013). *Scientific Writing and publishing in Social Work*. Niruta Publications, Bangalore.

James Cook University. (2019). *Statement of strategic intent*. Retrieved from https://www.jcu.edu.au/__data/assets/pdf_file/0009/118683/Statement-of-Strategic-Intent-May-2019.pdf.

Ponnuswami, I., & Harris, N. (2017). Teaching research methods to social work students in India and Australia: Reflections and recommendations. *Social Work Education, 36*(6), 690–701.

Chapter 2
Social Work Education in India and Australia—Examining the Colonial Beginnings, Exploring Challenges and Possibilities

Venkat Rao Pulla and Abraham P. Francis

Historical knowledge plays an important role in the development of social work identity. Yet there has been little analysis of the historical literature on social work and social workers…
Philip Mendes (2005)

Abstract In this chapter, the authors endeavour to look at the impetus for social work teaching in India and Australia, two former British colonies. The chapter offers a historical analysis, including the incidental timing of the introduction of the professional educational programs. Both countries had a reasonable history of social welfare provision-before the advent of rather British social work into Australia, and similarly, the American social welfare certification lunged into India. Here we review the set-up of the pedagogic models in both the countries alongside their standards, accreditation and requirements of learning. The authors having taught in both countries for a significant period of their work-life identify the challenges social work education in both countries and offer some suggestions for futuristic action.

Keywords Social work education · Best practices · Social work policy · Globalization

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Introduction

In this chapter, we are looking at the ways Social Work Education (SWE) was shaped in the two formerly colonial, commonwealth countries within the Asia and the Pacific, i.e. India and Australia in which the Asian and Pacific Association for Social Work Education (APASWE) currently has 283 member departments and schools that are spread across over twenty countries. In many Asian countries, SWE is called Bachelors of Social Work (BSW) and is taught for three years. APASWE claims that in China over a hundred universities and colleges offer social work training, and it appears that BSW is gaining popularity as institutions offering BSW are rising. Vietnam began with three BSW programs while Japan has over a hundred and forty bachelor's level schools and over eighty master's level programs. Within South East Asia, there are ten departments that offer SWE in Malaysia. Philippines, Australia, Singapore and India had SWE programs for several years.

SWE in India has competed over 70 years. SWE in India is offered in many universities and private colleges. An excellent definition of social work widely utilized globally is available from the International Federation of Social Workers (IFSW, 2014). Social work practice skills are put to use in building social cohesion and empowering individuals, groups and communities (Hare, 2004). The theoretical knowledge for SWE is drawn from social and psychological sciences, humanities and indigenous knowledge that were available. Social work grew out of philanthropic thrust in many societies. The yearning for equitable goals and human rights draws adds into a practice profession and to begin with, and it seems that it was more of an activist profession.

The National Association of Professional Social Workers in India (NAPSWI), defines social work rather comprehensively as follows:

> Professional social work is based on democratic values, humanitarian philosophy with central focus on the human relationships and human dignity in India. The profession of social work draws its strengths from indigenous wisdom, constitutional commitment to equality, social justice and human rights and scientific knowledge base. Its professional practice contributes to Marco level understanding and policy change while continuing to focus on people at individual, group and the community levels. As a practice – based profession its interactions enrich institutions and systems at all levels through culturally responsive interventions that aim at individual and social wellbeing. Its central concerns are empowerment of vulnerable, oppressed and the marginalised sections of our communities and as a practice it endeavours to partake in social change, sustainable development through participatory and collaboratory processes with people in need institutions and the state. (NAPSWI, 6th India Social Work Congress 2018)

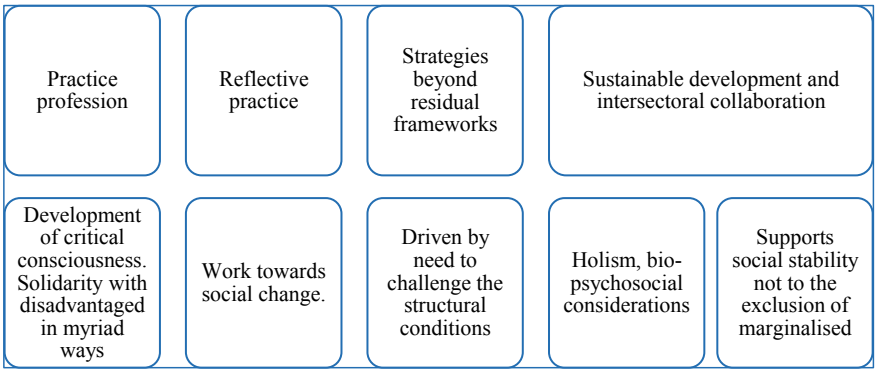
Social workers were primarily motivated to deal with societal injustices that were being committed in the wake of all economic activity. As an endeavour to lighten the burden of destitution and work for the defenceless and persecuted individuals or care for the orphaned and the neglected, social work began to produce a voice for the underprivileged. What began as a calling began to build and work for the maximum capacity of people in need and to uplift people from their impoverishment? A number of agendas confronted the early social workers world over and in

fact some of these elements continue to exist even in today's world despite the level of economic development many societies have reached. Destitution, joblessness, underemployment, lack of protection for children, child prostitution, lack of healthy sustenance and lack of primary health care in many nations continue to plague the world. Thus, social work began its work with people in need, institutions groups and communities, and even at policy-making levels with the governments. Overtime SWE has become more complex, introduced critical perspectives, evidence-based practices thus calling for more skills, more understanding and renewed knowledge and philosophies to take care of the emerging needs of the same humanity. The IFSW (Hare, 2004) with its membership from over 140 nations is considered as an organization that expresses solidarity with the several hundred schools that exist in these countries. In many countries, there are social workers who have given themselves to international concerns, grass roots solidarity, equality and recognizing diversity that exists in the world, working with core contents, philosophical underpinnings irrespective of the pedagogic practices. Many social workers even in the developing countries such as India have openly voiced their concerns around human rights violations in other third world countries and have actively partaken in forums such as Amnesty International, through letter writing campaigns and also through online advocacy platforms.

The first author can recall collective work of professional social workers meeting and campaigning for the release of Ms. Aung San Suu Kyi (the Nobel Peace Prize Awardee 1991) and also extending support to her work and her struggle for bringing democracy and stopping violation of human rights in Burma, now known as Myanmar. It is certainly a different story today that a protagonist of non-violence and peace, while yielding so much power in her nation has chosen to brashly assist militia to neck out Rohingya Muslims of Myanmar, while serious atrocities are being committed on these people (BBC, 23 January 2020). Often working in the developing world, particularly India orchestrates a reading that we came across around global agenda in social work. Within South Asia, including India, this process at times compromises the full appreciation and working in the human rights sector (Nikku & Pulla, 2014).

It is interesting to note that there isn't a universal pattern of SWE, as authors we do not expect there would be one. Although, the global standards for SWE developed by the International Association for School of Social Work (IASSW) and IFSW seem to provide the necessary guidelines for SWE and its practices all over the world. Some common features that resonate with concerns, approaches and mandates expressed in several countries around the world are presented below.

The contours of Social Work accepted worldwide



The above features are visible in both Australian and Indian social work. We highly recommend revisiting the central ideas of the global definitions of social work (IFSW, 2014). Clearly, global definitions arouse out of several years of deliberations and the global agenda seemed to appear with 'a twin process of internationalising social work on one hand and simultaneously increasing the ability to responding to the local priorities and needs on the other' (Nikku & Pulla, 2014, pp. 378).

The Colonial Beginnings in Two Nations

'Historical knowledge plays an important role in the development of social work identity. Yet there has been little analysis of the historical literature on social work and social workers in Australia' (Mendes, 2005, p. 121). This holds good even for India. Ironically, this is something that the pioneer chroniclers and clerks of the British administration were never good at. In India, it ought to do more with the servility of the chroniclers that were satisfying the British legion that in the first instance directed them to write and dished out purposively mediocre accounts, that ultimately passed off as history, that could ever be described as pre-British or prior to the East Indian Company's establishment in India. With India perhaps, it is understandable as there has never been a whimper or protest towards the official historian as and when he left with the British Raj, all he left was a wad of papers Indians were in awe that something has been written. Particularly, the first Prime Minister Nehru who was educated at the Harrows School, UK, appeared to have shown only admiration

for the British all through. Interestingly, India and Australia have a great history of welfare work attributed to organized philanthropy and work by the religious in addition to setting up of public and private charities. With India, one needn't go to Indus Valley Civilization or the epic periods of Ramayana and Mahabharata, even the Moghuls whom the British confronted who too were alien to India had reasonable welfare provisions and what would eminently be described as directives of social policy administration. Long before the British came to India, there was a history of social work, of community welfare and myriad forms of social welfare under the 584 Princely States depending upon the generosity, estate riches and coffers, of those Chiefs and Maharajahs. With Muslim alien invaders like the Moghuls, there was Zakat, while with the Hindu Kingdoms there was charity around all festivities in addition to organized welfare. The British, before the Partition of India in 1947, brought in all Princely States, to collect taxes and provide them some form of public services. British ruled India between 1757 and 1947. It is said that when the British were ruling India, there was never any increase in the per capita income of the country as their profits and transferring wealth to the Queen was prioritized over the people in the colony (Mcquade, 2017). It is further documented that

> during the heyday of British rule, or the British Raj, from 1872 to 1921, Indian life expectancy dropped by a stunning 20 per cent. By contrast, during the 70 years since independence, Indian life expectancy has increased by approximately 66 per cent, or 27 years. A comparable increase of 65 per cent can also be observed in Pakistan, which was once part of British India. This is a striking fact, given that, historically speaking, the Indian subcontinent was traditionally one of the wealthiest parts of the world. (McQuade, 2017)

In the context of Australia, McMahon (2003) was critical about the narrow, imperial focus of the social work historians who contributed to the modest social welfare history of Australia. McMahon cites historians John Lawrence, (1965 as cited in McMahon, 2003) and Brian Dickey (1980 as cited in McMahon, 2003) that seemed to have addressed history of social work as a profession Australia, but covered only the nineteenth and twentieth centuries. McMahon suggests that harbingers of SWE in Britain and the USA, the Charity Organization Society and the Settlement Movement, were principally effective in the Australian context (McMahon, 2003). He further contends that observers of British social work history need to see that Australian social work beginnings actually had a different story to tell in terms of embracing the models of charity (McMahon, 2003). A trend in historical writings in Australian history until the late 1970s appears to be its rather narrow imperial intent. Stannage seems to have described this trend as remaining typically as English, protestant, male and filled with nonchalant racial superiority, possibly espousing powerfully linked ideas of progress which undergirded the British rule (1995, p. 99, as cited in McMahon, 2003).

Within the purview of such thinking, only imported and preferably British practice was considered authentic. This imperial stance received a sharp critique of social work from Richard Kennedy who saw Australian social work emerging from conservative British thinking and he even suggested that even welfare organizations in the initial era in Australia were modelled on similar grounds of what he called 'the Old Country'. He further saw Australian social work as mere franchise of British social work (Kennedy 1985, as cited in Mahon, 2003, p. 86).

Contours of Social Work in India and Australia

In both countries, SWE engages with people and social structure and institutions. Equally, SWE in both countries addresses IFSW overarching goal of wellbeing and the myriad challenges that come with life on an everyday basis. Australia built its social work and developed its social work teaching and training on such experience and surely was equally influenced by shaping of social welfare in the Britain. Monani writes that 'In Australia, social workers were historically trained on the British model that embodied the social causes of poverty, shifting away from the clinical American model. Based on the underpinnings of the British model, Australian social workers played a key role in reforming the welfare sector from the historic charitable distinction between the 'deserving' and the 'undeserving poor'' (Monani, 2018, p. 88). Whereas in India, all history was weirdly wiped out and none of the early institutions of learning of social work have any record of the indigenous traditions and the Indian history of charity nor paid any heed to any traditional methods of welfare work that prevailed before the advent of the East India Company.

The year 1936 is the landmark year for India when SWE was launched at the Tata Institute of Social Sciences; while in Australia, it was initiated at the University of Sydney, in the state of New South Wales, four years, later. There seems to be different accounts of this historiography of SWE in Australia, suggesting that Adelaide may have started in the 1920s possibly around 1926. In Australia, the practitioners that come out of the schools of social work are eligible for membership of the Australian Association for Social Work (AASW). The AASW also authorizes course work contents and does play a prime role in accreditation of the courses brought out by the university. While in India, it is the University Grants Commission (UGC) and the National Accreditation and Assessment Council (NAAC). Although of recent origin an effective Professional Social Workers Association, called National Association of Professional Social workers in India (NAPSWI) headquartered in Delhi exists and has been meeting the needs of membership from social workers in India, since its inception in 2005.

In Australia, the first professional social workers were hired in the 1920s from the USA (Camilleri, 2005). SWE began in Australia in 1940 at the University of Sydney. Until about 1960, the inspiration and support seem to have come with the existing British connection with some of the older schools of social work in the UK. Soon it came under the slowly emerging US influence. Thus, it is quite obvious that perhaps until about the eighties the Australian SWE remained very much an imported product. Critical writers lamented at the lack of Australian capacity to write its own curriculum having capacity and also building up its own cultural theory and practice that is relevant (Camilleri, 2005). In the last twenty-five years, Australian social work appears to make some Asia Pacific linkages and also began working with indigenous and Maori populations within Australia and the New Zeeland.

The Australian pedagogy appears to follow a generic pathway and prepares graduates with an expansive scope of abilities. India on the other hand gave into an opportunity of some sort of specialism that offers non-exclusive and concentrated course work to social work aspirants in some schools. Surprisingly in both countries, the enrolments in schools or departments do not appear to be tied to any sound data in terms of how many social workers are required by the state or non-governmental sector. Significant forecasting exercises have not commenced in terms of social welfare manpower requirements. Supervision standards are common to students undertaking course work in both countries. However, there is an expectation that the new graduates receive some supervision provision from the employee in their first job in Australia.

Terminology of self-regulation, continued professional development (CPD) proficient advancement and utilizing other supervision methods such as peer supervision and group supervision have become common in Australia. Both nations have some standards. Currently, Australian Social Work Education and Accreditation Standards, 2020 (ASWEAS), checks attainment of goals in social work programs in Australia. Although there is some talk about the University Grants Commission (UGC) in India being replaced, it is this body that provides a format in which the curriculum including special subjects or thrust areas can be embarked upon by universities that offer social work programs. As mentioned before, NAPSWI is the largest association for practitioners, academics and students and also for the schools of social work offering membership, guidance, continuing training opportunities and policy guidance to both state and federal government on emerging issues and concerns in social servicing, in India.

There appears to be a number of commonalties between the tasks between the professional organizations, NAPSWI in India and AASW in Australia. Both organizations significantly present themselves in international forums in social work such as the IFSW. As membership-based associations, they have come into existence as a result of professionals with shared values and common interests (Pulla, 2019). Common to both is its membership with an expressed need for solidarity, review and support for their ongoing work (Pulla, 2019).

A comparison of services of NAPSWI and AASW is presented here.

NAPSWI—India	AASW—Australia
Annual Membership for Students	Annual Membership for SW
Annual Social Work Congress	Annual Social Work Conference
Best paper Awards (peer reviewed category in Congresses)	Branch/State Conferences
Best Student Paper Award	Book Prizes for High GPA
Books	Conference Abstracts
Conference, Abstracts, Papers and Proceedings	Disqualified Member search by public
Ethics Manual	Ethics Manual
Global Awards for Social Workers of Indian Origin	Journal
Gracious Membership—for over 60s	Member enquiries by Public
Journal	Membership Certificates
Life Membership for Social Work	One Special Lecture
Life Time Achievement Awards	Public Website
Membership Certificates	Retired half fee Membership
Social Work Definition	Social Work Definition
Social Issues Comments and Advocacy (Occasional)	Social Issues Comments and Advocacy (regular)
Special Lectures	Student- Fieldwork Practice & Student membership
Young Achievers Award for Practitioners	Ten, Twenty, thirty years membership certificates

Table prepared from Strategic Review of NAPSWI, 2019 Report (Pulla, 2019)

Social work in Australia is still funded by the government wholly and even if it is handled by the not-for-profit sector. The private practice social work occurs in mental health setting greatly and once again the people who receive services are subsidized by the governmental health insurance rebates. In the last three decades, the profession has experienced changes in two different directions. One is a pull towards a more managerial, professionalized model. Even in community sector, it is funded wholly by the government the rigmarole is the same as bureaucracy. Since the 1990s, Australian social work struggled to respond to the growing individualism on the one hand and destruction of collectivism on the other (Wallace & Pease, 2011). Neoliberalism and managerialist agenda have also pushed Australian social workers through much discomfort. Although, the entry of standpoints and theories with feminist, ecological and critical social work has provided much relief for at least the thorough process of social work to be kept alive and where it is possible to respond more discerningly. Neoliberalism impacted and influenced across a number of areas in Australia including the ways in which social delivery practices have been impacted. Literature suggests that 'the structural impact of neoliberalism on social work, several studies highlight the effects of neoliberalism on social workers' vision, practice knowledge, skills and relationships' (Wallace & Pease 2011, p. 136).

Historically, Australia took pride in a welfare state but in the last thirty years solid indication of 'dismantling, restructuring and fiscal strangling as part of neoliberal ideas and practices' seems very evident (Wallace & Pease 2011, p, 134). Similar trends have been noticed in the USA and the UK as well. Many expected that the globalized capitalism would lessen the nation state's control of its prowess and control. Instead, it appears that the nation state became transparent to multilateral transactions and adapted to accept numerous nations and cultures within. Social work in Australia is defined as

> a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. (AASW, July 2014)

Social work has been for the most part not a revenue-driven profession in Australia, with private practice is still not very popular. The profession encountered changes in two unique ways over the most recent 30 years. Firstly, it became pretty much an administrative, professionalized model, with heavy infusion of managerialist agenda. Secondly, the state has given away many areas of welfare administration and to the non-state sector and private bodies. Progressively with more of compliance agenda entering into the schema of welfare compassion and thrust for creative and people centric solutions seem to be disappearing.

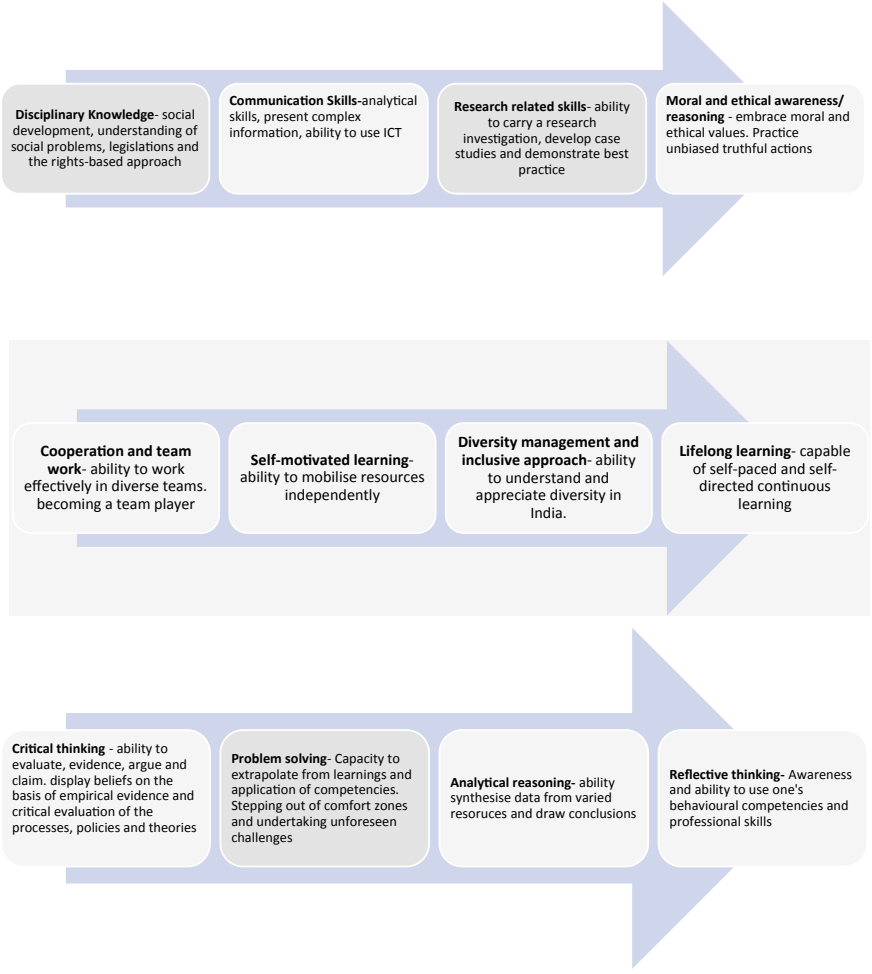
Verifiably, Australia has advanced a remarkable government assistance framework however with government assistance showed more changes in the late 1990s, showing its embracing of values of economic globalization. Australia too reduced and moved major public investments into the private sector and as a consequence of impending impacts on human resources moved large chunks of welfare provisions from public to not profit but private systems.

Social Work: India and Australia

In India, SWE is offered as a bachelor (BSW) three-year program and as postgraduate degree (MSW, MA) which is a two-year program. The acquisition of a prior degree is an entry requirement for the postgraduate program. The fundamental goal of the BSW degree is to prepare social workers with skills to work with individuals, families, groups and communities. The postgraduate SWE offers more opportunities beyond the generalist practice and is geared to open employment and training in social welfare administration, policy including policy research, mental health counselling, some managerial and supervisory positions and also offer a range of

specializations. Aspirants of SWE appear for an entrance test, and some of these tests are held nationwide. In addition to written tests, some schools that offer SWE also hold group discussions and interview and aptitude tests. The curriculum and the educational plan of the social work training vary significantly throughout the country while the core contents of the educational design and the fieldwork segment remains the same. The postgraduate course in SWE requires 80–90 credits spread across a typically structured with two semesters a year. Out of the total number of credits, 1/3 is reserved for fieldwork. India offers specializations in their master's degree programs, and these are criminology and correctional administration, human resource and personnel management, community development/social development and medical and psychiatric social work and family and child welfare and tribal development. Additionally, combinations with public health and disaster management are also becoming quite popular. The master's level course also is tied with an additional requirement of upto 30 days of continuous block field placement in some master's SWE. Of late employment, both in the private sector and the government are on an increase in India. According to the strategic review of NAPSWI (2019), roughly over 31,560 students graduate from schools of social work in India, each year. The scale at which graduates come out with BSW and MSW degrees is superb. The sheer canvass of schools and departments of social work in India in 2016 was 526 (Pulla, 2019).

The Indian SWE following the guidelines of the University Grants Commission (UGC) has introduced the learning outcomes-based curriculum framework (UGC, 2019) which is based on uniqueness of each aspirant of social work. Each student in SWE brings his or her own characteristics in terms of previous learning levels and experiences, life experiences, learning styles and approaches to future career-related actions. The quality, depth and breadth of the learning experiences made accessible to the students, therefore are expected to develop further their characteristic attributes. Thus, the graduate attributes (GA) reflect both disciplinary knowledge and understanding, generic or core skills, including global competencies that all students in different academic fields of study need to demonstrated in practice (UGC, 2019). Some of the characteristic attributes that after obtaining SWE the graduates ought to demonstrate the following attributes drawn here.



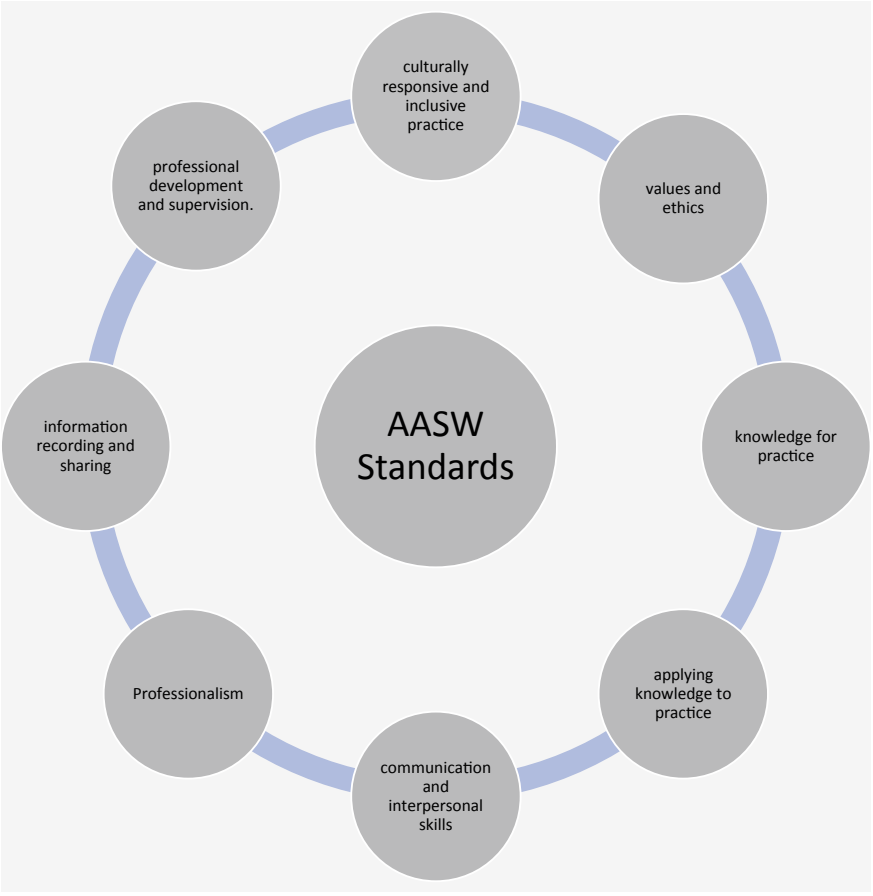
The information in the above three arrow diagrams has been adapted from learning outcomes-based curriculum framework (LOCF) document (UGC, 2019).

Australian Context

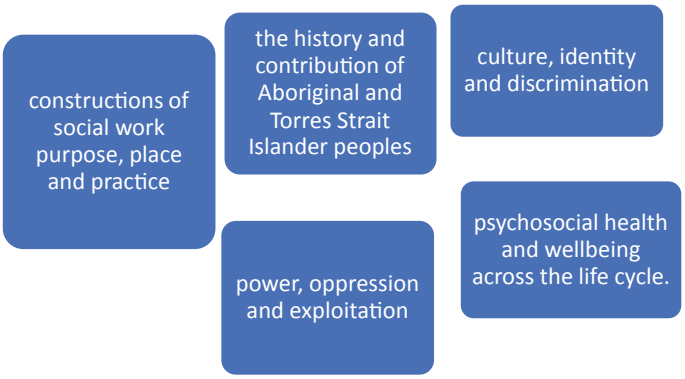
In Australia, a bachelor's degree in SWE is of 4 year duration and satisfactorily qualifies and introduces an entrant into social work realm. The AASW has clear expectations that are prescribed to schools and institutes that provide SWE. Membership of AASW is not mandatory, but obtaining SWE from one of the accredited institutions makes an aspirant of social work eligible for membership of AASW. Of late employers look forward to seeing its social work manpower holding membership

of AASW, and in some case some federal and state government employer began insisting on holding a professional membership. Social work agencies in Australian expect that its workers are qualified and be eligible for membership of the AASW. As AASW membership isn't mandatory, we have no data as to how many social workers are employed in the government and in the NGO sector. Most immigrant social workers whose qualifications are recognized by the AASW continue to hold their membership of the professional association.

The profession-specific graduate attributes (GA) are prescribed in eight domains of practice specified in the AASW practice Standards (2013):



Curriculum for social work graduates at all relevant Australian Qualifications Framework (AQF) (ASWEAS, 2020) levels must demonstrate that it includes the contents that broadly can be brought under.



The teaching of each of these core curriculum areas must include a clear reflection of the immediate relevance to social work practice and teaching to the aspirants. Teaching must also prepare students with the skills, values and attitudes essential for the effective demonstration of knowledge and thought into professional performance (AASW, 2013).

Field instruction is integral of Australian social work education. In Australia, providers of training depend on field professionals offering their expertise and mentoring to the students placed for fieldwork. Often in turn the student assists and undertakes small projects or specific caseloads which are helpful for the agencies as well. The focus of the ASWEAS is on outcomes and graduate attributes, and the AASW requires that the following specific curriculum content be included in all social work programs.

Australian social work subscribes to the international practice guidelines for fieldwork practice, which suggests that students ought to have the chance to increase a comprehension and appreciation for the experience of people, in various trainings and settings.

Registration is a common issue across many countries, and Indian and Australia too seem to be actively addressing this issue. Unlike the USA, there is no system to licence or registration of SW practitioners in India as well as in Australia. Since 2010, the registration of the profession has occupied centre stage agenda for AASW. Successive national presidents and CEOs of the AASW have been campaigning and meeting relevant ministries in the federal government. AASW has endeavoured to accomplish registration and protection of the title for professional social workers that offer public safety and also to demonstrate AASW commitment to safe and ethical practice. Often graduates with social sciences background and psychology background are asked to apply for positions that require social work skills in India, and NAPSWI has been at the forefront of representing the profession and attempts to correct the perceptions of the central and the state government bureaucracies.

In Australia, the National Registration and Accreditation Scheme (NRAS) has been setup in the year 2010. In Australia, it is only the government authority which oversees the regulation of qualifications, standards and practices for people who practise in health and allied health areas. The Australian Health Practitioner Regulation Agency (AHPRA) is the registration body that looks after the operationalizing the Health Practitioner Regulation National Law that was introduced in 2010. The Australian social worker despite AASW accreditation is currently excluded from the NRAS along with other such as speech pathologists, dieticians' audiologists, sonographers, orthotic prosthetists, exercise and sports scientists. Indian social work education is accredited by the University Grants Commission and the National Accreditation and Assessment Council. Due to the diversity and also distance across the country, the accreditation process is a challenge by itself. The latest UGC recommendations for curriculum (2019) that articulated graduate attributes (GA) seem to take care of disciplinary knowledge and understanding, alongside core skills and global competencies that all students in different academic fields of study need to be demonstrated in practice There is also yet another issue concerning the accreditation of distance education program in SWE in India and ensuring that programs that are taught face to face are matched through curriculum and requirements. NAPSWI, the national body of social work has formulated a code of ethics for practitioners and is in vogue currently.

In both countries, there is a clear understanding as to what constitutes work in the human rights sector, although avenues to practise subversively seem to be popular with graduates in both the countries in this arena. In the more recent times, the profession, through its association AASW, has taken to making social comments when violation of human rights is apparent including in issues such as refugees and asylum skeeters. The social activists across the world are not necessarily graduates of social work and that is a tragedy. With such professional skills, years of practice and commitment to social change agenda, the graduates of SWE are good candidates for social activism. However, this is a neglected area of work and is not favourably looked at by both central and state governments. Tension continues to prevail between social work and social activism. We seem to be preparing social workers to man the systems, work in comfort and work for a wage. While there is nothing wrong in working for the government or working for a wage, the trends in both the countries

are to cause social change and make meaningful inroads into justice and human rights; however, a typically bureaucratic, managerialist and therefore minimalistic human service management seem to be the flavour of the day.

Corporate social responsibility (CSR) has become the buzz word in India. Arguably, Mahatma Gandhi, the father of India's freedom decades ago, conceived this notion when trying to free India from British Colonialism (Pulla, Nayak & Walke, 2017). In modern India, most CSR-related projects have been turned into launching pads for many that acquire SWE. Several new schools in India have benefited from the attention in social wellbeing by the government agencies and expression of interest into CSR projects from a variety of industries.

Some Common Challenges

In this final section, we will discuss some of the challenges that we have identified out of our experience in SWE in India and Australia having taught in both countries for significant period of our work life. The common challenges in both the countries relate to how much can we pack into curriculum design; who should be supervising field practice? Can we outsource this away? What ought to be social work research so on and so forth and for those academics that research in social work, how do they compete for research grants to support their welfare and human rights agenda?

In Australia, an important challenge relates to the awareness and understanding imparted in the areas of Indigenous and Torres Strait Islander people's development. There is still an uneasy feeling that lurks around that not much is happening and what is in place is tokenistic with limited fieldwork practice opportunities. Devaki Monani recently remarked that 'the emphasis in training on cultural competency has often caused white social workers defensible distress' (2018, p. 89). Although the white Australia policy has been lifted, Australia is still very white. This is similar to the discrimination that prevails in India around the scheduled castes or the -ex untouchables. The Constitution of India guarantees equality before law and expects all states not to discriminate against any citizen on grounds of caste, and untouchability is abolished and its practice in any form is forbidden. Yet we find it in common place. In the Indian context, (as part of South Asian region) criticism that Indian SWE is very much tainted by the west emerges several times (Pulla, Das & Nikku, 2020). A recent study, 'instantly rejected the claims of certain bogies that western influence is solely responsible for lack of cultural appropriateness within the curriculum' (Pulla, Das et al. 2020, p. 40). The cultural diversity present in India is stupefying. India has been the melting pot for its people that display varied ethnicities with more than two thousand ethnic groups, 1652 mother tongues, 22 official regional languages in 29 state and seven union territories (Pulla, Carter & Bhatt, 2020). To a large extent, the growing diversity in Australia with newly settling communities and their initial difficulties in the settlement in a new country seem to challenge both fieldworkers in social work and also set new tasks before curriculum development. The effects of racism are knowingly disregarded by creating theoretical frameworks that examine

cultural competency in the SWE discourse (Monani, 2018) Australia is seen as racist society. Limited interactions seem to take place in the space of cross-cultural understanding, and the onus is shifted to people from other cultures to assimilate quickly or explain themselves. Such a situation is rather unhelpful for skilled immigrants' category or people who have come through refugee category. The multicultural rhetoric appears to translate a lot less, and some proactive work directions are required from social work to bridge between the mainstream and the immigrants on a regular basis.

The idea that India is a raceless society is a myth. India has a legal framework that assures racial equality. However, there was no evidence that any legal arrangements have been useful in preventing the incessant assaults on North Eastern young people in the metropolitan cities of India in the last decade or more recently during the Covid pandemic. Their mongoloid facial features are a source of discrimination by the rest of the folks in Indian metropolitan cities and small towns (Pulla, Bhatt, & Bhattacharyya, 2020).

Trajectories and outcomes of racialized and dehumanized behaviours including the 'othering' of internal migrants in India reflect the global patterns of racism and the variety of forms that racial states take today (Pulla et al., 2020). Within the Australian context, Monani critically commented that 'With the lack of academic research focusing on the critique of white social work and its relationship with Australian multiculturalism, current and future students of social work are at considerable risk of losing out on contemporary debates in Australia on race, multiculturalism and the social work response to the changing face of Australian society' (Monani, 2018, p. 94).

Non-availability of professionally training social workers in welfare settings is a concern in India as well as Australia. Within Australia, this is met through appointing additional supervisors from practice or by appointed academics only for supervision of field practice. Lack of proper text books by Indian writers and limited social work research undertaking by the social work fraternity in India threatens the quality of SWE. Likewise in Australia, there is limited engagement of teaching fraternity in field agencies and not many members of the teaching fraternity demonstrate participation through field agency-related applied research. This widened 'gap between research and teaching and learning practice requires immediate attention. It is an irony that most of the research is becoming a subject to be shelved in the libraries of the respective institutions rather than applying the findings in the teaching and learning practices. Observations further unveil that no priority is afforded to social work research within the academia particularly in the context of the contemporary issues of social work' (Baikady, Pulla, & Channaveer, 2014, p. 311). In Australian SWE, delays in human ethics clearance seem to be the reason why qualifying postgraduate research projects do not seem to receive priority unless the student is undertaking MSW by research. Among other urgencies, rural social work and environmental social work are priorities in both countries, and surprisingly we see limited rural field placement engagement in Australia unless the schools themselves are in smaller cities. Thus, more social work field practice in rural context may also sensitize and enthuse aspirants to consider rural employment. Common to both countries has been a colonial past that has practically ignored the local realities; therefore, it is possible

to conceive joint projects of review in social work curriculum, nature of problems, the practice ethics and the conduct of social work education by distance education within these two nations, and in both countries it may be possible to build a core curriculum for SWE that could work in local, national and in global contexts. Social work suffers greatly from inadequate funding for research and development in both countries. India particularly needs to upskill its staff across multitudes of its colleges where social work is offered and some forms of continued professional education. Australian universities in their SWE seem to have slowly moving into a mixed mode of delivery of curriculum. While some universities have exclave distance education mode as a method of SWE delivery, others in the current climate of the Covid pandemic seem to be adjusting quickly towards offering in online formats. India has witnessed a fantastic growth in the institutions of SWE but the current pandemic has also put several of them through much strain due to lack of trained staff in distance education, lack of formats except in some federally funded universities and also lack of Internet supply and bandwidth in many small towns.

Some leading Australia universities recently started acquiring educational designers in a big way and discarding from only posting reading material and keeping some form of discussion board available for students to communicate. The use of media including social media creatively is needed in this space, and the current pandemic has forced everyone to think about this with imagination and creativity. Teacher orientation with educational media designers must be a compulsory activity and must be reviewed every semester or after completion of each unit or course subject. This is clearly an area for collaborative review in Australia and also in India to produce distance education in social work that would be more effective to advantage distance education on par with classroom teaching.

SWE in Australia has shown limited attention to the diversity in contemporary Australian society, and many social workers have a limited understanding of migrants and their issues and concerns. Likewise in the context of social work with indigenous people, much of that is based in classroom context and very limited field placements making it difficult for critical appreciation of their realities and identifying solutions for indigenous concerns and issues from the community's perspectives. There is limited evidence of respect to indigenous culture and tradition shown in the practice of social work. While some content is offered on indigenous Australians the colonial history in some universities, as a practice it is still white social work and very prescriptive. Students have limited access likewise to even the regional Australian realities. In our opinion, this is an unchartered territory. Common to both nations is a limited proactive engagement of professional bodies with the government and the social work sector and the educational institutions. Yet another common tendency is to find very few practitioners among the teaching cadres in the universities increasing the divide between practice and teaching, and finally the appalling orientation of a significant number of social work practitioner and teaching community members that do not see the need to belong to professional bodies such as National Association of Social Workers in India (NAPSWI) and AASW in Australia. Professions in these

two countries will grow only when the educators, practitioners and the government and the non-government build a platform for professional conversations, promotion of social work values that will uplift and build resilient communities.

References

AASW. (2014). Practcie Stadarards. https://www.aasw.asn.au/document/item/4551.

Australian Social Work Education Accreditation Standards (ASWEAS). (2020). Australian Association of social workers. https://www.aasw.asn.au/document/item/6073.

Baikady, R., Pulla, V., & Channaveer, M. (2014). Social work education in India and Australia. *International Journal of Social Work and Human Services Practice, 2*(6), 311–318. https://doi.org/10.13189/ijrh.2014.020616. https://www.hrpub.org/journals/article_info.php?aid=2073.

BBC News. (2020). Aung San Suu Kyi: Myanmar democracy icon who fell from grace. https://www.bbc.com/news/world-asia-pacific-11685977.

Bhatt, S., & Phukan, D. (2015). *Social work education in India: A resource book*. Alter Notes Press.

Camilleri, P. (2005). Social work educations in Australia at cross roads. *Portularia, 5*(1), 171–184.

Hanlen, P. (2011). Community engagement; managers viewpoints. In C. Noble & M. Henrickson (Eds.), *Social work field education and supervision across Asia Pacific* (1st ed., pp. 223–229). Sydney: Sydney University Presses, University of Sydney.

Hare, I. (2004). Defining social work for the 21st century: The International Federation of Social Workers' revised definition of social work. *International Social Work, 47*(3), 407–424.

International Federation of Social Workers (IFSW). (2014). Global definition of social work, International Federation of Social Workers. [online] Available at: https://ifsw.org/policies/definition-of-social-work/.

McMahon, A. (2003). Redefining the beginnings of social work in Australia. *Australian Association of Social Work and Welfare Education Conference, 1*(1), 1–12.

McQuade, J. (2017, September 27). https://theconversation.com/colonialismwas-a-disaster-and-the-facts-prove-it-84496. Retrieved April 15, 2020, from https://theconversation.com/colonialismwas-a-disaster-and-the-facts-prove-it-84496.

Mendes, P. (2005). The history of social work in Australia: A critical literature review. *Australian Social Work, 58*(2), 121–131. https://doi.org/10.1111/j.1447-0748.2005.00197.x

Monani, D. (2018). At Cross roads: White Social Work in Australia and the discourse on Australian multiculturalism. *Cosmopolitan Civil Societies: An Interdisciplinary Journal, 10*(2), 79–90. https://doi.org/10.5130/ccs.v10i2.6077

NAPSWI. (2019). Napswi Strategic Review, Venkat Pulla. http://www.napswi.org/napswi_strategic_review.pdf.

NAPSWI, Definition of Social Work. (2018). 6th Indian Social Work Congress at Delhi. https://www.napswi.org/index.php.

Nikku, B. R., & Pulla, V. (2014). Global Agenda for Social Work and Social Development: Voices of the social work educators from Asia. *International Social Work, 57*(4), 373–385. https://doi.org/10.1177/0020872814527633

Pulla, V., Nayak, V., & Walke, K. (2017). Contribution of Gandhian thought to corporate responsibility. *Space and Culture, India, 4*(3), 7–18. https://doi.org/10.20896/saci.v4i3.246.

Pulla, V. (2019). Strategic Review of Napswi 2019, Report of Survey of Members feedback, NAPSWI, Department of Social Work, University of Delhi, New Delhi.

Pulla, V., Carter, E., & Bhatt, S. (2020). At the intersections of discrimination of caste and beyond. In *Discrimination, challenge and response: People of North East India* (pp. 16–43). New York: Palgrave Macmillan.

Pulla, V., Bhatt, S., & Bhattacharyya, R. (2020). Discrimination challenge and response in India: It's time for truth telling. In *Discrimination, challenge and response: People of North East India* (pp. 1–15). New York: Palgrave Macmillan.

Pulla, V., Das, T., & Nikku, B. (2020). Indigenous or blended Model for South Asian social work? *Space and Culture, India, 8*(1), 40–58. https://doi.org/10.20896/saci.v8i1.773.

Practice Standards. (2013). Australian Association of Social workers (AASW). https://www.aasw.asn.au/practitioner-resources/practice-standards.

UGC. (2019). Learning outcomes based curriculum framework (LOCF), Bachelor of Social Work (BSW)/Bachelor of Arts Honors (BA Honors) Undergraduate Programme: A Template, https://www.ugc.ac.in/pdfnews/1366718_Social_Work.pdf.

Wallace, J., & Pease, B. (2011). Neoliberalism and Australian social work: Accommodation or resistance? *Journal of Social Work, 11*(2), 132–142.

Chapter 3
Assessment Feedback in Higher Education—Cross-cultural Perspective

Kalpana Goel

Abstract Designing assessment is a creative work that relies on academics' knowledge, experiences and availability of time. Similarly, constructing assessment feedback is an art that is acquired with knowledge, experience and ability to be reflective on part of the academic. This chapter presents academic staffs' reflection on experiences and perception on receiving and providing feedback in a cross-cultural higher education context. Faculty involved in teaching social work education to undergraduates in an Asian and Western country is uniquely positioned to reflect upon assessment feedback and draw upon experiences and scholarship across two distinct cultures with a view to advance best practice. The feedback practices of staffs' are presented that are shaped by both negative and positive experiences of students, institutional limitations, demands on teaching and learning and relationship with students and colleagues. Furthermore, constraints and challenges present in the higher education system across two cultures shaping assessment feedback practices are addressed with tools and mechanisms needed to facilitate the change process. Lastly, value of involvement of key stakeholders including students, teachers, academic leaders, policy administrators, family and parents in shaping academics' assessment feedback strategies in higher educational context is emphasized.

Keywords Assessment · Feedback · Social work · Higher education · Teaching and learning · Reflexive practice

Introduction

Globally, the higher education sector is focusing on student engagement with learning as a major aim of the teaching and learning arrangements organized by the Universities (Zepke & Leach, 2010). However, Universities do not confirm to the same standards and practices both globally and nationally. There are variations in academic standards, support and resources to accomplish the desired goal of

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student engagement in learning. Multiple factors interact to enhance student engagement or disengagement with learning. Higher education academics have considered directing student learning and enabling them to meet the course objectives as one of the purposes of their engagement with student learning. Three components interact to influence students' engagement in learning, these are students themselves, teachers and institution. While the interaction of all three elements remains vital, students' willingness and intrinsic motivation is considered high in student engagement (Chapman, 2003; Schuetz, 2008). There are many tasks and activities that need to be fulfilled by teachers to assist students in their learning. Designing assessments and providing feedback on student's performance on academic tasks are regarded as an important task that teachers need to fulfil if they have to help students achieve their goal of learning. While some researchers place students at the centre of learning as who interacts with the course content, internalize and interpret feedback and make sense of the learning (Nicol & Macfarlane-Dick, 2006), others regard teachers as main influence who design assessment of learning and engage students through assessment feedback (Kuh, 2001). 'The feedback process is to help students develop the ability to monitor, evaluate and regulate their own learning' (Nicol, 2010, p, 504). Besides teachers, institutional support and provision of opportunities both for staff and students form an integral part of student engagement.

Assessment Feedback

Designing assessment is a creative work and relies on academics' knowledge, experiences and availability of time. Similarly, constructing assessment feedback is an art that is acquired with knowledge, experience and ability to be reflective on part of the academic. The benefits of feedback for students' learning are well recognized in the literature. However, what constitutes good feedback or bad feedback is a matter that can be interpreted differently. There is though a consensus that broadly functions of feedback could be 'evaluative' of performance for a given task and 'educative' facilitating growth and development by highlighting how improvements can be achieved (Lizzio & Wilson, 2008). Different elements of effective feedback include diagnostic feedback that intends to identify performance gap, constructive or positive remarks to facilitate further development and growth, timely and fair feedback. Thus, 'timing, frequency, quantity and externally judged quality' are not in themselves sufficient to judge the effectiveness of feedback (Price, Handley, Millar, & O'Donovan, 2010, p. 287). Price et al. (2010) also discuss the importance of relational aspect to feedback, where staff and students' relationship influences how feedback is received. Another component of effective feedback is credibility of staff member giving feedback (Poulos & Mahony, 2008). Similarly, both staff and students need to have an understanding of the purpose of feedback for it to remain effective (Orsmond, Merry & Reiling, 2005). Moreover, students' and staffs' perception of 'quality' of work needs to be similar for the effectiveness of feedback (Sadler, 1989). Contrary to good feedback, a number of factors categorize poor feedback such as feedback that

is having negative tone in writing or in oral communication, ambiguous, not given timely and unrelated to the context and set criteria (Huxham, 2007). Poor feedback becomes ineffective and does not contribute to students' engagement with learning. Seminal work of Sadler (2010, p. 537) puts emphasis on 'how students perceive and interpret feedback is consistent with focus on student-centred learning'. Overall an effective feedback does contribute to student learning and engagement with learning.

Value of Feedback in Engaging Students

Though the literature confirms value of assessment feedback, staff and students may value feedback differently. A study conducted by Goel and Ellis (2011, 2013) draws on the perception of students and staff on feedback in social work program. The study revealed that feedback was something "sought after" by students, however, if it was not of a type valued by students' they were less likely to learn from it. Students mentioned that feedback needed to show how well they were performing, their level of "conceptual clarity" and understanding of the topic, and ability to "apply that theory into practice". The participating faculty members in the study conceptualized feedback as "constructive criticism" and "performance judgement" on a variety of course-related activities and not just assessments. Thus, a broader scope of feedback beyond the written assessment work was recognized and valued by the teaching faculty.

Students' regarded feedback as "information aimed at enhancing learning" which recognizes the 'feedforward' function of feedback emphasized in the literature. Largely, there was an agreement on the following functions of feedback: "correction of errors, identification of gaps in knowledge, guidance to improve academic writing, judges' level of achievement against the marking criteria, encourages me to do better in the future" (Goel & Ellis, 2011, p. 101). Feedback as written comments on assessments was highly valued by students as it fulfilled the above-mentioned functions for them. 'Although verbal feedback was considered good for clarifying things and developing 'in-depth understanding of the subject', written feedback could be referred to when doing the next assignment and so used more easily as a basis for improving performance. Nevertheless, for people with auditory learning preferences, verbal feedback met their needs' (Goel & Ellis, 2011, p. 101). From students' perspective, it is important that they receive constructive feedback as it ascertains growth and development in further learning. It was well depicted in this quote from students.

> While I see the value in [negative feedback surrounding improvements], I believe students would have more motivation if tutors would include positive feedback as well as what could be improved. (Goel & Ellis, 2011, p. 101)

Besides negative feedback, incongruence in grade and feedback; inconsistency in marking pointed towards differing standards for marking and conception of criteria in a course.

Universities are employing large number of casual staffs to complete marking and assess students' work. This may leave scope to inconsistency in marking and feedback if not moderated for fairness and consistency. The concept of what constitutes 'quality' may differ across the teaching community. Some of these concerns on 'quality' are addressable by having University wide standards to guide assessment and feedback. This could also be communicated across the teaching community through open channels of communication that are consistent (Rust, 2002, as cited in Rae & Cochrane 2008, p. 227). In spite of the value accorded to feedback and spending time and effort to provide constructive feedback to students, teaching staff also reported being frustrated when they observed that students only looked at the grade and not took feedback onboard to improve future assignments (Goel & Ellis, 2013). This uncertainty about students' engagement with feedback is also reported in other studies (Bevan, Badge, Cann, Willmott, & Scott, 2008; Rust, 2002). Feedback literacy is a term used in the literature to overcome the issue of students' focus on marks and grades only. If students are educated to the purpose of feedback and ways of using it for further learning, then chances are greater that they will engage with the feedback (Sutton, 2012).

How to Provide Effective Feedback

Incorporating these **'Feedback functions'** (Orsmond & Merry, 2011) in our feedback practice will enhance student engagement with feedback and learning. Teachers can keep a checklist while providing feedback. A suggested checklist is as follows:

1. Identifying errors (diagnostic function) is one way to point out what is against the assessment criteria. Students might not address the assessment question or there might be grammatical errors, lack of logic and coherence in sentence formation, formatting issues, etc. Teachers can identify these in the script so as the student can take corrective action.
2. Correcting errors is another task performed by the teacher. Students need further guidance as how to write sentences logically and coherently. An example as part of feedback will assist students to learn how to overcome the errors that they may continue without having guidance to correct it.
3. Giving praise (setting positive emotional tone): Students deserve to know what they have done well so it could be strengthened. Positive remarks motivate to do better in next assessment. Negative tone can dissuade students from performing and can impact emotionally.
4. Explaining misunderstanding: An answer could be wrong if the question is misunderstood. Clarifying any misunderstanding is a vital function of feedback.
5. Demonstrating correct practice: Students benefit by seeing examples of correct practice/work. This is achievable by providing exemplars in advance to demonstrate correct practices.

6. Engaging student in thinking (questioning): Raising questions in the assessment marking could force students to think beyond what they have considered in their response to question.
7. Suggesting further studies: Teachers can suggest further readings, key authors who have written on that topic and provide links to resources. Students will then appreciate guidance as to support them to learn.
8. Justifying grades wherever necessary: Summary comments on feedback sheet generally put forth a justification of grade/mark.
9. Suggesting approaches to future assignment: Alluding students to how they could achieve higher performance in future assessments.

Other Useful Strategies

Having **a dialogue** with students on feedback at different points:

- Teach students how to prepare for getting good feedback, by checking the requirements of the assignment and the mark sheet criteria.
- Stress to students that it is essential to read their feedback.
- Use class time explicitly for review of feedback.
- Remind students of how they can learn from feedback.
- Talk about transferability.
- Having a dialogue specially with those who are at lower end grade.
- Providing an opportunity to have discussion on feedback if they desire to.
- Using audio-feedback (preparing MP3 files or using Ech360 to give presentation feedback).

To ensure students **act** on feedback:

1. Sustainable feedback practice through two stage assessment or multistaged tasks—portfolios, projects and integrated tasks (refer Carless, Salter, Yang & Lam, 2011).
2. Checking and linking further assessments to see whether they had acted on it or not—strategies—rewarding, appreciating and acknowledging their act on feedback.
3. Combination of formative and summative assessment.
4. Including reflection on learning in either assessment/presentation, class participation.

To ensure students have similar **quality framework;**

- Use exemplars of performance or achievement, for example, excerpts of model answers, self-assessment quiz to be completed by students. Using previous assessments pieces (HD, D, C, P).
- Writing up something on your own.
- Using Web-based resources: such as an example of report, portfolio and essay.

- Explain what critical analysis means and define the terminology used in assessment criteria.

To provide **fast and rapid feedback**:

- Strategy-multiple choice questions test items
- Computer-based practice test before an exam.

Educational Context and Practice Across Australia and India

How feedback is incorporated in an Australian University and in an Indian University will rest on educational context, practices and institutional policies. Australian Universities by and large are federally funded and have had national bodies that promote and enhance development of teaching scholarship. Formerly known as 'Office of the Learning and Teaching' (OLT) led the way to improve teaching and learning practices across Australia. This body is now being incorporated in the Department of education and continues to develop scholarship on teaching through funding. Through national level project funding, it promotes research and dissemination of models and strategies that improve teaching and learning practices within Australia. Moreover, Universities have their own teaching and learning units, academic developers, online designers to assist teaching faculty in designing, conceptualizing and developing current, innovative and creative teaching techniques. A great focus is being lent on digital learning, and there are graduate diplomas for teaching staff to complete on digital learning. Regular workshops, trainings and peer group meetings are held to create the culture of sharing best teaching practices across disciplines in the Universities. With an exemplary support and encouragement through recognition of best teaching practices, staff is encouraged to do research in this arena and improve students' satisfaction by best teaching practices.

The higher education sector has grown tremendously in India and is ranked as the second largest sector in the world. There were 36,000 educational institutions, 30 million students and 0.70 million teachers in 2012–2013 (Varghese, 2015). There are variations in how Universities are regulated and funded, they are either centrally regulated or regulated by state board. Largely, the higher education institutions in India are centrally governed, and State Universities are funded on a state level. There are variations in resources and staffing in state and central Universities. Moreover, 'Curriculum development in the institutions of higher education in India is suffering from intellectual, systemic, ethical and professional integrity. In our experiences, we note that curriculum development is not considered as a serious academic activity and scholastic business but performed as a ritualistic ceremonial practice. A cursory look at the institutional practices and their documentary evidences clearly indicates the unfamiliarity of these institutions about curriculum and the negligence of the curriculum development processes' (Venu & Goel, 2019, p. 116). Assessment of students learning is mainly done by written examination. There are very less chances

of any formative assessments and continuous assessment. This leaves students with less chances of knowing how they are progressing on a course. The onus is on the student to be proactive and raise questions if they need clarifications.

Recently, University departments in India have introduced internal assessments of 30% weightage to assess students' performance internally. Students' performance for internal assessment varies across programs. The professional educational programs plan group projects, class presentations to be assessed for internal grading whereas other disciplines might just focus on students' attendance and assign internal grades worth 30%. The remaining 70% worth of learning assessment is done by having a written exam at the completion of year or semester. The exam papers are either marked by the same teacher who taught the course, or it could be distributed across the departmental faculty to overcome the issue of bias. A mark or combination of mark and grade is given with generally ticks and cross to show what is right or wrong. Generally, no comments are provided on the written exam. The students do not get exam copy back. They can only see the marks released by the university administration. In the overall teaching and assessment regime, there is limited or no scope for feedback on performance or for future growth and development. The social work program in India has a robust field education system that has a provision of individual conference or group conference with students on field placement. This system provides an opportunity to teachers to consult, review their progress on work and guide them to apply knowledge to practice. The assessment of field education is performed by the individual teacher supervising the student. Although the field placement assessment is based on assessment of learning on a continuous basis, however, it does lack standard processes, parameters on which students' progress is measured or assessed. The relational aspect with teacher also plays an important role. Student can be awarded less marks if not having a good relationship with the teacher. The assessment system lacks transparency and puts student in a disadvantageous position. 'Positive teacher-taught relationship is a must for any healthy assessment practice, as it will help the students to stay motivated to learn more and more' (Dawson & Jha, 2019). A culture of 'distrust' is largely prevailing in Indian higher education system (Dawson & Jha, 2019). Teachers have less autonomy in making decisions about how assessment and feedback should be embedded in the curriculum, exam system is centralized as there is lack of trust on individual institutions in conducting exam processes and release of grades. Similarly, there is distrust between teacher and the student where open communication regarding performance and areas of improvement is limited and largely ignored to avoid conflicts.

Cross-cultural Experience on Assessment Feedback

Feedback giving is a developmental process. Initially, teachers have practised what they had experienced as a student whether it was an undergraduate or postgraduate study experience. Gradually, their practice changed as they became experienced teachers/lectures. The institutional policies and strategic frameworks also influence

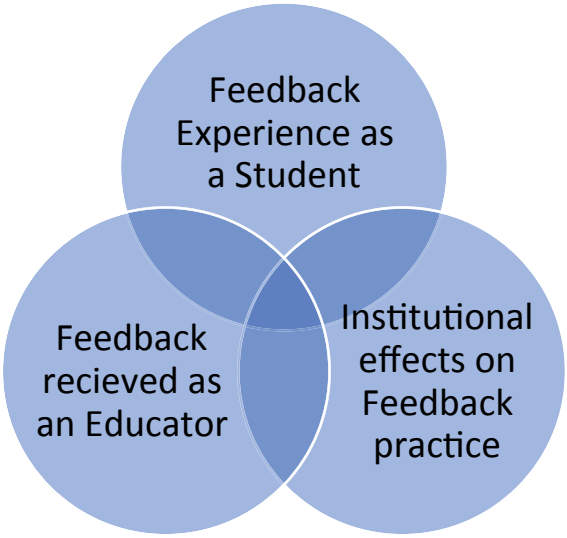

Fig. 3.1 Feedback development as a process

how feedback practice is developed for a teaching faculty. The development of feedback process for a teaching faculty is depicted in Fig. 3.1.

Reflections as an Educator: Experiences from Teaching in India and in Australia

My academic career started 24 years ago in India. My first teaching position was in a college funded by the Delhi State Government; however, for academic regulations, it was under the Delhi University. It was for the first time when a social work program at undergraduate level was started in the University of Delhi. The program itself was in its infancy with both teaching faculty including myself who was new to the teaching role. I could only draw upon my experience as a student of social work at postgraduate and M.Phil. level. The courses were taught in didactic mode with few skill labs. Field placement formed an integral part of the program from the first year. In earlier days, there were only written exams at the completion of one year. There was no internal assessment. Gradually, internal assessments were introduced giving an opportunity to assess student performance in class. However, there was not much scope to provide feedback on either performance or for development. Assessment feedback was non-existent, and it was largely a justification for marks if asked by student concerned. Power imbalance in the relationship between the teacher and the student developed fear of asking or questioning among student community.

After twelve years of teaching experience in India, I joined an Australian University on an academic position in social work in a regional campus. 'In the initial phase of my career in Australia, I realised that the teaching and learning environment was

different, challenging and equally exciting. There was more autonomy to plan and design teaching practice with a lot of support available to guide the lecturer on how to teach and assess students. I felt that there were striking differences in the teaching practices in Australia and India which warranted my attention, to areas such as transforming teaching practices from teacher-focused to student-focused, learning from the student's perspective and shifting control from teachers to students. I was asked by the University's Learning and Teaching Unit to enrol for the Graduate Certificate in Education (University Teaching) as a requirement of my service contract. This is now called the Graduate Certificate in Digital Learning. My unit head also suggested that I should do this as it would help me have better ideas on teaching practice and student learning. Although I wanted to improve my engagement with students and become a student-focused teacher, I must admit that I reluctantly enrolled in the graduate certificate in teaching as I thought it was unnecessary, time consuming and could keep me away from my own research agenda. I had never thought of how scholarship in teaching could change my teaching practice or help me become more student-focused' (Goel, 2012).

'I read Boyer's seminal work on the "scholarship of teaching" (Boyer, 1997) and Ramsden's description of the "nature of good teaching" (Ramsden, 2003). A quote from Ramsden explains this: "Good teaching is open to change; it involves constantly trying to find out what the effects of instruction are on learning, and modifying the instruction in the light of the evidence collected" (Ramsden, 2003, p. 98), as do Biggs and Tang, who describe "Transformative reflection" as that "which is to enable the transformation from the unsatisfactory what-is to the more effective what-might-be" (Biggs & Tang, 2007, p. 43)' (Goel, 2012).

I realized that answers to these questions were not straightforward and it required me to engage with "scholarly teaching which impacts the activity of teaching and the resulting learning" (Richlin, 2001); where I could question my teaching pedagogy, evaluate it from students' perspective and implement new strategies that are underpinned by theories of teaching and learning.

My reflections and deeper insights that came from the literature on assessment feedback affirmed that I needed to change my teaching pedagogy and make it student-focused to engage them in learning and that feedback was important in engaging students with learning (Black & Wiliam, 1998; Biggs & Tang, 2007; Hattie, 1997; Ramaprasad, 1983; Ramsden, 2003); students could be engaged by providing effective feedback on their learning progress (Gibbs & Simpson, 2004).

I decided to use this opportunity for my self-growth and professional development and applied for a teaching and learning grant. The project involved all the social work faculty; the project proposed on developing effective feedback strategies in social work education. The questions to which I wanted to seek answers were students' perception of feedback and what they saw as needed changes in feedback practice; also, staff views on feedback and their practice and how they could learn from each other (Goel, 2012).

Throughout the life of this project, through my active engagement with the research process, while reflecting on my past experience with receiving feedback as a student and now as a teacher with providing feedback, I learnt more about feedback

and gained knowledge about effective feedback strategies underpinned by theories of student learning. The research process also gave voice to students' experiences with feedback. It provided not only myself but all staff members involved in this project a better understanding of the role feedback can play in student engagement. Everyone felt more valued for what have they offered to students by providing constructive feedback and they have learnt different strategies from each other. These strategies have been underpinned by theories of learning that can be implemented depending upon their course requirements. The social work team together has made a decision to incorporate a framework that includes feedback functions classification (Orsmond & Merry, 2011), having dialogue with students (Nicol & Macfarlane-Dick, 2006) and creating sustainable feedback strategies (Carless, Salter, Yang, & Lam, 2011). The action research approach has given an evidence-based grounding for implementing changes in the right direction so that both teachers and students are able to benefit from research outcomes (Goel, 2012).

Recognizing the need to engage with students and engage them with learning, and my curiosity to find ways to do that, helped me focus on scholarly teaching. The graduate certificate in teaching became my platform to learn that the scholarship of teaching and learning is all about sharing, demonstrating, implementing, evaluating and learning from experience—a cycle of action research. I enjoyed becoming a teacher-researcher and gained valuable insights drawn from this process, and I knew there is much more to follow.

This further supports Ramsden's call for teaching practices to be geared towards student engagement. I also consider that not all teaching strategies will be perfect and bring desirable outcomes. It requires scholarship of teaching where a teacher can share, discuss and improve upon teaching strategies by making teaching open for peer scrutiny, students' feedback and make it more widely published (Andresen, 2000; Goel, 2012; Ramsden, 2003).

Conclusion

Key aspects influencing feedback effectiveness incorporate involvement of all the key stakeholders in the feedback process. Institutional mechanisms, policies and investment in resources to train staff and educate students are needed to build consistent, transparent and standardized practices for feedback provision. Students' motivation, education about value of feedback and dialogue with teachers enhance its acceptability and utility. Having an opportunity to debrief or deal with emotions upon receiving feedback should be given to students through open communication and dialogue. Institutional policies could allocate hours in staff workloads not just for marking but also for a dialogue. Both academic staff and students' having similar perspective on feedback have a potential to enhance student engagement with learning.

Note

References

Andresen, L. W. (2000). A useable, trans-disciplinary conception of scholarship. *Higher Education Research and Development, 19*(2), 137–153.

Bevan, R., Badge, J., Cann, A., Willmott, C., & Scott, J. (2008). Seeing eye-to-eye? Staff and student views on feedback. *Bioscience Education, 12*(1), 1–15.

Biggs, J., & Tang, C. (2007). *Teaching for quality learning at university: What the student does* (3rd ed.). England: McGraw Hill.

Black, P., & Wiliam, D. (1998). Assessment and classroom learning. *Assessment in Education, 5*(1), 7–68.

Boyer, E. L. (1997). *Scholarship reconsidered. Priorities of the professoriate.* Princeton, NJ: Princeton University Press, The Carnegie Foundation for the Advancement of Teaching.

Carless, D., Salter, D., Yang, M., & Lam, J. (2011). Developing sustainable feedback practices. *Studies in Higher Education, 36*(4), 395–407.

Chapman, E. (2003). Alternative approaches to assessing student engagement rates. *Practical Assessment, Research & Evaluation, 8*(13), 1–10.

Dawson, P., & Jha, A. (2019). Assessment: What is the best practice and how do we innovate? In J. Arvanitakis, S. Bhushan, N. Pothen, & A. Srivastava (Eds.), *Teaching and Learning in higher Education In India* (pp. 131–148). London: Routledge India.

Gibbs, G., & Simpson, C. (2004). Conditions under which assessment supports students' learning. *Learning and Teaching in Higher Education, 1*(1), 3–31.

Goel, K. (2012). Transforming teaching practice through action research: The role of the scholarship of teaching and learning. *International Journal for the Scholarship of Teaching & Learning, 6*(2), 1–4.

Goel, K. (2013). Students' and academics' perceptions of receiving and giving feedback: Where are the gaps. *The International Journal of Assessment and Evaluation, 19,* 29–42.

Goel, K., & Ellis, B. (2011). Does feedback enhance learning? Regional students' perception and experiences of feedback in a social work program. In J. D. Yorke (Ed.),*Meeting the Challenges: Proceedings of the ATN Assessment Conference 2011* (pp. 98–106), 20–21 October, Curtin University, Perth, WA. https://otl.curtin.edu.au/atna2011/files/ATNA_2011_Proceedings.pdf.

Hattie, J. A. (1997). Identifying the salient facets of a model of student learning: A synthesis of meta-analyses. *International Journal of Educational Research, 11,* 187–212.

Huxham, M. (2007). Fast and effective feedback: Are model answers the answer? *Assessment & Evaluation in Higher Education, 32*(6), 601–611.

Kuh, G. D. (2001). Assessing what really matters to student learning: Inside the National Survey of Student Engagement. *Change, 33*(3), 10–17.

Lizzio, A., & Wilson, K. (2008). Feedback on assessment: Students' perceptions of quality and effectiveness. *Assessment & Evaluation in Higher Education, 33*(3), 263–275. https://doi.org/10.1080/02602930701292548

Nicol, D. (2010). From monologue to dialogue: Improving written feedback processes in mass higher education. *Assessment and Evaluation in Higher Education, 35*(5), 501–517.

Nicol, D. J., & Macfarlane-Dick, D. (2006). Formative assessment and self-regulated learning: A model and seven principles of good feedback practice. *Studies in Higher Education, 31*(2), 199–218.

Orsmond, P., & Merry, S. (2011). Feedback alignment: Effective and ineffective links between tutors' and students' understanding of coursework feedback. *Assessment & Evaluation in Higher Education, 36*(2), 125–136.

Orsmond, P., Merry, S., & Reiling, K. (2005). Biology students' utilization of tutors' formative feedback: A qualitative interview study. *Assessment & Evaluation in Higher Education, 30*(4), 369–386.

Poulos, A., & Mahony, M. J. (2008). The effectiveness of feedback: The students' perspective. *Assessment & Evaluation in Higher Education, 33*(2), 143–154.

Price, M., Handley, K., Millar, J., & O'Donovan, B. (2010). Feedback: All that effort, but what is the effect? *Assessment & Evaluation in Higher Education, 35*(3), 277–289.

Rae, A. M., & Cochrane, D. K. (2008). Listening to students: How to make written assessment feedback useful. *Active Learning in Higher Education, 9*(3), 217–230.

Ramaprasad, A. (1983). On the definition of feedback. *Behavioral Science, 28*(1), 4–13.

Ramsden, P. (2003). *Learning to teach in higher education* (2nd ed.). London & New York: Routledge-Farmer.

Richlin, L. (2001). Scholarly teaching and the scholarship of teaching. *New Directions for Teaching and Learning, 86,* 57–68.

Rust, C. (2002). The impact of assessment on student learning: How can the research literature practically help to inform the development of departmental assessment strategies and learner centred assessment practices? *Active Learning in Higher Education, 3*(2), 145–158.

Sadler, D. R. (1989). Formative assessment and the design of instructional systems. *Instructional Science, 18,* 119–144.

Sadler, D. R. (2010). Beyond feedback: Developing student capability in complex appraisal. *Assessment and Evaluation in Higher Education, 35*(5), 535.

Schuetz, P. (2008). A theory-driven model of community college student engagement. *Community College Journal of Research and Practice, 32,* 305–324.

Sutton, P. (2012). Conceptualizing feedback literacy: Knowing, being, and acting. *Innovations in Education and Teaching International, 49*(1), 31–40.

Varghese, N. V. (2015). *Challenges of massification of higher education in India.* Centre for Policy Research in Higher Education Research, NUEPA Paper 1, https://www.researchgate.net/profile/NV_Varghese/publication/292275215_Challenges_of_massification_of_higher_education_in_India/links/56ac6fc908ae43a3980a7886/Challenges-of-massification-of-higher-education-in-India.pdf.

Venu, S., & Goel, K. (2019). Curriculum innovations in higher education in India and Australia. In J. Arvanitakis, S. Bhushan, N. Pothen, & A. Srivastava (Eds.), *Teaching and learning in higher education In India* (pp. 115–130). London: Routledge India.

Zepke, N., & Leach, L. (2010). Improving student engagement: Ten proposals for action. *Active Learning in Higher Education, 11,* 167–177.

Chapter 4
Experiencing the Process of Knowledge Creation: Use of Inquiry-Based Learning in Social Work Education

Renu A. Shah

Tell me and I forget, show me and I remember, involve me and I understand.
Benjamin Franklin

Abstract Inquiry-based learning (IBL) is a broader term encompassing a range of pedagogical approaches with central focus on students' investigative work, raising questions and solving problems. The current chapter locates IBL within the social work education both in India and Australia. This chapter is based on author's reflections while making use of IBL pedagogical approaches during her teaching experience of over the last ten years. Since IBL approaches necessitates complete involvement of learners in the process of exploration, analysis and co-creation of knowledge, the traditional teaching practices whereby learners are treated as passive recipients of information may no longer prove to be effective in developing independent learners. Thus, IBL-related pedagogies are being advocated within the realms of higher education. Even in the social work education worldwide and also in Indian context, IBL approaches are emphasized but the documentation of such practices remains limited especially in Indian context. It is in this chapter that author has attempted towards documenting her own experiences of using IBL approaches while engaging with students both in classroom teaching and fieldwork supervision-related processes.

Keywords Inquiry-based learning (IBL) · Social work · Fieldwork training · Field supervision · Inquiry-based pedagogies

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Introduction

This famous quote by Benjamin Franklin truly explains the importance of participation of learners in the knowledge creation and the entire teaching–learning process. It clearly conveys an idea that learning cannot be imposed and it has to come from within, only when there is a complete involvement and participation of learner in the knowledge creation process. One such teaching approach is learning through inquiry (inquiry-based learning).

"Inquiry" is defined as a quest "for truth, information, or knowledge…seeking information by questioning" (Exline, 2004, 31). All of us are involved in inquiry process throughout our lives. Children begin learning about their environment through curious observations at an early stage. Inquiry-based learning is all about the process of self-discovery by the learners.

Over the past few years, various definitions of IBL have been proposed. Few of those definitions are presented below:

- IBL is seen as 'a cluster of strongly student-centered approaches to learning and teaching that are driven by inquiry or research.' Levy, Little, Mckinney, Nibbs and Wood (2010, 6).
- Within the realms of 'inductive teaching', defined as teaching that begins by 'presenting students with a specific challenge, such as experimental data to interpret, a case study to analyse, or a complex real-world problem to solve.' Prince and Felder (2007, 14).
- IBL is seen as a teaching approach in which 'some form of problem or task serves as a catalyst for student engagement and participation; learning comes as a consequence of the information processing that occurs as students work to explore the problem setting and to seek a solution.' Oliver (2008, 288).
- IBL refers to 'a range of instructional practices that promote student learning through student-driven and instructor-guided investigations of student-centered questions.' Justice et al. (2007, 202) and finally
- Further core elements of IBL were conceptualized to be driven by questions or problems; based on seeking new knowledge and understanding; and student-centered & directed, with teachers acting as facilitators. Spronken-Smith, Angelo, Matthews, O'Steen, and Robertson (2007).

Though IBL is widely advocated, there is little research about the use of same in higher education. This has however begun to change as various studies have been undertaken to develop conceptual frameworks (Healey 2005; Levy et al. 2010; Sproken-Smith et al. 2007); detailed case studies comprising different forms of IBL (Sproken-Smith & Walker, 2010); examination of students' experiences of IBL (Ellis, Goodyear, Brilliant, & Prosser, 2007; Ellis et al., 2005; Levy and Petrulis 2011); and impact on student learning outcomes (Justice, Rice & Warry, 2009).

Most of the researches have been case studies of specific instances of IBL (e.g. Andrews & Jones, 1996; Justice et al. 2007; Oliver 2008; Rogers & Abell, 2008; Sproken-Smith et al., 2011). Even in Indian context, there are a few case studies with

regard to IBL in higher education at micro-level (Jojo & Yeshudas, 2019). Thus, there is a dearth of systematic knowledge about the kinds of tasks that university teachers consider as inquiry-based, different forms of IBL that are practiced or the educational objectives that teachers intend to achieve through IBL. An interesting study was undertaken by Aditomo et al. (2013) in Australia to map the varieties of tasks that university teachers regarded as being inquiry-based. In their study, attempt was made to identify various patterns unique to each discipline to foster specific teaching–learning through IBL (Healey, 2005). The study suggests that university teachers made use of a wide variety of strategies such as scholarly research (focusing on specific research skills and processes), simplified research (to help student investigate answer to basic questions), applied research (which is more contextualized in and related to practical problems), developing intervention plans (in disciplines such as medicine), role playing, composing novels and poems (literature students) and also developing computer programs. It was found that a variety IBL teaching strategies helped students develop skills related to inquiry, critical thinking and basic research skills. These wide range of projects also helped students develop presentation and communication skills along with developing a positive attitude for inquiry. Thus, various scholars have argued that IBL as a standard pedagogical approach should be mainstreamed in all universities (Brew, 2003; Healey, 2005; Sproken-Smith et al., 2007).

Different Forms of IBL

Various IBL strategies have been grouped under broader categories of problem-based, project-based and case-based teaching (Mills & Treagust 2003; Prince & Felder, 2007) (Table 4.1).

Educational Objectives Associated with IBL

IBL aims towards developing students' metacognitive knowledge and self-regulated learning skills together with skills such as critical thinking and problem-solving (Justice et al. 2007; Spronken-Smith & Walker 2010). These goals are also linked with affective dimensions such as 'love of learning' (Justice, Rice, & Warry, 2009).

Another set of objectives is related to research capabilities of students. As per the Boyer commission (1998), IBL is capable of developing spirit of inquiry amongst students. Justice and colleagues (2007) wrote that inquiry can promote students' ability 'to think critically and reflectively about the production of knowledge'.

IBL is also associated with goal of developing students' skills in communication and collaboration. For instance, Justice et al. wrote of developing students' oral and written communication and collaborative learning skills (Justice et al., 2007), while

Table 4.1 Problem-based, project-based and case-based teaching/learning

Aspect	Problem-based learning	Project-based learning	Case-based learning
Structure	Starts with exploring real-world problem, it is amorphous & open-ended, needs to be crystallized further prior to addressing the same	Begins with comprehensive specification of an end-product	Real life case narratives are used to reveal application of theoretical concepts
Process	Missing links need to be identified by the students so as to address the existing knowledge gaps in problem formulation	While working on desired product, learners come across corresponding problems which also need to be solved alongwith	Learners are engaged in group discussions for analysis of the cases, and they also dwell upon questions as framed by teachers in advance
Pedagogical thrust and objectives	Thrust is on the problem-solving process with acquisition of new knowledge being prime objective	Here, thrust is on application of knowledge, and product of activity is emphasized upon	Process is emphasized upon, and prime objective here is to acquire new knowledge and foster analysis skills

Source Mills and Treagust (2003), Helle, Tynjala and Olkinuora (2006), Savery (2006) and Prince and Felder (2007)

the Boyer Commission (1998, 13) wrote about the 'skill of communication that is the hallmark of clear thinking as well as mastery of language'.

In short, IBL is associated with variety of learning objectives ranging from metacognition skills, enhancing research and communication skills to addressing affective domains also.

To foster learning through inquiry among students, specific roles of educators and learners have been mentioned, and also, the relevance of learning environment has been discussed in the following section.

Role of Educators

It is needless to say that an IBL classroom is more complex than a traditional classroom where an educator provides information in a unidirectional mode and learners just listen, taking notes in a passive manner, whereas in an IBL framework, educator is more of a facilitator of the learning activity, promoting student discussion and offering guidance rather than directing the activity (Herron, 2009; Uno, 1990; Wood, 2009). Primary function for an educator in IBL classroom is to create an environment which

is most conductive to the learning, where students are encouraged to develop meaningful questions and explore the resources, actions, knowledge and skills required to help answer those questions. Furthermore, in order to be able to practice IBL as pedagogy in the classroom and other settings, teachers themselves need to have a democratic orientation having firm belief in each student's ability to take ownership of self-directed learning. Educator serves as a guide and mentor providing democratically supportive learning environment to learners to facilitate their engagement in the inquiry and reflection processes. Highlighting the role of educator, Hoover argues that rather than being the "sage on the stage", in a transmission mode of teaching, constructivist teachers should act as a "guide on the side" (Hoover, 1996). IBL appropriate teaching strategies also foster empowerment of learners through self-initiative and higher order thinking.

Role of Learners

IBL is intrinsically more participatory and authentic approach. Within IBL approach, learners are required to take increased ownership for their learning while working collaboratively with their instructors and peers to answer the questions or solve the problems related to the learning activities. In the process of answering those questions, learners develop many cognitive benefits such as critical and creative thinking, use of logic, reasoning and presentation of arguments in an effective manner. In nutshell, it can be said that IBL is a holistic learning strategy which help learners develop not only psychological, social and behavioural qualities but also adopt skills required for higher order thinking and lifelong learning.

Social Work Education in India

Social work is a discipline that is developed out of humanitarian and democratic ideals, and its values are based on equality, worth and dignity of people from all walks of social life. Human rights and social justice constitute its core. Social work profession is mandated to enhance wellbeing of people with specific focus to issues of empowerment of vulnerable groups who are already at the margins of society and living in abject poverty. Using methods of direct practice, community organization, research and advocacy, social workers strive to end discrimination, exploitation and various other forms of social and economic injustice. In order to engage with people and bring changes in their lives, it is essential that students of social work develop higher order skills, whereby they are in a position to align themselves with marginalized sections of society. At the same time, it is also required that students develop ability to critically review larger socio-political context and challenge the structure and system. Thus, social work education demands that learners are engaged in more meaningful way, whereby instead of rote learning and transmission of information,

learners are involved in the process of analysis of issues and developing questions about structural issues both in classroom and field practicum processes.

As we all know that social work education is located within the national education systems of each country, there may however be variation in its content, pedagogy and practice as per socio-economic and political context of a particular nation. As there is no universal pattern of social work education, new set of Global Standards for the Education and Training of the Social Work Profession (2004) has been developed by the International Association for Schools of Social Work in consultation with the International Federation for Social Workers which provide guidelines for social work education and its practice all over the world (Baikady, Pulla, & Chanaveer, 2014).

In India, there seem to be vast distinctions both in the content and curriculum of social work education across institutes of social work mainly in the absence of unifying guidelines about social work education. On an average, Bachelor's in social work degree carries 80 credits both in theory and fieldwork, and there is no provision of block placement at BSW level; however, study tours (or rural camps) are there with supervised instructions by the faculty and stated educational objectives. At PG level, also, there are wide variations in terms of contents of curriculum, and specializations offered by schools also vary. Master's course carries 80–90 credits across four semesters, one-third of which is reserved for fieldwork practicum. There is also a month long block placement within the structure of masters degree mainly to provide students with on-the job experience and equipping them with the requisite skills to deal with job-related expectations (Baikady et al., 2014). Social work curriculum in India remains rather westernized and seems to be lacking the components of indigenized social work (Botcha, 2012). While this book is based on social work education in India and Australia, it becomes essential to provide a broader overview of social work education in Australia too. In Australia, BSW is a four-year programme, a basic requirement for entry into social work profession. All the courses are recognized by Australian Association of Social Workers (AASW, 2010). Social work education in Australia is generalist in nature having major thrust on core and common knowledge, skills, values and attitudes which are applicable to multiple practice settings. BSW programme is geared towards preparing graduates to be self-initiating, critically reflective and innovative along with being able to deal with diverse set of issues in multiple contexts and settings (AASW, 2010, p. 1). As per AASW Code of Ethics, social work profession in Australia is committed towards pursuit of social justice, enhancement of quality of life and also towards maximizing the potential of individual, family, group, community and society (2010).

IBL in Social Work Education

IBL is an innovative instructional model. It is closer to the academic approach in field instruction (Royse, Dhoppa, & Rompf, 2012). Professor Miriam Freeman in the College of Social Work, University of South Carolina, is a pioneer in using inquiry-based learning in social work education. In this method, educator facilitates

the learning process by helping learners generate questions, investigate, construct knowledge and reflect. It is also to be noted that here, most of the prominent universities and schools of social work in India (Tata Institute of Social Sciences, University of Delhi, etc.) do follow a paradigm of education which is closely aligned with IBL pedagogical approaches. It is not a new invention in social work education; rather, social work discipline builds through inquiry and reflective processes, and the present essay is geared towards showcasing the efforts of social work educators in College of Social Work, Nirmala Niketan, while engaging with IBL approaches. There are three major components in any social work programme across the globe, namely a standard theory base (with both the social sciences as foundation courses and core social work methods courses), a research project and field practicum or fieldwork. In College of Social Work, Nirmala Niketan, a great amount of emphasis is placed on fieldwork and research along with theoretical inputs in the classroom spaces. It is also to be reiterated here that the richness of social work education draws itself from the constant and continuous interaction of these three components. In the following section, an attempt has been made to explore and analyse the application of IBL vis-à-vis three components of social work education and training (classroom teaching, field practicum and research project).

IBL in Social Work Classroom Teaching

It is to be noted here that the classrooms (both at undergraduate and postgraduate levels) in social work education are quite different from the typical classroom set-up in any other college. There are several differentiating criterions such as limited number of students in a social work classroom and also their diverse background representing various languages, regions and religions within the country. The entire social work education framework thus is much more individualized in approach respecting and appreciating these diversities and also ensuring that the students learn to imbibe the value base and principles of social work profession.

In order to achieve these objectives, social work education programme is designed with student induction and orientation programme (beginning of the academic year) along with classroom teaching and field practicum being structured within the training. Initial phase (through orientation programme and fieldwork skills laboratory sessions) is mainly geared towards helping students develop better self-awareness along with learning about their peers and develop bonding in the classroom situations. As part of these sessions also, students are engaged in a process of continuous self-reflection through various simulation games and group exercises.

As we all know that social work education aims at building a cadre of professionals who are able to critically reflect on the situation and are in a position to challenge exploitative social structures and systems. Students are provided with various opportunities of reflection and critical thinking as part of the teaching of various courses

and fieldwork practicum. Thus, it wouldn't be wrong to say that social work education has components of IBL such as reflection and critical thinking engrained within itself.

IBL in Classroom Processes

Over the last few years, the author has been teaching two primary method courses at MSW 1st year level (Work with Individuals and Families and also Work with Groups). Both these courses require participatory pedagogies in which learners are provided with opportunities to reflect on their own values, stereotypes and biases and at the same time encounter with a new set of value base which is based on dignity and worth of all individuals. The author believes that most of these things cannot be taught in a lecture mode, therefore requiring various collaborative group exercises and discussions. Emphasis is placed on assisting students to undertake self-inquiry and also develop critical thinking skills. A case-based approach (refer problem-based, project-based and case-based forms of IBL) therefore is adopted while dealing with the topics of social work values and principles in the classroom teaching. Every year, there are almost 55 students in MSW class 1st year, for case-based learning and project-based learning; also, students are divided in smaller groups of 6–7 members in each group so that much more intensive discussion and reflection take place in a smaller group (utilizing group as a vehicle for self-reflection and self-improvement). Most discussions cannot be completed in the same class hour, and they tend to take additional time in subsequent lectures. Students (in different groups) are provided with various situations posing ethical dilemmas (such as encountering LGBT groups, HIV/AIDS-affected people, live-in relationship and pre-marital sexual engagement), whereby they are required to reflect and reveal their own biases about these case scenarios and address strategies to overcome those biases. Consequent to discussions in smaller groups, learners are required to share in the larger group (in front of the cohort). It is through this process that students are able to learn about their own biases, stereotypes, myths and misconceptions, also exhibit willingness to adopt a new set of value base respecting the basic worth and dignity of all individuals and also the choices which they make for their lives. Following is an example of few of the initiatives which the author has attempted to carry out within the classroom teaching using different forms of IBL (Table 4.2).

Field practicum is an integral and unique component in social work education. It is a guided process of learning, whereby students are helped to engage with different realities of life and also enabled to apply principles and methods of social work as taught in classroom settings. However, it is the fieldwork instructor who has to provide opportunities to ensure that such learning takes place. In College of Social Work, Nirmala Niketan, MSW final year students are expected to undertake a project work (as part of their fieldwork) in their fourth semester. The project work is an individual assignment of MSW second year student which is assessed at the end of academic year; the assessment pattern for this project work has both internal faculty

Table 4.2 Different forms of IBL in classroom teaching (case-based and project-based)

Topics for group project	Review of the literature	Knowledge creation and group learning processes	IBL
Ethical dilemmas faced by worker	Different case narratives were given to all the groups They were asked to discuss the narrative among themselves, try and discuss ethical dilemmas they may face in dealing with such situations	Use of self in social work Professional social worker is also a subjective entity having its own biases, choices and limitations Increased self-awareness and intention to work upon the same	Active and holistic engagement in the learners Developing independent learners as part of IBL approach; Reflection is a continuous process within the IBL approach
Expressive arts workshop		Use of various programme media Use of clay, musical instruments & drumming in ventilating and also in developing a more positive sense of self was of great aid in terms of dealing with group dynamics	Learning directed beyond cognitive aspects of learners' personality transcending at emotional and deep personal level Enables to deal with the emotional aspects of their personality with skills transferrable across diverse life situations
Various case studies were given wherein students were divided in groups & asked to develop intervention plan with target group	Different groups in the class were formed around the issues of women, children and other vulnerable groups	Better understanding about issues of marginalization within the human rights framework Development of intervention plan for various groups within the human rights framework	Raising questions most meaningful for them; seeking out answers through collaborative learning A continuous process of action-reflection takes places as learners develop series of intervention strategies for each vulnerable group

IBL and Research-based project in Field Practicum

marks along with viva-voice which is conducted by external panelists. Students are assessed on the basis of their presentation skills, clarity of thought, knowledge about the subject content and final report of the project work. Using the project work as a base, author (field instructor) attempted towards facilitating students' learning using Justice et al. (2002) framework of inquiry in IBL. Justice et al. (2002) framework of inquiry is a five-stage process. It starts by engaging with a topic and developing

basic literature review on it. At the second stage, questions are developed and data is gathered at the third stage which is then followed by analysis. At fourth stage, new knowledge is synthesized and communicated to wider audience followed by evaluation of the output. At all stages, participation of both the learners and instructors is ensured within the IBL framework. Here, an attempt has been made to present an account of project work of one of the MSW 2ndyear students with the author facilitating the use of Justice et al. (2002) framework of inquiry. One of the MSW second year students (Mr. Cyril Gaikwad) undertook a qualitative research study of problems faced by Child Welfare Committees in Mumbai in the academic year 2017–18 as part of his field practicum project work. Student was guided to use Justice et al. (2002) framework of inquiry and author as his fieldwork guide facilitated the entire process. Initially, though student was little hesitant to do extra readings and analysis, over a period of time, he developed interest in the process and came out with interesting analysis of the issue at hand (Table 4.3).

It is through this process that student was not only able to develop inquiry, analysis and communication skills but also got a platform to engage with CWCs within the child protection mechanism in Mumbai city. To begin with, student is engaged with the topic and issue at a much deeper level (by undertaking a thorough review of the literature) followed by articulating a problem statement and data collection to go deeper into the issue using case-based method. The methodology adopted by student was more of qualitative in nature; he interviewed four CWC members from each of the CWCs in Mumbai district. A thematic analysis was thereafter carried out, and report was compiled and then presented in the college along with submitting findings to the appropriate authority. Along with learning about systematic process of engaging with an issue, student also fostered creative thinking and reflective skills while undertaking a problem-based inquiry as part of his project work in MSW final year field practicum.

It is thus clear that in social work discipline (through classroom teaching and field practicum), there is an ample scope to incorporate different forms of IBL approaches and facilitate holistic learning among students. As illustrated in above instances, use of IBL requires conscious efforts from educators and also a firm belief in the immense potential of young learners and practitioners. Students at master's level come with lot of enthusiasm and zeal to bring about change. Using IBL within classroom and field settings, their positive energies could be directed towards self-reflection (necessitating to bring changes in their own selves first) and then learning about change strategies at other levels (e.g. beneficiaries and government and non-government setting in which they are placed for their fieldwork). IBL undoubtedly facilitated development of inquiry skills but also inculcated a passion for inquiry in addition to improving better communication and presentation skills.

However, in a country like India where education (both school and higher education) largely is still situated within the traditional paradigm of teaching and learning, effective implementation of inquiry-based pedagogies can prove to be quite challenging. Teachers still believe in transmission of information without any kind of participation from the learners and expect students to reproduce the same information in their assessments. Questioning, reflection, and critical thinking on the part

Table 4.3 Research-based and problem-based inquiry as part of field practicum

Stages of Justice et al. (2002) framework of inquiry	Project work by Student
Engaging with topic and developing basic literature review about it	This particular student was working in one of the NGOs working with children, whereby he got exposed to the working of Child Welfare Committee (CWC) He felt the need to undertake a more in-depth study of CWC's functioning as part of his project work, and with the help of the author, he followed the particular framework for his work This study was also an attempt to develop evidence with regard to the functioning of an important agency for protection and promoting of rights of children With regard to the literature review, he came across only one study examining the functioning of CWC across the nation (NCPCR, 2013). The study highlighted the dismal state of affairs with regard to constitution, composition and functioning of CWCs across the nation
At second stage, questions are raised	At this stage, student was helped to develop questions on the basis of the literature review: What is the role of CWC vis-à-vis protection of child rights and ensuring effective functioning of child welfare institutions in Mumbai? What are the difficulties faced by CWC members with different stakeholders? And Also, to understand the perspective of social worker from different NGOs about functioning of CWCs
Third stage, data is gathered followed by analysis	Data was gathered from 10 CWC members within city of Mumbai from the period December 2017–January 2018 using semi-structured interview schedule More of qualitative data was collected during the course of study which was then later analysed Ethical concerns were taken care of during the process of data collection

(continued)

Table 4.3 (continued)

Stages of Justice et al. (2002) framework of inquiry	Project work by Student
New knowledge is synthesized and communicated	Findings were then presented thematically in the report form. The major findings of the study are presented below: Variation & delay in disbursement of their allowances, Committee members reported that allowances were very meagre, and they were not satisfied with amount provided as honorarium Committee members also reported about political influence in the final decision-making process in some of the cases which they do try to resist ensuring best interest of the child It was also found that chairpersons and members appointed into the CWC did not have any prior exposure to the Juvenile Justice System which in a way restricted their working CWCs were found to be not being able to conduct regular meetings and sittings, mainly because of lack of coordination among CWC members. Respondents were of the view that there should be proper monitoring and transparency in the system for its smooth functioning There were issues with regard to institutional services (food, clothing, health and hygiene) mainly in terms of their quality of these services In order to ensure quality, accurate information dissemination and standardization of procedures within CWCs across the country are required, and it is essential that a specific body be appointed for the purpose of training, capacity building and monitoring quality standards of CWCs across the country. Under the Integrated Child Protection Scheme (ICPS), the NIPCCD was given nodal responsibility for training and capacity building of various stakeholders within the Juvenile Justice system at national and regional levels (ICPS, 2010)
Output is evaluated	Report was prepared and submitted to Department of Women and Child Development, Mumbai Division The project report was also presented in the fieldwork project seminar held in the college

of learners are rare things; rather, they are encouraged to be passive recipients of information in the classroom processes. Overall grades and academic performance are still a predominant criterion for assessment of students' ability. Students coming as products out of such a system find difficult to engage with an issue whereby they are expected to reflect, analyse and develop their own set of questions as part of IBL pedagogical approaches. Self-expression and presentation skills also got restricted and limited in such situations. Also, these students find extremely difficult to engage in extra readings or undertake a thorough review of the literature for analysis of issues. Furthermore, generally, MSW classrooms have students coming from all walks of life representing diversities in terms of caste, class, gender, religion, region etc; being able to provide enough space for individual learning to each of the students is really a big challenge. Semester-based teaching is another serious constraint, whereby integrating IBL approaches with a large group of students from varied backgrounds is a severe challenge which most teachers find difficult to handle and then therefore resort to purely lecture mode of teaching.

Social work educators across the country are trying out various strategies to overcome various challenges, it here that the author would like to highlight some of the strategies which are being tried out at NN, could pave the way for effective implementation of IBL approaches in our classroom and fieldwork-related spaces. Social work educators in the entire process play a very important role; they do not function as content expert rather act as facilitator, working collaboratively with the students in the process of knowledge creation and reflection. Using collaborative learning approach within the classroom situations helps students develop better understanding about each other and address issues of subgroups and biases among students. It is also required that social work educators create such learning opportunities in the classroom so that students coming from vernacular and deprived backgrounds do not get alienated in the entire process; rather, they are involved as equal partners in co-creation of knowledge. Regarding students as active participants and having continuous dialogues in classroom, encouraging self-reading and presentation on behalf of students help foster creative and reflective thinking skills. It is to be noted here that learners are co-inquires in social work education as their contributions are informed by their experiences with reality mainly through field practicum. Thus, it becomes imperative for the social work educator to encourage learners to strengthen the teaching–learning processes by sharing their fieldwork experiences. It is clear from the above discussion that these strategies are meant not only to facilitate effective implementation of IBL approaches but also themselves constitute a range of IBL-based pedagogical approaches to make way for the holistic development of learner in the co-creation of knowledge and also play a vital role in their life-long and life-wide learning.

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References

Australian social work education and Accreditation standers (2010), Australian Association of Social workers.

Andrews, M., & Jones, P. R. (1996). Problem-based learning in an undergraduate nursing programme: A case study. *Journal of Advanced Nursing, 23*(2), 357–365.

Aditomo, A., Goodyear, P., Bliuc, A.-M., & Ellis, R. A. (2013). Inquiry-based learning in higher education: Principal forms, educational objectives, and disciplinary variations. *Studies in Higher Education, 38*(9), 1239–1258.

Baikady, R., Pulla, V., & Channaveer, R. M. (2014). Social Work Education in India and Australia. *International Journal of Social Work and Human Services Practice, 2*(6), 311–318. https://doi.org/10.13189/ijrh.2014.020616

Boyer Commission. (1998). *Reinventing undergraduate education: A blueprint for America's research universities.* Stony Brook: State University of New York

Botcha, R. (2012). Problems and challenges for social work education in India: Some recommendations. *International Journal of Multidisciplinary Education Research*, 201–212.

Brew, A. (2003). Teaching and research: New relationships and their implications for inquiry-based teaching and learning in higher education. *Higher Education Research & Development, 22*(1), 3–18.

Ellis, R. A., Marcus, G., & Taylor, R. (2005). Learning through inquiry: Student difficulties with online course-based material. *Journal of Computer Assisted Learning, 21*, 239–252.

Ellis, R. A., Goodyear, P., Brilliant, M., & Prosser, M. (2007). Student experiences of problem-based learning in pharmacy: Conceptions of learning, approaches to learning and the integration of face-to-face and online activities. *Advances in Health Sciences Education, 13*(5), 675–692.

Exline, J. (2004). Concept to classroom. *Inquiry-based learning (atas talian).* http://www.thirteen.org/edonline/concept2class/inquiry/credit.

Healey, M. (2005). Linking research and teaching: Exploring disciplinary spaces and the role of inquiry-based learning. In R. Barnett (Ed.), *Reshaping the university: New relationships between research, scholarship and teaching* (pp. 67–78). Maidenhead, UK: McGraw Hill/Open University Press.

Helle, L., Tynjala, P., & Olkinuora, E. (2006). Project-based learning in post-secondary education-Theory, practice and rubber sling shots. *Higher Education, 51*, 287–314.

Herron, S. (2009). From cookbook to collaborative: Transforming a university biology laboratory course. *American Biology Teacher, 71*(9), 548–552. https://doi.org/10.1662/005.071.0909

Hoover, W. A. (1996). The practice implications of constructivism. *SEDLetter, IX*(3).

Jojo, B., & Yeshudas, R. (2019). Non- institutional and community based field placement in social work- experiments with inquiry-based learning and participatory action research in field work training in social work. In Bishnu Mohan Das & Sanjoy Roy (Eds.), (pp. 199-210). London: Routeldge India.

Justice, C., Rice, J., & Warry, W. (2009). Academic skill development—Inquiry seminars can make a difference: Evidence from a quasi-experimental study. *International Journal for the Scholarship of Teaching and Learning, 3*(1), 1–23.

Justice, C., Warry, W., Cuneo, C., Inglis, S., Miller, S., Rice, J., & Sammon, S. (2002). A grammar for inquiry: Linking goals and methods in a collaboratively taught social sciences inquiry course. The Alan Blizzard Award Paper: The Award Winning Papers, Special Publication of the Society for Teaching and Learning in Higher Education and McGraw-Hill Ryerson. Windsor.

Justice, C., Rice, J., Warry, W., Inglis, S., Miller, S., & Sammon, S. (2007). Inquiry in higher education: Reflections and directions on course design and teaching methods. *Innovation in Higher Education, 31,* 201–214.

Levy, P., & Petrulis, R. (2011). How do first-year university students experience inquiry and research, and what are the implications for the practice of inquiry-based learning? Studies in Higher Education. First published online February 24. https://doi.org/10.1080/03075079.2010.499166.

Levy, P., Little, S., Mckinney, P., Nibbs, A., & Wood, J. (2010). *The Sheffield companion to inquiry-based learning*. Brook Hill, UK: Centre for Inquiry-based Learning in the Arts and Social Sciences (CILASS), The University of Sheffield. https://www.shef.ac.uk/ibl.

Mills, J. E., & Treagust, D. F. (2003). Engineering education – Is problem-based or project-based learning the answer? Australasian. *Journal of Engineering Education.* http://www.aaee.com.au/journal/2003/mills_treagust03.pdf.

National Commission for Protection of Child Rights. (2013). Child Welfare Committees in India: A Comprehensive Analysis aimed at Strengthening the Juvenile Justice System for Children in Need of Care and Protection.

Oliver, R. (2008). Engaging first year students using a web-supported inquiry-based learning setting. *Higher Education, 55,* 285–301.

Prince, M., & Felder, R. (2007). The many faces of inductive teaching and learning. *Journal of College Science Teaching, 36*(5), 14–20.

Ramababu, B. (2012), Problems and challenges for social work education in India: some recommendations. *International Journal of Multidisciplinary Educational Research, 1*(3).

Rogers, M. A. P., & Abell, S. K. (2008). The design, enactment, and experience of inquiry-based instruction in undergraduate science education: A case study. *Science Education, 92*(4), 591–607.

Royse, D., Dhoopa, S., & Rompf, E. (2012). *Field instruction: A guide for social work students.* New York, NY: Pearson.

Savery, J. R. (2006). Overview of problem-based learning: Definitions and distinctions. *The Interdisciplinary Journal of Problem-based Learning, 1*(1), 9–20.

Spronken-Smith, R., & Walker, R. (2010). Can inquiry-based learning strengthen the links between teaching and disciplinary practice? *Studies in Higher Education, 35*(6), 723–740.

Spronken-Smith, R., Walker, R., Dickinson, J., Closs, G., Lord, J., & Harland, T. (2011). Redesigning a curriculum for inquiry: An ecology case study. *Instructional Science, 39*(5), 721–735.

Spronken-Smith, R., Angelo, T., Matthews, H., O'Steen, B., Robertson, J. (2007). How effective is inquiry-based learning in linking teaching and learning? Paper presented at the International Colloquium on International Policies and Practices for Academic Enquiry, April 19–21, in Marwell, Winchester, UK.Studies in Higher Education- January 2011, p. 1–20. Retrieved from https://www.researchgate.net/publication/239800379_. Dated March 18, 2020.

Tom, P., & Andrew, J. (1979). Social work education in Australia: the late 1970s. *Canadian Journal of Social Work Education, 5*(2/3), 48–75

Uno, G. (1990). Inquiry in the classroom. *BioScience, 40*(11), 841–84.

Wood, W. (2009). Innovations in teaching undergraduate biology and why we need them. *Annual Review of Cell and Developmental Biology, 25*, 93–112. https://doi.org/10.1146/annurev.cellbio.24.110707.175306

Chapter 5
Social Worker as a Multidisciplinary Team Member: Embedding Three Cs (*Competence, Confidence and Compassion*) in Social Work Education in Mental Health

Abraham P. Francis and Amy Forbes

Abstract Social workers have been very active and increasingly so, as part of a multidisciplinary team over the years, in supporting consumers with mental health issues. Knowledge about mental health and the skills to work effectively with consumers who have mental health problems are basic requirements for contemporary social work practice as it is estimated that approximately 45% of Australians will experience a mental illness at some point in their lifetime. This paper focuses on the role of the social worker as a multidisciplinary team member who makes an important contribution to the assessment, treatment and rehabilitation of consumers within their context-specific life situations, but who in doing so, are sometimes challenged, confronted and undermined. This paper explores these issues in detail and contends that social work education in mental health needs to be strengthened to empower social workers in their roles. The authors argue that in the current context of practice and the challenges faced by the profession, embedding the three Cs—competence, confidence and compassion—in social work education will empower social workers to respond more effectively to these challenges.

Keywords Multidisciplinary team · Social work and mental health · Competence · Confidence and compassion

The Context

This paper is based on a collaboration between two academic group members (Social Work and Humanities and Media) within James Cook University who, through intensive research, teaching and collaborative work over many years, recognized the importance of being relevant in the contemporary world with up-to-date and evidence-based skills and knowledge to effectively work with people from any

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contexts of practice in the contemporary world. On the journey to this realization, the authors asked the following fundamental questions: Are our students competent and work-ready when they graduate and enter the workforce? What will help them to find jobs easily in the sector? What do we hear from the field about what is required to nurture work-readiness? This initial discussion motivated the authors to critically review the current literature on Australian mental health care and its impact and the role of social workers in the mental health sector. From this, the authors painted a picture of the connection between the social workers in mental health and social work education, from which the idea of incorporating three Cs—competence, confidence and compassion—in social work education in mental health emerged. This paper intends to share the basic concept of these 3Cs, why it is important in social work education and discuss its relevance in the contemporary mental health sector. Although this paper is descriptive and aspirational at the moment, the authors hope to introduce these ideas and concepts and begin a conversation around the 'three Cs'.

Understanding Mental Health

Mental health issues are common and can affect people on a temporary, sporadic or lifelong basis. Mental health issues generally impact a person's quality of life to a much lesser degree than 'mental illnesses' in terms of the duration and intensity of symptoms experienced (Hungerford, Hodgson, Clancy, Monisse-Redman, Bostwick, & Jones, 2015, p. 5). Mental illness impacts on one's quality of life. "Mental health can be thought of as a state of emotional and social wellbeing in which individuals realise their own abilities, can cope with the normal stressors of life, can work productively and can contribute to their community" (Burton, Westen, & Kowalski, 2009, p. 593). There is a distinction between 'mental health issues' and 'mental health problem' or 'mental illness'.

Mental health illness, on the other hand, has more significant impact on one's ability to function normally. Burton et al. (2009. p. 593) state that "Mental health problems include the wide range of emotional and behavioural abnormalities that affect people throughout their lives." They identify that the spectrum covers cognitive injury, disabilities, panic attacks, drug-related damage, personality disorders and psychosis, and further, that mental disorder suggests the survival of a clinically identifiable set of indications and behaviours that produce distress to the person and impair the aptitude to function normally (Burton et al., 2009). The Australian Bureau of Statistics' (ABS) 2017–2018 data show that, in Australia, three in five adults (60.8%) experienced a low level of psychological distress and that around one in eight (13.0% or 2.4 million) Australians aged 18 years and over experienced high or very high levels of psychological distress (ABS, 2018).

Some population subgroups are at higher risk of mental illness, and certain age groups are more vulnerable to some mental disorders than others. The adolescent age group is identified to be at higher risk of psychological disorders, psychotic illnesses, eating disorders and substance abuse. Globally, one of the largest mental health

conditions is depression, with the World Health Organization estimating that over 300 million people equivalent to 4.4% of the world's population suffer from depression (World Health Organization [WHO], 2017). Vulnerability to depression is higher among adolescents than young children. Escalated stages of depression are associated with an increased risk of suicide, with suicide being the third largest cause of death among adolescents (Minino, Xu, & Kichanek, 2010). Young adults experience more psychological disorders than older adults, while approximately 15 per cent of adults aged 60 and over most commonly present with neuropsychiatric disorders including dementia and depression. Around a quarter of deaths from self-harm are among those aged 60 and over (WHO, 2015).

Additionally, adolescents, as well as persons growing up in low-income families with parents and carers with lower levels of education and with higher levels of unemployment, are identified as having an increased likelihood of experiencing mental health difficulties (Lawrence et al., 2015). The Second Australian Child and Adolescent Survey of Mental Health and Wellbeing (Lawrence et al., 2015) administered over 12 months in the homes of over 6300 families with children and/or adolescents aged 4 to 17 years, showed that 560,000 children, and adolescents had a diagnosis of mental disorders, including attention deficit hyperactivity disorder or ADHD (7.4%), anxiety disorders (6.9%), major depressive disorder (2.8%) and conduct disorder (2.1%).

Also, the military service members population and veterans returning home with emotional and psychological effects of combat duty and war have been associated with mental health conditions including PTSD, family violence, depression and substance abuse (Hoge, Auchterlonie, & Milliken, 2006).

Other prevalent mental illnesses include anxiety disorder and schizophrenia. Schizophrenia affects more than 26 million people worldwide (Mental Health Foundation, 2020). Anxiety has been reported to affect one in four adults in their lifetime (McEvoy, Grove, & Slade, 2011); however, only one in five people consult health professionals for support. The help-seeking rate prompts us to critically examine the mental health care in Australia and its efficacy.

Mental Health Care in Australia: A Snapshot

Mental health care in Australia embraces the World Health Organization's Mental Health Action Plan 2013–2020 (WHO, 2013) principles on health promotion. Since 1946, the World Health Organization has defined health as "the state of complete physical, social and spiritual wellbeing, not simply the absence of illness. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition" (WHO, 1946). In fact, the World Health Organization continues to endorse that definition today. The World Health Organization's Mental Health Action Plan 2013–2020 (WHO, 2013), which was endorsed by the World Health Assembly in 2013, recognizes the important role of mental wellbeing in attaining

health for all people and advocates for the implementation of strategies aimed at the promotion of help-seeking behaviours, and mental health and social care services in community-based settings.

Australia has responded to the World Health Organization's recommendation by implementing the aforementioned principles of prevention and promotion in a number of national mental health policies and strategies, such as the *National Mental Health Plans* (1993–2014) and the Council of Australian Governments (COAG) *National Action Plan for Mental Health 2006–2011* (COAG, 2013). These policies focus on developing culturally appropriate prevention strategies with the aim of promoting, protecting, restoring a person's mental health and enabling vulnerable and affected communities.

Recovery in Mental Health

The Recovery-Orientated Mental Health Model adopts the social model of disability which focuses on deemphasizing diagnostic labelling and promoting psychosocial functioning (Gehart, 2014, p. 555). Contrary to the medical model that has a strong emphasis on impairment, practitioners working with a recovery-oriented framework focus on helping persons to lead rich, meaningful lives, rather than focusing on exclusively reducing symptoms related to mental health diagnosis. The fundamental practice components of this model align closely with the strengths-based view of mental health and wellbeing that advocates for personalized, person-centred services that are nonlinear and places an emphasis on empowerment, self-esteem, accountability and optimism.

In Australia, a *population health approach* has been used to assess the needs at the population level (Australian Government Department of health, 2006). The information gathered is used to determine the appropriate types of services that will meet the demands of vulnerable groups and address gaps in service delivery (Hungerford et al., 2015). Furthermore, in Australia, there is an emphasis on consumer participation across the spectrum of mental health services which is underpinned by principles of promotion, prevention and early intervention for those experiencing mental health issues (Commonwealth Department of Health & Aged Care, 2000). These concepts are reflected in the *National Mental Health Report 2013* (Department of Health & Ageing, 2013, pp. 71–110). The *Fourth National Mental Health Plan* outlines five areas of priority including: "social inclusion and recovery; prevention and early intervention; service access, coordination and continuity of care; quality improvement and innovation; and accountability: measuring and reporting progress" (Commonwealth of Australia. Department of Health & Ageing, 2009, p. 11). The Australian Department of Health's *Pathways of recovery: 4As framework for preventing further episodes of mental illness* (Rickwood, 2006) also promotes consumer participation through awareness, alternatives, anticipation (and planning) and access.

Mental health care in Australia is about the way in which practitioners engage, treat, intervene, assist, advocate for, manage, support and provide therapy or

service to someone who is experiencing a mental problem or illness (Hogan & Cleary, in Hungerford et al., 2015, p. 14). The care is efficient and effective in improving outcomes and is provided in a manner that promotes the individual's dignity, respect and self-determination. This requires competent skills in engagement, active listening, empathy and relationship building with compassion and sensitivity (Hungerford et al., 2015). Just as our perception of mental health problems and illness have changed, so too, have the ways in which we treat it. Interventions within the mental health sector are driven by evidence-based practices which are central to social work (Bland, Renouf, & Tullgrenl, 2009, p. 41). This raises a fundamental question: What do social workers do in mental health care?

The Role of a Social Worker in a Mental Health Context

In Australia, mental health care is available to consumers through government departments, non-government agencies and private practitioners, often involving psychologists and social workers (Hungerford et al., 2015, p. 5). A consumer is defined as "a person utilizing, or who has utilized, a mental health service" (Stacey & Herron, 2002). While there are varied perspectives, theories and ideologies about mental healthcare practice, it is commonly delivered by multidisciplinary teams consisting of an extensive range of professions such as psychologists, Indigenous health workers, nurses, doctors and occupational therapists and social workers. Social workers are a vital member of the team, who significantly contribute to the consumer's mental health treatment plan and activities.

Implications for Mental Health in Social Work Education

Mental health care in Australia is moving away from an illness model towards a system that is more integrated, evidence-based, recovery-orientated and strengths-based, placing greater focus on upholding consumers' sense of identity, rights and dignity. To support social work practitioners in this developing context, it is vital that these practice principles are embedded in social work education.

Given that "there is a profound danger that the voice of the person with the mental illness is silenced" (Bland et al., 2009, p. 35), it is imperative to implement a holistic approach to social work practice. Bland et al. (2009) refer to the holistic methods in the 'Social and Emotional Well Being Framework' (2009, p. 65) where he illustrates the essence of social work as valuing the person's 'lived experience'. Social work is not just about engaging in the process of diagnosis and treatment; it also involves safeguarding the identity of the person that may be lost along the journey by understanding the person's life outside the medical diagnosis (Bland et al., 2009). The strengths-based approach characterized by Bland et al. (2009) sums up

the important lens that social work applies to practice, in contrast to that of the psychological and medical profession.

Based on the literature around strengths-based and holistic frameworks, the authors argue that some specific foci need to be bolstered in social work education and practice in mental health. While many of these foci are a part of current discussions and debates, they need to be made more evident. Some of the key concepts requiring further examination are as follows:

1. Shifting the focus from pathology to strengths-based
2. Theoretical positioning—critical versus clinical
3. Establishing empowering relationships
4. Promoting hope for recovery
5. Promoting recovery
6. Promoting evidence-based practice
7. Embedding multidisciplinary perspectives
8. Advocacy for social justice and human rights.

How does the strengths-based approach promote these concepts? As the name suggests, the strengths-based approach to mental health shifts the practitioners' lens from pathology to strengths-based. This new lens provides an impetus for practitioners to look at the realities critically, challenge preconceived assumptions and theoretically position their practice in evidence-based frameworks. Strengths-based approaches to working with persons, families and communities are emerging in the literature and the field as the preferred alternative to problem-saturated, deficit-based approaches. These approaches "are grounded in the principle that individuals have existing competencies to identify and address their own concerns; and can be involved in the process of healing and problem-solving. All of the strengths-based approaches place an emphasis on capacity and intentionality" (Jose & Vijayalekshmi, 2014, p. 507).

The strengths-based approach also encourages practitioners to view the consumer as a holistic individual, to create hope for recovery. It challenges the practitioners to shift their paradigm from exclusively defining the person by their diagnosis, to recognizing the diagnosis as just one facet of the person. It means that while practitioners acknowledge that diagnoses are important and provide significant insight into people's symptoms and developmental challenges, they do not relate to individuals solely according to their mental health diagnosis, disorder or illness or the client's complications and hardship (Francis, 2014).

So what does strengths-based practice entail? It translates to mental health practitioners working respectfully and compassionately with persons with a focus on envisioning a sense of purpose and meaning in the persons' lives. Strengths-based practitioners recognize that persons are scaffolded as they grow and develop adaptive strategies to overcome daily adversities (Mariscal, 2014). Therefore, recovery within this approach focuses on the complexity and uniqueness of the individual, validating and affirming the person' narratives beyond the problem-saturated stories, diagnostic labels and symptoms. It promotes a hopeful, rather than an oppressive,

vision of recovery and aligns that vision with the individuals' strengths, resources, skills, aspirations and attitudes.

> The strengths model is more concerned with achievement than with solving problems, with thriving more than just surviving, with dreaming and hoping rather than just coping, and with triumph instead of just trauma. For this to happen, people need goals, dreams, and aspirations (Rapp & Goscha, 2011, p. 4).

It is important to acknowledge that practice directed at improving outcomes for individuals at this level is bidirectional, efficient and effective and conducted with dignity, respect and self-determination.

Another ethos of the practice is that strengths-based, recovery-oriented practitioners need to translate the evidence in the literature to their nominated field of practice. For example, strengths-based interventions that are effective for persons diagnosed with substance abuse or dependence would include motivational interviewing techniques, the 12-step programs and cognitive behaviour therapy (Miller & Rollnick, 2002). Petrakis (2014) suggests that linking strengths-based model with evidence-based practice "lends structure and consistency" (p. 528). The ethical predicament to this explanation is the authentic alignment of the complex consumer needs and demands, with the service delivery that reflects the changing mental health and well-being landscape of twenty-first-century citizens. In such a climate, "the community is viewed as an 'oasis of resources', not as an obstacle" (Petrakis, 2014, p. 529) and therefore the strengths-based approach propagates on the individuals' resilience, optimism and capabilities.

As mentioned above, multidisciplinary perspective in terms of collective levels of responsibility, adequacy and accessibility of services, the strength of support services across the lifespan and societal views towards intervention, prevention and treatment, also deserves further examination in education and practice. The strengths-based approach addresses this need.

In Australia, consumers ("person utilizing, or who has utilized, a mental health service" (Stacey & Herron, 2002) can access mental healthcare services from transdisciplinary disciplines which consist of an extensive range of professions. These include social workers, counsellors, psychologists, Indigenous health workers, nurses, doctors and occupational therapists in government departments and non-government agencies, as well as private practitioners. Nurses and doctors are usually the first points of contact when people are experiencing disturbances in thinking, feeling and behaving. From there, appropriate referrals to more specialized professionals such as social workers can be made. Such a process is the beginning of a multidisciplinary care approach.

Within multidisciplinary teams, social workers collaborate with health practitioners in making decisions around the provision of care for consumers. When the treating professionals concentrate on optimism and strengths rather than the pathology that labels consumers, problematic behaviours are viewed as the interaction between members of that biopsychosocial system instead. Diagnosis becomes only one of the voices in this conversation: "the therapist's task is to be flexible in allowing a wide range of possible in-session uses for diagnosis with each client

rather than insisting on the same diagnostic label based on the therapist's philosophy" (Gehart, 2014, p. 554). A multidisciplinary perspective means that no single person orchestrates the interactional patterns without collaboration with, and across systems central to the process, and that the therapeutic change is built around client resilience, empowerment and the promotion of self-management and self-determination. It goes without saying that sometimes tensions may exist between medical (clinical) and social (critical) models of practice (Bland et al., 2009) within these multidisciplinary teams.

Researchers and academics (Francis, 2012; Pulla, 2014; Onken, 2014) associate the strengths-based approach with hope, capacities, possibilities and abilities. It is evident that many of the mental wellbeing practices adopting this framework focus on prevention science, understanding specific risk and protective factors within cultural contexts and providing preventative and early intervention treatment responses. Countless employers, for example, have established Employee Assistance Programs in an attempt to make mental health services available to employees. Such *services are included as employee benefits at minimal or no cost.* Linking it back to education, the authors contend that endorsing this approach and highlighting the foci discussed above will strengthen social workers' competence to clearly articulate that what they do in mental health practice is to advocate for social justice and the human rights of the consumers to promote recovery.

The Social worker's Role and the Challenges in Mental Health Care

There is no question that social workers have long had productive multidisciplinary collaborations with various professionals across many settings in the conduct of their work. The concern is whether social workers receive sufficient education and training in multidisciplinary practice.

As discussed earlier, multidisciplinary or interdisciplinary practice is grounded on the principle that interprofessional education and collaboration facilitate knowledge translation and efficacious frameworks that optimize mental health outcomes. Interdisciplinary partnership occurs "when different professionals, possessing unique knowledge, skills, organizational perspectives, and personal attributes, engage in coordinated problem solving for a common purpose" (Andrews, 1990, p. 175). In social work education, this is operationalized in the curriculum development where a team of members from different disciplines come together to create a quality program.

In Australia, all accredited social work programs adhere to Association of Social Workers (AASW) guidelines for the mental health content in social work curricula (AASW, 2012). The standards cover attitudes and values, knowledge and skills. This includes sound knowledge of current diagnostic frameworks and treatment approaches and the implications of these, as well as appropriate interdisciplinary service responses (AASW, 2012).

The following sections demonstrate the synergy the authors have brought to curriculum development in effectuating the need for interprofessional collaborations. It also highlights some of the areas requiring further research that have emerged throughout the process.

Responses to the Challenges: Social Work Education in Mental Health:

The Three Cs Competence, Confidence and Compassion

The authors identified that there is a gap between what the AASW's Practice Standards for Mental Health for Social Workers (AASW, 2014) define to be the role of social workers in mental health and how that has been translated in social work education. The authors suggest that embedding the 'three Cs' in social work teaching—which is explored below—will begin to minimize this gap as it will place more attention on nurturing the students' capacity to meet the practice standards in mental health care.

The Practice Standards for Mental Health for Social Workers (AASW, 2014) states that social workers' primary responsibility in mental health care is to call attention to the social contributors and consequences of mental illness. This involves (i) advocating for individual's power and control over their lives; (ii) restoring individual, family and community wellbeing and (iii) advancing principles of social justice to promote recovery. Considering that social work takes place at the interface between the individual and the environment, social work activities primarily begin with the individual and extend into the family, social networks, community and the broader societal context (AASW, 2014).

As previously discussed, social workers practise in various service delivery contexts, including multidisciplinary teams. Sometimes in the multidisciplinary context, social workers are undermined in their professional status, skills and knowledge that can lead to workplace conflicts. Anecdotal discussions reveal that social workers who may find it challenging to articulate their role can become vulnerable. So how can educational curricula better translate the AASW's guidelines into the classroom to nurture the social work students' capacity to articulate their purpose within a multidisciplinary team and in a wider practice context?

In efforts to begin addressing this need, the authors began with an audit of the social work and mental health subject curriculum and content. This provided insight into the learning objectives, infrastructures and student experience, which on examination enabled the authors to identify the areas—competence, confidence and compassion (three Cs,)—that need scaffolding and reinforcing to help social workers demonstrate the standards of practice in mental health care.

James Cook University's social work curriculum positions *social work education in mental health with a focus on recovery and multidisciplinary perspectives.* The curriculum team is composed of two social work educators, a learning and teaching specialist and a university librarian. The educators draw inspiration from Biggs, Ramsden and Race whose passion is *'making learning happen'* in an approachable way (Race, 2014) and aimed at enriching students' appreciation of both clinical and multidisciplinary perspectives and thereby furthering their career development. Early and sustained exposure to interdisciplinary work is shown to create learners who develop positive attitudes towards diverse and creative methods used in other disciplines. Therefore, as a social worker within a multidisciplinary team, it is essential to understand the values and priorities of other professions while at the same time to educate others about their own values and priorities. A sound understanding of their role in a multidisciplinary team reduces the vulnerability of being undermined by other professional practitioners.

To enhance social work education, the authors began the discussion of the 'three Cs'—competence, confidence and compassion. The first **C—competence** is about expanding social workers' current knowledge base to include an appreciation of mental health approaches practised by other professions and the value of research and evaluation in informing practice. As a multidisciplinary team member, having a knowledge base of social work practices is not enough. Social workers need to develop an understanding of contemporary issues in the field and current treatment modalities in mental health care (including psychotropic medication, individual therapies, interpersonal therapy, group work and family therapy). Also, an appreciation of how research and evaluation apply to social work practice with people with mental health problems, especially in relation to evidence-based frameworks and program evaluation is essential (See ASWEAS Guidelines: Guidance on essential core curriculum content, AASW, 2012). To foster students' competence, the authors have created interactive videos and scenario-based learning tools that explain the profession's knowledge base. Students have been encouraged to write blogs to express their learning without fear and judgement, allowing students to become confident not only in subject matter but in their ability to document them. The anecdotal feedback from the subject has indicated that tools and practices added innovations to learning and teaching activities that have indeed enabled students to become more proactive in their own learning. We hope that these changes to learning and teaching in the subject will enable them to be more competent in their orientation to practise and help them articulate and manage their roles better.

Partnering with competence is the second **C—confidence**, which is essential for enabling the social worker to engage effectively with consumers and their families to build strong and trusting relationships. This particular focus emerged from student-centred discussions in a subject called Social Work and Mental Health. The subject's course material promotes internal peer group and teacher-led facilitated discussions, guest lecturer inputs and allows students to present their views in class without judgement and fear of failure. When the social worker is confident, he or she can work collaboratively with other professionals who form part of the consumer's mental healthcare team to provide high-quality service. Confidence is also needed when

assessing the likelihood of consumer self-harm, including suicidal risks, and identifying appropriate responses (as in the Australian Social Work Education and Accreditation Standards (ASWEAS), Guideline 1.1: Guidance on essential core curriculum content (AASW, 2012, p. 7)).

Along with competence and confidence, social workers also need to have the third **C—compassion**, which deals with empathy, a concept that is not easy to quantify. It is often described as 'feeling *with* the client', rather than 'feeling *for'* the client which is sympathy (Trevithick, 2005, p. 156). With compassion, the social worker is able to express concern for the suffering of others that is closely associated with the motivation to offer help. This desire to help often transpires from relationships built on empathy, respect and dignity. Cummings (2012) states that compassion is "intelligent kindness, and is central to how people perceive their care". Although many perceive compassion to be difficult or impossible to teach (Davis, 1990, p. 32), others like psychologist Rogers (1957) firmly believes that the skill can be taught alongside a framework that emphasizes positive regard and a non-judgemental client-centred approach.

Spandler and Stickley (2011) discuss the relevance of compassion in mental health care and explore its place within modern mental health policy and practice. Based on a review of the compassion deficit in mental health care and a critical examination of whether the direction of current mental health policy in the UK is likely to facilitate compassionate care, Spandler and Stickley (2011) propose that an understanding of compassion is necessary for appreciating what stimulates hope-inspiring practices. The authors argue that placing more attention to compassion in mental health education and practice would help to shift the language of 'recovery' beyond its biomedical definition. This was done through group discussions, encouraging students to write blogs, sharing of experiences by practitioners, case scenario discussions and actively promoting professional development activities so that students continue to remain lifelong learners.

Conclusion

Mental health care in Australia has come a long way over the past decade and is moving towards a focus on a multidisciplinary approach to consumer recovery. The challenges that social workers face in multidisciplinary workplace need to be brought to the classrooms so that students experience critical learning and be encouraged to gently challenge the status quo to create opportunities for positive change. The paper argues that embedding the 'three Cs'—***competence, confidence and compassion***—in social work education on mental health can help strengthen social workers' sense of professional identity as a multidisciplinary team member. These concepts reflect the Practice Standards for Mental Health Social Workers (AASW, 2014, p.2), Practice Standards (AASW, 2013) and Code of Ethics (AASW, 2010), which apply to all practising social workers.

In terms of the social work curriculum at James Cook University, introducing the concept of compassion to our subject discussions has helped students and teachers to revisit the ideas of empathy and care in a more informed manner. We also acknowledge that it is an ongoing process, and it needs further research and evaluation. Hence, it is worth noting that this paper only addresses the need and rationale for embedding the 'three Cs' in social work education and how the authors have attempted to do this in their specific learning and teaching spaces. We see this as a starting point for further discussion on this topic and how we can make learning and teaching of mental health in social work more empowering and inspiring for our students.

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References

Andrews, A. B. (1990). Interdisciplinary and interorganizational collaboration. In A. Minahan (Ed.), *Encyclopedia of social work* (18th edn., suppl., pp. 175–188). Washington, DC: NASW Press.

Australian Association of Social Workers. (2012a). *Australian social work education and accreditation standards (ASWEAS).* Australian Association of Social Workers.

Australian Association of Social Workers. (2012b). *Australian social work education and accreditation standards (ASWEAS), Guideline 1:1: Guidance on essential core curriculum content.* V1.4, Revised January, 2015. Canberra: AASW. Retrieved from https://www.aasw.asn.au/document/item/3552.

Australian Association of Social Workers. (2010). *AASW: Code of ethics*. Australian Association of Social Workers.

Australian Association of Social Workers. (2014). *Practice standards for mental health social workers.* Retrieved from https://www.aasw.asn.au/document/item/6739.

Australian Bureau of Statistics. (2013). *3303.0 - Causes of death, Australia, 2011*. Belconnen, ACT: Commonwealth of Australia. Retrieved from https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/3303.0Chapter42011.

Australian Bureau of Statistics. (2018). 4364.0.55.001- National Health Survey: First Results, 2017–18. Retrieved from https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.00~2017-18~Main%20Features~Psychological%20distress~20.

Australian Institute of Health and Welfare [AIHW]. (2012). Australia's health 2012: In brief. *Australia's health.* Cat. no. AUS 157. Canberra: AIHW.

Australain Govenmnet Department of health (2006) Planning through a population health approach retrieved form https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-p-frame-toc~mental-pubs-p-frame-act~mental-pubs-p-frame-act-pla.

Biggs, J. (1999). *Teaching for quality at university: What the student does.* Buckingham, UK: Society for Research into Higher Education and Open University Press.

Bland, R., Renouf, N., & Tullgren, A. (2009). *Social Work Practice in Mental Health: An introduction.* Crows Nest, Australia: Allen & Unwin.

Burton, L., Westen, D., & Kowalski, R. (2009). *Psychology* (2nd ed.). Australia: John Wiley & Sons Australia Ltd.

Chaffin, M., & Friedrich, B. (2004). Evidence-based treatments in child abuse and neglect. *Children and Youth Services Review, 26*(11), 1097–1113.

Chenoweth, L., & McAuliffe, D. (2012). *The road to social work & human service practice.* South Melbourne, Vic: Cengage Learning Australia.

Commonwealth Department of Health and Aged Care (2000). *Promotion, prevention and early intervention for mental health—A monograph.* Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra. Retrieved from https://familyconcernpublishing.com.au/wp-content/uploads/2013/12/PPEiMentalHealth2000.pdf.

Commonwealth of Australia. Department of Health and Ageing. (2009). *Fourth National Mental Health Plan—An agenda for collaborative government action in mental health 2009–2014.* Retrieved from https://www.health.gov.au/internet/main/publishing.nsf/Content/9A5A0E8BDFC55D3BCA257BF0001C1B1C/$File/plan09v2.pdf.

Council of Australian Governments. (2013). *National action plan for mental health 2006–2011: Final progress report.* Retrieved from https://www.coag.gov.au/node/512.

Cummings, J. (2012). *Compassion in practice.* National Health Service, UK. Retrieved from https://www.england.nhs.uk/wp-content/uploads/2012/12/6c-a5-leaflet.pdf.

Davis, C. (1990). What is empathy, can it be taught? *Physical Therapy, 70*(11), 32–36. Retrieved from https://ptjournal.apta.org.

Department of Health and Ageing. (2013). *National Mental Health Report 2013: Tracking progress of mental health reform in Australia 1993–2011.* Canberra: Commonwealth of Australia.

Dudgeon, P., Walker, R., Scrine, C., Shepard, C., Calma, T., & Ring, R. (2014). Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander People. *Closing the Gap Clearinghouse, 12.* Retrieved from www.aihw.gov.au/closingthegap/.

Francis, A. (2013). 'I get up, because I know I can go to my group today': Examining the healing power of relationship in support. *International Journal of Social Work and Human Services Practice, 1*(1), 54–63.

Francis, A. (2012). Journey towards recovery in mental health. In V. Pulla, L. Chenoweth, A. Francis, & S. Bakaj (Eds.), *Papers in strengths based practice* (pp. 19–33). New Delhi: Allied Publishers.

Francis, A. (2014). Strengths-based assessments and recovery in mental health: Reflections from practice. *International Journal of Social Work and Human Services Practice, 2*(6), 264–271.

Francis, A. P., Pulla, V., Clark, M., Mariscal, E. S., & Ponnuswami, I. (2014). *Advancing social work in mental health through strengths-based practice.* Brisbane, Australia: Primrose Hall Publishing Group

Gehart, D. (2014). *Mastering competencies in family therapy: A practical approach to theories and case documentation* (2nd ed.). Belmont, CA: Brooks/Cole.

Green, D. (2003). The end of institutions: Housing and homelessness. *Parity, 16*(3), 5–7.

Hoge, C. W., Auchterlonie, J. L., & Milliken, C. S. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *JAMA, 295*(9), 1023–1032. https://doi.org/10.1001/jama.295.9.1023

Hungerford, C., Hodgson, D., Clancy, R., Monisse-Redman, M., Bostwick, R., & Jones, T. (2015). *Mental health care: An introduction for health professionals in Australia* (2nd ed.). Milton, Australia: John Wiley & Sons, Australia.

Jose, S., & Vijayalekshmi, V. (2014). Community mental health: A case study of the DMHP-Trivandrum Kerala, India. In A. Francis, V. Pulla, M. Clark, E. Mariscal, & I. Ponnuswami (Eds.), *Advancing social work in mental health through strengths-based practice* (pp. 485–516). Brisbane, Queensland: Primrose Hall Publishing Group.

Lawrence, D., Johnson, S., Hafekost, J., Boterhoven De Haan, K., Sawyer, M., Ainley, J., & Zubrick, S. R. (2015). *The mental health of children and adolescents.* Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Canberra: Department of Health.

Mariscal, I. (2014). The strengths perspective and the strengths model of case management: Enhancing the recovery of people with psychiatric disabilities. In A. Francis, V. Pulla, M. Clark, E. Mariscal, & I. Ponnuswami (Eds.), *Advancing social work in mental health through strengths-based practice* (pp. 118–176). Brisbane, Queensland: Primrose Hall Publishing Group.

McEvoy, P. M., Grove, R., & Slade, T. (2011). Epidemiology of anxiety disorders in the Australian general population: Findings of the 2007 Australian national survey of mental health and well-being. *Australian and New Zealand Journal of Psychiatry, 45*(11), 957–967. https://doi.org/10.3109/00048674.2011.624083

Mental Health Foundation. (2020). *Schizophrenia.* Retrieved from https://www.mentalhealth.org.uk/a-to-z/s/schizophrenia.

Miller, W., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York, NY: Gilford.

Minino, A., Xu, J., & Kochanek, K. (2010). *Deaths: National vital statistics reports, 59*(2). Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_02.pdf.

Onken, S. (2014). Realizing recovery: A strengths based practice framework. In A. Francis, V. Pulla, M. Clark, E. Mariscal, & I. Ponnuswami (Eds.), *Advancing social work in mental health through strengths-based practice* (pp. 145–176). Brisbane, Queensland: Primrose Hall Publishing Group.

Petrakis, M. (2014). Implementing the strengths model in a clinical mental health setting. In A. Francis, V. Pulla, M. Clark, E. Mariscal, & I. Ponnuswami (Eds.), *Advancing social work in mental health through strengths-based practice* (pp. 517–545). Brisbane, Queensland: Primrose Hall Publishing Group.

Pulla, V. (2014). Strengths based perspectives in mental health. In A. Francis, V. Pulla, M. Clark, E. Mariscal, & I. Ponnuswami (Eds.), *Advancing social work in mental health through strengths-based practice* (pp. 54–77). Brisbane, Queensland: Primrose Hall Publishing Group.

Race, P. (2014). *Making learning happen: A guide for post-compulsory education* (3rd ed.). London: Sage.

Ramsden, P. (2003). The nature of good teaching in higher education. *Learning and teaching in higher education* (pp. 86–108). London and New York: Routledge.

Rapp, C., & Goscha, R. (2011). *The strengths model: A recovery-orientated approach in mental health services.* Oxford, UK: Oxford University Press.

Rickwood, D. (2006). *Pathways of recovery: 4As framework for preventing further episodes of mental illness.* Canberra: Commonwealth of Australia.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*(2), 95–103. https://doi.org/10.1037/h0045357

Spandler, H., & Stickley, T. (2011). No hope without compassion: The importance of compassion in recovery-focused mental health services. *Journal of Mental Health, 20*(6), 555–566. https://doi.org/10.3109/09638237.2011.583949

Stacey, K., & Herron, S. (2002). Enacting policy in mental health promotion and consumer participation. *Australian e-Journal for the Advancement of Mental Health, 1*(1), 49–65.

Trevithick, P. (2005). *Social work skills.* Berkshire: Open University Press.

World Health Organization. (2017). *Depression* and other common mental disorders. Retrieved from https://www.who.int/publications-detail/depression-global-health-estimates.

World Health Organization. (2013). *Mental health action plan 2013–2020.* Retrieved from https://www.who.int.

World Health Organization. (2015). *Mental health and older adults* [Fact sheet No. 381]. Retrieved from https://www.who.int.

World Health Organization. (1946). *Preamble: Constitution of the World Health Organization.* Retrieved from https://www.who.int.

Chapter 6
Decolonizing Social Work Research Education: Reflections from India and Australia

Ilango Ponnuswami and Nonie Harris

Abstract As Indian and Australian academics, the authors have worked together to critically examine our social work research teaching and suggest scholarly responses to social work students' 'research reluctance'. Our reflections led us to support the calls of authors such as Baikady, and others, that social work research education should be 'rooted in the needs and culture of its own society' (Baikady et al., International Journal of Social Work and Human Services Practice 2:311–318, 2014, p. 317), and that 'the incorporation of Indigenous must not be token and piecemeal, it should be primary…' (Singh, S., Gumz, E., & Crawley, C., Social Work Education 30(7):861–873, 2011, p. 872). Our chapter addresses the complexity of honouring Indigenous knowledge, decolonizing our research teaching while considering the place and value of Western research knowledge and theory. We argue there are no simple responses to these complex considerations and, further, that research educators need to adopt a sophisticated and nuanced approach, focusing on collaboration and critical reflection. In this context, the task of the social work research teacher is to create a learning environment where it is possible to hear diverse voices, and to also challenge and deconstruct, with students, the taken for granted assumptions about the 'truth' of 'Western' knowledge, without entire rejection—moving from instructing and telling to walking alongside and working with our students and their communities.

Keywords Social work · Research education · Decolonizing

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Introduction

The authors have been teaching research methods to social work students for many years. We found that even though we came from very different countries and contexts, India and Australia, many of our research teaching experiences and challenges were unexpectedly the same. Our goal has been to work together to critically examine our social work research teaching and suggest scholarly responses to social work students' 'research reluctance' (Ponnuswami & Harris, 2017). Our work together has also been informed by our unique positioning within our communities and contexts—as an Indian citizen from Tamil Nadu and a non-Indigenous Australian—belonging to groups of people that have been colonized and colonizers. Reflections from our vantage points have led us to together support calls by authors such as Baikady, Singh and others, that Indian social work research education should be "rooted in the needs and culture of its own society" (Baikady, Pulla, & Channaveer, 2014, p. 317), and "embedded in local traditions" (Singh, Gumz, & Crawley, 2011, p. 862). Australian authors Rowe, Baldry and Earles (2015) also argue "social work research is in need of decolonizing" (p. 297) and further, "Decolonization requires the individual and in turn the profession to undergo a journey of self-discovery and a personal process of decolonizing themselves" (p. 263).

These are important arguments to make—but what does it mean to root social work research education 'in the needs and culture of its own society' and to 'decolonize' ourselves, social work education and, necessarily, our research teaching? In this chapter, we hope to contribute to these discussions (Singh et al., 2011; Baikady et al., 2014; Rowe et al., 2015) suggesting some answers to these questions, thus encouraging our fellow research educators to purposefully draw on and value their own, their students' and their community's wisdom and experience.

We also note scholars who write about research education often begin their articles or books by exploring the importance of research to the social work profession. They argue, and we agree, that research is the foundation of evidence-based practice (Harvey et al., 2013). Research allows us to systematically evaluate the effectiveness of our practice, to assess the needs of our community and to advocate strongly for new or different services. Most powerfully, in the context of this chapter, research methodologies structure social inquiry, providing tools for 'hearing' the voices of people in the communities we serve.

Scholars have also tended to pay attention to the role of research (Orme & Karvinen-Niinikoski, 2012) or the process of decolonizing the research process itself (Zavala, 2013), with little literature focused on the task of decolonizing research education. However, and interestingly, this smaller amount of literature consistently calls for research education that is shaped by and relevant to community and culture (George & Krishnakumar, 2014; Shay, 2016; Held, 2019; Fernando & Bennett, 2019).

At the end of this introduction, we wish to remind the reader that the reflections in this chapter are not meant to be a general critique of what we teach. Rather, they concern our ability to begin to critically and truthfully engage, as research teachers, with the context in which we are teaching and, also, explore how we might question

what are we assuming about the truth of the knowledge we teach to our students? And, most importantly, asking how we then teach differently?

For the purposes of this chapter, we suggest Zavala's (2013) definition of decolonization "as an anti-colonial struggle that grows out of grassroots spaces" (p. 57). We also acknowledged Fernando and Bennett's (2019) reference to Smith (1997) who "described decolonisation as a process whereby Indigenous and non-Indigenous peoples critically analyse their colonial past to decolonize their minds, hearts, bodies and spirit" (p. 53).

International Goals

Our reflections and recommendations are guided by the International Association of Schools of Social Work (IASSW) call to promote and enhance social work education and training at a global level. In their 2014 statement on social work research, the IASSW claim that strengthening social work research is a core mandate. Further, they discuss the practice-teaching-research nexus and argue that research should not be viewed as separate from social work education or social work practice. Research and research education need to be aligned with social work's commitment to social justice and human rights.

The IASSW 2018 Global Social Work Statement of Ethical Practice (2018) also urges social work educators to counter western hegemony and promote a decolonizing agenda that upholds the core values of the profession by providing a high-quality social work education informed by evidence, practice wisdom and cultural considerations.

These international goals underlie the importance of the reflective task we present in this chapter.

Acknowledging Context

As critical social work practitioners and educators, we assume that knowledge is not neutral—it is situated in a political context. Research education is not separate or removed from this context.

Chougule (2016), an Indian social work scholar, reviewed academic literature on Indigenising social work education in India, beginning his review by acknowledging Indian social work education "borrowed almost the entire framework and pattern of American social work education" (2016, p. 83). Chougule argues the tension between Americanization and Indian cultural context is, at its core, the emergence of individualism and the imperative to create individual identities, thereby negating Indigenous social structures that emphasize interdependence and communal identity. Adaikalam (2014) also acknowledges the early, and enduring influence of American social work on the Indian social work curriculum. The focus has thus been on

case work (a person-centric approach) and welfare administration and legislation, with little emphasis on community development and the Indian reality—"One of the foremost criticisms against social work is negligible indigenous theory in its curriculum… [an] academic vacuum…" (p. 219). Adaikalam concludes his paper by highlighting the need to contextualise curriculum in the "present social reality with evidence-based practice…" (p. 229).

George and Krishnakumar (2014) also refer to India's cultural borrowing, the result of globalization and the dominance of Western discourse. Western dominance has led to a Eurocentric approach to social work education in India, emerging from middle-class imperatives and ignoring the individual needs of communities (George & Krishnakumar, 2014). To counter this dominance, George and Krishnakumar argue for a Gandhian approach that values community experiences and "is based on a reciprocal, interactive partnership between social workers and the community, particularly community residents" (p. 59).

Australian authors Green and Bennett (2018) also acknowledge the dominance of the Western diaspora; "What we call Australian social work today has its foundations in colonisation and is still embedded in colonialism" (p. 262). For Australian author Shay (2016) reclaiming Indigenous knowledge and experience is a priority, with Indigenous researchers contributing to "methodological and theoretical research literature through writing about our lived experiences…" (p. 291). Bennett (2015) emphasizes the importance of an Indigenous research paradigm and encouraging methodology that values Indigenous voices and aims to improve the lives of Indigenous peoples: "The foundation of the Indigenous paradigm in research is the reality of lived experience, grounded in the knowledge of self, community and culture" (p. 21). Fernando and Bennett (2019) focus more broadly on Australian social work education arguing that decolonizing social work education is a university wide task where the creation of culturally safe spaces and collaborative partnerships between Faculties, Indigenous educators and students is a priority. Relationship building and critical awareness are essential, but enduring success requires "macro-systematic changes… grounded in the establishment of collaborative partnerships…" (Fernando & Bennett, 2019, p. 56).

Internationally Held (2019)—focusing specifically on research—argues for a decolonizing partnership between Indigenous and Western researchers that embraces critical and social justice foundations. This decolonizing process begins by identifying and redefining the location of power in research, privileging Indigenous worldviews and acknowledging "the need for decolonization to be an all-encompassing and collaborative effort" (p. 8). Educational institutions have a central role to play in this decolonizing process. For guidance, Held refers to McDowell and Hernandez (2010),

> [a] decolonizing agenda in the academy does not routinely dismiss Western science…, but contributes to just practices and cultural democracy through (a) critiquing and challenging colonial agendas, (b) acknowledging the legitimacy of indigenous and previously subjugated knowledge… and, (c) centring liberation-based healing practices (p. 94 in Held, 2014, p. 10).

Zavala (2013) agrees, suggesting that our focus should be less about method and more about creating culturally safe spaces. Zavala advocates a grassroots approach, which he sees as a political strategy to address the 'crisis of representation' in educational institutions that often reproduce societal power relationships—reminding us that research and education take place in social spaces. Interestingly, Zavala also links the privileging of entrenched power structures "to the diffusion of qualitative research methods and interpretive strategies that privilege the perspectives of individuals and communities…" (p. 66).

This brief review of Indian, Australian and international literature highlights common decolonizing imperatives—commitment to critical and social justice founded approaches; acknowledgement of the impact and implications of colonization for social work knowledge and education; the need to decolonize yourself and, consequently, your teaching; privileging indigenous world views in the education of social workers; connecting with and valuing local communities and their experiences and acknowledging that decolonizing social work research education is a collaborative and macro-systematic effort.

Teaching Research

We begin this section by arguing that the theoretical and personal positioning of teachers needs to be the fundamental starting point of decolonizing discussions (for an example see Pete, Schneider & O'Reilly, 2013). Thus, in the opening paragraph, we identified our own contexts and, later, identified that we have adopted a critical theoretical approach, rooted in a social justice agenda. This explicit positioning is consistent with Fernando and Bennett's (2019) call to build a "critical awareness of [our] own identity in relation to others…" (p. 55) and, also, emphasizes the importance of linking reflective practice to theoretical concepts.

Further, the discussion that follows is not all encompassing, rather it is intended to encourage social work research educators to begin their own critically reflective journey of self-discovery. We began our 'journey of self-discovery' (Rowe et al., 2015) by asking ourselves, 'What do the decolonizing imperatives (raised in the literature) mean for our research teaching?'; 'How can we connect our research education to our community and culture?'. As we have noted these questions are particularly relevant in research education contexts where the western centric social research paradigm has dominated—marginalising non-western critiques and silencing alternative contributions that could enrich and inform research methods teaching. In response to this dominance Bessarab, Green, Jones, Stratton, Young and Zubrzycki (2014) argue for epistemological equality that redresses the "prominence of Western models of social work practice and the curriculum development process to occur in collaboration…" (p. 18). We suggest the initial decolonizing process begins outside the classroom, with the goal of establishing enduring and productive community partnerships—underlying the importance of reaching out and collaborating locally.

In this context, and acknowledging the decolonizing imperatives identified in the literature review, we also argue that the role of the teacher within the classroom is initially to create a learning environment where it is possible to hear diverse voices (Ponnuswami & Harris, 2017), and to challenge and deconstruct, with students, the taken for granted assumptions that particularly underlie the western research paradigm, where the "the oppressor defines the problem [and] the nature of the research" (Hesse-Biber, 2004, p. 107). Zavala (2013) refers to the priority of creating spaces (as with Hesse-Biber's learning environment) that make decolonizing possible, "…generating spaces of recovery and healing that become the fertile soil for seeds of inquiry and research that are inherently political, ethical, and accountable to the communities that make research possible" (p. 68).

We also want to encourage research teachers to sensitively respond to students' diverse lived experience and complex educational contexts. Sue McGinty (2012) in her article *Engaging Indigenous Knowledge(s) in Research and Practice* captures a professional, collaborative and student-centred approach reminding research educators that "we can have a personal transformation within ourselves as educators while bringing our expertise to the table, then together [student and teacher] there is hope for the creation of new knowledges" (p. 13).

This is a process of seeing, listening and learning (Green & Bennett, 2018)—striving for a deep and critical understanding of our own context and community. As research educators, we should, therefore, be open and responsive to the experience and wisdom of students and their vision of themselves as social work researchers, encouraging our research students to think and write from "their knowledge of the world" (McGinty, 2012, p. 12).

Thus far we have focused on acknowledging the Westernized context of social work education in India and Australia, and the imperative for us, as research educators, to begin the decolonizing journey by acknowledging the political context within which we teach, reaching out to our communities and creating classroom spaces that make decolonizing possible. We now suggest that focusing on and valuing the experiences and wisdom of our communities—the Gandhian Approach—that is, knowledge that is "constantly from community experiences" (George and Krishnakumar, 2014, p. 54) requires us to think more broadly about the content of what we teach. We argue that the Gandhian approach encourages research methods educators to purposefully broaden their curriculum to include, for example, qualitative methodologies (and mixed methods), encouraging deep engagement with the field—hearing the stories of community.

In summary, we encourage, with reference to the literature and our own experience, our fellow research teachers to decolonize their social work research education by:

- knowing themselves through critical reflection;
- understanding their 'social place' (Zavala, 2013);
- committing to a social justice agenda;
- recognizing that decolonizing social work research education needs to occur at both an institutional and classroom level;

- valuing relationships with students and community as essential;
- creating a culturally safe learning space (Fernando & Bennett, 2019);
- broadening research curriculum to encourage engagement with diverse theoretical frameworks and methodologies—Indigenous and Western.

A Final Word

Our chapter addresses the complexity of honouring Indigenous knowledge, decolonizing our research teaching while considering the place and value of Western research knowledge and theory (Held, 2019). We argue there are no simple responses to these complex considerations and, further, that research educators need to adopt a sophisticated and nuanced approach, focusing on collaboration and critical reflection. In this context, we suggest the task of the social work research teacher is to create a learning environment (a culturally safe space) where it is possible to hear diverse voices, and to also challenge and deconstruct, with students, the taken for granted assumptions about the 'truth' of 'Western' knowledge, without entire rejection—moving from instructing and telling to walking alongside and working with our students and their communities.

Indigenous Australian scholars Adams and Boladeras (2017) provide advice that we think guides the way forward: "This is not to say that we totally reject Western Theory, research or knowledge; it is more about centring our concerns and world views. It is about coming to know and understand theory and practice from our own Indigenous perspectives and for our own Indigenous purposes" (p. 271).

In this chapter we have argued that decolonizing social work research education means opening our eyes to social and political context—being prepared to examine and challenge the taken for granted assumptions about the 'truth' of the knowledge we are teaching—listening to and valuing your students' voices. Reach out and connect with your communities. Look, listen and learn!

References

Adaikalam, F. (2014). Contextualising social work education in India. *Alternativas. Cuadernos De Trabajo Social, 21,* 215–232. https://doi.org/10.14198/ALTERN2014.21.11

Adams, M., & Boladeras, J. (2017). Respecting and honouring Aboriginal and Torres Strait Islander elders in social work practice. In C. Noble, B. Pease & J. Ife (Eds.), *Radicals in Australian social work: Stories of lifelong activism.* Connor Court Publishing.

Baikady, R., Pulla, V., & Channaveer, R. M. (2014). Social work education in India and Australia. *International Journal of Social Work and Human Services Practice, 2*(6), 311–318.

Bennett, B. (2015). 'Stop deploying your white privilege on me!': Aboriginal and Torres Strait Islander engagement with the Australian Association of Social Workers. *Australian Social Work, 68*(1), 19–31. https://doi.org/10.1080/0312407X.2013.840325

Bessarab, N., Green, S., Jones, V., Stratton, K., Young, S., & Zubrzycki, J. (2014). *Getting it right: Creating partnerships for change. Integrating Aboriginal and Torres Strait Islander knowledges in social work education and practice. Teaching and learning framework 2014.* Office of Learning and Teaching. https://researchbank.acu.edu.au/cgi/viewcontent.cgi?article=1470&context=fea_pub.

Chougule, M. (2016). Indigenising social work education: An analysis. *Social Work Chronicle, 5*(1), 80–88.

Fernando, T., & Bennett, B. (2019). Creating culturally safe space when teaching Aboriginal content in social work: A scoping review. *Australian Social Work, 72*(1), 47–61. https://doi.org/10.1080/0312407X.2018.1518467

George, M., & Krishnakumar, J. (2014). Revisiting the landscape of professional social work in India. *Social Development Issues, 36*(2), 53–64.

Green, S., & Bennett, B. (2018). Wayanha: A decolonized social work. *Australian Social Work, 71*(3), 261–264. https://doi.org/10.1080/0312407X.2018.1469654

Harvey, D., Plummer, D., Pighills, A., & Pain, T. (2013). Practitioner research capacity: A survey of social workers in Northern Queensland. *Australian Social Work, 66*(4), 540–554. https://doi.org/10.1080/0312407X.2012.754916.

Held, M. (2019). Decolonizing research paradigms in the context of settler colonialism: An unsettling, mutual and collaborative effort. *International Journal of Qualitative Methods, 18,* 1–16. https://doi.org/10.1177/1609406918821574

Hesse-Biber, S., & Yaiser, M. (2004). Difference matters: Studying across race, class, gender and sexuality. In S. N. Hesse-Biber & M. Yaiser (Eds.), *Feminist perspectives on social research* (pp. 101–120). Oxford University Press.

International Association of Schools of Social Work (IASSW). (2014). *The IASSW statement on social work research*, July, 2014. https://www.iassw-aiets.org/the-iassw-statement-on-social-work-research-july-2014/.

International Association of Schools of Social Work (IASSW). (2004). *Global standards for social work education and training, adopted by the IASSW and the IFSW at the General Assemblies in Adelaide, Australia*, October, 2004. https://www.iassw-aiets.org/global-standards-for-social-work-education-and-training/.

International Association of Schools of Social Work (IASSW). (2018). *Global social work statement of ethical practice.* https://www.iassw-aiets.org/wp-content/uploads/2018/04/Global-Social-Work-Statement-of-Ethical-Principles-IASSW-27-April-2018-1.pdf.

McGinty, S. (2012). Engaging Indigenous knowledge(s) in research and practice. *GEMA Online Journal of Language Studies, 12*, 5–15. http://www.ukm.my/ppbl/Gema/GEMA%20vol%2.

Orme, J., & Karvinen-Niinikoski, S. (2012). Social work research. In K. Lyons, T. Hokenstad, M. Pawar, N. Huegler, & N. Hall (Eds.), *e Sage handbook of international social work* (pp. 179–195). Sage.

Pete, S., Schneider, B., & O'Reilly, K. (2013). Decolonizing our practice - Indigenizing our teaching. *First Nations Perspectives, 5*(1), 99–115.

Ponnuswami, I., & Harris, N. (2017). Teaching research methods to social work students in India and Australia: Reflections and recommendations. *Social Work Education, 36*(6), 690–701. https://doi.org/10.1080/02615479.2017.1335299

Rowe, S., Baldry, E., & Earles, W. (2015). Decolonising social work research: Learning from critical Indigenous approaches. *Australian Social Work, 68,* 296–308. https://doi.org/10.1080/0312407X.2015

Shay, M. (2016). Seeking new paradigms in Aboriginal education research: Methodological opportunities, challenges and aspirations. *Social and Education History, 5*(3), 273–296. https://doi.org/10.17583/hse.2016.2299

Singh, S., Gumz, E., & Crawley, C. (2011). Predicting India's future: Does it justify the exportation of US social work education? *Social Work Education, 30*(7), 861–873. https://doi.org/10.1080/02615479.2010.515303.

Zavala, M. (2013). What do we mean by decolonizing research strategies? Lessons from decolonizing, Indigenous research projects in New Zealand and Latin America. *Decolonization: Indigeneity, Education and Society, 2*(1), 55–71.

Chapter 7
Teaching Students' Reflexive Practice to Handle Diversity Posed in Multicultural Societies

Venkat Rao Pulla

Abstract The aim of the chapter is to present ideas to engage students in reflexive practice and prepare them for their work with diverse communities, i.e. communities that are other than their own language grouping, birth country origin, colour, creed, religious or spiritual beliefs and/or sexual orientation. This chapter describes my understanding and approach to transformational learning and the teaching of reflexivity for learning and for practice. More specifically, the chapter presents an examination of the concepts of reflexivity, positionality, privilege, situated knowledge and perceptions and the intricate relationships between these concepts. This exploration is offered in the first instance as part of developing a practice in social work to build competencies.

Keywords Reflexive practice · Positionality · Transformational learning · Multicultural societies

Introduction

Modernized nations like Australia, Canada, UK and USA are increasingly accepting the need expressed by migrants to maintain their ethnic identity while continuing the process of integration (Pulla, 1996). The field of multicultural teaching and training is constantly evolving. Views on ethnic relationships in society and working with it how it features in educational settings range from the belief held that ethnicity should be an integral and salient part of any educational curriculum to the belief of others who caution that too much emphasis on ethnicity in educational curriculum may promote ethnic polarization (Pulla, 1996).

In this chapter, I intend to explain my understanding and use of reflexivity, positionality, privilege, situated knowledge and perceptions and the intricate relationships between these concepts. This explanation is offered in the first instance as part of

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developing a practice in social work to build competencies in working with diverse communities and individuals. Later, I present examples from my teaching on subject matters that deal with social work practice with culturally diverse and linguistic communities. The curriculum utilized in one of my teaching units in an Australian tertiary education institution and how scaffolded its contents for the students to appreciate the day-to-day living experience of migrants and refugees in western societies is reviewed.

The Power of Personal Narratives

Self-awareness, critical reflexivity and analytical thinking are considered integral to social work teaching and practice (Urdang, 2010). In social work reflexivity, positionality, privilege, situated knowledge and one's own perceptions matter greatly,

> The profession of social work has an inbuilt capacity for self-reflective process. We believe that our thoughts on our own world and our knowledge and experiences appear to influence our responses to people whom we serve. The question that clearly needs to be raised is: has this knowledge of the world distorted/influenced our perceptions of another individual's reality/truth? (Townson & Pulla, 2015, p. 31).

I consider that social work teaching has a responsibility to build competencies for culturally responsive practice in students of social work. In an earlier paper (Pulla, 2017), I referred to Susan Adler's (2011) pedagogy of cultural diversity in which she considers a three-dimensional narrative inquiry in her teaching of diversity to students who aim to become school teachers:

- their personal and social lives; including their beliefs, experiences and racial biases as cultural beings,
- to reflect on what informs 'their interactions with families of colour' and.
- how these interactions impact on 'their diverse knowledge base and teaching' (p. 620).

Prominent in Adler's pedagogy is the idea that the learning of culturally responsive practice starts with an examination of the self.

There would be some differences between me as the author and you as the reader, and just as I would imagine that there would be some commonalities between us, such as possibility of a similar education, a passion to create a better world or a world of equality. Further similarities may include an orientation towards human rights and perhaps a desire to see that refugees, for instance, are dealt with more humanely. All these are within the realm of possible assumptions and commonalities.

Although social work and human services rhetoric espouse that every human being has a right to equality, there are often a variety of constraints, public policy considerations and political angles which negatively impact on enabling practitioners to practice in-line with professional values and ethics. Take for instance the more recent issue with regard to nearly 7000 asylum seekers losing their income support

payments in Australia (Doherty, 2018). Such news also generates views on issues concerning to the rights of citizens versus new immigrants and asylum seekers and access to social and financial support. This is where I begin using my own narrative in way of teaching about reflexivity, positionality, privilege, situated knowledge and perceptions to enable students to practise reflexively. I begin with a statement that as individuals we bear multiple social identities and that reflection needs to occur on these positions, on an ongoing basis especially when working with people in a social work role. I begin assisting my students with the reflection of my own identity, as an Indian born Australian living in two cultures. I share with students how my thinking clearly evokes an Indian and an Australian out of me and at times makes it difficult to ascertain which one of this is superimposing the other. I listen to what others say and that gives me many opportunities to appreciate the mainstream thinking and even non-mainstream thinking here in Australia. I take pride in identifying myself as an Indian born Australian citizen. Each of us has our own stories to tell. No two stories will ever be the same just as no two lives are ever lived, and or internalized, in the same way. According to Takacs (2003) "[o]nly I have lived my life; only you have in yours [and] it is only by listening to others can [we] become aware of the conceptual shackles imposed by [our] identit[ies] and experiences…we need to [and can] move to respecting, appreciating and then celebrating diverse perspectives as they provide the opportunity to experience both the world and ourselves more richly and deeply". (p. 29).

Reflexivity

Reflexivity, positionality, privilege, situated knowledge and perceptions are some of those concepts that draw a great deal from our own perspectives. Some conceptions are personal, and the view that we lend to them comes from our experience. Anthropologists and sociologists see reflexivity as a concept and a challenge of epistemological assumptions. Concern regarding the element of subjectivity and the production of scientific knowledge were at first articulated as early as the late 1800s (McCorkel & Myers, 2003; Salzman, 2002). The works of the ethnographers during the 1960–1970s (Allen et al., 2008; Dowling, 2009) and others in 1980s started to burgeon a wide variety of discussion and critique on subjectivity and bias (Salzman, 2002). Simultaneously, feminists took to this debate and formulated additional concepts of empathy, rapport and social action and began giving voice to the 'marginalized' (Crang, 2002; Dowling, 2009; McCorkel & Myers, 2003; Rose, 1997). Thus, feminism and post-structuralism seem to have opened up a completely new vistas for understanding as feminist geography to voices other than those of the dominant white, western, middle-class, heterosexual men. This allowed for the discipline of human geography, which, as Lowe and Short put it, "neither dismisses nor denies structural factors, but allows a range of voices to speak" (England, 1994, p. 242).

From the time reflexivity came into the arena of social science, it has become both a malleable and ductile concept with a multitude of variations in its application and articulation and grew into the centre of much debate; some of which were argued as concerns in relation to its application, validity and capacity to be manipulated for personal interests (Crang, 2002; Jansson, 2010; Nagar, 2003; Nencel, 2014; McCorkel & Myers, 2003; Mohd Salleh & Mohd Saat, 2010). Anthropologists seem to view reflexivity as a continual social process in which an individual is constantly aware of his or her own being, actions or thoughts and how he or she may influence both interpretation and responses to situations, interactions or the world at large (Nazaruk, 2011; White, 2001). Reflexivity can be described as a circular process by nature due to interaction and composed knowledge being a continuous activity.

> Knowledge gets constructed by interaction between the questioner and the world. (Takacs, 2003, p. 31).

Social psychologist George Herbert Mead (cited by Salzman, 2002) describes reflexivity as 'the turning-back of [an] experience [or social interaction] of the individual upon himself…. which enable[s] the individual to take the attitude of the other toward himself' (p. 805) which he states has the capacity for the individual to become more self-aware, create shifts in thinking and knowledge baselines and gain more understanding and insights.

I share my positionality and its influences on my thinking and let my students and audiences do the same. The question is: How accurate is this understanding of another individuals' 'location' given we only have our own lived experiences and understandings in which we attempt to a contextual explanation. For instance, one of my narratives shared in a classroom context reflects how I grew up in my family home in India.

> I was born in a Brahmin caste[1] in India and that gives many people a lot of privilege, social, economic, and even political. I did not realise that I was privileged until I came into my teens. Did I feel good about it? Not sure. However, was I at a stage to feel uncomfortable about it? Not sure too. Would I describe that as being ambivalent? Yes.
>
> But I recall I never looked down upon any one from any lower caste—I learnt I guess I was from the highest caste as it was drilled into me and at all festivities, we had something which probably was different from others. Even the priest in the temple treated us differently. With my friends, did caste come up? Did I bring caste when I played? Did I bring caste when I shared my lunch and ran into classes or rain-never? Why was I so? I was becoming aware that something was not right. Was I reflecting? Surely, I was … All of us are in the habit of developing this trait—to reflect, early on. Did I dare to mention my reflections to my grandmother, uncles and aunts, who were alive then, with whom I played—never. Was I afraid to tell? Yes. Would they ban my play? Was I afraid of that? I did feel that they may have less tolerance than myself. My mother was different. However, it was in my 13th year my mother asked me whom did I play with at school? It was ingrained in me to tell the truth when asked. I said the truth.

[1] Indian society is stratified socially by an endogamous hereditary system known as the caste system (Bhattacharyya, 2009, 2013). It is divided into four Varnas: Brahmins, Kshatriyas, Vaishyas and Shudras, which are further divided into several subhierarchies, locally known as jatis and upa-jatis. This article is however beyond the scope of discussing the caste system of India in detail.

> Did my mother object? Not at all. Except that I was told not to eat their food as they eat cow meat. Beef was not the term used by my mother. She used the word cow meat. I was pained for a moment. I did not like any one eating meat to start with. But cow meat? I always wanted to tell my friends not to eat meat and not at all to eat cow meat. But I never dared. Instead, I used to ask if there was meat in the food that they shared with me. I guess I feared losing friends. I liked being with them, I loved them. I was told that you cannot oblige everyone but can speak obligingly. I grew up in those times in India.

The above personal narrative is an example of how one could develop biases or attempt to tease them out. As social workers, we wish to contribute to minimize oppression and move more towards eliminating it. Privilege can be earned or unearned. However, in many societies, it is still an entitlement for a certain group and excludes many others, such as being white in the western nations or like being born of high caste in India. As suggested before, reflexivity, positionality, privilege, situated knowledge and perceptions are intertwined and seem to cohabit in the same arena. Operationally they shape, define and lend refinement to each other while existing and developing together. Therefore, it is crucial to begin recognizing these concepts as separate entities to begin with although connected. These concepts keep shifting, changing and have rippling effects. Meadow (2013) sees the above concepts remaining in fluidity. Asking such questions may assist us in our reflexivity and that of our students.

There are other crucial elements to reflexivity, and one of them is around the social worker/researcher holding 'biases' or making conscious efforts to work through and eliminate them. Biases stem 'not from having ethical and political positions—this is inevitable—but from not acknowledging them' (Griffith, 1998:133). However, it would be important to understand that acknowledging bias and eliminating bias are two very different things and we could not work towards eliminating it without acknowledging the bias in the first place.

In its bare essence, reflexivity simply asks the question: "How do we know what we know?" Hence, asking and then reflecting on this question allow for the deconstruction of our positionality (Raju, 2002), and I think it is important for us in social work.

Let me further reflect from my own narrative to see what I would add because of my living in Australia and as an academic. This is my twenty sixth year in the profession of social work in Australia. In this country, I arrived as an academic, did a three- and half-year appointment in NTU as the head of the school (now known as Charles Darwin University) and moved afterwards into direct practice where I was privileged to understand about social issues and ways to respond to them in a positive way. I find that my interest in the efficacy of core elements of social work across cultures, my unconditional ability to listen to the narratives of people with whom I work and my humility, shaped me and built my approach or epistemology in my journeys into teaching and direct practice. As a practitioner, I was open to learning, and as a teacher I remain a learner.

In India, I grew up in times when radical social work was believed to bring in structural changes to assist individuals and groups to meet their needs (Langan & Lee, 1989; Lee, 2001; Reisch & Andrews, 2001). Radical social work practice

never excluded anyone from society particularly the poor and at the same time was resentful of charity, pacifiers and concessions being offered to them. The radical practitioners agitated for structural changes and angered at structural adjustments and tinkering. The state was constantly reminded of its constitutional obligations to the poor and the vulnerable and expected the state to look at poverty at its roots and in the structure. In the late seventies, social work in India was hardly revered compared to its counterparts in the west, yet the social workers who came out of the limited number of schools of social work in India were a brand made of fire. Many of them questioned the inequities in society. As practitioners and as academics, they were conscious of the intersections of marginality, inequality, gender and influence of western models of development. Our approaches in India were on a continuum of system adjustment, subversion and very vocal and radical departures to usher in new systems development.

When I arrived here in Australia in 1992, I saw that the western social work was similar in rhetoric. In the western world, social work academics accept inclusion of 'human rights, social justice and support for the disenfranchised' as part of their professional concerns (Briskman, Pease, & Allan, 2009, p. 6). Yet, the irony seems that much of Australian social work is laid in conservative practice environment (Briskman et al., 2009; Pulla, 2017). The Code of Ethics (AASW, 2011) continues to exhort social workers to affirm human rights and challenge unjust practices. It therefore offers a serious opportunity for Australian social work, which we ought not to let go.

When I studied social work in Tata Institute in India, with late Professor M.S. Gore, among others, I was taught to see and recognize the three core competencies in a social worker. These are an ability to practice, an ability to know and an ability to be a social worker. The last part of 'being a social worker, is a big thing' and honourable, and we were told in the late seventies. Pawar and Anscombe (2015) addressed the importance of social work being, in the context of the common usage of combination phrases such as 'thinking, doing and being' (Pawar & Anscombe, 2015, p. 15). They urge us to construct the concept of 'being' in terms of physical, organic, mental/emotional, social/relational and spiritual/existential dimensions.

> Being involves recognising that humans are both shaped by and are shapes of the environment- physically, socially, ecologically and spiritually (Pawar & Anscombe, 2015, p. 15).

In the last thirty years of social work that I have seen in Australia, it has evolved itself with more managerialist and compliance agenda that seems to set up programs for passive participation of people in need. In several public service positions that I held, I noticed that our tendency to consult what people in need and their requirements has reduced. Other critics of social work see it as a bag of corporatized, mainstreamed and fragmented activities, and I believe that its current pedagogy is unable to offer genuine opportunities to practice 'of knowing, doing, and being' (Larrison & Korr, 2013, p. 200). In my experiential approach in teaching, I have utilized my own narrative of over fifteen years of Australian social work practice, relevantly often superimposing it with by comparable and contrastable third world experiences from

India and other countries in Asia and countries from the Balkan region in Europe where I had opportunities to practise and observe other practitioners. Certainly, my research and writings into violations of human rights, such as the Lhotsampa refugees from the so-called Shangri-La of Peace-Bhutan (Pulla, 2016), and reproductive rights of tribal women, (Mamidi & Pulla, 2013) and other permissible narrative reflections from my practice in the field of disabilities have also assisted in shaping a distinctive approach of reflective informing teaching practice (Townson & Pulla, 2015). Such distinction does not happen overnight, and it happens only when we give ourselves the permission to be an active academic rather than passive and dependent on the expertise of others (Beattie, 2000).

Positionality as an Efficacy

"If our goal is to transform the power hierarchies embedded in services planning as in social work and knowledge production in social sciences, it is clearly not going to happen merely through a discussion of how we represent others and ourselves" (Nagar, 2003, p. 65). I believe that Nagar (2003) epitomizes what appears to be an ongoing ripple of questioning in relation to the efficacy of positionality (Harley, Jolivette, & McCormick, 2002; Salzman, 2002). Positionality yields several subcategories in relation to its contours. Positionality displays characteristics such as being multifaceted, being an extension to reflexivity and possible contradicting views of placement on the privilege versus under privilege on a continuum (Crossa, 2012; Ganga & Scott, 2006; Harley et al., 2002). In addition, it co-occurs with the same principles of reflexivity meaning that introspection of the circular process—how we relate to the world/how the world relates to us—is crucial (Bhattacharyya, 2004). To illustrate further, I will return to my further reflection on my positionality within the Indian society, experiencing the 'caste' and what it does when we become aware of it. After acquiring degrees in sciences and in journalism, I studied social work and turned myself into an academic. I pursued my doctoral work on the caste system in India and compared it with the marginalized and the minorities around the world. When I looked at my student peer group, I realized that most of us possessed power, wealth, education and status of higher castes. There were many of them in the doctoral cohorts but that belonged to other higher castes, not just Brahmins. But perhaps there were more Brahmins, probably the highest in that university where I completed my doctorate.

I was becoming aware of the exploitation of the lower castes in India. This caste consciousness clearly articulates the positionality. I detested my position of belonging to a higher caste, but there wasn't anything I could do as caste is an ascribed status. Mere critical awareness was not sufficient—I needed to do things, which were within my control and privilege. I began assisting some students belonging to lower caste in India in a humble way offering free tuitions and a scholarship that my wife and I set up for a while. It gave a few dollars a week allowing some of the normal things that all of us used to do among the so-called privileged lot like going out, having

coffee or a soft drink with mates. Someone described this attitude of mine as washing away of some guilt that I wear. What guilt? I did not do anything? I could not buy that argument. I was shaped never to think of myself as someone who patronizes the underprivileged. I could not change everything around me particularly the caste system. Maybe I took just some steps that were within my realm. I followed my heart and incidentally those who like the metaphor of heart, head and hands in social work would see that it is the heart that actually allows us to 'be the social worker' which Pawar and Anscombe (2015) write about.

Similar to reflexivity, the concept of positionality too has a history of fair share in academic debates (Ahmed, Hundt, & Blackburn, 2011; Fletcher, 2014; Ganga & Scott, 2006; Herr & Anderson, 2005; Mellor et al., 2014; Merriam et al., 2001; Muhanna, 2014; O'Connor, 2004; Rhoads, 1997; Sherif, 2001; Skelton, 2009; Sultana, 2007; Tarrant, 2014; Weiner-Levy & Rabia Queder, 2012). I consider Meadow (2013) provided us the best understanding of positionality as being fluid, having multiple ways of manifesting and unpredictable in several ways. In its basic entity, the labelling of oneself as having an 'insider'/'outsider' positionality is categorized by the subsections which we exist in, that is, gender, sexuality, ethnicity, culture, etc. (Harley et al., 2002; Merriam et al. 2001; Rhoads, 1997) Positionality as a clear declaration is more evident in research literature than in practice contexts; therefore, a pertinent question is what happens within a counselling and in social work practice? For instance, when we face people from a non-English background, beyond visual cues of ethnicity what else do we need to consider in relation to ourselves and about them? I suggest that we look at our mannerisms, our idiom, attempting speaking in plain language. For example, if we wish to know about their cultural and religious beliefs in the context of our work with them, it would be a great idea to initiate a discussion from our end explaining some salient features of our own belief system. Thus, this will help to better our inferences on or around their cultural and religious beliefs. Certainly such an approach will assist us in better servicing as we have ventured to go beyond visible cues of gender, sexuality and disability and also beyond the possible cues/clues specific to the settings in which we met them such as hospital, welfare service, aged care homes and any other contexts. I believe that a deliberate planned statement of declaration of positionality may have to be offered even in social work field practice. This delayering of the therapist's and social worker's role or conceptual place or 'location' would become a gradual process. Some of the pitfalls associated with this consist of perceived imbalance of power, our inability to provide the people a choice with regard to the technique that is perhaps more ideal for them, and we could pursue after explaining to them. Our power seems to decide that we would use cognitive behavioural therapy, crisis intervention, etc. How would it be if we viewed them through the lens that values a strengths approach to people? (Pulla, 2017). At the end of the day, I advocate strengths-based approaches in social work and human services delivery as it removes the workers from the role of the expert, makes them think critically and practices humility.

The Notion of Privilege

I will examine the notion of privilege and how this affects the discourse and practice of social work. The concept of 'privilege' is structural, and it appears that its core framework consists of a basic continuum of privilege versus under privilege. Placement of oneself on this continuum however is more complicated as it involves intricately involved parts. However, privilege(s) accrue as a result of gender, race/ethnicity, culture, class, sexuality, disability, economic status, education status, skills, religion/faiths, class, emotional strength and physical appearance/attractiveness (McCorkel & Myers, 2003; Pease, 2010). The above variables if found in combinations tend to capacitate or incapacitate people. For instance, two men can be connected by gender however different to each other in relation to other variables; two Caucasian individuals with university degrees are connected by race/ethnicity and education status but different to each other by any other variable; a group of individuals can be connected by culture, economic status and similar life experiences but divided by their spirituality, sexuality or embedded values. Privilege(s) can occur randomly through birth, some are achieved by hard work, some occur because of misfortune, and some are conscious and deliberate decisions.

The concept of privilege is clearly a social construction. Privilege, for instance, is a social construction as it provides benefits to some people in society based on certain aspects of that person's identity as for example gender. Privilege can be deep-seated and established. It is both well entrenched and has been lengthily sustained by laws, rules, institutions, traditions, customs, conventions, expectations, individual perception and generational thinking (Pease, 2010). To me, basically, the ease of gravitating towards or drifting into the familiar rather than the unease of change seems to be a common human trait. There is no doubt that humanity is striving hard to minimize inequities associated with the current constructs of privilege at many levels through anti-discrimination laws and basic human rights platforms. Many inroads have been made and the Universal Declaration of Human Rights (1948) is one example.

But one must ask the questions.

(1) Is it ever achievable? Ninety years ago, Mahatma Gandhi led the freedom movement in India resulting in the transformation of an 'inner psychological structure of fear and submission… into one of courage, self-respect, self-assertion and a thirst for freedom'. I pose this question to the readers—Is this your impression? How does your positionality resonate with its validity/truth?
(2) What are the ramifications? No doubt, each reader will have his or her own answer.

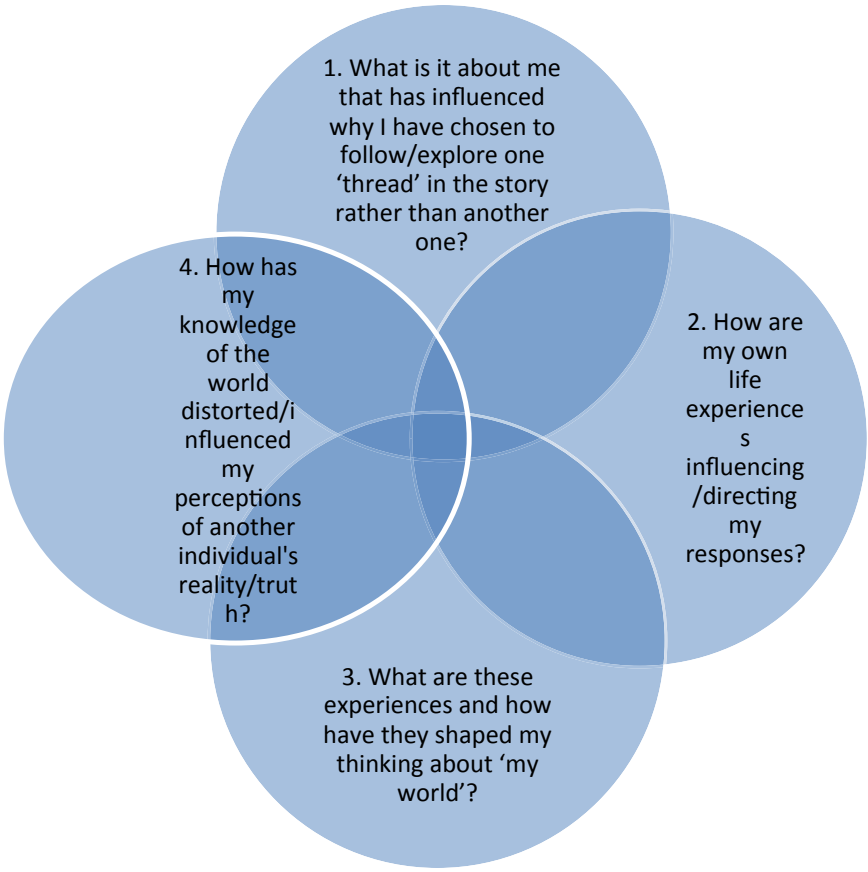
Situated Knowledge and Perception

Briefly, I will examine the concept of the situated knowledges and perception. Irrevocably attached to privilege is the concept of situated knowledges and is therefore, just as convoluted. Our working definition is that situated knowledges are a social process whereby knowledge is co-constructed. It is both situated in a specific context and embedded within a social and physical environment (Caretta, 2015; Haraway, 1991; Rose, 1997). Learning theorists state this process occurs through socialization, visualization and imitation (Bandura, 1977; Miller, 2011; Parke, 1979). Situated knowledges are "marked knowledges that produce maps of consciousness" (Haraway, 1991 p. 111). The repository in situated knowledge reflects our locationality (historical, national and generational) and positionality (race, gender, class, nationality, sexuality) acknowledging how the dynamics of where we are always affects our viewpoint (Thorne, 2010).

Thus, I will explain perceptions as our impressions, attitudes and/or understanding at which we arrive by our observations and experience and associated feelings and emotions. This can be positive and pleasant or can also be negative likened to a prejudice, thus suggesting a strong role of memory in formulation of perceptions. Simultaneously, perception is influenced by the capacity of the individual for intuition, discernment, insight, acuity, observation and sensitivity (Styles, 2005; Winkler and Czigler, 2010). Thus, the individual notions of reflexivity, positionality, privilege, situated knowledge and perceptions are inextricably interlinked; the central common threads being that they shape/shift our 'location' or understanding of self in context are uniquely individualistic.

In the Context of Social Work: Discussion

Having discussed the efficacy and usage of concepts such as positionality and reflexivity among others in preparing better social work graduates, in this section I will reflect on my teaching of a social work unit that imparts social work practice with cultural and linguistically diverse (CALD) communities. I do raise similar principal question with my students in social work on how our knowledge of the world distorted/influenced our perceptions of another individual's reality/truth. The following diagram shows these questions in detail.



My premise in setting the above questions is to encourage the students to thoughtfully answer their own understanding and present it as their own truth. It is their call. I recognize that such positionality is still fraught with biases and pitfalls (Townson & Pulla, 2015). But then it is also their truth as they perceive it. As a teacher, my own epistemology strongly deploys such reflexivity. My narratives assist the students to grow intellectually and organically. In Gramscian terms, a thinking individual contributes to action (Gramsci, 1987). Gramscian counter hegemony suggests that development of a transformation power arises from within an individual. And here I see the role and purpose of social work teaching. Preparing such 'organic intellectuals' that would partake in fundamental transformation of society (Gramsci, 1987, pp. 161–323). I assist my students to delineate and deconstruct their own professional and personal experiences through my autoethnographic accounts and some of my research findings based on grounded theory approaches (Pulla, 2016). Often, my generalization and experiences resonate with my students and audience, and they seem to see some parallels in the lives of people that they know (Ellis, 2004). I continue to ponder the questions as to what privilege is? Being fortunate or being privileged may mean having adequate access to such things as running water, freedom of

speech, adequate health care, sense of safety/security as a result of having sufficient food, a permanent home, sense of belonging, just the opposite of a Bhutanese refugee who lived in huts they called homes that used tarpaulin and bamboo, in Nepal, for 25 years (Pulla, 2016).

I believe that my colleagues in social work, world over are involved in a challenge to create a body of knowledge for social work and reshaping it with a view to make it into an acceptable theory. Weick (1994), several years ago, made a comment that makes sense even today that this theory building penchant has driven most of our teaching fraternity to nuts so much so causing 'a forged alliance with a scientific model of knowledge building in our drive to gain a professional status' (Weick, 1994, p. 29) The history of social work is one continuous search of professional status recognition and legitimacy (Neuman & Blundo, 2000), and clearly, it seems to me that it is also a continuous struggle. I wish we spent more time in building robust practice and demonstrating better outcomes for the people whom we serve. Such a task would have taken our profession right through a constructivist rationale. Constructivist pedagogy, I believe offers us an opportunity to set ideas, build clarity in intent, structure and content. Social work is a practice-based profession and an academic discipline that promotes social change and development, and its concerns are all about the wellbeing of humankind. The profession has an acceptable agenda worldwide to deal with 'social cohesion and the empowerment and liberation of people' (IASSW/IFSW, 1994). Its core values are stated as social justice, human rights, collective responsibility and respect for cultural diversity (IASSW/IFSW, 1994). The theoretical base arrives from social and behavioural sciences. As a profession with pronounced engagement with people, it has developed its practice approaches. Social work seems to be a fit candidate for constructivist agenda as most of us position ourselves as mentors that allows us to scaffold concepts and theories to our aspirants in social work.

As teachers, I see our role in assisting our students to prepare them to develop a dialogue with the real people with whom they will work in future. Our endeavours through classroom exercises and simulated case materials, use of videos and their own role plays for self-interrogation, peer evaluation assist a great deal of student learning. One good thing that I can see with applying a constructivist approach is that there is no preconceived idea, and it allows the learner to build their own cognitive map unique to their experience and their need (Neuman & Blundo, 2000; Mlcek & Pulla, 2014; Pulla, 2013). Simulated scenarios assist the students' learning processes such as skill development in areas such as coping, building resilience and making people empowered, which to start with seems to agree with the core business of social work.

Author's note: The current chapter is revised from my previous articles including editorial in my capacity as special editor. International Journal of Innovation, Creativity and Change. www.ijicc.net. Volume 3, Issue 4 March 2018. Special Edition: Teaching and Training in Cross Cultural Competencies and a previous writing with Townson, (2015). Preparing social workers for empowerment work: the place of positionality and its continual intricacies, presented at the International

Conference on Community Empowerment, Coping, Resilience and Hope, held at Hyderabad, Telangana, India, and organized by the Brisbane Institute of Strengths Based Practice, Australia.

References

Adler, S. M. (2011). Teacher epistemology and collective narratives: interrogating teaching and diversity. *Teaching and Teacher Education: An International Journal of Research and Studies, 27*(3), 609–618.

Ahmed, D., Lewando Hundt, G., & Blackburn, C. (2011). Researching visual impairment in an Arab society issues of gender, reflexivity and positionality in the field of disability. *Qualitative Social Work, 10*(4), 467–484.

Allen, S., Francis, K., Chapman, Y., & O'Çonnor, M. (2008). Examining the methods used for a critical ethnographic enquiry. *Contemporary Nurse 29*, 227–237 (Australia Elsevier Ltd).

Bandura, A. (1977). *Social learning theory*. Englewood Cliffs N.J.: Prentice Hall.

Beattie, M. A., Sapiano, C., Shifrin, E., & Weinstock, R. (2000). Narratives of professional learning: Becoming a teacher and learning to teach. *Journal of Educational Enquiry, 1,* 1–23.

Bhattacharyya, R. (2004). Conducting in-depth interviews in Assam. *Journal North Eastern Geographer, 33*(1/2), 79–87.

Bhattacharyya, R. (2009). *Examining the changing status and role of middle-class Assamese Women: Lessons from the Lives of University Students* (Doctoral dissertation,Newcastle University, Newcastle, UK).

Bhattacharyya, R. (2013). *Are we empowered? Stories of Young Indian Working Women.* Saarbrücken, Germany: Lap Lambert Academic Publishing.

Briskman, L., Pease, B., & Allan, J., (2009). *Critical social work: Theories and practices for a socially just world* (2nd edn.). Crows Nest, N.S.W.: Allen & Unwin.

Caretta, M. A. (2015). Situated knowledge in cross-cultural, cross-language research: A collaborative reflexive analysis of researcher, assistant and participant subjectivities. *Qualitative Research, 15*(4), 489–505.

Crang, M. (2002). Qualitative methods: The new orthodoxy? *Progress in Human Geography, 26*(5), 647–655.

Crossa, V. (2012). Relational positionality: Conceptualizing research, power, and the everyday politics of neoliberalization in Mexico City. *ACME: An International E-Journal for Critical Geographies, 11*(1), 110–132.

Doherty, B. (2018, March 30). New dose of cruelty: Up to 7,000 asylum seekers to lose income support. *The Guardian.* https://www.theguardian.com/australia-news/2018/mar/30/new-dose-of-cruelty-up-to-7000-asylum-seekers-to-lose-income-support.

Dowling, R. (2009). *Ethical issues in research.* Sydney, NSW: Macquarie University.

Ellis, C. (2004). *The ethnographic I: A methodological novel about autoethnography*. Walnut Creek, CA: AltaMira.

England, K. V. (1994). Getting personal: Reflexivity, positionality, and feminist research. *The Professional Geographer, 46*(1), 80–89 (Taylor and Francis).

Fletcher, T. (2014). 'Does he look like a Paki?' An exploration of 'whiteness', positionality and reflexivity in inter-racial sports research. *Qualitative Research in Sport, Exercise and Health, 6*(2), 244–260.

Ganga, D., & Scott, S. (2006). Cultural "Insiders" and the issue of positionality in qualitative migration research: Moving "across" and moving "along" researcher-participant divides. *Forum: Qualitive Social Research, 7*(3), Art. 7.

Gramsci, A. (1987). *Selections from prison notebooks.* New York, NY: International.

Haraway, D. (1991). *Simians, cyborgs and women.* London: Routledge.

Harley, D.A., Jolivette, K., McCormick, K., & Tice, K. (2002). Race, class and gender: A constellation of positionalities with implications for counselling. *Journal of Multicultural Counselling and Development, 30*, 216–238.

Herr, K., & Anderson, G. L. (2005). *The action research dissertation: A guide for students and faculty*. Thousand Oaks Calif: Sage Publications.

Houle, C. (1980). *Continuing learning in the professions*. San Francisco: Jossey- Bass.

International Federation of Social Workers. (1994). Global Definition of Social Work. (n.d.). Retrieved April 2, 2017, from https://ifsw.org/get-involved/global-definition-of-social-work/.

Jansson, D. (2010). The head vs. the gut: Emotions, positionality, and the challenges of fieldwork with a Southern nationalist movement. *Geoforum, 41*(1), 19–22.

Jin, G. (2013, 10 September). The one thing white writers get away with, but authors of color don't: Gracie Jin (Weblog). Retrieved from https://kafila.online/2013/09/10/the-one-thing-white-writers-get-away-with-but-authors-of-color-dont-gracie-jin/.

Langan, M., & Lee, P. (1989). *Radical social work today, A review of radical social work from the perspective of the late 1980's*. London: Routledge.

Larrison, T., & Korr, W. (2013). Does social work have a signature pedagogy? *Journal of Social Work Education, 49*(2), 194–206.

Lee, A. J. (2001). *The empowerment approach to social work practice: Building the beloved community*. New York: Columbia University Press.

Mamidi, B. B., & Pulla, V. (2013). Hysterectomies and violation of human rights: Case study from India. *International Journal of Social Work and Human Services Practice, 1,* 64–75. https://doi.org/10.13189/ijrh.2013.010110

McCorkel, J. A., & Myers, K. (2003). What difference does difference make? Position and privilege in the field. *Qualitative Sociology, 26*(2), 199–231.

Meadow, T. (2013). Studying each other: On agency, constraint, and positionality in the field. *Journal of Contemporary Ethnography, 42*(4), 466–481.

Mellor, J., Ingram, N., Abrahams, J., & Beedell, P. (2014). Class matters in the interview setting? *Positionality, Situatedness and Class British Educational Research Journal, 40*(1), 135–149.

Merriam, S. B., Johnson-Bailey, J., Lee, M., Kee, Y., Ntseane, G., & Muhamad, M. (2001). Power and positionality: Negotiating insider/outsider status within and across cultures. *International Journal of Lifelong Education, 20*(5), 405–416.

Miller, P. H. (2011). *Theories of developmental psychology*. New York: Worth Publishers.

Mlcek, S., & Pulla, V. (2014). Knowledge building for practice: Resilience in social work student engagement. *International Journal of Innovation, Creativity and Change*, *1*(4), www.ijicc.net.

Mohd Salleh, N., & Mohd Saat, R. (2010). Ethical codes of conduct and practices using human subjects. *Procedia Social and Behavioral Sciences, 9*, 2021–2025.

Muhanna, A. (2014). When the researcher becomes a subject of ethnographic research: Studying "myself" and "others" Gaza. *Women's Studies International Forum, 45*, 112–118.

Nagar, R. (2003). Collaboration across borders: Moving beyond positionality. *Singapore Journal of Tropical Geography, 24*(3), 356–372.

Nazaruk, M. (2011). Reflexivity in anthropological discourse analysis. *Anthropological Notebooks, 17*(1), 73–83.

Nencel, L. (2014). Situating reflexivity: Voices, positionalities and representations in feminist ethnographic texts. *Women's Studies International Forum, 43,* 75–83.

Neuman, K., & Blundo, R. (2000). Curricular philosophy and social work education. *Journal of Teaching in Social Work, 20*(1–2), 19–38.

O'Connor, P. (2004). The conditionality of status: Experience based reflections on the insider/outsider issue. *Australian Geographer, 35*(2), 169–176.

Parke, R. D. (1979). Cognition comes to social learning theory. *PsycCRITIQUES, 24*(4).

Pulla, V. (1996). Curriculum management for a culturally diverse society (Keynote lecture, published in proceedings of Conference on professional education and training in cultural diversity), (pp. 76–80), Centre for Ethnic Health, Victoria, 3121. ISBN: 0731097011.

Pulla, V. (2013). Contours of coping and resilience. In V. Pulla, A. Shatté, & S. Warren (Eds.) *Perspectives on coping and resilience* (pp. ?-?). Delhi, India: Authorspress.

Pulla, V. (2014a). Spiritually sensitive social work: The road worth taking. In B. R. Nikku, & Z. A. Hatta (Eds.) *Social work education and practice: Scholarship and innovations in the Asia Pacific* (1st edn., pp. 182–200), Primrose Hall ISBN: 9781304779137.

Pulla, V. (2014b). Grounded theory approach in social research. *Space and Culture*, *2*(3), 14–23. https://doi.org/10.20896/saci.v2i3.93

Pulla, V. (2016). *The Lhotsampa people of Bhutan: Resilience and survival*. Hound mills, Basingstoke, Hampshire; New York: Palgrave Macmillan.

Pulla, V. (2017a). Teaching cross cultural practices to social work students: A reflective journey. *Social Dialogue Magazine, 17*, 50–53. https://socialdialogue.online/SDpdf/VOL.17.pdf.

Pulla, V. (2017b). Strengths-based approach in social work: A distinct ethical advantage. *International Journal of Innovation, Creativity and Change, 3*(2), 97–114. https://www.ijicc.net/images/Vol_3_iss_2_nov_2017/Pulla_2017.pdf.

Pawar, M., & Anscombe, B. (2015). *Reflective social work practice: Thinking, doing and being*. Melbourne: Cambridge University Press.

Pease, B. (2010). *Undoing privilege: Unearned advantage in a divided world*. London and New York: Zed Books.

Raju, S. (2002). We are different, but can we talk? *Gender, Place & Culture: A Journal of Feminist Geography, 9*(2), 173–177.

Reisch, M., & Andrews, A. (2002). New York: Routledge.

Rhoads, R. A. (1997). Crossing sexual orientation borders: Collaborative strategies for dealing with issues of positionality and representation. *International Journal of Qualitative Studies in Education, 10*(1), 7–23.

Rose, G. (1997). Situating knowledges: Positionality, reflexivities and other tactics. *Progress in Human Geography, 21*(3), 305–320.

Salzman, P. C. (2002). On reflexivity. *American Anthropologist, 104*(3), 805–813.

Sherif, B. (2001). The ambiguity of boundaries in the fieldwork experience: Establishing rapport and negotiating insider/outsider status. *Qualitative Inquiry, 7,* 436–447.

Skelton, T. (2009). *Cross-cultural research.* Singapore: National University of Singapore, Singapore Elsevier Ltd.

Styles, E. A. (2005). *Attention, perception, and memory: An integrated introduction.* Hove East Sussex; New York: Psychology Press.

Sultana, F. (2007). 2007 Reflexivity, positionality and participatory ethics: Negotiating fieldwork dilemmas. *International Research ACME: An International E-Journal for Critical Geographies, 6*(3), 374–385.

Takacs, D. (2003). How does your positionality bias your epistemology?. *The New Higher Education Journal Thought & Action,* 27–38.

Tarrant, A. (2014). Negotiating Multiple Positionalities in the Interview Setting. *The Professional Geographer, 46*(1), 80–91.

Thorne, N. (2010). *Reflexivity, positionality, shifting subjectivities & situated knowledges* (Some Background, Perspectives & Historical Context) (ONLINE). Available at: https://curiouspraxis.wordpress.com/. Last Accessed July 03, 2014.

Townson, L., & Pulla, V. (2015). Preparing social workers for empowerment work: the place of positionality and its continual intricacies in some aspects of community empowerment and resilience. In V. Pulla, & B. B. Mamidi (Eds.). New Delhi: Allied Publishers Private Limited (ISBN 978-81-8424-962-0).

Urdang, E. (2010). Awareness of self—A critical tool. *Social Work Education, 29*(5), 523–538.

Weick, A. (1994). Reconstructing social work education. *Journal of Teaching in Social Work, 8*(1–2), 11–30. https://doi.org/10.1300/J067v08n01_02

Weiner-Levy, N., & Rabia Queder, S. (2012). Researching my people, researching the "other": Field experiences of two researchers along shifting positionalities. *Quality & Quantity, 46,* 1151–1166.

White, S. (2001). Auto-ethnography as reflexive inquiry: The research act as self-surveillance. In I. Shaw & N. Gould (Eds.), *Qualitative research in social work* (1st ed., pp. 100–116). London: SAGE Publications Ltd.

Winkler, I., & Czigler, I. (Eds.). (2010). *Unconscious memory representations in perception: Processes and mechanisms in the brain*. Amsterdam: John Benjamins Publishing Company.

Chapter 8
The Critical Role of Community Development in Social Work Education

Narayan Gopalkrishnan

Abstract Social work, and social work education, is increasingly challenged by the changing nature of the globalized environments that it works within. The local and the global are deeply intertwined, leading to complex transnational problems and shared risks that continue to impact heavily on communities. Cultural diversity plays a key role in this, providing a number of opportunities as well as threats to the ways in which people and communities interact. This chapter explores some of the responses of the social work profession in India and Australia to the challenges experienced in the globalized world and discusses these responses in relation to human rights and social justice. The role of community development in this context is then examined, and its relevance to social work education is discussed. We argue that traditional forms of community development have not been very effective at working with diversity and look towards new ways in which professionals can engage with this realm of activity. The chapter closes with an exploration of possible future directions for social work educators to consider.

Keywords Community development · Cultural diversity and social work education

Context

Social workers and other human service professionals work within an overarching context of globalization, where people across the world are increasingly interconnected with each other through global flows of ideas, finances, media, technology and where people are increasingly becoming globally mobile (Almeida & Chase-Dunn, 2018) The processes of globalization are getting exponentially quicker and involve a deepening and expansion of global networks across a range of stakeholders (Dominelli, 2010; Held & McGrew, 2007). These changes are fueled by technology and infrastructure growth and do not necessarily represent problems in themselves. However, the processes of globalization that are of most concern for social workers

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and others working in the area of human services are those that are based on neoliberal principles that work primarily towards supporting the interests of the rich' (Alphonse, George, & Moffatt, 2008; Beck, 2007). As Sen (2004, p. 20) suggests, the "central issue of contention is not globalization itself, nor is it the use of the market as an institution, but the inequity in the overall balance of institutional arrangements - which produces very unequal sharing of the benefits of globalization".

Some of problems rest at the economic level, where increasing trade within and across countries has led to greater income inequality and greater marginalization of labour rather than improving their quality of life (Antràs, de Gortari, & Itskhoki, 2017). Dominelli (2010) illustrates the levels of inequality by pointing out that 86 per cent of the world's wealth is concentrated in the top 20 per cent of society, while the bottom 20 per cent have only 1.3 per cent of the world's wealth. The impact of income disparity is further exacerbated as neoliberal ideology leads to the withdrawal of the state from many of its traditional roles and a shift of costs from the state to the individual (Forde & Lynch, 2013). The state is often forced to adopt these positions due to competition for increasingly mobile flows of international capital and institutional lock-in mechanisms such as the agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) that allows for governments to be sued for infringing on corporate property rights (Harmes, 2006; Yu, 2017). Governments are increasingly losing their abilities to undertake the tax and expenditure policies that are essential to support the marginalized sections of their populations (Stiglitz, 2012).

Interestingly enough, George Soros, as someone who has profited extraordinarily from international currency flows and global neoliberal systems, has been very critical about unbridled economic globalization. As he argues, there are three ways in which neoliberal processes of globalization impact adversely on individuals and nations:

> First, many people, particularly in less-developed countries, have been hurt by globalization without being supported by a social safety net; many others have been marginalized by global markets. Second, globalization has caused a misallocation of resources between private goods and public goods. Markets are good at creating wealth but are not designed to take care of other social needs. The heedless pursuit of profit can hurt the environment and conflict with other social values. Third, global financial markets are crisis prone. People living in the developed countries may not be fully aware of the devastation wrought by financial crises because… they tend to hit the developing economies much harder. All three factors combine to create a very uneven playing field. (Soros, 2002 , pp. 4–5)

The globalization of risk is another significant factor where social, political, economic and environmental events in one region of the world have direct, often immediate and sometimes lasting impacts in other parts of the world, such as the global impacts of the Covid-19 pandemic. Population growth, reduction of biodiversity, food and energy security and other such issues are both global and local in terms of both their causes and their impacts, and they tend to impact disproportionately on poorer nations and peoples. Overarching issues of climate change impacts and disaster impacts also affect marginalized groups in society such as people in poverty, ethnic and racial minorities, women, as well as people with disabilities (Doherty & Clayton, 2011; Haskett, Scott, Nears, & Grimmett, 2008) Globalization has also increased the ability of countries and corporations to export risk, so that, for example,

polluting industries are steadily moving from the richer and more powerful nations to the poorer nations that are least able to cope with the fallout of pollution (Frey, 2015).

International social, political and economic forces are also some of the drivers of the dynamics of human degradation and social injustice found in local communities, and they combine to sustain social inequalities in particular locales (Dominelli, 2010). Existing social problems such as poverty, hunger, ill health and unemployment are further exacerbated by neoliberal globalization, and the poor and marginalized are increasingly falling through the gaps as welfare systems are privatized or dismantled (Dominelli, 2010; Forde & Lynch, 2013). Global issues such as the drug trade, diseases, pollution, terrorism and political instability are impacting dramatically on the weaker sections of every society across the world (Nissanke & Thorbecke, 2006).

With the overwhelming evidence gathering around climate change, the fact that human destiny is closely intertwined with the destiny of the earth is also inescapable (Coates, 2003). As the Royal Society (2011) argues, climate change, energy and food security, biodiversity, poverty and population growth will shape the twenty-first century, altering the way we live, the risks we face and the ways we govern in an increasingly interdependent world. Beddington (2009) warns of a 'perfect storm' of food, water and energy scarcity that could lead to escalating public unrest, cross-border conflicts and mass migration. The challenges of global sustainability clearly point to the need for radical policy change, new ways of shaping human development and innovative thinking and solutions (Lee, 2009).

Globalization is also increasing levels of migration as a response to economic hardship, environmental degradation and violence, as well as migration in search of work and a better quality of life. The current estimate of international migrants is 272 million globally, with nearly two-thirds being labour migrants, a number that has steadily increased from about 173 million in 2010 (IOM, 2020; Segal, 2019). There are over 17 million refugees and people in refugee-like situations across the globe, who have been forced to move due to circumstances beyond their control (UNHCR, 2017). The International Organization for Migration argues that migration is "in large part related to the broader economic, social, political and technological transformations that are affecting a wide range of high-priority policy issues" (IOM, 2020, p. 1).

The movements of people as migrants and refugees also lead to increasing levels of intercultural transactions and interactions. Often host populations and migrants can be very different from each other in many ways including language, dress, culture, socio-economic status and social norms to name a few, differences that can lead to intercultural misunderstanding and, in some cases, intercultural conflict (Castles, 2013). As Chao, Kung, and Yao (2015) argue, these cultural differences and differences in access to power and resources can lead to defensive behaviours on the part of the majority cultural groups and aggressive responses from the minority communities. Racism, discrimination and xenophobia are also behaviours that flourish in these settings (Hage, 2014). The movements of people in search of a better life

combined with a growing sense of helplessness in the face of international forces have also lead to increasing nationalist tendencies in many different countries and the coalition of right-wing groups around anti-immigrant and racial exclusion lines (Almeida & Chase-Dunn, 2018).

These are just some of the issues that emerge in the context of globalization, and there are a host of other complex and vexed issues such as health, mental health, digital inclusion and exclusion, pollution, changes in social relations and urbanization to name a few. The next section explores the nature of social work and its role within this context.

Social Work in a Globalized World

The social work profession places a strong emphasis on *social justice* and *human rights* as core values that the social work theory and practice are built on, values that are enshrined in both international and national code of ethics for the profession (AASW, 2010; IFSW, 2012; NASW, 2012; Smith & Cheung, 2015). Sewpaul and Jones (2005, p. 218) describe the profession of social work as one that "promotes social change, problem solving in human relationships, and the empowerment and liberation of people to enhance well-being. Utilizing 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".

Historically, the social work profession had an emphasis on two distinct areas of practice, the micro and the macro. Mary Richmond's pioneering work centred around service to individuals and families (the micro), while her pioneering counterpart, Jane Adams, emphasized social reform through environmental change to meet broad human needs (the macro) (Rothman & Mizrahi, 2014). Currently, the methods adopted by a social worker can be classified as the individual reformist, the reflexive therapeutic and/or the social collectivist, a typology of social work delineated by Payne (1996). However, over the years, the strong elements of community organizing and activism that sit within the social collectivist approaches have been overshadowed by the broader emphasis on individualized clinical and therapeutic approaches and much of the scholarship in the field of social work points to the continued focus on clinical and case managed approaches at the cost of macro approaches such as community work (Chaudhry, 2018; Maritz & Coughlan, 2004; Mendes, 2009; Sousa, Sousa, Yutzy, Campbell, & Cook, 2019).

Too much focus on the individual reformist or the reflexive therapeutic can lead to situations, where the social worker can feel overwhelmed and powerless to effect change in the social environment, even while they understand the broader social forces that impact negatively on their clients (Knight & Gitterman, 2018). These individual therapeutic approaches tend to overlook the broader structures of society and neoliberal globalization and their (often oppressive) impacts on the individual,

and instead, focus on "fixing the individual" or developing resilience in the individual rather than addressing the problem itself. As an example of this approach, poverty could be seen as a problem of individual deficits and/or trauma, rather than an issue that is perpetuated by the structures within which it exists (Kaufman, Huss, & Segal-Engelchin, 2011). This is particularly an issue in communities that have been already marginalized, such as many Aboriginal and Torres Strait Island communities in Australia, who struggle with issues of poverty that are exacerbated through decades of colonization, intergenerational trauma and continued racism and discrimination (Bottoms, 2013; Hollinsworth, 2006). This is not just an issue in the countries of the Global North, (an inaccurate term in the Australian context but representing the countries with high per capita wealth) but also those of the Global South where Indigenous people are often marginalized, for example the tribal communities of Central and Eastern India (De, 2014; Pande, 2007). Individualized approaches also tend to be adopted and resourced in urban settings thereby marginalizing communities in rural settings wherein collectivism and interdependence matter, as in the case of the countries where the majority of the populations in the Global South live.

Clearly, there is a need for social workers to respond to some of the complex issues of today by incorporating community development approaches along with the micro reflexive therapeutic approaches (Mendes, 2009). A community development approach is described by Ife (2013, p. 9) as a 'process of establishing, or re-establishing, structures of human community within which, new ways of relating, organizing social life, promoting human rights and meeting human needs becomes possible'. Kenny and Connnors (2017) describe this as working towards heroic change and new ways in which society is organized. These approaches work within a framework of empowerment and rights, especially those of marginalized groups in society, and as such, enable the practitioner to go beyond individual case work, to work at a level that can challenge oppression in society, promote social justice and work towards strengthening a human rights agenda (Ife, 2016; Mendes, 2009). Forde and Lynch (2013) emphasize the transformational nature of community development practice in social work, its focus on values, collaboration and democratic processes as well as the nature of resistance it presents to many of the negative impacts of globalization. It also means going beyond the overwhelming emphasis on individualism that has its roots in the Global North and developing aspects of interconnectedness and interdependence between people in various roles that they play as parents, citizens and consumer (Ife, 2016).

While community development approaches have considerable potential to challenge some of the negative impacts of neoliberal globalization, much of the literature suggests that these approaches are being utilized less frequently over the last few decades (Kaufman et al., 2011; Napier & George, 2001). The number of social workers associated with community development approaches and activism has been declining in the Global North for a variety of reasons including underfunding of projects, reduction of placement opportunities, state licensing laws as well as the general attitudes within the schools themselves (Hill, Ferguson, & Erickson, 2010).

Fisher and Corciullo (2011) posit that in more conservative environments, such as those we are experiencing since the 1980s, social work tends to move away from the macro and community development approaches and emphasize therapeutic work with individuals and families.

The decline in community development approaches in general, and within social work practice in particular, is also compounded by a decline in community development content in social work education (Hill et al., 2010). Generally, community development is a required subject at all schools of social work in the Global North and Global South, but increasingly these approaches are not often viewed as central to social work practice and education (Fisher & Corciullo, 2011; Mendes, 2009). Kaufman, Huss and Segal-Engelchin (2011, p. 914) suggest that, despite the ubiquity of the subjects, there is a dominant view that community development is 'not generally regarded as an integral part of the types of activity undertaken by social workers within social work agencies, but rather its practice is peripheral to the profession and is performed by individuals within organizations outside the realm of social work'. Netting, O'Connor, Cole, and Hopkins (2016) describe the experience of macro social work academics, who were shaped, socialized, and who first assumed faculty positions at a time when the wave of macro content in social work focusing on activism, community organization and change reached its crest, only to have it come crashing down during the 1980s and 1990s. Mendes (2009) further points to this marginalization at the policy level in Australia, reflecting on the fact that the Australian Association of Social Workers' 'Practice Standards for Social Workers' document only mentions community development as a two-word mention in a thirty-one page document.

Some of this marginalization of community development approaches appears to be reflected in the attitudes of students, who appear to prefer individualized therapeutic approaches to broader community development approaches (Hill et al., 2010; Maritz & Coughlan, 2004). Some possible reasons for this are delineated in the literature as unfamiliarity with the area of study, its broad and overwhelming nature as compared to other studies they undertake, negative attitudes within the faculty, lack of field placement opportunities and perceptions of job availability in the field (Kaufman et al., 2011; Mendes, 2009; Pawar, 2000). The nature of students who are attracted to social work degrees is also a factor to consider in this context. Many of those entering the degrees have a yearning to 'help' people and have very little experience in political activism or working towards macro change (Fisher & Corciullo, 2011; Kaufman et al., 2011). This leads the students to a greater interest in individual therapeutic approaches rather than community development and other macro approaches, even when they realize that the complex problems faced by their clients need broader responses.

One of the responses to the issue is possibly greater integration of community-based approaches with individualized therapeutic approaches. An example of this would be the development of a project involving the use of effective counselling skills to enable individuals to work together to deal with broader community issues (Heenan, 2004; Knight & Gitterman, 2018). Other responses could include better orientation and support of students in community organization settings so that they

can apply social systemic theories rather than be overwhelmed by individual suffering (Kaufman et al., 2011) more investment in community-based projects that will offer students active learning opportunities (Mendes, 2009) and more marketing to attract politically active students into the social work degrees (Fisher & Corciullo, 2011).

In countries of the Global South, this marginalization of community development approaches in social work appears to be less of an issue at first glance. In India, for example, the majority of social work degrees have several streams of specialization in the social work degrees, and community development is one of these streams. However, Dash (2017) argues that over 350 schools of social work in India continue to be urban-based and producing social workers who remain focused on remedial and curative approaches. As he points out:

> Trained social workers' inability to reach the marginalized sections of society has established an image of social workers as paid middle class, employed to help a small number of people afflicted with problems of psychosocial adjustment. In a society such as India, where nearly three quarters of the people live in rural areas; the urban location of the schools of social work are ineffective for this populace. Trained social workers, unlike voluntary social workers, are not inclined to move to rural areas. (Dash, 2017, p. 71)

The extreme effects of neoliberal globalization on the large populations of marginalized people in countries of the Global South make it imperative that community development approaches are emphasized and grown within social work schools (Chaudhry, 2018; Nissanke & Thorbecke, 2006). Alphonse et al. (2008, p. 155) reinforce the need for change in the context of the Global South when they state that "the current global context calls for a paradigm shift in the social work curriculum…. from its current emphasis on clinical and generalist practice, including the person-in-environment fit, to more critical theories".

As social work practice is deeply impacted on by the neoliberal structures within which government and non-government organizations operate, it is not sufficient to maintain that renewed emphasis on community development approaches. Dominelli (2010), among others, points to the inability of workers to respond effectively to the needs of their clients, because the demands of financial and managerial accountability overwhelm client and community needs. The dominant discourse is leading to the increased distance between workers and their clients, lack of access to necessary resources, the adoption of techno-bureaucratic solutions at the cost of human ones and the increased competition with private, profit-based providers involving the lowering of real standards while maintaining the façade of quality (Forde & Lynch, 2013; Ife, 2016; Westoby, Lathouras, & Shevellar, 2019).

Social workers working in the area of community development need to go beyond some of the conservative forms of community development such as 'urban or neighbourhood renewal' that essentially maintain the status quo to more active forms of community development that build power in the communities and enable them to work towards constructive change (Mendes, 2009). Given the extreme issues raised by the impacts of neoliberal globalization on the one hand and climate change on the other (although both have their roots in the same paradigm), the adoption of processes that place development in the local community and help develop an active citizenry that defends, looks out for and advocates on behalf of the community becomes more

urgent (Kenny, 2011). This is particularly important as the neoliberal context in which community organizations work causes these organizations to work in ways that are not necessarily reflective of the needs of their client populations. Social workers can play a role in terms of enabling communities to come together and ensure that their needs remain central to the functioning of governmental and non-governmental agencies (Mendes, 2009).

The cross-border implications of globalization also require responses that are international and collaborative in nature. The choice as described by Dominelli (2010, p. 8) is "to continue with oppressive forms of practice that impoverish people rather than help them or become allies in the endeavour to create liberating forms of practice that affirm people's rights and redistribute power, goods and services across the globe". Caragata and Sanchez (2002) suggest that maximum benefits would be derived from social workers using collaborative learning models to solve international problems with a clear understanding of the differences and similarities that exist between countries and cultures.

Further, the adoption of traditional community development approaches needs to be modified in the context of the impacts of climate change that were discussed in the previous section. Much of the community work projects undertaken across countries like India and Australia in the second half of the last century were localized and did not address some of the broader issues of sustainability. As the impacts of climate change become more immediate and urgent, macro social work approaches, such as community work, need to modify their frameworks to work effectively in this context. One clear direction forward is the adoption of alternative frameworks that draw on eco-social justice concepts and that focus on sustaining and enhancing the capacity of human systems and the natural world to cope with environmental change and neoliberal globalization, while both challenging these processes and ameliorating their impacts (Armitage, 2005; Folke, Hahn, Olsson, & Norberg, 2005; Jones, Miles, Francis, & Rajeev, 2012). The notions of sustainable development are elaborated by Black (2007), who draws on the declaration of the 2002 World Summit on Sustainable Development to speak of three interdependent and mutually reinforcing pillars of sustainable development—economic development, social development and environmental protection: three pillars being likened to a three-legged stool, one that is inherently stable but would collapse if one of the legs were weakened or missing. He describes a number of other models that focus on these three elements of development as well as a fourth element in the form of cultural development.

For taking action in this context, social workers need to take on a multiplicity of roles, ranging from activist to teacher, so as bring in awareness of alternative value systems and rethink the human–earth relationship (Coates, 2003). Centralized bureaucratic governance or profit-based corporate governance does not necessarily allow for the level of innovation and entrepreneurship needed for the restoration of complex socio-ecological systems (Gibbs, 2008). Social workers can facilitate the development of adaptive co-management model of partnership, where networks and partnerships among stakeholders and formal organizations self-organize for collective action (Armitage, 2005; Folke et al., 2005).

Given the rapidly escalating numbers of intercultural interactions that are part of the globalization paradigm, the nature of diversity and cultural interaction needs to be carefully negotiated when working with and across communities. Community development frameworks often work with the assumption that there is one homogenous 'community' that can be engaged with, and that is an assumption that does not work in practice. Diversity is a fact of life, and one that is increasingly changing with interaction. On the one hand, globalization is leading to homogenization, where for example, one language and one culture is gaining predominance, while at the same time there are increasing struggles across differences in values, ethnicities, sexuality, gender and ability, to name a few (Robson & Spence, 2011). Gender roles are changing rapidly in the globalization paradigm, both in the Global North and the Global South. Power relationships in the family are being renegotiated and many more women are entering the workplace, leading to economic and cultural shifts. Women are transforming the public and private spheres of life, and there is increasing conflict that emerged from these changes (Dominelli, 2006). These changing dimensions along with a range of related changes present challenges to social workers to work with individuals and communities and to enable them to negotiate these transforming roles and identities and to shape societies where gender injustice is reduced (Robson & Spence, 2011).

India, as the largest democracy with the second largest population in the world, is an interesting case in terms of diversity, especially in the context of ethnic identity. In this paper, the term 'ethnic identity' is used to refer to ascriptive group identities that include race, religion, language, tribe and caste. Indians have identities grounded in religion, with representation from all the major religions; identities grounded in caste, with a distinct caste structure and caste identities; identities grounded in language, with 22 official languages and an estimated 144 others; identities grounded in 'tribes' as scheduled in the constitution, with over 461 tribal communities and identities grounded on Aryan/Dravidian distinctions (Gopalkrishnan, 2013; Kux, 2007; LOC, 2004; MHA, 2010; Sooryamoorthy, 2008). Further, one could argue that these identities are relatively fluid, and that people move between them depending on strategic situational advantage (Behera, 2007). Despite these differences, and perhaps, because of them, India has successfully remained a functioning democracy for over seven decades (Gopalkrishnan, 2013). However, this has been at a cost, with thousands of incidents of violence across religious, linguistic and cultural lines, incidents that have caused enormous loss of lives and property over the years (Gebert, Boerner, & Chatterjee, 2011; Kux, 2007; Varshney, 2001). Both the Global North and the Global South are seeing multiple intercultural conflict events such as the racially based riots in Cronulla in Australia or the attacks on migrant labour in Mumbai, India, and more recently, the protests across India as a response to the Citizenship (Amendment) Act (Deka, 2019; OADBS, 2012; Smith, 2006).

Social workers working within this context need to be able to work with communities in ways that help them to empower themselves, while being cognizant of the impacts of conflict and the power relationships inherent in them and to be able to work with respect to human dignity, diversity and recognition of the support needed

by oppressed minorities. While community development approaches are an important way of working with these issues, historically there have been issues in terms of how well they work in terms of dealing with the conflicts that emerge across diversity lines (Botes & Rensburg, 2000).

Social workers looking to work with communities need to adopt the notion of social inclusion, where people are able to be 'valued, appreciated equals in the social, economic, political and cultural life of the community (i.e., in valued societal settings) and to be involved in mutually trusting, appreciative and respectful interpersonal relationships at the family, peer and community levels' (Crawford, 2003, p. 5). Accordingly, people, such as social workers, working towards more socially inclusive community development processes, have to develop appropriate skills and frameworks to enable them to be more effective in working across cultures (Van Oudenhoven & Benet-Martínez, 2015). One of the key frameworks that social workers will need to consider is the notion of cultural partnerships that go beyond the more popular cultural competence frameworks that are very popular in the Global North (Bean, 2006). Cultural competence is a very problematic framework in that it purports to be apolitical, thereby ignoring issues of power, racism and historical dispossession that may exist in communities, it depends on visualizing identity as relatively static, and it draws on the notion of 'competence' as an achievable standard which fits well within a colonial, top-down approach to working across cultures (Pon, 2009; Sakamoto, 2007; Spivak, 2006). All of these make the framework relatively unusable where there are large differences of power between individuals and communities, and where intercultural conflict merges from these differences (Gopalkrishnan, 2019). Cultural partnerships based on mutual learning and shared power would be a far more effective way of working across cultures, especially as they would incorporate the idea of dynamic cultural identities that change and modify with intercultural interactions (Taylor, 2015; Van Oudenhoven & Benet-Martínez, 2015). These forms of partnership-based processes would bring together all the stakeholders to address historic conditions of oppression and power differentials while developing sustainable and longer-lasting relationships (Gopalkrishnan, 2019).

Indigenization of social work and social work education is another key challenge for social workers. Clearly, ethics, standards, theories and practices need to draw on the local context to be relevant, and yet, to the greatest extent, it is those of the Global North that are grafted onto the Global South context and often prove to be very unsuitable (Dash, 2017). It is a complex area as there are those like Huang and Zhang (2008, p. 616) who present a range of arguments to debunk the proponents of indigenization as scholars who 'blindly adhered to the existing indigenous cultural and social structure and questioned western social work's values and principles'. These authors then go on to argue that indigenization is not necessary because adaption to the local context is an implicit requirement of social work as a profession. These kinds of arguments are extremely problematic as they completely ignore the power differentials that exist in the social work profession. As argued by Midgley (2008), the global expansion of social work has much to do with unilateral international exchanges that resulted in the export of approaches from the Global North to the Global South. The authors' own experiences with international student exchanges

between India and Australia and further research with universities across Australia, India, Cambodia, Philippines, Thailand, Fiji and Vietnam confirm that the flow of the 'exchanges' continues to be largely from the Global North with very significant barriers to the participation of stakeholders from the Global South (Miles et al., 2016). The barriers that emerged from our research included financial disadvantage, workload imbalances as well as entry restrictions to the Global North, all of which ensured that academics and students from the Global South found it extremely difficult to travel the other way. These access issues are also further exacerbated by the easy availability of the academic literature from the Global North to the Global South, rather than vice versa, and the attendant privileging of the approaches delineated in this literature. Rankopo and Osei-Hwedie (2010) discuss this privileging of European and North American approaches, suggesting that African work institutions often design and modify their courses with these approaches in mind. They challenge this form of 'privilege', suggesting that a locally relevant social work discourse would not seek to privilege one form of knowledge over another and would take account of multiple perspectives and cultural explanations of social reality.

Conclusion

Globalization has significant impacts on the individuals and communities that social work professionals work with. Neoliberal globalization, in particular, has caused greater levels of income inequality and marginalization while at the same time forcing the state to withdraw from many of its traditional roles that would have helped to ameliorate some of the worst impacts. Climate change in turn is also impacting most on the weaker sections of society, and the rapidly increasing levels of natural disasters are testing the resilience of the poorer nations and the most vulnerable populations. Increasing levels of migration are also leading to greater levels of intercultural engagement and in some circumstances, greater levels of intercultural conflict.

In the increasingly complex and globalized world, there is a need for social work to transcend the well accepted individualized therapeutic approaches and to work more extensively using community development approaches that promote empowerment, social justice and human rights. The transformational and empowerment focus of community development approaches will enable social work professionals to mitigate some of the negative effects of neoliberal globalization, while enabling communities to work together and challenge some of the global forces that impact on them. It is extremely unfortunate that as the need for such approaches has become more pressing in the complex global environment, they are actually being used more infrequently by the social work profession and are being marginalized in social work education. While we argue that the adoption of community development approaches is necessary for social workers to respond effectively to the negative impacts of globalization, we also posit that the kinds of approaches would need to incorporate notions of social activism, social inclusion and eco-social justice, while being locally embedded through processes such as indigenization of curriculum to be relevant to

some of the key aspects of the globalized world. Finally, social work and social work education need to place itself within an environment of partnership and collaboration, where one kind of knowledge is not privileged over another and where there is a celebration of diverse worldviews and ways of being.

References

AASW. (2010). *Code of ethics*. In. Canberra: Australian Association of Social Workers.

Almeida, P., & Chase-Dunn, C. (2018). Globalization and social movements. *Annual Review of Sociology, 44*(1), 189–211. https://doi.org/10.1146/annurev-soc-073117-041307

Alphonse, M., George, P., & Moffatt, K. (2008). Redefining social work standards in the context of globalization: Lessons from India. *International Social Work, 51*(2), 145–158. https://doi.org/10.1177/0020872807085855

Antràs, P., de Gortari, A., & Itskhoki, O. (2017). Globalization, inequality and welfare. *Journal of International Economics, 108,* 387–412. https://doi.org/10.1016/j.jinteco.2017.07.009

Armitage, D. (2005). Adaptive capacity and community-based natural resource management. *Environmental Management, 35,* 703–715.

Bean, R. (2006). *The Effectiveness of cross-cultural training in the Australian context*. Canberra: Department of Immigration and Multicultural Affairs.

Beck, U. (2007). Beyond class and nation: Reframing social inequalities in a globalizing world. *The British Journal of Sociology, 58*(4), 679–705. https://doi.org/10.1111/j.1468-4446.2007.00171.x

Beddington, J. (2009). Food, energy, water and the climate: A perfect storm of global events? *Sustainable Development UK 09*. Retrieved from https://www.dius.gov.uk/news_and_speeches/speeches/john_beddington/perfect-storm.aspx.

Behera, S. (2007). Identities in India: Region, nationality and nationalism—A theoretical framework. *Studies in Ethnicity and Nationalism, 7*(2), 79–93.

Black, A. (2007). Pillars, bottom lines, capitals and sustainability. *The International Journal Of Environmental, Cultural, Economic and Social Sustainability, 2*(5).

Botes, L., & Rensburg, D. V. (2000). Community participation in development: Nine plagues and twelve commandments. *Community Development Journal, 35*(1), 41–58.

Bottoms, T. (2013). *Conspiracy of silence: Queensland's frontier killing times*. Sydney: Allen & Unwin.

Caragata, L., & Sanchez, M. (2002). Globalization and global need. *International Social Work, 45*(2), 217–238.

Castles, S. (2013). The forces driving global migration. *Journal of Intercultural Studies, 34*(2), 122–140.

Chao, M. M., Kung, F. Y. H., & Yao, D. J. (2015). Understanding the divergent effects of multicultural exposure. *International Journal of Intercultural Relations, 47,* 78–88. https://doi.org/10.1016/j.ijintrel.2015.03.032

Chaudhry, V. (2018). Neoliberal crises of social work in the Global South: Ethnography of individualizing disability and empowerment practice in India. *International Social Work, 62*(3), 1117–1130. https://doi.org/10.1177/0020872818767501

Coates, J. (2003). *Ecology and social work: Towards a new paradigm*. Nova Scotia: Fernwood Publishing.

Crawford, C. (2003). Towards a common approach to thinking about and measuring social inclusion. In *Draft* (pp. 1–18). Canada: Roeher Institute.

Dash, B. M. (2017). Revisiting eight decades of social work education in India. *Asian Social Work and Policy Review, 11*(1), 66–75. https://doi.org/10.1111/aswp.12114

De, D. (2014). Nehruvian vision of sustainable development for tribals in India: A critique. *South Asia Research, 34*(1), 1–18. https://doi.org/10.1177/0262728013516989
Deka, K. (2019, Dec 23). Politicising asylum|citizenship (amendment) bill: Privileging non-muslim refugees, the citizenship amendment bill threatens to alter the secular foundations of the indian state and reignites ethnic tensions in the northeast. *India Today*.
Doherty, T. J., & Clayton, S. (2011). The psychological impacts of global climate change. *American Psychologist, 66*(4), 265–276. https://doi.org/10.1037/a0023141
Dominelli, L. (2006). Feminist campaigns and networks. In L. Dominelli (Ed.), *Women and community action* (2nd edn.). Bristol: The Policy Press.
Dominelli, L. (2010a). Globalization, contemporary challenges and social work practice. *International Social Work, 53*(5), 599–612.
Dominelli, L. (2010b). *Social work in a globalizing world*. Cambridge: Polity Press.
Fisher, R., & Corciullo, D. (2011). Rebuilding community organizing education in social work. *Journal of Community Practice, 19*(4), 355–368.
Folke, C., Hahn, T., Olsson, P., Norberg, J. (2005). Adaptive governance of social ecological systems. *Annual Review of Environment and Resources, 30*, 441–473.
Forde, C., & Lynch, D. (2013). Critical practice for challenging times: Social workers' engagement with community work. *British Journal of Social Work,* 1–17. https://doi.org/10.1093/bjsw/bct091.
Frey, R. S. (2015). Breaking ships in the world-system: An analysis of two ship breaking capitals, alang-sosiya, india and chittagong, bangladesh. *Journal of World—Systems Research, 21*(1), 25–49.
Gebert, D., Boerner, S., & Chatterjee, D. (2011). Do religious differences matter? An analysis in India. *Team Performance Management, 17*(3/4), 224–240.
Gibbs, M. T. (2008). Network Governance in Fisheries. *Marine Policy, 32,* 113–119.
Gopalkrishnan, N. (2013). India: A country report. In H. Babacan & P. Hermann (Eds.), *Nation state and ethnic diversity*. New York: Nova Science Publishing.
Gopalkrishnan, N. (2019). Cultural competence and beyond: Working across cultures in culturally dynamic partnerships. *The International Journal of Community and Social Development* 2516602619826712. https://doi.org/10.1177/2516602619826712.
Hage, G. (2014). Continuity and change in Australian racism. *Journal of Intercultural Studies, 35*(3), 232–237. https://doi.org/10.1080/07256868.2014.899948
Harmes, A. (2006). Neoliberalism and multilevel governance. *Review of International Political Economy, 13*(5), 725–749. https://doi.org/10.1080/09692290600950621
Haskett, M. E., Scott, S. S., Nears, K., & Grimmett, M. A. (2008). Lessons from Katrina: Disaster mental health service in the Gulf Coast Region. *Professional Psychology: Research and Practice, 39,* 93–99. https://doi.org/10.1037/0735-7028.39.1.93
Heenan, D. (2004). Learning lessons from the past or re-visiting old mistakes: social work and community development in Northern Ireland. *British Journal of Social Work,* (34), 793–809.
Held, D., & McGrew, A. (2007). *Globalization/Anti-Globalization*. Cambridge: Polity Press.
Hill, K. M., Ferguson, S. M., & Erickson, C. (2010). Sustaining and strengthening a Macro Identity: The association of Macro practice social work. *Journal of Community Practice, 18*(4), 513–527. https://doi.org/10.1080/10705422.2010.519684
Hollinsworth, D. (2006). *Race and racism in Australia.* South Melbourne: Thomson.
Huang, Y., & Zhang, X. (2008). A reflection on the indigenization discourse in social work. *International Social Work, 51*(5), 611–622. https://doi.org/10.1177/0020872808093340
Ife, J. (2013). *Community development in an uncertain world*. Melbourne: Cambridge University Press.
Ife, J. (2016). *Community development in an uncertain world* (2nd ed.). Sydney: Cambridge University Press.
IFSW. (2012). *Global standards*. Retrieved from https://ifsw.org/policies/global-standards/.
IOM. (2020). *World migration report 2020*. Geneva: International Organization for Migration.

Jones, P., Miles, D., Francis, A., & Rajeev, S. P. (2012). Working towards eco-social justice: Reflections on an international, cross-institutional social work collaboration. *Asian Journal of Research in Social Sciences and Humanities, 2*(6), 146–158.

Kaufman, R., Huss, E., & Segal-Engelchin, D. (2011). Social work students' changing perceptions of social problems after a year of community intervention. *Social Work Education, 30*(8), 911–931.

Kenny, S. (2011). Towards unsettling community development. *Community Development Journal, 46*(1), i7–i19.

Kenny, S., & Connnors, P. (2017). *Developing communities for the future* (5th ed.). South Melbourne: Cengage Learning.

Knight, C., & Gitterman, A. (2018). Merging micro and macro intervention: Social work practice with groups in the community. *Journal of Social Work Education, 54*(1), 3–17. https://doi.org/10.1080/10437797.2017.1404521

Kux, D. (2007). India at sixty: A positive balance sheet. *Headline Series,* (330), 1–86.

Lee, B. (2009). Managing the interlocking climate and resource challenges. *International Affairs, 85*(6), 1101–1116.

LOC. (2004). *Country profile: India.* Washington: Library of Congress: Federal Research Division.

Maritz, A., & Coughlan, F. (2004). Developmental social work: Exploring the attitudes and experiences of South African social work students. *Community Development Journal, 39*(1), 28–37. https://doi.org/10.1093/cdj/39.1.28

Mendes, P. (2009). Teaching community development to social work students: A critical reflection. *Community Development Journal, 44*(2), 248–262. https://doi.org/10.1093/cdj/bsn001

MHA. (2010). *Census and you: Religion*. Retrieved from https://censusindia.gov.in/Census_And_You/religion.aspx.

Midgley, J. (2008). Promoting reciprocal social work exchanges: Professional imperialism revisited. In J. C. a. M. Y. B. M. Gray (Eds.), *Indigenous social work around the world: Towards culturally relevant education and practice* (pp. 31–45). Aldershot: Ashgate Publishing.

Miles, D., Jones, P., Gopalkrishnan, N., Francis, A., Harris, N., Howard, E., …Puthantharayil, G. (2016). Contested concepts of 'partnership' in international student exchange programs. In M. Davis, & A. Goody (Eds.), *Research and development in higher education: The shape of higher education* (Vol. 39, pp. 202–211). Fremantle, Australia: HERDSA.

Napier, L., & George, J. (2001). Changing social work education in Australia. *Social Work Education, 20*(1), 75–87.

NASW. (2012). *Social justice*. Retrieved from https://www.naswdc.org/pressroom/features/issue/peace.asp.

Netting, F. E., O'Connor, M. K., Cole, P. L., & Hopkins, K. (2016). Reclaiming and reimagining macro social work education: A collective biography. *Journal of Social Work Education, 52*(2), 157–169. https://doi.org/10.1080/10437797.2016.1151271

Nissanke, M., & Thorbecke, E. (2006). Channels and policy debate in the globalization–inequality–poverty nexus. *World Development, 34*(8), 1338–1360. https://doi.org/10.1016/j.worlddev.2005.10.008

OADBS. (2012). *INDIA: Internal migration trends portend new risks*. Retrieved from Oxford: https://search.proquest.com/docview/1069368623?accountid=16285. https://br9xy4lf5w.search.serialssolutions.com/?ctx_ver=Z39.88-2004&ctx_enc=info:ofi/enc:UTF-8&rfr_id=info:sid/ProQ%3Aabiglobal&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft.genre=unknown&rft.jtitle=Oxford+Analytica+Daily+Brief+Service&rft.atitle=INDIA%3A+Internal+migration+trends+portend+new+risks&rft.au=&rft.aulast=&rft.aufirst=&rft.date=2012-09-25&rft.volume=&rft.issue=&rft.spage=1&rft.isbn=&rft.btitle=&rft.title=Oxford+Analytica+Daily+Brief+Service&rft.issn=

Pande, R. (2007). Gender, poverty and globalization in India. *Development, 50*(2), 134–140. https://doi.org/10.1057/palgrave.development.1100367

Pawar, M. (2000). Social development content in the courses of Australian social work schools. *International Social Work, 43*(3), 277–288. https://doi.org/10.1177/002087280004300302

Payne, M. (1996). *What is professional social work?* Birmingham: Venture Press.

Pon, G. (2009). Cultural competency as new racism: An ontology of forgetting. *Journal of Progressive Human Services, 20*(1), 59–71. https://doi.org/10.1080/10428230902871173

Rankopo, M. J., & Osei-Hwedie, K. (2010). Globalization and culturally relevant social work: African perspectives on indigenization. *International Social Work, 54*(1), 137–147. https://doi.org/10.1177/0020872810372367

Robson, S., & Spence, J. (2011). The erosion of feminist self and identity in community development theory and practice. *Community Development Journal, 46*(3), 288–301.

Rothman, J., & Mizrahi, T. (2014). Balancing micro and macro practice: A challenge for social work. *Social Work, 59*(1), 91–93. https://doi.org/10.1093/sw/swt067

RS. (2011). *Sustainability*. Retrieved from https://royalsociety.org/sustainability.

Sakamoto, I. (2007). An anti-opressive approach to cultural competence. *Canadian Social Work Review/Revue Canadienne De Service Social, 24*(1), 105–114. https://doi.org/10.2307/41669865

Segal, U. A. (2019). Globalization, migration, and ethnicity. *Public Health, 172,* 135–142. https://doi.org/10.1016/j.puhe.2019.04.011

Sen, A. (2004). How to judge globalization. In F. J. Lechner & J. Boli (Eds.), *The globalization reader* (pp. 16–21). Oxford: Blackwell Publishing.

Sewpaul, V., & Jones, D. (2005). Global standards for the education and training of the social work profession. *International Journal of Social Welfare,* (14), 218–230.

Smith, D. S., & Cheung, M. (2015). Research note—Globalization and social work: Influencing practice through continuing education. *Journal of Social Work Education, 51*(3), 583–594. https://doi.org/10.1080/10437797.2015.1043205

Smith, T. (2006). The Cronulla chaos five gloomy explanations. *Australian Quarterly,* Jan–Feb, 9–15.

Sooryamoorthy, R. (2008). Untouchability in modern India. *International Sociology, 23*(2), 283–293.

Soros, G. (2002). *George Soros on globalization.* New York: PublicAffairs.

Sousa, C. A., Sousa, C. A., Yutzy, L., Campbell, M., & Cook, C. (2019). Understanding the curricular needs and practice contexts of macro social work: A community-based process. *Journal of Social Work Education* 1–15. https://doi.org/10.1080/10437797.2019.1656686

Spivak, G. C. (2006). Culture alive. *Theory, Culture & Society, 23*(2–3), 359–360. https://doi.org/10.1177/026327640602300264

Stiglitz, J. E. (2012). *The price of inequality—How today's divided society endangers our future.* New York: Norton & Company.

Taylor, J. (2015). *Working with communities*. South Melbourne: Oxford University Press.

UNHCR. (2017). *Statistical handbook 2016*. Retrieved from Geneva.

Oudenhoven, J. P., Van Benet-Martínez, V. (2015). In search of a cultural home: From acculturation to frame-switching and intercultural competencies. *International Journal of Intercultural Relations, 46*, 47–54. https://doi.org/10.1016/j.ijintrel.2015.03.022

Varshney, A. (2001). Ethnic conflict and civil society India and beyond. *World Politics, 53*(3), 362–398.

Westoby, P., Lathouras, A., & Shevellar, L. (2019). Radicalising community development within social work through popular education—A participatory action research project. *The British Journal of Social Work, 49*(8), 2207–2225. https://doi.org/10.1093/bjsw/bcz022

Yu, P. K. (2017). The investment-related aspects of intellectual property rights. *American University Law Review, 66*(3), 829–910.

Chapter 9
Community Engagement of Higher Education Institutions in Kerala; Catalyzing Socio-economic Transformation Globally and Locally

M. K. Joseph and Elsa Mary Jacob

Abstract The role of higher education institutions in social transformation surfaces quite regularly as part of the public discourse. As a result mounting pressures on educational accountability, to prepare students for engaged citizenship that may bring about interventions to reduce social and economic inequalities assumes significance. Opportunity for students to utilize their skills in developing and empowering communities is one way of utilizing the untapped energy of higher education institutions (HEIs) for development. The UGC, National Curriculum Framework and Guideline 2019 brings to the fore that many higher education institutions (HEIs) in India have started emphasizing on real-world learning experiences for students through experiential and immersive learning opportunities such as extension and outreach programmes, internships and community-based research. These initiatives are supposed to be providing real-life experiences, inculcating social sensitivity and individual social responsibility. The study is an analysis of the community engagement initiatives of Arts and Science colleges in Kerala, India, during the 12th five year plan period. The study revealed that promoting neighbourhood/community engagement programs have catalyzed attitudinal change among the youth as well as the authorities in utilizing the untapped energy of youth for constructive and nation building purposes.

Keywords Community engagement · Higher education institutions · Learning · Extension · Socio-economic transformation

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Introduction

The extension in higher education is often called as the "third mission" (Berghaeuser & Hoelscher, 2019) of education, teaching and research being the first two. It refers to all activities connected with the application of the knowledge developed in the universities and taken into the communities constituting the dissemination of research findings, transfer of technologies, lifelong learning and social engagement for the benefit of the people. The concept is already popular within the extension/field level intervention in agriculture sciences. Policy-makers have begun to pay more attention to the ways and means in which this youth capital could be constructively channelized to address the developmental issues of the local communities thus promoting sustainable development (Dwivedi, 2011). The extension aspect of higher education is the best option to address this concern.

The higher education has three important dimensions; namely *the local, the national and the global.* The local aspect is about the day-to-day running of the institution with its orientation and commitments towards the local context in which the institution is situated and extending its programmes and services. The *national dimension* envisages the national culture, polity, policies, public administration and laws. Nation States see higher education as one of their instruments to provide knowledge for the development of quality labour for nation's economy and creating a structure of equitable social opportunity. Globalization is the process of forming the *global dimension* which is marked by expanding worldwide relationships and connectivity for harnessing global opportunities (Smith, 2009). The present era characterized by the knowledge-based economy demands that access to higher education and to be placed appropriately in the community is essential for overall development of the citizens of the country (Smith, 2009). The experience of the developed nations supports the claim that higher education is a critical factor in promoting the nations' economic wellbeing.

Rationale and Significance

Higher education as an instrument of socio-economic transformation is getting recognized world over with gradual increase in the involvement of individuals and communities to harness the benefits of higher learning. The approach will contribute to improvements in quality of education and research in HEIs in India. As a growing sector in the country, HEIs need to foster social responsibility and community solidarity in their vision and mission itself. It is imperative that institutional mechanisms and strategies can be formulated in such a way that it employs a comprehensive community engagement approach, creating a teaching—research—service nexus.

The importance given to democratic decentralization and participatory governance has opened new avenues for educational institutions to engage in grass-root level conscientization of the people, utilizing the platform of Grama Sabhas as well as

various community-based organizations (CBO) in the villages of Kerala. This would pave way for the social, economic and political empowerment of the masses. This could also be seen as local level social capital for civic empowerment. The educators and students get opportunities to work in the various departments of the Panchayath. They can participate in the preparation of development plans for the villages as well as to conduct social audit/evaluation of the projects/programs in the villages.

Community engagement is defined as the collaboration between institutions of higher learning and their neighbouring communities for the mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity. Bringle & Hatcher (1996) characterized service learning as "a course based, credit-bearing educational experience in which students participate in an organized service activity that meets identified community needs and reflects on the service activity in such a way as to gain further understanding of course content, a broader appreciation of the discipline and an enhanced sense of civic responsibility" (p. 112). Community engagement should encompass the vision, mission and goals to address marginalization and exclusion and promote social justice by tapping and combining university knowledge and experience. The second major focus of civic engagement of universities should be on complementing and supplementing our daily life domains. These domains are of profound civic importance; but are usually seen as "non-economically productive activities" such as caring, nurturing, self-care, health and personal well-being, volunteerism, responsible citizenship and sustainable development. Empirical evidence states that such learning experiences have implications for academic success, student retention and individual's sense of civic responsibility.

The rationale of the present study stems from the vision of State Higher Education Council which later manifested in the mandate of UGC—UGC National Curriculum Framework and Guideline, 2019. UGC has carried out discussions and discourses to be incorporated into policy decisions during the period of the study which reiterated the relevance of the study in the present context.

The UGC mandate has delineated a number of goals that foster social responsibility among students through community engagement. They are:

1. Quality enhancement of teaching/learning process in HEIs through theory–practice nexus
2. Mutually beneficial engagements between HEIs and neighbourhood communities for solving community problems
3. Building partnerships between HEIs and local communities facilitating experiential learning opportunities for teachers and students
4. Facilitating community participation in curriculum planning and development
5. Harness and nurture natural idealism of youth to foster values of public service and active and responsible citizenship among students
6. Initiating and implementing community research projects in collaboration with community (pp. 4–5).

In the light of current global and national approaches, community engagement should foster mutual learning and respect, research orientation and reflection, knowledge sharing and knowledge mobilization and social innovation by students. It would also contribute to devising new curriculum and courses.

The government of India has rightly perceived the potential of higher education in India and enhanced the investment in the 12th five year plan (2012–17) substantially for higher education to empower the youth with adequate knowledge and skills required to convert the Indian economy into a robust one. Providing quality education with access to all citizens can lead India towards the goal of sustainable economic development. The underpinning philosophy of National Assessment and Accreditation Council (NAAC) envisaged in their vision document is that institutions of higher learning should be focused on utilizing continuous learning and improvement opportunities to maximize their potentials, capacities, resources and opportunities (NAAC, 2013). Core values of higher education delineated in the NAAC Framework are *contributing to national development, fostering global competencies among students, inculcating a value system among students, promoting and integrating the use of technology and instilling quest for excellence.* The above philosophical framework accommodates the challenges in the local, national and global dimensions of higher education in India.

According to Hatcher (2012), community collaboration requires long-term commitment by the engaging organization and its partners.

> Hatcher delineates certain guidelines for HEIs to start and work on community engagement efforts. Prior to the initiation a community engagement effort, the HEIs should be clear about their community engagement mission, goals and purposes and the settings (communities) where they are going to engage with. It is desirable to have a socio-cultural and political analysis of the community including the history and demographic trends and needs to ascertain community's perception of the whole idea of engagement and how the community receives the engaging institution. Rapport or relationship building is as important as the entire process of community engagement. Rapport builds mutual trust and confidence and makes the process smooth and feasible. Working with formal and informal leadership in the community and establishing linkages with the community based organizations elicit formal as well as informal participation in the process. The HEIs should practice the principle of community self-determination as it is the community's right and responsibility. No external entity has the power to act in its own self-interest. For an engagement venture to be successful, community health needs have to be primarily addressed. All aspects of community engagement should foster the philosophy of inclusive development, respecting the cultural and ethnic diversity of the community. As cultural sensitivity is paramount to professional social work practice, this sensitivity should be reflected in designing and implementing community engagement projects. A sustainable approach would require mobilization of community resources and building on community's strengths to influence community health decisions and action. There should be an individual change agent (it could be the engaging institution itself), who facilitates the entire process in an efficient and effective manner; who is dynamic and flexible enough to meet the changing needs of the community. (pp. 46–53)

Internationally, to institutions of higher learning, community outreach and extension are the norm than the exception; but that is not the case in India. Indian Higher Education Institutions sparsely had stepped into communities until last decade. Community engagement and services were limited to the activities or camps

conducted by National Service Schemes in the colleges. NSS conducted yearly camps in rural areas, largely accounting to cleaning or development activities like construction of roads. Kerala's evidence of community engagement activities focused on social work schools which were handful.

Service Learning—A Strategy and an Approach

The present shift of academic learning in HEIs is service learning. Service learning is considered to be a pedagogical strategy designed and deployed to enhance students' academic learning through active community engagement. This approach actively engages students in immersive learning opportunities to address the felt as well as actual community needs. A few examples from literature for credit-based service learning courses include regular academic courses (BSW and MSW), field study projects, academic internships, community-based student research projects, action research projects with student participation, individual studies, group-directed studies, specific assignments, and collaborations and opportunities students get for community engagement as part of a course (Procello, 2010). Globally, many HEIs have initiated community engagement programmes incorporating it in academic curriculum. A few to mention in this context are:

North Harris Montgomery Community College, Houston, Texas partnered with the Harris County Public Library to reach out to the communities to meet their reading and learning needs.

- The technical partnerships of Guilford Technical and Community College, North Carolina to enhance career awareness and developmental opportunities at $K-12$ levels.
- The Skill to Employment Centre opened by Kirkwood Community College, Cedar Falls, Iowa to meet the employability needs of local residents.
- The Centre for Building Construction incepted through the collaboration and partnership of Seminole Community College, north of Orlando, Florida and the local builders to impart knowledge on construction trades through apprenticeship programs.
- The Enterprise Centre started by Springfield Technical Community College in Western Massachusetts to incubate, orient and train local entrepreneurs.

Keeping these aside, there are umpteen cases of social responsibility and responsible citizenship through community outreach and extension activities. It is found that the management, administrators and staff share a sense of "we-feeling" as they work towards a common goal for a social cause. It develops social sensitivity and responsive behaviour among them which further develops a morale and cohesion to work towards their future goals.

Thus, evidence from the international HEIs suggests that community engagement poses great promise to transform the institutions. Additionally, this sector holds great opportunity where faculty, students and resources are deeply engaged with

the community, or, where curriculum, graduates, research agendas and community development have an opportunity for immersion through the engagement (Bringle & Hatcher, 1996).

Debates and discourses about the effective modalities of university-community partnerships are at an early stage. Discussions on effective and successful methodologies and best practices are to be facilitated and information has to be disseminated on mutual sharing and learning platforms. Given this positive environment, the basic questions to be addressed through this study are:

- Is higher education in India really achieving its goal in relation to community engagement?
- How far are the institutions' resources optimally used for local and national development?
- How far are the higher education institutions reaching out to the villages in India?

To answer the above research questions, a descriptive strategy of enquiry is done to examine the extent of community engagement initiatives of institutions of higher learning in the state of Kerala.

Methodology

The study utilized a descriptive design and was intended to describe as well as compare the various aspects of community engagement of the HEIs based on selected criteria. The study comprised of 191 government and aided arts and science HEIs (41 government HEIs and 150 private aided HEIs) in Kerala coming under the three state universities, namely University of Kerala, Mahatma Gandhi University and Calicut University. A sample of 450 respondents—teachers, students involved in community extension activities and community representatives—from 30 HEIs were selected purposively based on the accreditation status, geographical location and type of management of the institution.

To collect the data, prior permission was sought from the Kerala State Higher Education Council, Thiruvananthapuram, and all HEIs in the sample frame were officially intimated about data collection. The study identified and explained the stakeholders' participation in various community engagement and extensions activities, best practices of the HEIs in community engagement activities, collaborations with the local organizations by the HEIs and also suggests the prospective domains for implementing innovative extension programs and improving the quality of existing community extension activities of the institution. Some of the best practices can be adopted and replicated by other HEIs who are at the stage of planning their community engagement strategies.

Discussion

The concept of *extension* in higher education and the essential aspect of social work training namely *community extension services* could be properly blended to make social work/community work education a unique program in higher education. The HEIs could utilize the manpower available under service learning to proactively respond to the societal problems and needs. The higher education institutions can promote civic and social engagement by utilizing the platform of fieldwork practicum and develop field action projects and programs for the same along with the academic studies Ehrlich (2000) in Civic Responsibility and Higher Education states that "Civic engagement means working to make a difference in the civic life of our communities and developing the combination of knowledge, skills, values and motivation to make that difference. It means promoting the quality of life in a community, through both political and nonpolitical processes" (preface, p. 6). Further, this broadly implies the practice of the basic methods of social work to enhance the social functioning of individuals, families and communities (Farley, Smith, & Boyle, 2006).

The practice of professional social work implies perspectives from the above. These include:

- *Public Scholarship*: Engage in research activities that cater public interest has community or societal benefits and that contributed to develop the knowledge base of social disciplines.
- *Community Development*: Identifying, mobilizing and developing the social and economic capital of a community through philanthropic ventures, resource mobilization, civic leadership, coalitions and networks at grass-root level and community building through participatory process.
- *Advocacy*: Raise consciousness, mobilize opinion and influence on public policy through formal political channel and lobbying, protest, advocating for a social cause and also facilitate political participation through voting.
- *Community Service and Volunteerism*: Meeting the immediate material needs of our neighbouring communities, addressing social issues and problems. This can be actively practiced in the context of *field practicum.*
- *Social Engagement*: The ability to work constructively within and between social groups to create more resilient and sustainable communities (Millican, 2018) is also a practice field of generic social work practice.

The study examined the type of extension activities of the higher education institutions in their respective neighbourhood Panchayaths and local communities. It is found that 25% have community service activities linking with Grama Panchayaths/local self-governments (LSGs) by the NSS units, 15% have the activities of pain and palliative care and surveys and research projects with UGC, 10% have the extension activities of entrepreneurship development, community college, PHC cleaning programs, protection of traditional plants, housing and sanitation programs for the poor and career guidance and training programs for children, 5% have the extension activities of awareness classes on social issues, programs for the care of

heart, communal harmony programs with Janamythri police, weekly food collection program, agro-promotion programs like organic farming and paddy cultivation, red cross and red ribbon activities and child guidance and family counselling services. The HEIs also promote innovative waste management practices by creating wealth out of wastes in the community and collaborating with the Kudumbashree/SHGs for entrepreneurship development programmes. This is notable in a place where solid waste management techniques are less efficient and are very much needed. It is also to be noted that water and sanitation are also a major problem in the rural areas.

Participation of teachers in different community extension services include child welfare services, women empowerment and environmental issues, development of the youth and their capacity building for future employment, community health programmes, economic development, welfare of the elderly, mental health programmes of children, elderly, mothers and all other community people, legal aid, human rights issues, activities of the local self-government, support for science and technology by organizing institution and community level science promotion programmes. It is to be noted that in spite of India being an agriculture prominent country, from 150 teacher population, only 6.7% involve in agriculture-related activities which includes organic farming, homestead farming, vegetable gardens in association with the Krishi Bhavan, etc. When considering the entire population of Kerala, the graph shows that importance to the other secondary and tertiary sectors are a reason for declined agro-based production. The rest of the 8.7% teachers involved in the other welfare and development-based programmes.

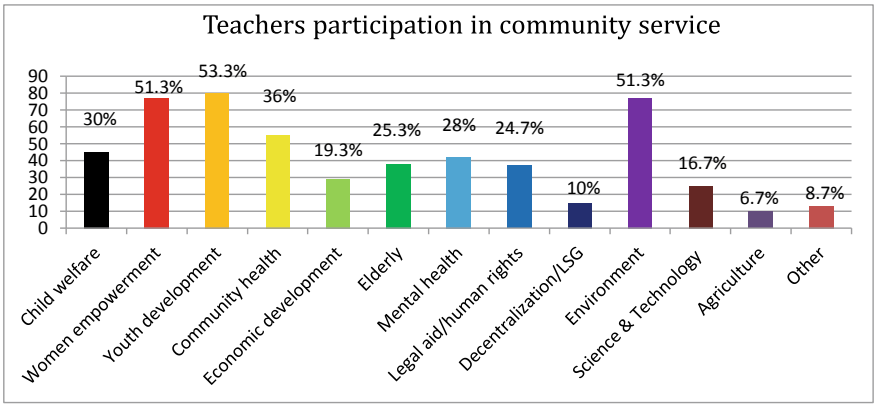

Figure showing teachers' participation in community services

Potential Contribution to the Knowledge Base for Social and Economic Development

The importance of extension in higher education is getting recognized in all disciplines with the contribution of higher education towards local community through research and development projects. The human as well as other resources of the higher education could be shared in the development processes. The decentralized governance has created a lot of opportunities for higher education institution to collaborate with local governments in planning and implementation of development programs where extension departments of HEIs could play significant roles in developing multiple collaborations for local development. The community extension component of higher education can be scaled up with proper linkages with local self-government institutions and other community development programs which in turn enhance the quality of social work education. Collaborative networks and institution-agency interface will enhance local development in an effective manner.

Best Practices in Community Engagement and Extension Services of the HEIs

In a broader sense, community engagement is related to development. As stated earlier in this article, civic engagement encompasses various perspectives ranging from public scholarship to social engagement. Engaging with communities to improve the quality of life of the people has implications for development. In that sense, development is capacitating society to fulfil the needs of its members by the optimal utilization of the available resources in a satisfactory manner. According to Canadian International Development Agency, capacity building is a process by which individuals, groups, institutions, organizations and societies enhance their abilities to identify and meet development challenges in a sustainable manner (CIDA, 2001). At the most basic level, community capacity building approaches attempt to enhance a given community's capacity to solve its collective problems. When an institution of higher learning recognizes this as the crux of their curriculum, then it can be considered as the best practice of the institution for the development of a local community. The study has consolidated the best practices of the institutions in community engagement and extension services.

Best practices can be inclusive of both evidence-based and value-based practices. Best practices are empirically based practices that have impacted the outcome variables indicating development and that have been tried and tested in a variety of geographical settings with diverse target populations. Best practices also are value-based practices that have recovery values underlying the practice philosophy. In such an attempt, these values should be able to be described, measured and ascertained (Farkas & Anthony, 2006). In the ecological perspective, best practices are exemplary and outstanding contributions to improving the ecology. They are defined by

the United Nations as successful initiatives which have a demonstrable and tangible impact on improving the quality of life of the people; those evolved out of the effective and efficient public–private–civil society partnerships and are socially, culturally, economically and environmentally sustainable (United Nations Educational, Scientific, and Cultural Organization, n.d.).

There are a number of community service programmes that have emerged out of this study in Kerala. These programs are implemented by the HEIs following the global trends and based on the needs of the local community. Main emphasis has been given to agricultural activities and various medical camps and most of them were linked with National Service Scheme (NSS).

- The concept of "Bhoomithrasena" under NSS was implemented in the HEIs having agricultural lands to promote organic farming and other agro-related activities collaborating with the Kerala Agricultural University and Krishi Bhavan.
- In the context of mobilizing different blood groups by the hospitals for surgical purposes, the HEIs organize regular blood identification and donation camps.
- Pain and Palliative Care units are another project of the HEIs mainly focusing on the terminally ill patients, cancer affected people and elderly.
- Additional Skill Acquisition programme (ASAP) is the most innovative skill development program for the youth, initiated by the Government of Kerala.
- With the increasing rate of Alzheimer's and related disorders patients every year, majority of the HEIs spread the message of "Remember those who cannot Remember" by taking part in the awareness campaigns as part of the World Alzheimer's Day.
- Legal literacy classes for the women affected with domestic violence, road safety awareness programmes to reduce violation of traffic rules and reduce accident rates, energy conservation programmes (cycle rallies) associating with Bharath Petroleum (BPCL), Peace rally, World Aids Day awareness programmes, Clean District projects and Medical camps are some of the model programs of HEIs.

The personal interaction with the teachers and students in the community engagement activities revealed that leadership training programmes for the local people, awareness programs on combating epidemic and communicable diseases, etc., are other programs which the communities of Kerala need.

It is to be noted that the HEIs with best practices have eventually been graded with highest scores in the process of assessment and accreditation by the National Assessment and Accreditation Council (NAAC). The HEIs organize various programs and create necessary infrastructures and facilities for implementing collaborative community engagement programs. The health and sanitation programs have to be given priority by the college along with the entrepreneurship development programs. The study identified HEIs' potential to build social capital that helps in promoting resilience to communities in times of adversities. However, the HEIs need to address the livelihood issues of the local people.

The study recommended that there should be cost-effective strategies in formulating need-based and context-based community development programs. The engagements of the HEIs with the organizations shall be able to provide professional

support in spearheading sustainable development projects. Focusing on the awareness programs by the HEIs on sex education, health, sanitation and waste management would assist changing the attitude and developing practices within the community to address the issues of substance abuse, sexual abuse. Most importantly, sustainable agriculture-based projects including organic cultivation, effective land management and biodiversity have to be promoted. Vocational training and other skill development programs can be facilitated by utilizing the existing support services and linkages of the HEIs with community organizations where such programmes benefit the local people including women and unemployed youth thus catalyzing social and economic transformation.

Conclusion

Any nation's social and economic development depends on having a favourable demographic dividend. However, for a country to prosper, this productive capital has to be necessarily tapped and constructively channelized for nation's development. Development discourses realize and reiterate that in the course of moulding our youth into responsible citizenship and productive adulthood, educational institutions and communities should work hand in hand to meet their mutual goals. These partnerships could involve mutual exchange and utilization of infrastructure facilities, sharing of technical expertise, collaborative development projects (shared responsibility in planning, implementation, monitoring and evaluation (PIME) process), joint resource mobilization ventures, volunteer assistance, mentoring and remedial support, knowledge sharing, information dissemination, expanding opportunities for immersive/experiential learning opportunities in the form of internships, creating employability avenues/jobs, recreation, coalition and networking, advocacy and public relations. This has a great scope in building social capital for sustainable development.

Community/civil society partnerships of educational institutions can interlink variety of resources to the people's advantage in a mutual sharing and winning pattern. When this enhances individual strengths, it capacitates their families too. When a group of families are capacitated, it strengthens their neighbourhoods which in turn contribute to building a sustainable community. The fruits can be visible in the noticeable reduction of youth problems—substance abuse, trafficking, addiction, relationship issues and even terrorism. However, this requires vision, expertise, commitment and creative leadership from the socially sensitive individuals and these individuals should fit themselves in innovative and multifaceted roles as professionals.

Community engagement initiatives have proved to be instrumental in catalyzing social and economic transformation, both globally and locally. College and university outreach and engagement may be expressed through faculty teaching, research and service. The higher education institutions can, therefore, utilize the wide number of options or develop innovative ideas that help students, teachers and researchers, re-image and re-establish their association with the society. The study was able to

bring out suggestions for successful community engagement programs like initiating research projects, solid waste management projects, skill-based higher education for students, agro-development for extension activities and utilization of local resources. The study recommends the HEIs to utilize their internal resources and creates linkages with the community-based organizations and local self-governments for developing new models for local community development.

References

Berghaeuser, H. & Hoelscher, M (2019). *Reinventing the third Mission of higher education in germany: Political frameworks and universities' reactions.* https://doi.org/10.1007/s11233-019-09030-3.

Bringle, G. R., & Hatcher, A. J. (1996). Implementing service learning in higher education. *The Journal of Higher Education, 67*(2), 221–239. https://doi.org/10.1080/00221546.1996.11780257.

Chris Procello, K. D. (2010). *Civic and community engagement at UCI.* Irvine: University of California.

Canadian International Development Agency. (2001). *Capacity Development Occasional Series.* https://doi.org/10.1.1.623.6341&rep=rep1&type=pdf.

Dwivedi, P., Rai, A., & Kumari, A. (2011). Third mission of universities: Community engagement and extension education. *University News, 49*(48), 19–22.

Ehrlich, T. (Ed.). (2000). Civic responsibility and higher education. Westport, CT: The American Council on Education and The Oryx Press.

Farkas, M., & Anthony, W. A. (2006). System transformation through best practices [Editorial]. *Psychiatric Rehabilitation Journal, 30*(2), 87–88. https://doi.org/10.2975/30.2006.87.88.

Farley, O. W., Smith, L. L. & Boyle, S. W. (2006). *Introduction to social work*. (10th ed.). Boston: Pearson Education.

Hatcher, M. (2012). *Principles of Community Engagement.* Retrieved September 2014, from https://www.cdc.gov/phppo/pce/part2.htm.

Millican, J. (2018). Social engagement. Available at: https://arts.brighton.ac.uk/__data/assets/pdf_file/0019/6274/Social-Engagement-2.pdf [Google Scholar].

National Assessment and Accreditation Council (NAAC). (2013). *National Assessment and Accreditation Council (NAAC).* Retrieved April 15, 2013 from https://www.ugc.ac.in/page/NAAC.aspx.

Smith, J. C. (2009). *Higher education: Handbook of theory and research* (Vol. 24, p. 285). Retrieved April 16, 2013 from books.google.co.in/books?isbn=1402096283.

University Grants Commission. (2019). *Fostering Social Responsibility & Community Engagement in Higher Education Institutions in India-National Curriculum Framework & Guidelines*. https://www.ugc.ac.in/pdfnews/3281688_Curriculum_Reforms_and_Educational_Institutions_.pdf.

Chapter 10
Decoloniality and Social Work Education and Practice

Hyacinth Udah

Abstract This chapter examines the importance of decoloniality in social work education in Australia. It begins by looking at the history of social work education in the Australian context. It then explores the concept of coloniality and its implications for social workers. It argues for decoloniality in social work education and practice, and for social workers to be informed also by marginalized and subaltern groups worldviews and perspectives. Decoloniality in social work education and practice through the inclusion of Indigenous, immigrant and refugee communities' ways of learning, knowing, being and doing is needed for effective social work education and practice in multicultural Australia.

Keywords Decoloniality · Multicultural Australia · Social work education · Socially just practice

Introduction

Social work is a practice-based profession, and an academic discipline, committed to social justice and the promotion of human rights through social development and social change, and empowerment and liberation of people (Australian Association of Social Workers (AASW), 2013). More importantly, as a profession grounded in values of anti-racist, anti-oppressive and socially just and inclusive practice, it has always been poised to address socio-political concerns, particularly, those affecting the most vulnerable and less empowered in the community (Almeida, Werkmeister Rozas, Cross-Denny, Lee, & Yamada, 2019). However, social work is also a product of its time and socialization process (Almeida et al., 2019). Therefore, in the time

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of increasing transnational students[1] and internationalization of education,[2] social work education, in many immigrant-receiving countries like Australia, requires interrogation and transformation, in order to achieve decoloniality (Harms Smith, 2019).

Decoloniality, as opposed to decolonization, refers to movements away from Eurocentric ways of being, thinking, knowing, doing, interpreting and social order that began with, and often out lasting, historical colonization (Mignolo, 2011; Trout, McEachern, Mullany, White, & Wexler, 2018). This means that decoloniality is both a political and epistemic movement towards futures of increased self-determination, possibilities for social, political and epistemological sovereignty, including engagement with ideas and practices that have been negated, marginalized and discredited as traditional, barbarian, primitive and mystic (Mignolo, 2011). Interpreted in this way, decoloniality seeks to respond to, and create an understanding of, "the oppressive and imperial bent of modern European ideals projected to, and enacted in, the non-European world" (Mignolo, 2009, p. 39). Decoloniality, thus, evokes a decolonial thinking (Mignolo, 2011) or decolonial attitude (Maldonado-Torres, 2007) that attempts to delink, practice epistemic disobedience and move away from Eurocentric thoughts and ideas (Mignolo, 2009, 2011). Consequently, decolonial thinking and doing engage with, and make visible, multiple ways of knowing and doing, and advance alternative or subaltern groups' worldviews, knowledges, perspectives and positionalities (Mignolo, 2009, 2011; Schulz, 2017).

The need for decoloniality in social work education in Australia is particularly pertinent taking into consideration the increased number of students, migrants and refugees from racially and ethnically diverse backgrounds who are studying, living and working in Australia. Most of the mainstream social work education/and or training in Australia is grounded in Western and Eurocentric hegemony and continue to be impacted by cultural and discursive politics of colonial legacies and racism (Maitra & Guo, 2019). Many social work education, teaching practices and policies in Western countries still operate within colonial structures (Baltra-Ulloa, 2016; Briskman, 2008; Gair, Thomson, Miles, & Harris, 2003; Rosenman, 1980) with some of the current curricular and pedagogical approaches suffuse with racial and cultural values geared towards training students, both domestic and foreign, the dominant and normative national culture (Maitra & Guo, 2019). As such, there is a crucial need to interrogate and design social work education in Western countries that will consider contextually relevant knowledge paradigms, work for all students and operate also effectively in a white society (Almeida et al., 2019; Harms Smith, 2019; Maitra &

[1] Transnational students are immigrants or students who have one or two immigrant parents, leading lives immersed in two different countries. They remain connected to both their new country of settlement and their country of origin (Sánchez, 2008). In Australia, this is common with students who arrive from Africa, Asia and Latin America.

[2] Internationalization of education is the process of integrating an international or intercultural dimension/aspect into teaching, research, and service functions of higher educations (International Management of Higher Education) (Knight & de Wit, 1997, p. 8). This definition recognizes the importance of building relationship, diversity of culture and having global/multicultural perspectives.

Guo, 2019). In the Australian context, this need is manifested in the ongoing call within social work education to transform and liberate social work from its modernist and oppressive shackles (Briskman, 2008), make visible the effects and consequences of the colonial matrix of power (coloniality) (Maitra & Guo, 2019), and provide a more inclusive, anti-racist and anti-colonial education (Gair et al., 2003).

Social Work Education in Australia

Australia is one of the most diverse, multiethnic, multiracial and multicultural Western nations with people of different backgrounds. The Indigenous people—Aboriginal and Torres Strait Islanders—are the first settlers of Australia, living over 65,000 years in Australia. Since British settlement in 1788, the Australian population has tremendously increased. While the 1966 Census counted 11.6 million people, there were over 23 million people in Australia during the 2016 Census (Australian Bureau of Statistics (ABS), 2017) and is more likely to be over 25 million by the end of the next census. Between 2011 and 2016, the number of people born overseas increased by almost one million. As indicated by the 2016 national census, Australians now come from nearly 200 countries, speak more than 300 languages, practice over 100 religions and represent more than 300 ethnic ancestries (ABS, 2017). However, despite the changing demographics, social work education in Australia still adopts a monocultural approach and operates within the structures of coloniality and whiteness (Baltra-Ulloa, 2016; Briskman, 2008; Gair et al., 2003; Rosenman, 1980).

Gair et al. (2003) assert that the curriculum of social work education in Australia represents a narrow, culturally-biased view of relevant knowledge, theories and skills. Their research suggests that social work education in Australia reflects the models and value base of Western society. They call, as others continue to do, for a move further away from a monocultural social work and welfare curricula, towards a more inclusive, anti-racist, anti-colonial and culturally appropriate social work education and training that will value the cultural resources and material experiences of the Indigenous Australians (Gair et al., 2003). More recently, Baltra-Ulloa (2016) argues that social work education in Australia, for most of its existence, has been influenced heavily by Western models—concepts—which take no account of the direct impact of culture, religion and ethnicity in the lives of the poor, and marginalized members of the wider Australian society. This gives rise, according to Baltra-Ulloa (2016), the need for decoloniality and to mould social work education in Australia to align with Indigenous, immigrant and refugee communities' ways of feeling, knowing and doing. For Baltra-Ulloa (2016), social work education in Australia needs to incorporate Indigenous, immigrant and refugee communities' "ideas about equality and inequality, inclusion and exclusion, social justice and injustice, rights and fairness, democracy and anarchy, modernity and tradition, normal and abnormal, and other dichotomies" (p. 90).

Social work education in Australia began in the 1920s and has long been shaped by Eurocentric and Western values, beliefs, theories and models, systems and philosophies (Baltra-Ulloa, 2016; Briskman, 2008; Lawrence, 1965; Napier & George, 2001; Rosenman, 1980). Much of the content—theories, methods and frameworks—for training social workers in Australia are heavily influenced by, or based on, particularly, the social work education models from Britain and the USA (Lawrence, 1965; Napier & George, 2001; Pawar & Thomas, 2017; Rosenman, 1980), with knowledge and discourses formalized in institutions, colleges and universities perpetuating the colonial power matrix of racism, discrimination, inferiorization and destruction of Indigenous and subaltern groups' perspectives, cultures and structures of helping (Harms Smith, 2019, p. 123). The Western and Eurocentric interpretations of social work education and practice in Australia education have led to a devaluation and/or marginalization of alternative models, worldviews, perspectives and positionalities of the Indigenous Australians, including other marginalized or subaltern groups from the Global South and a reification of coloniality.

Being Western and Eurocentric in their approaches, many Australian social work schools (universities, colleges and their lecturers) train students essentially to get paid in supporting and promoting a new form of colonialism—"a 'fitting in' to a system that values individualism, discourages collective care for collective issues, prefers to control, survey and judge people" (Baltra-Ulloa, 2016, p. 88). With a huge absence of marginalized or subaltern groups perspectives, knowledge, and skills, white, Western, capitalist social work models and practices are exported not only to students but also to clients. This perpetuates coloniality, reflects inadequacies and denies the development and implementation of rich learning for all students (Baltra-Ulloa, 2016; Briskman, 2008). While there is an emphasis that social workers need to work with, and be informed by Australian Indigenous people's knowledges in all areas of practice (AASW, 2012), Aboriginal and Torres Strait Islander ways of learning, knowing, being and doing are yet to be effectively embedded throughout social work programs (Zubrzycki et al.,2014).

Mainstream social work education in Australia continues to draw from the perspective of the Global North, on the colonial model originally imported from Europe, reproducing and upholding coloniality within its pedagogies and paradigms. Often, contributions from the Global South are limited, and Euro-centred locus of enunciation continues to dominate (Holscher & Chiumbu, 2020). Given Australia's historical link with colonialism and imperialism, and by implications, the hegemonic Western and Eurocentric theories, philosophies and cultural way—a cognitive injustice in social work education (de Sousa Santos, 2014)—that sideline other epistemologies and work of thinkers from the Global South in social work education (Harms Smith, 2019), there is need for a shift in social work education and practices in Australia. There is a need for a decolonial perspective (Grosfoguel, 2007) that arises from critical dialogue and interrogation to counter the hegemonic Western knowledge and recognize and take seriously the cultural knowledge, skills, ways of learning, ways of knowing and ways of doing of Indigenous, including immigrant and refugee communities from the Global South in social work education in multicultural, multiethnic and multiracial Australia.

Coloniality and Social Work Education and Practice

Given Australia's history of colonization, the impact of colonization, and the ongoing influence of Eurocentric and Western social work education models, to interrogate and deconstruct social work education and practice in Australia requires an understanding of the structural system of coloniality (Almeida et al., 2019; Grosfoguel, 2007; Maldonado-Torres, 2007; Quijano, 2000). Coloniality refers to long standing ways of thinking, knowing, feeling, being and power in contemporary societies associated with five hundred years of European colonialism (Maldonado-Torres, 2007). Some scholars (Adams, Estrada-Villalta, & Ordóñez, 2017, p. 14) describe it as "the dark side of modernity". For Adams et al. (2017), any proper understanding of global modernity,[3] the contemporary world requires recognition and acknowledgement of coloniality. As a process of domination and exploitation that emerged as a result of colonialism, coloniality always manifests in "particular local forms and conditions as well as personal histories and experiences" (Tlostanova, Thapar-Bjorkert, & Koobak, 2016, p. 215). It defines people, culture, labour, intersubjectivity, relations and knowledge production (Maldonado-Torres, 2007). It is maintained alive in various aspects and levels of everyday modern human experience—media, books, movies, criteria for academic performance, cultural patterns, people's self-image and aspirations (Quijano, 2000). In a way, as Maldonado-Torres (2007) argues, "modern subjects breathe coloniality all the time and every day" (p. 243).

The legacy of colonialism lurks in coloniality that continues to operate at the heart of the macro-structures of the modern capitalist world-system (Quijano, 2000). As a concept, coloniality allows us to understand the continuity of colonial forms of social hierarchies of domination, oppression and exploitation of racialized groups in modern Western post-colonial societies (Grosfoguel, 2007; Quijano, 2007). Today, coloniality is enacted, according to Castro-Klaren (2008 as cited in Carranza, 2018, p. 342) through the following stages: (1) classification and reclassification of people who are not colonizers (i.e. Europe and North America); (2) creation of institutions to control and manage colonized populations (e.g. national institutions, international organizations and courts of law); (3) definition of spaces in which regional (developmental) goals are applied (e.g. Latin America); and (4) use of an epistemological perspective that legitimizes this form of power and control by the centre of power. In the Australian context, the colonial past continues to influence social work education and practice, leading to the marginalization of Indigenous, immigrant and refugee communities' knowledges and cultures.

Several scholars agree that the coloniality of power of modern Western societies manifests in at least three levels: knowledge, power and being (Mignolo, 2011; Maldonado-Torres, 2007; Quijano, 2007). This understanding of coloniality as a remnant of colonialism offers a useful framework for understanding and analysing

[3]Dirlik (2003) uses the concept of 'global modernity' to refer to the contemporary condition of modernity or to describe the contemporary world. Global modernity is intended as a concept to overcome a teleological bias in the term globalization which suggests progress towards global unity and homogeneity (Dirlik, 2003).

the continuities of varied forms of racialization, dehumanization, inferiorization, including social discrimination and hierarchical relationships of domination that have roots in colonial history and practices (Grosfoguel, 2004). The problem of the coloniality of knowledge, in particular, is that today all models of cognition and interpretation of the world are subsumed to the norms created and imposed by Western modernity and offered to humankind as universal, delocalized and disembodied (Tlostanova et al.,2016), explaining why subaltern groups'—Indigenous, immigrant and refugee communities—worldviews, cultures and perspectives are subjugated and marginalized as traditional, barbarian, primitive and mystic (Mignolo, 2011). In other words, the control of knowledge or the ascribed superiority of European knowledge is an important feature of the colonial matrix of power in the modern world (Quijano, 2007). This existing hierarchy of knowledge today, marginalizing or ignoring subaltern groups' knowledge, challenges social workers to have a deep understanding of the powerful historical structures of domination and current issues created by colonization to embrace strategies for decoloniality (Harms Smith, 2019) and work effectively with people who have been colonized, excluded and marginalized (Tamburro, 2013).

Decoloniality in Social Work Education and Practice

As social work education and practice in Australia continues to marginalize the perspectives of Indigenous, non-Western immigrant and refugee communities and their worldviews and cultures, there is need for a movement towards decoloniality (Harms Smith, 2019). Decoloniality directs our attention towards '*that*'—worldviews, epistemologies, knowledges, perspectives, and life experiences of marginalized populations—which is objectified, muted, or rendered passive (Schulz, 2017, p. 131). In the context of social work education, decoloniality is concerned most broadly with developing a more critical understanding of the underlying assumptions, motivations and values that inform theories, policies and practice—and more to the point, creating a space in which Indigenous, non-Western immigrant and refugee communities' knowledge, skills and values can be included in all aspect of social work education curriculum (Trout et al., 2018). This inclusion of Indigenous, non-Western immigrant and refugee communities' ways of knowing, being, interpreting and doing, including histories and voices into social work education will help to realize the decolonial goal in social work education and practice (Harms Smith, 2019) and transform Western social and educational systems (Tamburro, 2013).

In light of the hierarchization and racialization of knowledge and practices still evident, and that inform social work education and practice in Australia, it is imperative that formal discourses and knowledge of social work education and practice be "interrogated, renewed and transformed" (Harms Smith, 2019, p. 123). This would entail an epistemic shift in the current curricular and pedagogical approaches (Maitra & Guo, 2019). As Mignolo (2009, 2011) explains, the decolonial option means to practice epistemic disobedience and move away from Eurocentric thoughts and ideas.

This movement away, this delinking and epistemic disobedience, from the colonial matrix of knowledge, power and being situates well with the call for decoloniality in social work education and practice (Harms Smith, 2019). It involves engagement with, and inclusion of ideas, practices, ways of learning, knowing and caring that have been negated, marginalized and discredited as traditional, barbarian, primitive and mystic (Mignolo, 2011) in social work education and practice.

Working to achieve decoloniality in social work education and practice is important. As Gair et al. (2003) suggest, any social work education and practice that ignore the critical importance of such challenge for change have no place in twenty-first-century Australia. According to Tlostanova et al. (2016), decolonizing knowledge to achieve decoloniality means "destabilizing the subject-object relationship" from the position of those who have been denied subjectivity and rationality, and "undermining the very grounds of the epistemic matrix of modernity" to achieve epistemic freedom (p. 214). This involves critically undoing colonial ways of knowing, being and doing, while rendering visible, engaging and embodying Indigenous, non-Western immigrant and refugee communities' ways of knowing, being and doing (Fellner, 2018). Decolonizing takes into account the history, effects and consequences of colonialism and resists the Western imperial discourses that created the institutions of knowledge that became the measure of all possible knowledges (Tlostanova et al., 2016), perpetuating the subjugation of minds, bodies and lands (Fellner, 2018).

Decolonizing social work education and practice to achieve decoloniality means, therefore, interrogating various forms of hegemonic knowledge dominance produced and perpetuated through colonial and neocolonial cultures and structures (Grosfoguel, 2007), and recognizing alternative non-Western knowledge systems and epistemic diversity, and pedagogic cultures as legitimate (Maitra & Guo, 2019). As many scholars (Maldonado-Torres, 2007; Mignolo, 2011; Ndlovu- Gatsheni, 2018; Quijano, 2000, 2007) have shown with their movement of decoloniality of knowledge, power and being, and epistemic decoloniality, there is need for a pedagogical movement towards decoloniality in social work education and practice (Harms Smith, 2019) by interrogating, renewing and transforming social work education and practice discourses and knowledge.

As Harms Smith (2019) points out, "this movement, in order to remain congruent to its claims, must inevitably be broad and inclusive of all of those involved and immersed in social work, its knowledge development and its practice, namely, academics, students, social work practitioners and even those who, as partners, work collectively towards social change" (p. 123). Therefore, as advocates for anti-oppressive and transformative practice, social work educators, students and practitioners in Australia need to embrace this movement for decoloniality and decolonize the ideological underpinnings of colonial relations of rule, especially in terms of its racialized privileging of 'whiteness' and eurocentric models and systems (Maitra & Guo, 2019). In order to accomplish the unfinished and incomplete twentieth-century dream of decolonization (Grosfoguel, 2007), there is need to break away from the narrow ways of thinking about colonial relations as educators and practitioners, and

become key players in questioning the colonial and racial forms of knowledge and practices that inform social work education and practice, and contribute or uphold an unequal and unfair social relations (AASW, 2010).

Adopting a decolonizing stance demands an openness and willingness to map out current colonial matrix of knowledge, power and being (Mignolo, 2011; Maldonado-Torres, 2007; Quijano, 2007) and to reconstruct colonial discourses through counter-narratives (Fellner, 2018) and dialogue with marginalized Indigenous and non-Western immigrant and refugee communities' ways of learning, knowing, interpreting and caring in a praxis of solidarity and social justice (Saraceno, 2012). Indeed, as anti-oppressive educators and practitioners who adopt a human right-based approach with an ethic of, and commitment to, social justice, social workers need to consciously engage in deconstructing, questioning, confronting and challenging colonial ideologies, theories and values that shape and influence practice and ways of training and educating social work students, researchers and practitioners.

Conclusion

Decolonizing knowledge to achieve decoloniality on social work education and practice is an ethical imperative. It is essential for training social work educators, students and practitioners to work with Indigenous, immigrant and refugee communities in ways that centre their ways of knowing, being and doing because these groups have been negatively affected by colonial oppression and domination. Therefore, an important key to decolonizing social work practice and educational curriculum is the inclusion of Indigenous, immigrant and refugee communities' worldviews, epistemologies, knowledges and voices.

Decoloniality in social work education and practice through the inclusion of Indigenous, immigrant and refugee communities' ways of learning, knowing, being and doing is needed for effective social work education and practice in multicultural, multiethnic and multiracial Australia. This would require that efforts should be made to question, challenge and transform colonial ideologies, and work towards a more inclusive model that benefit all educators, students, practitioners and clients. This would also entail:

- Recognizing race privilege, and liberating social work from its colonial, modernist and oppressive shackles (Briskman, 2008).
- Acknowledging and validating worldviews, perspectives, cultural knowledges and practices of Indigenous, non-Western immigrant and refugee communities (Fellner, 2018; Gray, Coates, Bird, & Hetherington, 2016; Mignolo, 2011; Tamburro, 2013).
- Moving away from a monocultural curriculum towards a more inclusive, anti-racist, anti-colonial and culturally appropriate social work education and training relevant for all students in Australia (Gair et al., 2003).

Indeed, it behoves social work educators, students, researchers and practitioners to think critically about their standpoints, core values, beliefs and actions, and to reflect on how these influence the ways in which they identify problems, work out solutions, teach and practice. Given the complexity and diversity of today's trans-modern society—with its expanded knowledge base as well as its competing priorities, values and interpretations and ways of doing—there is need for a movement towards decoloniality in social work education to uncover, track and resist taken-for-granted values, beliefs and norms and cultivate a praxis of social justice (Saraceno, 2012). A key step towards decoloniality in social work education and practice is to decolonize minds through critical reflection to examine assumptions, biases, interventions and pedagogy. Without decolonizing minds, internalized colonialism would not allow commitment to ongoing development and implementation of strategies to work towards a more inclusive curriculum and recognition of worldviews, epistemologies, knowledges and voices of Indigenous, non-Western immigrant and refugee communities in Australia.

References

Adams, G., Estrada-Villalta, S., & Ordóñez, L. (2017). The modernity/coloniality of being: Hegemonic psychology as intercultural relations. *International Journal of Intercultural Relations, 62,* 13–22.

Almeida, R., Werkmeister Rozas, L., Cross-Denny, B., Lee, K., & Yamada, A. (2019). Coloniality and intersectionality in social work education and practice. *Journal of Progressive Human Services, 30*(2), 148–164.

Australian Association of Social Workers. (2010). *Code of ethics*. Australian Association of Social Workers.

Australian Association of Social Workers. (2012). *AASW education and accreditation standards (ASWEAS) guideline 1.1 guidance on essential core curriculum content*. Retrieved from https://www.aasw.asn.au/document/item/3552.

Australian Association of Social Workers. (2013). *Practice standards.* Australian Association of Social Workers.

Australian Bureau of Statistics. (2017). Census of population and housing: Reflecting Australia – stories from the census, 2016. Retrieved from https://www.abs.gov.au/ausstats/abs%40.nsf/Lookup/by%2520Subject/2071.0~2016~Main%2520Features~Snapshot%2520of%2520Australia,%25202016%7E1.

Baltra-Ulloa, A. (2016). Why decolonized social work is more than cross-culturalism. In J. Coates & T. Hetherington (Eds.), *Decolonizing social work* (pp. 87–104). Routledge.

Briskman, L. (2008). Decolonizing social work in Australia: Prospect or illusion. In M. Gray, J. Coates & M. Yellow Bird (Eds.), *Indigenous social work around the world: Towards culturally relevant education and practice* (pp. 82–93). Ashgate.

Carranza, M. (2018). International social work: Silent testimonies of the coloniality of power. *International Social Work, 61*(3), 341–352.

de Sousa Santos, B. (2014). *Epistemologies of the South: Justice against epistemicide*. Paradigm Publishers.

Dirlik, A. (2003). Global modernity: Modernity in an age of global capitalism. *European Journal of Social Theory, 6*(3), 275–292.

Fellner, K. (2018). Embodying decoloniality: Indigenizing curriculum and pedagogy. *American Journal of Community Psychology, 62,* 283–293.

Gair, S., Thomson, J., Miles, D., & Harris, N. (2003). It's very 'white' isn't it! Challenging monoculturalism in social work and welfare education. *Advances in Social Work and Welfare Education, 5*(1), 37–52.

Gray, M., Coates, J., Bird, M. & Hetherington, T. (2016). Scoping the terrain of decolonization. In J. Coates & T. Hetherington (Eds.), *Decolonizing Social Work* (pp. 1–24). Routledge.

Grosfoguel, R. (2004). Race and ethnicity or racialised ethnicities? Identities within global coloniality. *Ethnicities, 4*(3), 315–336.

Grosfoguel, R. (2007). The epistemic decolonial turn: Beyond political—economy paradigms. *Journal of Cultural Studies, 21*(2–3), 211–223.

Harms Smith, L. (2019). Epistemic decoloniality as a pedagogical movement in social work education: A turn to anti-colonial theorists such as Fanon, Biko and Freire. In T. Kleib, R. Lutz, & N. Noyoo (Eds.), *Handbook of post-colonial social work* (pp. 314–352). Routledge.

Holscher, D., & Chiumbu, S. (2020). Anti-oppressive community work practice and the decolonization debate: A contribution from the global south. In S. Todd & J. Drolet (Eds.), *Community practice and social development in social work* (pp. 1–20). Springer.

Knight, J., & de Wit, H. (1997). *Internationalisation of higher education in Asia pacific countries.* European Association for International Education.

Lawrence, R. (1965). *Professional social work in Australia.* Australian National University.

Maitra, S., & Guo, S. (2019). Theorising decolonisation in the context of lifelong learning and transnational migration: Anti-colonial and anti-racist perspectives. *International Journal of Lifelong Education, 38*(1), 5–19.

Maldonado-Torres, N. (2007). On the coloniality of being: Contributions to the development of a concept. *Cultural Studies, 21*(2–3), 240–270.

Mignolo, W. (2009). Coloniality: the darker side of modernity. In S. Breitwisser (Ed.), *Modernologies. Contemporary artists researching modernity and modernism* (pp. 39–49). MACBA.

Mignolo, W. (2011). Epistemic disobedience and the decolonial option: A manifesto. *Transmodernity. Journal of Peripheral Cultural Production of the Luso-Hispanic World*, *1*(2), 44–66.

Napier, L., & George, J. (2001). Changing social work education in Australia. *Social Work Education, 20*(1), 75–87.

Ndlovu-Gatsheni, S. (2018). Dynamics of epistemological decolonisation in the 21st century: Towards epistemic freedom. *Strategic Review for Southern Africa, 40*(1), 16–45.

Pawar, M., & Thomas, M. (2017). Social work education in Australia and the USA: Comparative perspectives and contemporary issues. *Social Work Education, 36*(6), 648–661.

Quijano, A. (2000). Coloniality of power, eurocentrism, and Latin America. *Nepantla: Views from the South*, *1*(3), 533–580.

Quijano, A. (2007). Coloniality and modernity/rationality. *Cultural Studies, 21*(2–3), 168–178.

Rosenman, L. (1980). Social work education in Australia: The impact of the American model. *Journal of Education for Social Work, 16*(1), 112–118.

Sánchez, P. (2008). Transnational students. In J. M. González (Ed.), *Encyclopedia of bilingual education* (pp. 857–860). Sage Publication Inc.

Saraceno, J. (2012). Mapping whiteness and coloniality in the human service field: Possibilities for a praxis of social justice in child and youth care. *International Journal of Child, Youth and Family Studies, 2*(3), 248–271.

Schulz, K. (2017). Decolonizing political ecology: Ontology, technology and 'critical' enchantment. *Journal of Political Ecology, 24,* 125–143.

Tamburro, A. (2013). Including decolonization in social work education and practice. *Journal of Indigenous Social Development, 2*(1), 1–16.

Tlostanova, M., Thapar-Bjorkert, S., & Koobak, R. (2016). Border thinking and disidentification: Postcolonial and postsocialist feminist dialogues. *Feminist Theory, 17*(2), 211–228.

Trout, L., McEachern, D., Mullany, A., White, L., & Wexler, L. (2018). Decoloniality as a framework for indigenous youth suicide prevention pedagogy: Promoting community conversations about research to end suicide. *American Journal of Community Psychology, 62*(3–4), 396–405.

Zubrzycki, J., Green, S., Jones, V., Stratton, K., Young, S., & Bessarab, D. (2014). *Getting it right: Creating partnerships for change. Integrating aboriginal and Torres Strait Islander knowledges in social work education and practice. Teaching and learning framework*. Australian Government Office for Learning and Teaching.

Chapter 11
Experiences, Coping and Correlates of Encountering Death: Implications for Social Work Education and Practice

Archana Kaushik

Abstract Death connotes a mysterious and inevitable reality of existence. Since pre-modern to post-modern times, notion of death has seen changes from natural acceptance to a fear-inducing, frightening phenomenon. Death of loved ones poses one of the most stressful events incurring insecurity, inability, fear, depression, and such other emotions and thoughts of one's mortality are considered bizarre. The present study aims to find how individuals comprehend and cope with death in their professional and personal life and examine the factors that influence differential experiences and correlates of death. With descriptive and exploratory research design, in-depth interviews of nine individuals were taken who were dealing with death. Findings show gendered difference in coping with death. Death of an old person is accepted easily in contrast to that of a young. Impersonality can be maintained in death of others in professional engagement, while death of loved ones has totally different implications. Culture plays crucial role in perception of and dealing with death. Insights on needs of death education and social work response are derived from the cases in the study keeping in mind the cross-cultural contexts of Australia and India.

Keywords Death · Social work education · Interdisciplinary approach · Cross-cultural practice

Introduction

Death, taken as opposite of birth or life, is a mysterious reality of existence. It is inevitable, unpredictable and universal. All human beings essentially experience death in two ways—one, witnessing death of others, including family members, relatives, friends, neighbours, etc., and, two, experiencing one's own death. Medically, death means cassation of all vital life-sustaining functions of the body such as heartbeat, breathing and brain activity. It is estimated that with world death rate being

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eight deaths per 1000 persons, about 55.3 million people die every year and 151,600 people die each day (Population Reference Bureau & The World Fact Book, 2011). For several decades, researchers and scholars have refrained from studying issues related to death and social work discipline too remained occupied with problems and conflicts in the lives of their clients. However, with 105 people dying every minute, death cannot be an ignored reality for human service professions including social work.

To provide backdrop of the paper, as an eight-year-old girl, my first encounter with death (sudden demise of a close relative) filled me with curiosity about its unknown realms more than the grief of losing him. With time, my inquisitiveness to demystify death expanded with each interface with death of kin, colleagues and acquaintance, driving me to find answers to existential questions, through the literature search and experimentations. The prescriptive nature of dealing with death in most of the religious and spiritual scripts couldn't quench my innate quest to 'know death'. First as social work student and later as an educator, I increasingly realized our limited ability to respond to death and dying issues encountered during fieldwork practicum, even in providing support to students and colleagues in grief and bereavement. My work in the area of gerontology strengthened my conviction to undertake research on issues related to death. Based on one of my empirical research on 'Conceptualization and correlates of Death among individuals' under the aegis of Research and Development Division, University of Delhi, this paper discusses the need and scope of including death as a subject in social work education and practice.

Before looking into the nuances of the research undertaken, a brief description is provided on the evolution of the subject of death at the global arena in the domains of research, academics, public health, social policy and the like.

In ancient times, groups and communities of people developed norms and practices to deal with death based on their beliefs that spirit gets liberated from the body. Various aboriginal groups and tribal communities of that time have had their own customs, rules, rites of passage to handle death-related issues based on their ideas and conceptualization of death (Kellehear, n.d.).

In due course of time, the organized institution of 'religion' took over to almost monopolize as a source of information and answers to matters and questions related to death. In the matters such as existence of soul, life after death, rituals to be performed at the time of death, funeral rites, memorials, ways of grief and bereavement, the religion had the utmost say. Different religions like Christianity, Hinduism and Islam however have given their own set of ideological frameworks on various aspects of life and death, and the social institution of religion had remained almost the uncontested authority for the general public on issues related to death. Anthropologists and social scientists have highlighted that in the pre-modern era, people generally had a sense of 'acceptance' towards death, and they considered it as normal aspect of life. It is also seen in Indian philosophy that death is a part of life. Death rituals, as prescribed by the religion, sought community support, which also acted as a healing agent in grief and bereavement (see: Aries, 1974; Palgi & Abramovitch, 1984).

The phase of modernization, from the late eighteenth century to twentieth century, is characterized by scientific temperament, rational thinking, logic and positivist approach, societies becoming more complex, structurally and functionally, with increased levels of heterogeneity. As asserted by August Comte, in this period, societies experienced transition from theological and metaphysical stage to scientific stage where critical thinking, logic and empiricist viewpoints became accepted principles to govern all aspects of life. Scientific attitude and reasoning took over all explanations of supernatural power or God (Graces-Foley, 2005). Conceptual understanding of the phenomena of death and dying too underwent change in this era. Indeed, this scientific approach, especially in the western world, led to growth of medical advancement and improvement of public health systems. This resulted in increase in life expectancy and reduction in death rates. With discovery of antibiotics, several deadly ailments were easily curbed and human lives were saved. However, while in pre-modern period, the religion facilitated acceptance of death; in the modern phase, focus is shifted to conquering of death due to medical innovations. Death, in this period, was increasingly seen as a failure of medical professionals and medical science; death was taken as a pathological entity, and more and more people became fearful, anxious and non-receptive about it (Linsday, 2001; Lupton, 2009). Fonseca and Testoni (2011) assert that with the increase in the capacity of medical fraternity to postpone death, there is notable rise in our inability to cope with it. A weakening and frail body in old age has been considered as imperfection and death as a 'failure' (Elias, 2001; Kastenbaum, 2000).

A dedicated interdisciplinary approach to study death and dying issues is called 'thanatology'. From the 1950s onwards, several notable efforts to study and deal with death are seen, which was collectively named as 'thanatology movement or death awareness movement'. Apart from increased research on thanatology, numerous self-help groups and networks came into existence to provide bereavement support services such as widow support group, group of bereaved parents and siblings and compassionate friends. (see: Silverman, 2000). Such support services have been therapeutic not only for those receiving assistance but also for the ones providing it, as claimed by various research studies (Lund, 1999). One notable initiative was in 1967, and Saunders established the first modern hospice—the St. Christopher Hospice in London. Hospice services focusing on caring for the dying, minimizing pain and symptomatic treatment began in various parts of the world, especially in the America and European countries in the last quarter of the twentieth century. This major organizational effort has its roots in religious institutions, with Sisters of Charity and the Knights Hospitallers being examples (see: Connor, 1998; Stoddard, 1978). This hospice movement and palliative care gained momentum, and by the year 2001, the USA had more than 3000 hospice programmes serving nearly 700,000 people annually (Miller, Williams, English, & Keyserling, 2002). Inspired by such initiatives, a Canadian physician Dr. Balfour Mount pioneered in developing hospital-based palliative care model to provide care to the dying (also see: Doka, 2007; Parkes, 1997).

Alongside, the work of noted scholars propagated research and education on thanatology, some of the noteworthy ones are—'The Meaning of Death' by Feifel (1959), 'On Death and Dying' by Kübler-Ross (1993), 'The Pornography of Death' by Gorer (1955). The publication of Sigmund Freud's essays on 'Mourning and Melancholy' in 1917, too, is considered as significant milestone. Since 1955, different disciplines like medicine, nursing, philosophy, theology, anthropology, sociology, psychology and funeral services came forward with impressive publications on the theme of thanatology (see: Kastenbaum, 1995; Pine, 1986; Wass, 2004). Several scholarly journals such as 'Omega Journal of Death and Dying', 'Death Studies', 'Mortality', 'Loss, Grief and Care' and newsletters like 'Journeys', 'Thanatos', 'The Forum' are disseminating information and research findings on varied issues related to death.

Death education, since time immemorial has been provided informally by kith and kin, however is shaped by their respective religious affiliations. As a part of formal death education, in the 1960s, for the first time, few colleges in the USA offered such courses (Kastenbaum, 1995; Noppe, 2007), and by 1971, more than 600 courses (Green & Irish, 1971), and by 1976, 1000 plus courses on death and dying issues were offered by several colleges and universities with more than thirty thousand students enrolled (Cummins, 1978). Since then, the formal death education has become the part of school curricula, at primary and secondary levels. Thanatology content is also taught in elective, major, certificate, diploma, graduation and masters degree programmes offered by colleges and universities. Academic centres are established for research and education on death, especially in the European countries, the USA and other parts of the world.

In this backdrop, the rationale for conducting the present study may be delineated. it is imperative to study how people, in the present post-modern era, that is characterized by no complete hegemony of one system over the other, perceive and cope with death—are they fearful, in denial mode or comfortable with the mortality issues? Thanatos or the death instinct is as real and basic as Eros or life instinct that governs human beings (see: Freud, 1957). Avoiding contemplation and discussion on death is like hiding wounds and bruises and pretending to be unhurt, which may become malignant, if untreated. Moreover, social work profession that rests on ameliorating pain, suffering, grief and sorrow cannot avoid study of death.

The review of the literature has shown that there are almost negligible studies available on the experiences and coping patterns of social workers dealing with mortality issues of their clientele groups. Moreover, as a student and educator of social work discipline, 'use of self' and dichotomous notions of personal and professional self have often puzzled me (Kaushik, 2018). Heuristically claiming, I could not find in myself any separation between 'professional' and 'personal' selves; rather, I engaged in handling psychosocial challenges of my friends, family members, students, colleagues and clientele groups, as an integrated whole. This led to the idea of exploring how people deal with death at the personal and/or professional fronts and are there differential coping strategies. As knowledge about self is considered a pre-requisite of knowing others, one's perception and knowledge about death may influence his/her dealing with grief and bereavement issues of others empathetically.

To explain further, Rogers (1951) claims that every individual sees the world through his/her own perceptual framework, and similarity of experiences facilitates in understanding and empathizing with others. The findings of the present study may be a step towards locating gaps in knowledge and skill sets with regard to bereavement, palliative care and other related interventions towards enhancing competence and expertise among human service professionals including social workers. The insight gained through such studies would definitely help in emancipatory approach of social work education and practice.

As an offshoot of larger study to explore interplay of socio-demographic variables on people's participation on death, the present research was carried out with the following objectives:

- To gain an insight how individuals perceive and cope with death in their personal and professional life.
- To examine the factors that contribute to comprehension and coping with death.
- To identify the need and scope of including death education in social work curriculum and practicum.

Methodology

Exploring experiences and coping with death is a complex topic, particularly when the socio-cultural milieu is not conducive. Moreover, individuals usually refrain from even thinking about death, and they are not consciously aware of their perceptual realities on the subject. In this condition, for the present research, descriptive and exploratory research design was considered appropriate. The study is governed by interpretivist paradigm that provides opportunity to capture thoughts, feelings and emotions of research participants though the researcher abides by normative parameters of scientific research such as objectively noting down reported facts. Narrative research method was employed under the case-centred approach. Nine individuals who have been dealing with death in their personal and professional life were interviewed in-depth. Purposive and convenient sampling was adopted as identifying research participants who have willingness to share their experiences and views on death required ample flexibility and researcher's prerogative. The study was carried out in Delhi and Varanasi, Uttar Pradesh, India. Researcher being based in Delhi found it feasible to find prospective respondents in Delhi, in view of limited time and financial resources for the research. Varanasi has been traditionally not only a hub of spiritual seekers and masters but also considered a place where dying and getting cremated along the banks of the Holy Ganges River breaks the cycle of rebirth and attain salvation, as per Hindu scriptures. The researcher was able to find four of her research participants in Varanasi.

Data Collection Process

It may be reiterated that the present research was a small part of a bigger research that was undertaken in the year 2015–16. Though the inclusion criterion for recruiting research participants was relatively day-to-day encounter with death in their life, at professional or personal front, locating prospective respondents who are willing to talk about their experiences people was an uphill task. Through students, colleagues, neighbours and friends, message was spread to seek help in finding prospective research participants. Ten doctors and fourteen nurses across four hospitals were identified, and after initial discussions, three doctors and two nurses agreed to participate in the research. Out of them, one doctor and one nurse could spare time for the interview. One family friend, based in Varanasi, helped in facilitating interviews with the spiritual leader, cremation ground caretaker and gangster. One student provided address of his distant relative suffering from terminal illness. Likewise, a colleague helped in finding an orphaned boy and a neighbor informed about recent death of her colleague's granny.

Data Analysis

During interviewing, the researcher could only note down important pointers. After each interview, detailed and exhaustive transcripts were prepared. Through reviewing relevant literature, certain themes on socio-demographic variables, anxiety, coping, etc., were jotted down. Transcripts were analysed using colour coding for various themes, and interconnections were noted down. Thematic and interpretative analysis was carried out.

Ethical Considerations

While carrying out the present research, one of the prominent ethical dilemmas faced was the chances of evoking pain and suffering among some respondents related to mortality of their significant others or their own selves. Researchers working on such sensitive topics generally are criticized for 'wounding their respondents again to meet research objectives'. However, such studies may be therapeutic and healing as respondents get to express their charged up emotions and do catharsis. 'Re-living is relieving'—this assertion was found to be true, and the respondents, in the present study, after in-depth conversations (interviews) report being lighter, calmer and rejuvenated.

Purpose and objectives of the study were informed to the prospective respondents, and verbal consent was sought prior to interviewing. The respondents were assured of the confidentiality and told about their right to withdraw at any point

of time during interviewing. All the ethical principles of research were adhered to. It is interesting to note that all the respondents shared their heart out, and perhaps eagerness and genuineness of the researcher got conveyed, much through non-verbal communication. The topic itself created a strong bond between the researcher and the researched where all binaries and divisions vanished and all research participants candidly expressed themselves providing rich data for the study.

All the names of the cases mentioned below have been changed to protect their identity.

Limitations

Small sample size due to paucity of time and financial resources poses restriction in validation and generalization of findings.

A brief description of the cases is given below:

1. A 28-year-old nurse **Raji** deals with death of patients. Initially, she used to become very jittery as she has no clue how to counsel the dying patient or bereaved family.
2. A 34-year-old female **Ranjana** was suffering from blood cancer, with predicted life of 6 months.
3. A 60-year-old cremation ground caretaker **Ranjit** who oversees cremation of corpses.
4. A 42-year-old woman **Rijuta** described about the death of her 96-year-old grandmother. Her grandmother had lived long enough to play with her great-grandchildren. She had enjoyed love and respect from her family, but her body failed to sustain life as early marriage, multiple and repeated pregnancies, and chronic malnutrition have taken heavy toll on her health. She became frail and dependent in her eighties, and by 92 years, she was almost bed-ridden. Her desire to die was the only escape from her ailing body.
5. A 62-year-old spiritual leader (head of Kabir Math) **Rajan**.
6. A 57-year-old surgeon **Dr. Rajesh**.
7. **Rajni** was happily living with her husband, two children and parents-in-law. Her husband, a government servant, was living a disciplined life. One usual day, Rajni brought tea at 5 a.m. to wake her husband up only to find that he died while asleep. She had remained dependent on her husband, financially and emotionally, and was socialized to be helplessness and dependent. Her husband was the only earning member. She was devastated, unsecured and helpless.
8. A 15-year-old boy **Raju** was staying happily, despite limited resources, with his parents and two younger siblings in Delhi. They migrated from Uttarakhand about 12 years back. His father was electrician and mother used to stitch clothes. Once, while he stayed back to give his exams, his parents went to their native village for some family function. Flash floods of 2013 washed away his entire family. He became orphaned. Shocked and bewildered, he couldn't understand

how to deal with the crisis. His uncle (father's brother) though provided for his upkeep, but he was made to work in a dhaba (eating joint). He dropped out of school. Death of his parents shattered him completely.

9. A 45-year-old gangster **Raja** who has killed more than 40 people hails from northern India. Raja belongs to 'Thakur' caste group that is characterized by strong cultural norms of caste and masculinity. He grew up in the social environment that taught him to consider his caste identity and family pride at the supreme pedestal. When Raja was 16 year old, a rival caste gang had killed his elder brother. He was expected to take the revenge of his brother's murder, failing which, he would be disowned by his family. Having no other option, Raja killed the accused murderer of his brother. Since then, the vicious cycle of the crime world is continuing.

Findings

Socio-demographic and Personal Profile

Age and gender are the two cross-cutting variables in the study of human behaviour towards a complex issue called death. Results show that the role the decreased person was playing in the lives of the survivors was crucial in indicating the impact of death. So, death of a bread-winner of the household brings additional economic crisis, though death of loved ones is invariably emotionally painful.

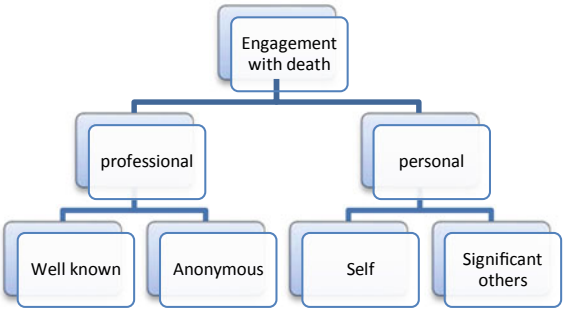
Death rituals of Rijuta's grandmother were accompanied by celebrations as she has 'fully lived' the life, while death of younger people is considered untimely and unnatural.

In the study, five respondents were males and the remaining four were females. During in-depth interviews, males often told about their actions or strategies to solve the problems related to death, while females focused on expressing their grief and suffering.

Professional and personal encounter: In the study, out of nine respondents, four were dealing with death in their professional setting. Five respondents were dealing with death at the personal front, and among them, two have dealt or are dealing with their own death. Schema 1 has the details.

Rajesh, the surgeon, and Raji, the nurse, are dealing with death-related issues at the professional front. Raji told that she was not prepared to handle death-related matters during her training of nursing degree, which is a major drawback. She learnt it through hit and trial. She added that many nurses, especially those with weak personality, have gone into depression. Conversely, the surgeon Rajesh asserted that due to his ability to separate his personal life from professional involvement, he is better able to deal with death-related pain and sufferings of patients and their relatives. He, however, cautioned that it does not mean emotional numbness on his part.

Schema 11.1 Categorization of engagement with death



Ranjit, the caretaker of cremation ground is also engaged with death due to his peculiar profession. For almost five decades, he has been facilitating and supervising cremation of corpses day in and day out. Philosophizing death, he hummed couplets by Sant Kabir as that death is the supreme truth, and no one can ever escape from it. Pointing out at a pyre, Ranjit uttered, "It is the same fire that burns the hearth in my house but…I never wish anyone to die".

Raja is a gangster who on professional basis abducts and murder individuals as his main livelihood option. His first murder was a revenge of his brother's killing that he was forced to commit. Since then, in almost three decades, he has committed 40 more murders. His life has become a long race of escaping from the police and rival gangs, intermittently getting imprisoned and getting out either on bail or illegally. He murmured, "…one needs to kill humanness within oneself before killing another human being".

In the study, five respondents shared their 'personal encounters' with death, and among them, two talked about their own death.

Ranjana, a cancer patient shared that she is unable to banish the thoughts of death. However, with death approaching nearer, she has become more grateful for the love and support she has got from her family and friends. She has started appreciating little things in life like rains, flowers, trees, …, which till now went unnoticed. With the consistent thought that she may sleep and never get up again, Ranjana has begun to celebrate life in all its dimensions.

Rajan, a spiritual leader, has experimented with death as part of his spiritual training. For six months, he spent nights in cremation ground all alone to see impermanence of life as he witnessed corpses being put on pyre and turning into ashes. He told that this helped him detach from the immortal body, with which we are identified.

Thus, all the respondents have their differential perceptual and experiential recollections of death.

Death anxiety and coping: More often than not, individuals have the anxiety of death or of becoming non-existent. Thanatophobia is the term used to refer to the anxiety caused by thoughts of death. In the study, an attempt was made to capture death anxiety among the respondents and how they cope with it. Responses received were

obviously varied. Rajni and Raju both have somewhat similar experience of losing their beloved, on whom they were emotionally and financially dependent. Raju, the teenager, on asking about death anxiety, said in sad tone, "I wish I would have died along with my family…what I am experiencing is far greater pain than death". Likewise, Rajni confessed that she too wished to kill herself when her husband died. It implies that in bereavement, individuals are engulfed with painful consequences of the death of beloved ones in which one's own death anxiety subsides.

A different perspective on death fear is noted as Rajan claimed that he has had 'out of body experiences', and since then, he no longer fears death. Pointing out to his body, Rajan asserted, "it hardly makes any difference whether this mortal body is put on pyre today or five years".

In contrast, Raja, being in the crime world, has murdered many people. He often has nightmares of being brutally killed by the rival gang. "Whatever you sow, so shall you reap", he lamented and philosophized his 'wrong-deeds'. He admitted that he had committed crime, killed people and ruined many families, and he will be punished for it. He showed belief in *karma.*[1] He confessed that rather than death per se, he is more fearful of being tortured to death by his rivals.

Rijuta shared that her grandmother was having rigid ideas of heaven and hell and was quite fearful of death. She would often pray that she should not be 'tortured' by *Yama*[2] while taking her soul to heaven. Rijuta also told that her grandmother was very particular of ritual performance in prescribed manner and insisted that the rituals should be strictly followed so as to ensure that she has pleasant time after death. Apparently, cultural values play important role in perceptions of death.

Barring Ranjana, the terminally ill patient, none of the respondents reported having frequent thoughts of one's own death. When Ranjana's health deteriorates, she starts chanting *mantras*[3] to remain calm. She enjoys little aspects of life like rain, flowers, being in nature, chatting with loved ones and the like. She is filled with gratitude and appreciation of the happiness, loving relationships, friends and other things that life has given to her. She told that rich Hindu scriptures and enlightened masters who have talked about impermanence of life, detachment from the body, have helped her mostly to come to terms with her death.

Rajesh, the surgeon maintains that if a person has a successful and fulfilling life, he or she may not have any death fear. He validates this statement giving his own example. He utters, "having a strong feeling of fulfilment, death does not appear to be a looming, horrifying reality for me personally". Raji, the nurse, however, complains that there is no component in nursing training that prepares them to handle death-related issues of patients, which is highly needed. She recalls that initially, as a new entrant in the job, she used to be clueless on how to deal with grieving and

[1] In Hinduism and Buddhism, the sum of a person's actions in this and previous states of existence is viewed as deciding their fate in future existences.

[2] The God of Death in Hinduism.

[3] A word or sound repeated to aid concentration in meditation, according to Hinduism and Buddhism.

bereaving relatives of deceased patients, and only gradually on her own, she has learnt to counsel relatives of patients on death-related matters in a matured and composed manner. Moreover, she admits that despite seven years of service, she still finds herself 'incompetent' in handling death of patients in many situations such as that of a child, a mother, a bread-winner. Many times, a strong emotional bond is developed between a nurse and a patient, and then, death of that patient is not easily accepted. Being 'young', thoughts of her own death seldom come in her mind, and on introspection, she does not find any death anxiety in her.

Ranjit, the cremation ground caretaker, has shown full preparedness to die any moment, which he accords to his occupation.

Professional versus personal response to death: Findings show that there is a huge difference in professionally dealing with death and personal encounter of it. Raji, the nurse, admitted that it was when her close relative passed away, she actually experienced the inevitability of death. She said that now at times witnessing death of an elderly woman in the hospital makes her realize that her own grandmother would also die, making her highly anxious.

Interviews with Raji, Dr. Rajesh and Ranjit, the cremation ground caretaker, have reflected that maintaining a distance and impersonality is easier in case of death of people at professional spaces, but death of kith and kin has entirely different effects. This is also depicted in the cases of Rajni, the widowed homemaker and Raju, the teen boy, whose lives disrupted significantly after experiencing death of their bread-winners. Raja, the gangster, too, expressed his fears of the consequences his family may face after his death—especially, marriage of his daughter may get jeopardized and his son may have to drop out of school. Further, apparently, Ranjana, the cancer patient, has accepted her death. Such preparedness was also seen in Rijuta's granny as depicted through her narration.

Thus, factors like age, role relationship and emotional bond with the deceased person are important in influencing responses to death.

Coping with death: Since death is a highly complex phenomenon and an intra-personal reality, people respond and cope with it in diverse ways. In this regard, certain facilitating and inhibiting factors as identified by respondents are examined below.

1. **Religion and Culture**: Indian society, perhaps like most other societies, does not encourage open discussions on death-related issues. Children are not taught about dealing with death. Almost everyone copes with death intuitively. Ranjana, Raji, Rijuta and Dr. Rajesh have invariably talked about relying on religious teachings like immortality of soul, detachment of worldly affairs and belief in *karma* philosophy.
2. **Social Support**: Social support is a critical variable in dealing with death. Raji has mentioned that her open discussions with her aunt around death issues have helped her in ventilating stress resulting from the demanding role as nurse. She also shared that some of her colleague nurses with weaker personalities have almost gone down to depression as they couldn't vent out their anxieties. She

suggested the need of support system, formal or informal, where overburdened death anxieties can be handled. Ranjana gives credit to her loving and caring family to support her in fighting the battle with blood cancer and making the last phase of her life peaceful and composed. Death of parents snatched away the entire support system of the teen, Raju, leaving him in almost the state of destitution and in immense suffering. Due to his engagement in criminal activities, Raja does not enjoy the benefits of social support. He feels limitations in accessing social resources like attending parent teacher meeting, going to cinema and restaurant with family or even casual talks with neighbours. In contrast, Dr. Rajesh does not have fear of death as he has enjoyed respect, prestige, creative satisfaction, as part of the social support.

3 **Resilience**: Human beings are hardly aware of their power of resilience, till the time they encounter and overcome huge crises in their lives. When her husband died, Rajni was shattered and couldn't think of managing anything without him. She would often find herself caught in dreadful thoughts of financial constraints hampering her children's education, household expenditures and her daughter's marriage and her old parents-in-law deprived of medical treatment as her husband was the only earning member in the family. Slowly and gradually, she gathered courage and started joining the broken pieces of her life. After almost seven months of her husband's death, Rajni got a job in her husband's office under the scheme of appointment of dependent of deceased employee. She also received the amount of provident fund. This provided her huge relief from some of her pressing financial problems. Rajni admitted that now she has learnt to re-coop and life does not appear to be as dreadful as it felt earlier and time is a big healer. Similarly, Raju also has risen from ashes. He, too, has shown ample courage and resilience in rising from ashes. He was also unaware of the quality of his own self called resilience.

Death Education Needs and Social Work Response in the Cross-Cultural Context

"Death is a greatest teacher"—as written on the wall of one cremation ground in New Delhi, India, signifies the vital learning and wisdom, death provides. It is highly significant and worthwhile to study social, cultural and psychological aspects of death along with its medical angle. An attempt has been made to derive learning in terms of death education needs and associated challenges in view of each case in the research study, based on which the response of social work education and training is chalked out.

The case of Raji, the nurse, depicts the gap in the training to deal with death of patients and bereavement issues of family members. Untrained nurses counsel patients and/or relatives intuitively, based on their personal experiences and socio-cultural value system. As India borrowed allopathic knowledge system of medicine from the West, formal training of doctors and nurses is largely done in that

system only. The inherent perception of viewing death as failure of medical professionals/medical science also took over the traditional notion of accepting death as a natural part of life embedded in the Indian culture. The curricula of nursing training in India, thus, do not have details on provision of equipping nurses with skills on psychosocial support to dying patients, grief and bereavement counseling to relatives, components of palliative care, etc. Khosla, Patel and Sharma (2012) observe that though in India, palliative care has been present for more than two decades; its coverage is highly limited due to factors like poverty, limited resources, huge population size, restrictive policies and institutional apathy. Barring Kerala, in most of the states of India, palliative care is available in urban areas with highly limited awareness about it in the general population. Contrary to this, in Australia, nursing training on the matters of death and dying, covering different aspects of hospice services and palliative care, is comprehensive and well in place. Australian Institute of Health & Welfare (2019) brings out that in the year 2016–17, 51.6% of patients who died in hospitals received palliative care and 77,369 hospitalizations were for the purpose of receiving palliative care.

The case of Ranjana, a terminally ill patient, has highlighted two interlinked dimensions of coping—one, the external support and, two, the intra-psychic coping. Regarding the external support, though she received the love and care of her family, she was neither aware nor had access to palliative care. India needs to expand coverage of hospice services and palliative care. The second aspect is intra-personal coping, and perhaps, each one of us has to and should come to terms with our own mortality. Several thanatology researchers have claimed that, paradoxically, death makes us live life in true sense (see: Zilberfein & Hurwitz, 2003). An Australian nurse—Bronnie Ware—after many years of palliative care with patients nearing death recorded her findings in her book 'the top five regrets of the dying'. She notes that dying people invariably regret—for running after career and luxuries of life and ignoring their loved ones; for suppressing their feelings to keep peace and consequently not able to live life in their own terms; for remaining caged in old negative thinking patterns, of worrying too much rather than choosing to be positive, more alive and vibrant; and for living life on terms and conditions of others while ignoring one's own dreams and aspirations (Leonard, 2018). Ranjana too shared that death has made her filled with gratitude for small joys and beauties of life. It seems that in the backdrop of death, positive and meaningful aspects of life are vividly visible and negativities in the forms of aggression, violence, jealousy, greed, frustration, etc., disappear. This has implications for more research and awareness on death education.

Ranjit—the cremation ground caretaker, is a case point depicting certain unique occupations revolving around death that are often ignored and overlooked, while they require special attention. Unlike Australia, in India, life conditions of such people are defined by occupational hazards, social isolation, labelling and discrimination in almost all spheres of life. For instance, emotional numbness is observed in Ranjit as he is engaged, day and night, in cremating corpses; morgue workers have to work in inhuman conditions where intoxication of any kind facilitates them to do their

job; and people of Dom caste and community face isolation, and they do not have option of alternative employment. These people, to a large extent, not only face marginalization and social exclusion but remain overlooked by policy-makers and social researchers. Occupational social work has huge scope to work in this area.

Rijuta's discussion on the death of her 96-year-old grandmother yet again implies that palliative care is almost non-existent for vast majority of elderly in India. Ritchie and Roser (2020) note that 56 million people died in 2017, and out of which 49% were people aged 70 years and another 27% are between 50 and 69 years. With medical innovations and improvement in public health systems, the probability of encountering death is increasingly viewed in old age. After adding years to life or increasing life expectancy, medical science has now the aim of adding quality to those added years, and as response, various models of hospice and palliative care are emerging with primary focus on older people (see: Hosseini, 2015). However, Black and Csikai (2015) observe that despite ensuring better quality of dying, hospice and palliative care services are under-utilized. This implies that social work professionals have crucial role in creating awareness and implementing components of hospice and palliative care. With increase in number and proportion of elderly to the general population, throughout the world, palliative care services need to be scaled up and expanded.

The case of Rajan, the spiritual leader, brings out another interesting dimension of death—it raises the existential question of true meaning and purpose of life. Saints, sages and seekers in India, since ancient times, have advocated that solving the mystery of death reveals our true divine nature. Knowledge of one's death is inextricably linked to self-knowledge. India has a rich cultural endowment on opening the vastness of spiritual life through the door of death, but in this post-modern era, there have hardly been attempts made to draw lessons from this Indigenous knowledge. Inevitability of death is warned by several religious and spiritual leaders. Montaigne (cited in Rinpoche, 2002) advocates for knowing the reality of death and maintains that, "to practice death is to practice freedom. A man who has learnt to die has unlearnt how to be a slave".

As discussed, spread of science in the period of modernization has sidelined important role of religion and spirituality in natural acceptance of death as a part of life. Spiritual social work has huge potential role to redefine meaningful aspects of life through acceptance and knowledge of death.

The learning from the case of Dr. Rajesh may be theorized as the contours of a rich, meaningful and successful life facilitate acceptance of death. Death is taken as a mirror in which entire meaning of life is reflected. However, his involvement in resolving psychosocial challenges of dying patients and their relatives is minimal. Indian healthcare system is characterized by shortage of doctors and other health professionals at all levels leading to work overload. The World Health Organization recommends one doctor for every 1000 persons, and India's average is one doctor for 11,082 patients, with Delhi having least gap of one doctor per 2203 patients and Bihar has highest gap of one doctor per 28,391 patients (National Health Profile, 2018). Australia, on the other hand, has 2.6 doctors per 1000 persons (World Bank, 2016). The data implies that doctors in India do not have time to respond to psychosocial

needs of dying patients and their relatives. Moreover, the prevalent attitude of death being a failure of medical fraternity also prevents doctors like Dr. Rajesh in addressing other than biological aspects of death of patients. This reflects training needs of doctors in palliative care and greater involvement of medical social workers.

The case of Rajni shows the points of deficits in women empowerment in public policies and lack of services providing crisis interventions. Rajni was socialized to be 'dependent' and home-bound, unprepared to handle the crisis of her husband. She was neither aware nor had access to crisis counseling. Rajni represents majority of the women in India in terms of lack of resources and capability to deal with such critical situations. Australia has been pro-active in providing educational and economic opportunities to all its citizens, irrespective of gender and class divides. Australia is ranked at 44 and India at 112 on the Global Gender Gap Index rankings of 2020. India on the domain of economic participation and opportunity has scored 0.354 while Australia is much higher at 0.722. Likewise, on gender parity in educational attainment, Australia is at perfect one while India is at 0.962 (World Economic Forum, 2020). The case of Rajni calls for multistakeholder approach that include death preparedness, crisis intervention and linkage to employment and other services by social workers and strategies, programmes and policies on women empowerment.

Raju—an orphaned adolescent—portrays a lonely battle for survival after the death of his parents, dropped out from school and working for subsistence. He did not receive any state or civil society intervention to deal with the crisis. There are over 10 million children (3.9% of the child population) working in India (Census, 2011), while 6.6% of children (5–14 years) in Australia are working (Australian Bureau of Statistics, 2006). However, contextual realities of both the countries are quite different. In India, abject poverty fuels child labour which is essentially compulsive and exploitative in nature, whereas children working in Australia are making informed choices after their school hours so as to save money for their career or for enjoying financial independence. Socio-cultural milieu of Australia is child friendly, respecting and ensuring child rights and wellbeing as the supreme priority. Despite having a secured and conducive environment for children, doctors of Australian Medical Association, Queensland, assert that education on ageing and death-related issues should be provided to school children so that they are well-prepared and capable of making informed choices when needed (Bastian, 2018). In India, various stakeholders including social workers are required to make serious and concerted efforts to ensure safe, enriching and empowering child-friendly environment.

The case of Raja, the gangster, offers learning in identifying cultural values and ideologies that perpetuate unlawful and criminal behaviours in the name of family prestige and the role of social workers in bringing desired and positive changes in the social system. Raja represents the darker side of dogmatic belief systems that are unique to caste-based stratification and discrimination in Indian society. The case suggests that intra-psychic realities and social behaviour are intertwined as Raja who has killed many people is fearful of his own brutal ending. This has significant bearing for correctional social work, especially in the area of reformation, rehabilitation and reintegration of individuals engaged in criminal offences.

Table 11.1 captures the salient points discussed about highlighting the need of

Table 11.1 Death education needs: implications for social work education and practice

Setting	Death education needs	Social work response and cross-cultural contexts
Social work in health care	Nurses need training in handling issues related to death of patients. Imparting education to medical fraternity to 'accept death' as natural phenomenon and not as their failure and propagate the same to patients and others	Theoretical inputs to social work students on palliative care with inculcation of skills in grief and bereavement counseling; training as part of interdisciplinary team of palliative care; medical social work to handle death issues of patients. In Australia, broadly, healthcare professionals including nurses are trained in dealing with issues related to patients, while in India, this training gap is wide; unlike Australia, in India barring a few sporadic experiments, palliative care is almost non-existent
School social work	Students at primary, secondary levels to be trained and prepared to deal with death-related issues with age-appropriate content on death in the school curricula as part of life skill education	Indian schools generally, reflecting the cultural value, refrain from direct discussions on mortality issues. Life skill classes are limited to career development and personality development. In Australia, efforts are being made to education school children on the topic. Social workers in educational settings have vast scope in death education and preparedness among children, in both the countries

(continued)

Table 11.1 (continued)

Setting	Death education needs	Social work response and cross-cultural contexts
Geriatric social work	With population ageing, need of palliative care is expanding rapidly. With traditional informal support systems like family and community ties waving away, the elderly are in need of formal systems of end-of-life care	Palliative care is in nascent stage in India, despite over 20 years of existence, while in Australia, it has a wide coverage. Social work education in India is gradually having courses as electives or specializations in geriatric care, gerontology and palliative care, which is becoming a dire need. In addition, social workers need to adapt and redesign models of palliative care in the light of the differential and specific needs of the elderly people in India
Occupational social work	The occupational hazards of the people engaged in jobs involving the dying and handling corpses need to be identified and appropriate education and skill imparting is required along with psychosocial counseling including burn-out prevention and management	In contrast to Australia, the situation of people involved in death-related jobs such as cremation ground caretakers, corpus handlers, morgue workers, encounter stigma, discrimination and their psychosocial wellbeing is jeopardized. Social work education with specialization or elective courses in occupational social work has the role to carry out suitable interventions for this special vulnerable group. Situational analysis and action research are required from social work perspective to identify their differential needs and challenges

(continued)

Table 11.1 (continued)

Setting	Death education needs	Social work response and cross-cultural contexts
Social work with individuals, families, groups and communities	Death of a loved one is a crisis situation having profound but varied psychosocial implications which can affect anyone anytime. This shows the need of death education and preparedness for individuals, groups and communities	With widespread coverage of palliative care, grief and bereavement centres providing needed interventions to men, women, children, youth, elderly confronted with death-related crisis in their life, Australia has been able to develop efficient system of social safety and security net, counseling and care. In India, dedicated papers in the syllabi of social work are required on thanatology and related psychosocial interventions. Social workers need to take up the roles of death educators, grief and bereavement counsellors
Faith-based and spiritual social work	Death awareness opens scope of spiritual development, which seems to provide sustainable and real solutions to all human problems and challenges. No notable efforts are made to tap the rich spiritual knowledge in the social work domain	Huge majority of population in India still draws heavily from their traditional religious and spiritual base for psychosocial healing during grief and bereavement. However, components of social work education are borrowed from the West creating a mismatch between social work interventions and workable and available Indigenous resources and interventions. In Australia, ample work on mindfulness and spiritual social work is taking place that is in sync with the religious and cultural value system of the country

(continued)

Table 11.1 (continued)

Setting	Death education needs	Social work response and cross-cultural contexts
Correctional social work	Death education is a potential resource for reformation of individuals engaged in unlawful activities and criminal offences	There is a wide scope of intervention for social work professionals in the correctional administration in India that is largely characterized by shortage of staff, overcrowding of prisons, over-worked judiciary and such others. Correctional social work offers solutions with its focus on death education and awareness for reformative measures

death education under different social work settings and its implications for social work education in the backdrop of cross-cultural contexts of Australia and India.

This apart, culture is a cross-cutting variable that shapes perceptions and experiences of death. Social work educators need to identify, through research work, facilitating and inhibiting values embedded in the socio-cultural milieu that influence perceptions and responses to death. Notions of rebirth and immortality of soul, beliefs in *karma* philosophy help in dealing with anxieties associated with one's own death or that of significant others and these are culturally driven aspects, which social workers may utilize for the benefit of their clientele system. Death is a complex, multidimensional phenomenon, which needs to be researched systematically so that studies and reflections on death may be helpful in redefining and integrating enriched and vibrant contours of life.

References

Aries, P. (1974). *Western attitudes toward death from the middle ages to the present*. London: The Johns Hopkins University Press.

Australian Bureau of Statistics. (2006). Child Employment, Australia, June 2006. Accessed on March 20, 2020 from https://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/6211.0Main%20Features9999Jun%202006?opendocument&tabname=Summary&prodno=6211.0&issue=Jun%202006&num=&view=.

Australian Institute of Health & Welfare. (2019). Palliative Care Services in Australia. Accessed on March 19, 2020 from https://www.aihw.gov.au/reports/palliative-care-services/palliative-care-services-in-australia/contents/summary

Bastian, D. (2018). Doctors Call for Death Education in Schools. Accessed on March 19, 2020 from https://www.agedcareinsite.com.au/2018/05/doctors-call-for-death-education-in-schools/

Black, K., & Csikai, E. (2015). Dying in the age of choice. *Journal of Social Work in End-of-Life & Palliative Care, 11*(1), 27–49.

Central Bureau of Health Intelligence. (2018). National Health Profile, 2018. Ministry of Health and Family Welfare, Government of India. Accessed on March 20, 2020 from http://www.indiaenvironmentportal.org.in/files/file/NHP%202018.pdf.

Connor, S. (1998). *Hospice: Practice, pitfalls and promise*. Washington, DC: Taylor and Francis.

Cummins, V. A. (1978). On death education and colleges and universities in the U.S. 1977. Presented at the Forum for Death Education and Counseling, September, Washington, DC.

Doka, K. J. (2007). Historical and contemporary perspectives on dying. In D. Balk (Ed.), *Handbook of thanatology* (pp. 19–25). London: Routledge.

Elias, N. (2001). *The loneliness of the dying* (E. Jephcott, Trans.). New York: Continuum. (Original work published 1982).

Feifel, H. (1959). *The meaning of death*. New York: McGraw-Hill.

Fonseca, L. M., & Testoni, I. (2011). The emergence of thanatology and current practice in death education. *OMEGA Journal of Death and Dying, 64*(2), 157–169.

Freud, S. (1957). Mourning and melancholia. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 14, pp. 239–258). London: Hogarth. (Original work published 1917).

Gorer, G. (1955, October). The pornography of death. *Encounter, 5*(4), 49–52.

Graces-Foley, K. (Ed.). (2005). *Death and religion in a changing world*. New York: M.E. Sharpe.

Green, B. R., & Irish, D. P. (1971). *Death education: Preparation for living*. Cambridge, MA: Schenkman.

Hosseini, H. (2015). Aging and the rising costs of healthcare in the United States: Can there be a solution? *Ageing International, 40*(3), 229–247. https://doi.org/10.1007/s12126-014-9209-8
Kastenbaum, R. (2000). *The psychology of death* (3rd ed.). New York: Springer.
Kastenbaum, R. J. (1995). *Death, society, and human experience* (5th ed.). Boston: Allyn & Bacon.
Kaushik, A. (2018). Use of self in social work: Some reflections. *Indian Journal of Social Work, 79*(4), 403–414.
Kellehear, A. (n.d.). How Death Came into the World. Retrieved March 15, 2020, from www.deathreference.com; https://www.deathreference.com/Ho-Ka/How-Death-Came-into-the-World.html.
Khosla, D., Patel, F. D., & Sharma, S. C. (2012). Palliative care in India: Current progress and future needs. *Indian Journal of Palliative Care, 18*(3), 149–154. https://doi.org/10.4103/0973-1075.105683
Kübler-Ross, E. (1993). *On death and dying*. New York: Collier Books. (Original work published 1969).
Leonard, M. (2018). Nurse Recorded the Last Wishes of Dying Patients the Answers Might Surprise You! Accessed on March 19, 2020 from https://iamfearlesssoul.com/top-five-regrets-of-the-dying/.
Linsday, P. (2001). Aries Philippe. In G. Howarth & O. Leaman (Eds.), *Encyclopedia of death and dying* (pp. 30–31). London: Routledge.
Lund, D. A. (1999). Giving and receiving help during later life spousal bereavement. *Living with grief at work, at school, at worship* (pp. 203–212). Levittown, PA: Brunner/Mazel.
Lupton, D. (2009). Foucault and medicalisation critique. In S. Earle, C. Kamaromy, & C. Batholomew (Eds.), *Death and dying a reader* (pp. 20–24). U.K.: Sage.
Miller, G., Williams, J. J., English, D., & Keyserling, J. (2002). *Delivering quality care and cost-effectiveness at the end of life. Building on the 20-year success of the Medicare Hospice Benefit*. Virginia: Alexandria.
Noppe, I. C. (2007). Life span issues and death education. In D. Balk (Ed.), *Handbook of thanatology* (pp. 337–343). London: Routledge.
Palgi, P., & Abramovitch, H. (1984). Death: A cross-cultural perspective. *Annual Review of Anthropology, 13*(1), 385–417.
Parkes, C. M. (1997). Help for the dying and the bereaved. In C. M. Parkes, P. Laungani, & B. Young (Eds.), *Death and bereavement across cultures* (pp. 206–217). New York: Routledge.
Pine, V. R. (1986). The age of maturity for death education: A socio-historical portrait of the era 1976–1985. *Death Studies, 10,* 209–231.
Population Reference Bureau, & The World Fact-book (Central Intelligence Agency). (2011). World Birth and Death Rates: Ecology Global Network. Retrieved on November 15, 2016, from https://www.ecology.com/birth-death-rates/.
Registrar General of India. (2011). Census data on child labour in India. Ministry of Labour & Employment. New Delhi: Government of India.
Rinpoche, S. (2002). *The Tibetan book of living and dying*. London: Rider.
Ritchie, H., & Roser, M. (2020). Causes of Death. Published online at OurWorldInData.org. Retrieved from: https://ourworldindata.org/causes-of-death. (Online Resource).
Rogers, C. R. (1951). *Client-centered therapy*. Boston: Houghton Mifflin.
Silverman, P. R. (2000). Research, clinical practice and the human experience: Putting the pieces together. *Death Studies, 24,* 469–478.
Stoddard, S. (1978). *The hospice movement: A better way of caring for the dying*. New York, NY: Vintage Books.
Wass, H. (2004). A perspective on the current state of death education. *Death Studies, 28,* 289–308.
World Bank. (2016). Australia—Physicians 1961–2016 Data. Accessed on April 21, 2020 from https://tradingeconomics.com/australia/physicians-per-1-000-people-wb-data.html.

World Economic Forum. (2020). Global Gender Gap Report: 2020. Accessed on March 20, 2020 from https://www3.weforum.org/docs/WEF_GGGR_2020.pdf.
Zilberfein, F., & Elizabeth Hurwitz, C. S. W. (2003). Clinical social work practice at the end of life. *Smith College Studies in Social Work, 73*(3), 299–324.

Chapter 12
Evidence-Based Practice—A Methodology for Sustainable Models in the Helping Professions

Sigamani Panneer, J. Raja Meenakshi, and Shuchi Bharti

Abstract Evidence-based practice (EBP) refers to the decisions taken based on the best-available empirical research. A helping profession addresses the problems and paves way for the growth and development of others. Application of EBP in a helping profession has the capability to make tremendous enhancement in the usage of evidence and outcome of the profession. This paper focuses on the process of EBP, emerging trends and problems, need of EBP in helping professions, its relevance and scope in India and Australia. The research and practice in helping profession with usage of EBP has enormous scope in both India and Australia. In the current scenario, such researches and practices are not timely enough to answer policy questions in helping professions. A case on youth development has been explained in this study to emphasize the need for proper usage of evidence in the helping professions which paves way for constructive development.

Keywords Evidence-based practice · Helping profession · Interdisciplinary approach · Youth development · Critical thinking · Paradigm shift

Introduction and Background

Evidence-based practice (EBP) is the assimilation of technical know-how with the existing external evidence though methodical research processes with due consideration to the values and expectations of the beneficiaries. The concept of EBP came into

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existence through the work of a Canadian medical group which defined it as a process that includes "the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individuals" (Sackett, Richardson, Rosenberg, & Haynes, 1997). EBP is now established as an interdisciplinary and multidisciplinary process. This process began first in the field of medicine as evidence-based medicine (EBM) and later spread to other helping professions like psychology, education, nursing, information services, law, physical medicine, etc., among many others. EBP could be understood as the advanced version of EBM which is the incorporation of the available high-quality research evidence with clinical skills and patient values (Hendler, 2004). In order to have the impact on policy-level decisions, the aspects on the types of evidences, their nature and features, strategic delineation to the foundation and construction of the evidence and basis of the cumulative knowledge are imperative. This could only be achieved with the impactful propagation of the research combined with operational strategies that harness knowledge and practice in order to enhance the utility of evidence at multiple levels. The basis of EBP is the informed decision-making by the practitioner. EBP essentially needs to be based on the tenets of transparency and accountability. Actions and implementations based on EBP have to take carefully assess the relevance of the evidences and screen the most pertinent and significant evidence about the impact of the same on the individual, groups or communities. The salient features of a robust evidence practice are (a) high level of research and assessment, (b) rigorous reviews and systematic analyses of the evidences, (c) application of apt skills and techniques towards the goals as identified, (d) replication, customization and modification. The incorporation of such approach yields higher success rates while implementing evidence-based practice (Macdonald, 2001).

Over the years, the relevance of EBP grew and became more explicit (Strauss, Richardson, Glasziou, & Haynes, 2005). This also encapsulated aspects of rules of evidence and evidence cycle having stepwise components of 5 A's, namely Assess, Ask, Acquire, Appraise and Apply (Bhandari & Giannoudis, 2006). Such implementation of EBP, however, was limited to mostly clinical practices such as evidence-based nursing (EBN), evidence-based practices in psychology (EBPP) wherein clinicians analysed the patient's clinical conditions and indicated treatment based on evidences. The greater challenge was to establish the reliability of EBP into larger domain of helping professions and developing a transdisciplinary model. In the decade of 1990s, EBP started getting introduced to the diversified helping professions such as social work and social welfare (Gambrill, 2003). Such EBPs diversified and were somewhat different from EBN and EBM. The renewed aspiration of the EBP in helping professions called for a focused approach in evidence research, collection and dissemination; hence, there was a need to modify the existing framework and paradigm shift in the EBP (Gibbs, 2003). Any helping profession has to essentially interact with the intrinsic and extrinsic ecosystem in order to maximize the efficacy of the methodology and to lead to the desired outcomes. Adopting the three basic tenets from the "Three Circle Model" of Sackett et.al. (1997), the attempt is to understand a renewed focus on the existing three circles, namely technical expertise,

research evidence and client's preference in a larger ecosystem leading to desirable intervention.

In the current scenario of the EBP, the need is to look the aspects of the three circles within the ecosystem and part of the same. Such enhanced overview becomes imperative if greater feasibility and efficacy are required in helping professions that are not only limited to medicine and nursing. Training and education of the EBP in the helping professions have somewhat lacked pace and vigour to enhance and diversify the strengths. There is an emergent need to strategically enhance the aspects such as practising focus, evidence and its appraisal and evaluation (Howard, McMillen, & Pollio, 2003). A general notion among the helping profession practitioners has been the lack of EBP training and more nuanced methodology when it comes to effective mechanisms. Many research studies have already shown that EBP has led to higher quality outcomes such as care, improved client responses, low costs, greater professional satisfaction than traditional methods (Melnyk, Fineout-Overholt, Stillwell, & Williamson, 2010). The next section attempts to analyse the process of the EBP and discuss ways to incorporate effective aspects to the process framework.

Process of EBP

The decision-making approach in EBP essentially needs to work at a multidimensional forum that amalgamates not only client value but also address to the client's apprehensions. The knowledge and experience of the practitioner along with most significant evidences are vital (Gibbs, 2003). Evidence requires authority, legitimacy and statement of fact which is the base for making decisions. Data that is collected through scientific and systematic procedure is of paramount significance along with the appraisal and synthesis of the same towards the goal-setting process. The stepwise process could yield to maximum efficacy towards achievement of the EBP goals (Fig. 12.1).

The process of evidence-based research is scientific and systematic which provides data and result at every step of implementation. In the process of EBP implementation, the need for information is converted into answerable questions from the knowledge gap. EBP also tracks down and locates relevant evidence with efficacy of the best evidence. It also critically appraises the evidence for its utility and validity. The integration of scientific evidence and critical appraisal expertise of client values, preferences and applies the result to practice. It ends with evaluating the outcome of the EBP process. As per Melnyk et al. (2010), to practice a holistic evidence-based method in helping profession, a practitioner needs to first cultivate a spirit of enquiry that would lay groundwork for EBP. They also suggested a PICOT format. This format stands for population of interest, intervention, comparison intervention, outcome and time. Such framework provides strong background to start process of searching for the best evidence. The rapid critical appraisal of the collected best evidence is carried in order to come to most relevant, reliable and valid ones. The EBP cannot be sufficient if evidences are not integrated and synthesized by professional

Fig. 12.1 Stepwise EBP process. *Source* Developed from Crisp (2004), Gambrill (2003), Gibbs (2003) and Newman (2002)

expertise along with client's preferences. This synthesis and implementation of EBP needs to be evaluated for the practice decisions.

Emerging Trends and Problems in Helping Profession

Over the years, the helping profession has undergone significant changes. General criticism about the helping profession is; its practice being based on intuition, expert or peer opinion, tradition and anecdotal experience rather than on the most updated scientific research finding (Shardlow & Doel, 2005). It also faces the critique of lacking the quality of service and ethical dilemmas. One of the recent trends is advances in Information Technology helped in expansion of the research base and

technological support. Evidence with systematic analysed data and reviews could answer for the criticism about the reliability of the process in helping profession. Systematic reviews include rigorous scientific strategies should be followed in the search, selection, critical appraisal and the synthesis of all relevant studies addressing the question on helping profession. Helping profession aims at making a person, community or population understand their problems. Such assistance of helping professions depend largely on effective communication which brings in trust to the process (Giffin, 1969).

Tasks and Outcome of the Research

Research is an investigation in a systematic method and study of materials and sources to arrive at facts and new conclusions. Research provides evidence, and it is the core for making major decisions and policies. Research provides knowledge, and it paves way for the solution of the problem. Practically what happens is on many occasions the research approach is not time bound so that it can address the pressing policy questions. Many times, it has been witnessed that the engagement of the academicians and policy-makers has not been able to bridge the gaps and missing links between the policy planning and implementation despite relevant expertise as well as wilful contribution. The unfortunate part of the policy analysis framework has been—the rigorous testing of the programmes have not been carried out limiting the evaluation process and lack of usable data to further develop on connecting the missing links. The risk of new multiple formats of testing, analysis and monitoring yielding to bias policy-making has also been identified at many occasions. The social research explores issues, fields and phenomenon, explores the underlying factors and discovers novel relations by. Social research provides analysis of empirical data that becomes the basis of theory building. It also tests the existing theories and stocks of knowledge empirically. By documenting the effect of interventions, treatments and programmes, the knowledge base and empirically grounded basis for administrative and practical decision-making are provided.

Like any other discipline, there have also been debate in all helping professions as to whether evidence should be acceptable and what should be the weightage of evidence only in a helping process. Mullen and Streiner (2006), Roberts, Yeager, and Regehr (2006) emphasized on the need of using evidence in practice-based research in order to better analyse practical problems. Therefore, the need of EBP is imperative in helping professions engaged in clinical-community-population-focused practices. Practitioners must infer the findings from varied innovative methodologies in order to address the need of the client, group or community with technical efficacy, professional satisfaction and cost-effectiveness (Rubin & Parrish, 2007).

Need of EBP in Helping Profession

Helping profession works for the wellbeing of others. The usage of EBP in the profession which its core is to think and act for the goodness of others would make it more effective as decisions are taken with strong evidence from research. EBP is no longer a choice, and it has become a requirement in helping professions. One needs to understand the role of helping profession in a human life. A helping profession not only cultivates the growth of or addresses the problems of a physical, psychological, intellectual, emotional wellbeing; it also enhances the quality of human life. Some relevant examples of such professions as also discussed earlier could be medicine, psychotherapy, counselling, social work, education, law, public health, management, etc. The backbone of a strong and successful helping profession remains methodologically vigorous research evidences. EBP is reasonably nascent to helping profession, and the implementation of research in order to ascertain the efficiency projects, programmes and policies is inevitable. EBP in helping profession involves scientific research with both positive and interpretive approaches. The absorption of the research knowledge could be best understood by analysing the extent to which the learnings have been implemented to the practicing regime. This process ensures improvement in both client's outcome and practitioner's growth along with addressing myriad issues such as cost-effectiveness, future roadmap, enhancement of quality, among many others. The vision for EBP relies on the access to valid and reliable knowledge base as well as the impact of the interventions that yield to best practices and informed choices (Hausman, 2002; Newman, 2002). As per Bilsker and Goldner (2000), EBP involves "questioning of unfounded beliefs, rigorous scrutiny of methodology and critical appraisal of proposed treatments." A sound climate of critical appraisal, problem-solving as well as reflection on the approach needs to be fostered in order to enhance the quality of the EBP (Macdonald, 2001). The outcome tells the quality in helping profession. In an environment valuing outcomes and efficiency, professional legitimacy will be enhanced by good effectiveness research (Gambrill, 1999). Evidence-based approaches are widely used in many helping professions to make policy-level decision-making. In the field of public health, for example, many effective tools are at work. The techniques like health impact assessment, the systematic review, meta-analysis have been assessing the portfolio for assuring community health. In the helping profession, evidence has to be arrived after a systematic review, a formal process that identifies all of the relevant scientific studies on a topic; assesses their quality, individually and collectively and sums up their results. Systematic approaches for summarizing scientific evidence in helping profession and linking that evidence to practice and policy recommendations increase the transparency, understandability and credibility of recommendations.

The world today, desires greater involvement of the practitioners into the focused need of a problem. In such circumstance, it is important to understand that not only there is a requirement of EBP as a holistic and effective tool of empirical knowledge base, but there is also a need of EBP to be more interdisciplinary and interactive (Satterfield et al., 2009). With the criticisms, such as narrow definitions of evidence,

unclear methodologies, less utility of contextual factors; a practitioner could look into improving the performance of EBP and expanding the scope. A transdisciplinary perspective of EBP attempts to cut through multiple disciplines and an ecological framework focusing on shared decision-making. This approach, it is argued; makes positive impact at the interpersonal, organizational, community and public policy levels. Therefore, the practitioner and academia perspective of EBP require greater empirical validation.

Relevance and Scope of EBP in India

EBP in India has a wider scope in helping profession as at present there is a shortage of coherent and consistence of scientific evidence and also the profession faces difficulties in applying evidence to a particular individual or case. There is a greater need to develop essential practice skills. The investment in good-quality research is highly required in the helping professions of India. Increasing deprofessionalization and short-term contract and low-salary employment has created lot of issues in helping profession. The scarcity of original research that can guide interventions and ideological resistance for change has insisted the need for EBP, and it has also enlarged the relevance and scope of EBP in India. One could understand the relevance and scope of EBP India through the studies of Crisp (2004), Rosen (2003), Rosenblatt and Kirk (1981). They argue historically that helping professions have seldom applied robust research evidence into practice and that stands true in our country as well. Second, empirical data analysis guides in scientific planning, selection and application of best methods of intervention needed for a diverse population with varied requirements. Therefore, in the Indian context EBP has greater relevance and scope due to heterogeneity of population. We shall attempt to understand the relevance and scope of EBP with a case of youth development in the next section. This case study would exemplify the need and efficacy of EBP in helping professions.

Evidence-Based Practice in Australia

Australia being a developed nation is following EBP in various aspects in an effective way, and it is constructively used in youth development. The government projects and the NGO projects carry out many researches on the basis of EBP. Queensland Youth Development Research Project (YDRP) is successfully working on youth risks, strength-based decision-making and developmental outcomes with the application of EBP. YDRP is a government-, academic- and community-based research organization working with eight Queensland-based youth organizations with the workstyle of planning, doing and finishing youth inclusive research (Seymour, Bull, Homel, & Wright, 2017). The best way to maximize the potential of youth inclusive research is through flexible, ethical and innovative approaches that can facilitate different ways

of working and different patterns of participation (Sharpe, 2012). Health systems and public administration in Australia have made successful attempts of EBP in the field of youth development (Marston & Watts, 2003), and also Australian Institute of Family studies (2002) supports that the strategy is based on (1) a holistic approach to problem identification, (2) prevention and early intervention and (3) a commitment to evidence-based policy and practice. To have a successful development of a young person, the work of youth services must be based on evidence around the needs of young people and also on the basis of ways of development. Protect them, support them and serve as a platform for the youth growth and success is the motto of youth development in New South Wales concentrates on enhancing both life skills and positive relationships among youth. Critical thinking and cognitive skills, coping and self-management, social and moral skills, communication, involvement in positive activities, connection to family, connection to peers, caring and safe adults, caring community environment and positive school experience are the ten elements providing direction for youth development in NSW (Williamson & Berg, 2018).

A Case of Youth Development in India and Australia

The world of today belongs to youth. They decide their life on their own in spite of the various issues they face at the stage of youth. Youth development makes a person to face the challenges of the life during adolescence and adulthood and leads him/her to achieve the full potential. The process of youth development should have the activities enhancing the physical, social, emotional, ethical and cognitive competencies. Scientific evidence is required to find out the problems and challenges the youth face, its root cause and its consequences. Strong evidence puts the platform to create a framework for youth development. Scientific reviews and research would show the scenario of the condition of today's youth. Proper youth development leads to the social and national development. EBP provides statistics to analyse the prevalence and consequences of the issued faced by youth. In many of the Third World countries, the youth lack proper nutrition, health care, scope for self-expression, proper educational facilities, employment opportunity, etc. To address these issues, one should understand the root cause and the genesis of the problem. When the problem is clear, solution is possible. EBP provides path to understand the problem in clear way with scientific data and evidence. Some of the major problems faced by youth across the globe are youth employment and youth absence from mainstream economy, youth and communicable and non-communicable diseases, skill shortage, youth and poverty, youth and alcohol and drug abuse, youth and crime and so on. Immediate attention is required for youth development in the fields of health, employment, education and political awareness. The importance of EBP is now widely accepted across the range of helping professions including the youth development. The National Youth Policy defines youth as people in the age group of 15–29 years and India consists of 34.8% of youth population according to census 2011 (GoI, 2017). The National Strategy for Young Australians states youth as the

people between the age group of 12–24 years (Ellis & Australia Office for Youth, 2010). Both the nations have enormous space and scope for evidence-based practices for youth development and since both the nations have high rate of youth population whom are the potential human resource could find innovative evidence-based methods for youth development. Collaborative work between both the nations could being tremendous improvement, and joint works are possible in the academic field, health systems and public administration.

Conclusions

EBP in helping professions could bring enormous changes in the decision at policy level. To make the EBP highly useful in helping profession, the challenges of knowledge, of values and of legitimation should be handled with proper research direction. Schools of helping professions should play an active role in supporting the adoption and the staying power of EBP by using the vast expertise within programs. Finally, authorities of professional council should be formed in many helping professions, and efficient code of ethics needs to be developed and followed. Research in helping profession using EBP is an area to be explored in a vast arena in India. Research with EBP in education field would enhance the education system and teaching methodology, thereby developing the human resource and the nation. Likewise, application of EBP in youth development uses the result of the analysed scientific data to improve the life of the youth and their understanding of the world. Adoption of EBP in helping professions helps the people from both the ends and brings full-fledged professional status to many undervalued professions. EBP should be considered an innovation for helping professions. It is such kind of innovation that still has immense scope of advancements and betterment in terms of research, interventions and solutions (Rogers, 2004). Though India is a developing nation and Australia is a developed nation, both could contribute for each other youth development by proper application of evidence-based practices. The path to attain greater ambitions of more comprehensive and far-reaching goals in helping professions through EBP might appear to be tumultuous; yet there is high likelihood and scope of success. Although EBP does not undermine the importance of ‘values’ in any helping profession, the focus is to prevail knowledge over beliefs and pragmatic measurability over conjectural observations.

References

Australian Institute of Family Studies. (2002). Introducing the Longitudinal Study of Australian Children [Online]. Available: https://www.aifs.gov.au/lsac/pubs.html. Accessed on March 27, 2020.

Bhandari, M., & Giannoudis, P. V. (2006). Evidence-based medicine: What it is and what it is not. *Injury, 37*(4), 302–306.

Bilsker, D., & Goldner, E. M. (2000). Teaching evidence-based practice in mental health. *Research on Social Work Practice, 10*(5), 664–669.

Crisp, B. R. (2004). Evidence-based practice and the borders of data in the global information era. *Journal of Social Work Education, 40*(1), 73–86.

Ellis, K., & Office for Youth & Australia, Australia. (2010). National strategy for young Australians, Department of Education, Employment and Workplace Relations.

Gambrill, E. (1999). Evidence-based practice: An alternative to authority-based practice. *Families in Society: The Journal of Contemporary Social Services, 80*(4), 341–350.

Gambrill, E. (2003). Evidence based practice: Sea change or the emperor's new clothes? *Journal of Social Work Education, 39*(1), 3–23.

Gibbs, L. E. (2003). *Evidence-based practice for the helping professions.* Pacific Grove, CA: Brooks/Cole.

Giffin, K. (1969). Interpersonal trust in the helping professions. *AJN the American Journal of Nursing, 69*(7), 1491–1492.

Government of India, Central Statistical Office. (2017). Youth in India. Available in https://mospi.nic.in/sites/default/files/publication_reports/Youth_in_India-2017.pdf. Accessed on March 27, 2020.

Hausman, A. J. (2002). Implications of evidence-based practice for community health. *American Journal of Community Psychology, 30*(3), 453–467.

Hendler, G. Y. (2004). Why evidence-based medicine matters to patients. *Journal of Consumer Health on the Internet, 8*(2), 1–14.

Howard, M. O., McMillen, C. J., & Pollio, D. E. (2003). Teaching evidence-based practice: Toward a new paradigm for social work education. *Research on Social Work Practice, 13,* 234–259.

Macdonald, G. (2001). *Effective interventions for child abuse and neglect: An evidence-based approach to planning and evaluating interventions.* Hoboken: Wiley.

Marston, G., & Watts, R. (2003). Tampering with the evidence: A critical appraisal of evidence-based policy-making. *The Drawing Board: An Australian Review of Public Affairs, 3*(3), 143–163.

Melnyk, B. M., Fineout-Overholt, E., Stillwell, S. B., & Williamson, K. M. (2010). Evidence-based practice: Step by step: The seven steps of evidence-based practice. *AJN the American Journal of Nursing, 110*(1), 51–53.

Mullen, E. J., & Streiner, D. L. (2006). The evidence for and against evidence-based practice. In *Foundations of evidence-based social work practice* (pp. 21–34).

Newman, T. (2002). *Developing evidence-based practice in social care: Locating, appraising and using research findings on effectiveness*. Exeter: Barnardos.

Roberts, A. R., Yeager, K., & Regehr, C. (2006). Bridging evidence-based health care and social work. In *Foundations of evidence-based social work practice* (pp. 3–20).

Rogers, E. M. (2004). A prospective and retrospective look at the diffusion model. *Journal of Health Communication, 9*(S1), 13–19.

Rosen, A. (2003). Evidence-based social work practice: Challenges and promise. *Social Work Research, 27*(4), 197–208.

Rosenblatt, A., & Kirk, S. A. (1981). Cumulative effect of research courses on knowledge and attitudes of social work students. *Journal of Education for Social Work, 17*(2), 26–34.

Rubin, A., & Parrish, D. (2007). Views of evidence-based practice among faculty in master of social work programs: A national survey. *Research on Social Work Practice, 17*(1), 110–122.

Sackett, D. L., Richardson, W. S., Rosenberg, W., & Haynes, R. B. (1997). *How to practice and teach evidence-based medicine* (pp. 118–128). New York: Churchill Livingstone.

Satterfield, J. M., Spring, B., Brownson, R. C., Mullen, E. J., Newhouse, R. P., Walker, B. B., & Whitlock, E. P. (2009). Toward a transdisciplinary model of evidence-based practice. *Milbank Quarterly, 87*(2), 368–390.

Seymour, K., Bull, M., Homel, R., & Wright, P. (2017). Making the most of youth development: Evidence-based programs and the role of young people in research. *Queensland Review, 24*(1), 147–162.

Shardlow, S.M. & Doel, H. (2005).*Modern social work practice: Teaching and learning in practice settings*. Aldershot: Ashgate Publications.

Sharpe, D. (2012). Young people and policy research: Methodological challenges in CYP-led research. In *Innovations in youth research* (pp. 161–177). London: Palgrave Macmillan.

Strauss, S. E., Richardson, W. S., Glasziou, P., & Haynes, R. B. (2005). *Evidence-based medicine: How to practice and teach EBM* (3rd ed.). New York: Elsevier.

Williamson, D., & Berg, J. (2018). Youth development in NSW. A review of evidence to support youth services. Available in https://d3n8a8pro7vhmx.cloudfront.net/youthaction/pages/1479/attachments/original/1523944074/Youth_Development_in_NSW.pdf?1523944074. Accessed on March 27, 2020.

Chapter 13
The Transgressed—From Medical Social Workers to Health Social Workers-Emerging Challenges and the Road Ahead

Saman Afroz

Abstract Health social work profession, which marked the genesis of professional social work worldwide, has become very pertinent in the contemporary times, more so in the wake of the present worldwide pandemic of Covid-19. The profession which started more than 100 years ago is now well established and is widely being practised in most of the developed and developing nations. This paper traverses the journey of health social work in establishing itself as a profession and projects the road ahead, both in the global as well as in the Indian context.

Keywords Health social work · Social work profession · Health social work

Introduction

Social work in health care was established almost a 100 years ago. The profession which was earlier known as 'Medical Social Work' is now known as 'Health Social Work'. This change in the nomenclature is mainly because of the shift in the concept of health from Biomedical[1] to Psychosocial.[2] Earlier health was looked only from the biomedical lens, where in the diseases were considered to be caused by germs and the doctors alone could cure the diseased. Later on the importance of social, cultural, political and economic factors was established in shaping health. In its early

[1] "Traditionally, health has been viewed as an "absence of disease" and if one was free from disease, then the person was considered healthy. This concept, known as the "biomedical concept" has the basis in the "Germ theory of disease" which dominated the medical thought till the turn of the twentieth century. According to the germ theory diseases are caused by germs. Medical profession viewed human body as a machine, disease as a consequence of the breakdown of the machine and one of the doctors task is to repair the machine." (Park, 2005).

[2] "Health is not only a biomedical phenomena, but one which is influenced by social, psychological, cultural, economic and political factors of the people concerned. These factors must be taken into consideration while defining and measuring health." (Park, 2005).

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years of inception, medical social workers were guided by the biomedical concept of health and the social workers role was limited to the hospital. However, gradually the profession was guided more and more by the psychosocial concept and that is when the profession diversified to various other settings like small clinics, non-government organizations (NGOs), disease control programs and the community. The medical social workers were then expected to take care of not just the medical aspects, but also the psychosocial aspects of the illness. Hence, a shift in nomenclature came from 'Medical Social Work' to 'Health Social Work'. This was not just a mere change in nomenclature but a major landmark in the history of medical social work as it marked a shift in the roles assumed by the social workers along with their ideologies as well as their intervention strategies. This paper is an attempt to trace these shifts in the profession of health social work, right from its inception in developed nations like Britain and America to the present times, where in it is practised in almost all the nations. It also traces the trajectory of its evolution and presents the challenges faced by the profession over the years. Finally, it projects the emerging areas of practice especially in the contemporary times. It also looks at the role of professional bodies in terms of imparting further support to the growth of the profession. While the paper draws literature from across the globe, it focuses more on India and Australia, these countries being the prime focus of this edited volume.

Health Social Work—Concept and Relevance

What Is Medical/Health Social Work?

As defined by Arul & Carter, 2017, "The Medical Social Work is the application and adoption of methods and philosophy of social work in the field of health and medical care. It makes selected and extended views of those aspects of social work knowledge and methods which are particularly relevant to help persons who have health problems (Arul & Carter, 2017, p. 57)."

According to Wardhe, S., 1995, "Medical Social Workers help the individuals cope with the psychosocial problems that arise out of ill health and disability, and enable them to lead a productive and satisfying life to the best of his capacity (Wardhe, 1995, p. 175)."

Why We Need a Health Social Worker?

As mentioned earlier, the change in the concept of health from biomedical to psychosocial led to the change in nomenclature of medical social work, to health social work; however, its contribution goes even beyond. In fact, this is the single most driving force which created the need for medical social workers. The growing recognition of the influence of the psychosocial factors on health created the need of professionals, who would not only cure the biological aspect of the illness, but would

also take care of the psychosocial aspects. Hence, emerged a new field of social work practice, namely 'Medical Social Work' later known as 'Health Social Work'.

If one looks at health from the social perspective, besides the biological factors, social factors play a major role in causing a disease, its transmission and thus influencing its course. Hence, the role of a health social worker becomes extremely critical in terms of regulating the disease.

The role of health social worker has become all the more pertinent in the contemporary society with increasing privatization and commodification of health care. The rising cost of health care has made it very difficult for the marginalized to access basic health care. In this context, the social worker plays a very important role in helping people to meet the financial cost of treatment. With the increasing commodification, health professionals are now lacking the humane touch, they prescribe the medicine, but they don't have the time to talk to the patient and explain him or his family about the illness. As a result, the patients are often left with a lot of questions with regards to the illness, its prognosis and care. It is here that a medical social workers play a critical role in fulfilling the above requirements. The section below looks at the emergence of the medical/health social work profession in some countries.

Historical Evolution of Medical Social Work

International

Social work as a professional discipline is considered to have emerged with the appointment of lady alomeners who were the earlier versions of medical social workers. Hence, one can say that the first specialized field in social work was medical social work. Britain and Ireland were the first two countries to appoint hospital almoners or lady almoners. The first lady almoner was appointed at the Royal Free Hospital of London in the year 1895. Her role was to assess the eligibility of patients coming to the hospital for free treatment. Gradually, this role expanded to cover the patients under the provisions of other social programs. By 1905, many other hospitals in London had appointed lady almoners. To oversee the new profession, the Hospital Almoners Council was also created at the same time. In the year 1960, the Almoners were officially renamed as medical social worker. The Institute of Almoner's in Britain was renamed as the Institute of Medical Social Workers in 1964. This institute was instrumental in forming the British Association of Social Workers in 1970. This further proves that the genesis of social work profession started with medical social work.

In Ireland, Winifred Alcock was appointed as the first almoner in a dispensary of sick children in Adelaide Hospital of Dublin. She was appointed by a paediatrician named Ella Webb in 1918 (Arul & Carter, 2017).

In the United States, professional social workers were first appointed in the Massachusetts General Hospital in 1912. Very soon, professional training of other medical social workers was started by a social worker named Ida Cannon.

In other countries, health social work developed along similar lines, but with a somewhat delayed start. For instance, in Hong Kong, almoners were first appointed in hospitals in the year 1939 (Chan, 1997). In China, the first medical social worker was appointed by Ida Pruitt in Beijing in the year 1921. They were mainly expected to carry case work, adoption services and recuperation services. Australia too followed the British model, and the first almoners were appointed at the Melbourne Hospital in 1929. In the next six years, eight more hospitals appointed medical social workers (Crisp, 2000; O'Brien & Parker, 1979). In the Middle East, medical social work saw its inception in Egypt in 1936 (Soliman & Miah, 1998). In Israel, volunteers took charge of health social work, before the foundation of the state in 1948. At first, professional social workers were appointed in specialized hospitals, (e.g. for tuberculosis and rehabilitation), and later, they moved into psychiatric units. The first social work department in a general hospital was established in 1961 (Auslander & Ben-Shahar, 1998). In some countries, social work in health care caught on late. For instance, in Russia, medical social work developed as late as the end of the twentieth century, that too with the help of academics and practitioners from abroad (Shchepin, Sidorov, & Vyazmin, 1998).

India

"Service to the sick has been a part of the Indian tradition, however, its scientific orientation is of a recent origin (Wardhe, 1995)." For a long time in the Indian history, there was no formal medical social worker. The emergence of medical social service for the general population was marked by the setting of hospitals for the care of the sick during the Buddhist period, in the third century BC. Besides, in most instances, the ayurvedic doctors too played the dual role of a family physician and that of a social worker. It was only in 1946 that the first medical social worker was appointed in a hospital setting in India. Let us understand the factors which led to this (www.shodhganga.inflibnet.ac.in).

In 1946, the Health Survey and Development committee (Bhore committee), known for its remarkable contribution of preparing a blue print of the Heath services in India, recommended the need of having medical social workers for enhancing the efficiency of the existing hospitals. In its recommendation, the Bhore committee report mentioned that,

> We have little doubt that the general efficiency of all the large hospitals in India will be greatly influenced by appointing trained hospital social workers on their staff as has been the experience recently in Great Britain and America. (Government of India, 1946)

This recommendation of the committee was further endorsed and enforced by the medical practitioners who had visited Britain and America and had observed the work of almoners and medical social workers there. After returning to India, some of them were inspired to start similar activities in there hospitals and clinics. The beginning of preventive and social medicine departments in medical colleges, psychiatric clinics in general hospitals and training programs in medical social work further paved the way for the establishment of medical social work in India. Tata Institute of Social Sciences (then known as the Sir Dorabji Tata Graduate School of Social Work) in Mumbai was the first institute to start professional training of social workers in India, and this was followed by the Delhi School of Social Work, Delhi. This is when the first social worker was appointed in the Jamshedji Jeejeebhoy (JJ) Hospital, Mumbai, in the year 1946. This was followed by Lady Irwin Hospital, which appointed its first medical social worker in 1950. Thereafter, many other renowned hospitals of the nation state appointing medical social workers (www.shodhganga.inflibnet.ac.in). Subsequently, social workers were appointed by the State Health Services of Maharashtra, Gujarat, Punjab, Delhi, Madhya Pradesh, Andhra Pradesh, Bihar, West Bengal, Rajasthan and Madras (Seal, 1974). At present, medical social workers are working in all the states of India in both public, private and trust hospitals. Most of the established hospitals have a Social Work department comprisin several social workers, while the smaller ones have fewer social workers. Earlier, the medical social workers were appointed only by the department of Psychiatry and Preventive and Social Medicine. Now, they are appointed across other departments as well, like medicine, orthopaedic, gynaecology and paedeatrics.

Another landmark in the field of medical social work took place in the year 1973, when the fifth report of Medical Council of India made it mandatory for a medical college with 100 seats to have six medical social workers in the preventive and social medicine departments, two attached to the college, two at rural health centre and two at urban training health centre (MCI, 1973). It is at this stage that the medical social workers expanded their practice to community. This happened mainly due to the shift in the approach of health care from individual to community (Wardhe, 1995). Another reason for this was the growing realization that the psychosocial factors responsible for the illness needs to be handled by community engagement mainly by creating awareness of diseases and referrals. This shift also occurred due to the opening of departments of community medicine in medical colleges and the mandatory training of doctors in the community.

Internationally as well as within India, social work in health care made a sharp progress in the latter decades of the twentieth century. This was mainly attributed to the progress made in the medical sciences as well as the advances within the social work profession itself (Rehr, 1985). Newer specializations developed within health social work which included oncology and nephrology social workers. More emphasis was given to professional autonomy and accountability (Rehr, 1979). In the United States, early case finding tools were developed by the social workers which were adapted in other countries as well (Berkman & Rehr, 1970; Bywaters,

1991). In various countries, a lot of importance was now given to discharge planning (Davidson, 1978). Technology assumed newer roles and aided the social workers who were now able to maintain information on the computer for both clinical and managerial purpose (Volland, 1984).

The profession which originally started in hospitals gradually shifted to clinics, dispensaries, rehabilitation centres, NGOs and community health programs. The following section throws further light on the role of a health social worker both in the hospitals as well as in the community.

Role of a Health Social Worker

In Hospitals

The main functions of a medical social worker were first spelled out by the Bhore committee report, which also proposed the appointment of medical social workers in hospitals in India. These included:

> Discovering and making available to the medical staff, any factors in the patient's environment that may have a bearing on his physical conditions, thus supplementing medical history with social history; Influencing and guiding patients in carrying out treatment, explaining the physician's directions in simple terms and helping them to carry out the treatment plan; and overcoming obstacles to successful treatment or recovery particularly in the out patient department. (Government of India, 1946)

Following the above recommendations, the role of a social worker in a hospital setting was carved out. The main function of a social worker includes giving information to the patient and his relatives about the illness, its prognosis and care. Other roles of a health social worker include psychosocial assessment of the patients and his family, connecting them to necessary resources in the community like preventative care and financial aid, providing psychotherapy, supportive counselling and grief counselling. A social worker is also instrumental in helping the patients avail the various health insurance schemes. Besides, he plays a crucial role in the discharge and vocational and social rehabilitation of the client after discharge. He is also involved in making patient and his family aware about the "Patients rights" and help them access the same. Hence, the role of a social worker can rightly be summarized in the words of Wardhe, 199, according to whom, "The role of a medical social worker is to restore balance in an individual's personal, family and social life, in order to help that person maintain or recover his/her health and strengthen his/her ability to adapt and reintegrate into society" (Wardhe, 1995).

In Community

The expansion of the role of a medical social worker from hospital to the community involved significant changes. While the social worker is appointed by the hospital, he has the ethical responsibility to undertake work in the nearby community. This work can be undertaken at three levels, namely micro, meso and macro.

At the **micro-level**, the social worker can do community diagnosis which is a survey done to understand the culture, health beliefs, health practices and problems of the community and interpret the same to the hospital for planned intervention. Micro-level work can also involve health education, informal counselling, health screening followed by referrals, facilitating access to health services and health programs and capacity building to address health issues. This can be done by imparting training to volunteers from within the community who can then train others.

At the **meso-level**, the health social worker can network with government and non-government organizations working in the field of health for effective delivery of services. E.g. SNEHA organization in Mumbai is working closely with the Integrated Child Development Scheme (ICDS) of the government and is ensuring that quality services are provided by the Anganwadis, which are community centres offering nutritional counselling and meals to children and their mothers. Some of the other work that can be undertaken at the meso-level include educating health system providers and stakeholders about community health needs and ensuring that the healthcare professionals adapt their practice in accordance with the culture of the populations that they serve. This is required mainly because each community has their own cultural beliefs and practices towards health in accordance with their Indigenous knowledge. Dr. D. Banerjee termed this as "Health Culture" (Banerjee, 1982). The healthcare providers practicing in the community need to be sensitive to this 'health culture' and offer their own medicine, complementing their existing practices.

At the **macro**-level, the health social worker has an immense role to play, especially in the field of advocacy, mainly in terms of framing policies as per the needs of the people as well as helping in the better implementation of policies.[3]

To further elucidate the role of a social worker, case studies of two hospitals have been presented in the section below. The names of these hospitals have not been disclosed for the purpose of confidentiality.[4]

[3]This has been listed down based on the authors field experience, observation and readings.

[4]I acknowledge the inputs given by my students studying in the College of Social Work, Nirmala Niketan, Mumbai: Mr. Vatsal Agarwal (Masters in Social Work, second year) and Ms. Saumya Nair (Masters in Social Work, first year), who were placed for their concurrent fieldwork in the hospitals described in this section.

Hospital 1

This hospital was established in 1991. The Medical Social Work Department of the hospital works very closely with the other services of the hospital to provide integrated care to all its patients. As a significant department, it is headed by a trained medical social worker who holds a professional degree in social work (MSW), and to assist her, there is another social worker. The social work department is mainly involved in coordinating with various trusts, organizations and individual benefactors to explore options for financial aid. Besides, they are also involved in identifying the financial background of the patients and providing them free of cost or concessional service as per the Mumbai High Court order of 2006. Screening of documents for availing this concession is another important task that the social worker is required to do. The other tasks undertaken by this department include counselling of economically weak patients, referring the service needy patients to private trusts, arranging concessions for cataract surgery and MRI, arranging donors for medical infrastructure and amenities, etc. Other important work of the medical social workers includes making arrangements for waterbeds and airbeds for indoor patients and other rehabilitation services like wheel chair, walkers, commode chairs, etc. The social work department of this hospital has done a commendable job in terms of identifying donors within the city and thus helping the hospital in arranging the funds for the infrastructural development as well as address the financial needs of the patients. They are also playing a crucial role in reaching out to the nearby community by organizing camps for cataract detection and surgery, general health camps and blood donation camps.

Hospital 2

This is a charitable hospital rendering community initiatives for the welfare of rural and tribal population in three districts of Maharashtra, India, namely Thane, Palghar and Mathura. Similar to the first hospital, the social workers tasks include raising funds and providing concessions to patients who are not able to afford medical expenses as per the government order. The procedure includes assessing the income criteria of the patients, verifying their documents and filling up forms. The other important tasks of the social worker include providing information to the patients and his family regarding the illness and the treatment procedures, imparting counselling especially grief counselling and conducting awareness sessions within the different departments of the hospitals. The medical social worker also performs referral work by guiding the patients to government hospitals when they can't afford the treatment cost in spite of the concessions and financial aid.

Hence, one can observe that in both the above hospitals, the medical social worker is involved in routine tasks of fund raising, referrals and counselling. They are not undertaking newer or challenging work, even the community engagement in both

these hospitals is very limited. Thus, it can be inferred that in both these hospitals the profession is still at a rudimentary stage.

Knowledge and Skills Used by a Health Social Worker

In fulfilling the above roles, the health social workers make use of all the methods of social work which includes case work, group work, community organization, advocacy, social welfare administration and social research. Recently, there is a trend to use the integrated approach to social work practice utilizing all the above or clubbing a few methods together.

The intervention models in health social work have shifted from the traditional linear problem-solving approach as suggested by Mary Richmond's social diagnosis model, to biopsychosocial and other holistic models (Holosko & Taylor, 1992). The latest intervention models encourage more active participation in taking decisions for their own care and focus more on the needs of the clients and their strengths. As the number of patients with chronic illness is rising, the social workers are adopting different intervention strategies which include supportive therapy, pain relief, palliative care and spiritual interventions. Creative forms like clay therapy and dance therapy are also being used by the health social worker.

Some of the skills which a health social worker must have include need assessment, planning, mobilizing, networking, training, communication—listening, talking and counselling and advocacy.

Challenges Faced by the Health Social Workers in India

The evolution of health social work as described in the section above witnessed gargantuan challenges in establishing itself within a hierarchical set up where doctors are considered no less than Gods. This section highlights some of these challenges.

Initially, there was a lot of ambiguity with regards to the roles and qualifications of a social worker, as a result of which they often got involved in mundane administrative tasks which were not relevant to their profession. This included activities like fund raising, arranging queues, giving railway concession forms and so on (Wardhe, 1995).

Their role in a multidisciplinary team of doctors, nurses and administrators was not recognized. Most of the times, they worked under the shadow of medical professionals and were unable to define or project their identity and potential.

In most instances, the medical social worker functioned as a single worker. Even when there were more social workers, they were attached to different departments of the hospitals and did not function under a social work department. There was no professional hierarchy among the social workers, compared to the other departments in the hospital. This isolated the social worker and resulted in the absence of professional supervision or consultation. This also led to the lack of safeguard of their

professional interest, especially when they were loaded with routine, mundane and non-professional duties. This eventually hampered their motivation and efficiency.

Some of the other factors that hampered their motivation levels were low salary and lack of avenues for promotion (Wardhe, 1995).

Another limitation that the profession faced initially was that the schools of social work were very limited, mostly urban-based and confined to a few states. The curriculum development were influenced by the American pattern, and hence, it catered to a society which was more urban and modern (Wardhe, 1995). However, over the years, changes have been made in the syllabus to make it relevant to the Indian context.

Another problem faced by the profession is the absence of trained professionals. The qualification of medical social worker is a Masters degree in social work with specialization in medical and psychiatric social work. However, initially due to shortage of schools of social work offering this specialized training, there was a shortage of trained medical social workers. Hence, in many instances, even partially trained social workers were appointed and unfortunately that continues even till today. The requirement of medical social workers far exceeds the number of professionals being trained in this specialization. There is also a shortage of professionally trained psychiatric social workers which also fall under the ambit of medical social workers. It is mandatory for a psychiatric social worker to have a Masters in social work degree along with a Master in philosophy in psychiatric social work. Many psychiatric social workers obtaining an M.Phil. degree from renowned institutions like Central Institute of Psychiatry Ranchi, Institute of Psychiatry, Kolkata, Govt. Medical College and Hospital, Chandigarh, are having Masters of Sociology rather than Masters in Social Work, and hence, they may not qualify as being professionally trained psychiatric social workers (Arul & Carter, 2017).

Over the years, the profession has been able to overcome some of these limitations by bringing in clarity in the role of medical social workers, increasing their salary and by creating separate departments of social work in most of the established hospitals. However, even today, many of the smaller hospitals still do not have a social worker, even the ones that have are mostly involved in mundane and administrative tasks. Health social workers are still struggling to establish itself the way it has in the western world.

In the global context, medical social workers have faced several challenges, especially in the latter part of the twentieth century, primarily due to the demographic transition and shift in diseases from communicable to lifestyle. The social workers were thrown to deal with newer diseases like HIV/AIDS, geriatric illness, lifestyle diseases like obesity, diabetes and hypertension, along with the existing diseases like TB, typhoid and malaria. This along with man-made disasters and environmental catastrophes surely enhanced the burden on the profession.

Neoliberal policies have also had an effect on the social work profession. New financial policies suggested by the World Bank and IMF resulted in the curtailment of welfare expenses in most developing countries (Berger et al., 1996; Dworkin, 1997). This resulted in a severe financial crisis in the health sector, thereby leading to privatization and the subsequent escalation in the costs of health care. All this

led to the enhancement of the role of a health social worker in a newer arena which mainly involved advocating for the health rights of the marginalized section of the society.

Role of Professional Bodies in Overcoming These Challenges

While the medical social work profession was grappling with various challenges, it was realized from various quarters that a professional body of trained medical social workers would help in solving some of these issues. It was also felt that a professional body of trained social workers would help in projecting their functions to the society and impart training, which is important for the growth of the profession. Professional bodies would also help in updating their knowledge, values and professional skills and advocating for their rights. In response, professional bodies of trained medical social workers were established both globally as well as in India. The American Association of Trained Social Workers was the first such international professional body that was created in 1918. This section highlights some of these bodies that were established in India, especially in the field of medical social work.

The ***Indian Society of Psychiatric Social Work*** is the first professional body of trained medical social workers. It was established in the year 1970 by the Dept. of Psychiatric Social Work, Central Institute of Psychiatry, Ranchi. It was later upgraded to reach its current status by the faculty members from the Dept. of Psychiatric Social Work, National Institute of Mental Health and Neuro Sciences, Bangalore. The society's nomenclature was changed to the Indian Society of Professional Social Workers (ISPSW) in December 1988, as it broadened its functions and started representing educators, practitioners and researchers from all streams of social work in the society (www.ispsw.in).

Another professional body which was exclusively established for the medical social workers in 2009 is the ***All India Association of Medical Social Work Professionals (AIAMSWP)****, New Delhi*. Ever since the body was constituted, it has been trying to bring professional medical social workers on one platform so that a collective identity of the profession may emerge. This body also attempts to promote the profession of health social work in the country, along with safeguarding and protecting their interests (aiamswp.org.in).

Both these professional bodies have organized several trainings, seminars, symposia and workshops for the medical social worker fraternity so that they can come together at a single platform and work towards consolidating and building new knowledge base that would be helpful for their profession. They have also worked intensively in defining the role and functions of a health social worker both in the hospital as well as in the community.

Apart from these, there are various other professional bodies of social work that exists in India, all of which also represents the medical social workers as a group. Some of the popular ones in India include Indian Association of Trained Social Workers (IATSW), Association of Schools of Social Work in India (ASSWI),

National Association of Professional Social Workers in India (NAPSWI), India Network of Professional Social Workers (ISPSW), Institute of Professional Social Workers (IPSW), etc.

Apart from these bodies, many recognized hospitals have also created their own associations to safeguard the interest of their in house medical social workers. E.g. All India Institute of Medical Sciences (AIIMS), Delhi created the Foundation of Medical Social Welfare Unit in 1960 when the first medical social worker was appointed in the hospital. Ever since, the appointment of the medical social workers in the hospitals was much appreciated as it yielded very positive results as it was successful in imparting the much needed psychosocial support to the patients and his family. In 1992, the strength of the medical social workers in the hospital rose to 24. An association of medical social workers was also created within the hospital, which focused to work for the upliftment of the medical social work profession. As a result of their efforts in 1997, the designation of medical social workers changed to Medical Social Service Officer (MSSO). The strength of the MSSO in the hospital enhanced to 41 in 2000 and 50 in 2012. At present, there would be even more. In 2012, The Medical Social Welfare Unit, Main Hospital had ten Medical Social Service Officers. Besides, each of the different departments had around 40 Medical Social Service Officers. They are working directly under the Chief/HOD of the concerned department. The hard work and sincerity of medical social workers along with the support of the management, has made AIIMS the has made it the only. Due to the professional efforts, sincerity & hard work of Medical Social Service Officers and the visionary support of the superior authorities has created AIIMS as the only institution in India with the biggest strength of medical social workers in a hospital setting (www.aiims.edu).

Apart from these professional bodies, several international and national journals specializing in the field of health social work are doing a good job in terms of disseminating knowledge in the field. Some of the famous journals at the international level include Health and Social Work, Social Work in Health Care, Journal of Psychosocial Oncology, Health and Social Care in the Community (Auslander, 2001). The Indian Journal of Health Social Work and Indian Journal of Psychiatric Social Work are two important journals from India.

Emerging Areas of Practice—The Road Ahead

The health social workers are playing a great role in taking care of the psychosocial needs of the patients and helping them in their treatment process. They are also playing an equally important role in the community in terms of creating awareness about diseases and connecting the community with the healthcare system. However, there are certain areas in which they can further contribute, and this would also decide the future course of the profession. This includes the following:

1. Undertaking research to evaluate the existing interventions as well as creating new knowledge base for future interventions.
2. Developing innovative programs to act as models for newer areas of practice.
3. Understanding the link between health and development and undertaking work in the fields of education, livelihood and poverty alleviation, mainly to enhance the health of the masses.
4. Networking with other government and non-government service providers working in the field of health.
5. Developing culturally relevant and Indigenous models of healthcare practice.
6. Training the health worker in interpersonal skills like rapport building, listening, communication and counselling.
7. Strengthening of the existing professional bodies and coming up with newer ones, this would help in further establishing and developing it as a profession.
8. Imparting help to other members in the healthcare team of the hospital who may be suffering from issues like domestic violence and other interpersonal problems (Auslander, 2001).
9. Advocacy: The medical social worker can play a big role in advocating on various issues related to health. This includes campaigning for healthy lifestyle, identifying the risk factors leading to a particular disease through epidemiological study and spreading awareness on the same in the communities, improving the quality of services provided by the healthcare providers. In the Indian context, there are several areas in which the health social worker can actively take up advocacy work. This includes

    a. Exerting pressure on the government to regulate and monitor the quality of services provided by the private healthcare providers.
    b. Improving the quality of services provided by the government health service systems.
    c. Framing of health policies in accordance with the needs of the marginalized people residing in remote areas. This includes the below poverty line (BPL), scheduled caste (SC), scheduled tribe (ST) and other marginalized group like women, children, disabled and the elderly.
    d. Effective implementation of the already framed policies. Programmes like social audit and community-Bbsed monitoring prove useful in this.
    e. Putting pressure on the government to increase the budgetary allocation on health. This has been taken up by Jan Swasthya Abhiyan (JSA) and Medico friendly circle (MFC).
    f. Working on issues of health denial, considering health as a fundamental right. E.g. Campaign on Right to health by JSA and MFC.
    g. Advocacy for affordable medicines, use of generic drugs and amendment of patents act 1970. E.g. Affordable Medicines and Treatment campaign, launched in 2001 by NGOs, activists and civil society groups.
    h. Advocacy for implementation of the patient rights charter in all hospitals of the country, Jan Swasthya Abhiyan is again playing a very active role in this.

i. Advocating for the rights of a specific group of patients like HIV/AIDS, Tuberculosis, etc.[5]

Besides, the above emerging areas of practice, the recent upsurge of the Covid-19, pandemic has opened a new arena of work for the health social workers. In the contemporary times when the entire world is grappling to deal with the pandemic, the social workers have a very crucial role to play in disseminating information among the people on the safety measures to be followed, addressing the myths and misconceptions regarding the illness and connecting the community to the healthcare system. The lockdown imposed in many countries to prevent the further spread of the virus has created financial crisis in the lives of millions, further enhancing the issues related to poverty, hunger and homelessness. In this scenario, the social workers are working in terms of mobilizing resources and distributing it to the needy. The lockdown and isolation is also leading to a lot of mental health issues, to which the social workers across the globe are responding by offering counselling both online as well as telephonically. The roles to be played by a social worker in the event of this pandemic as enumerated by the International federation of Social Workers (IFSW) are as follows:

> Ensuring that the most vulnerable are included in planning and response, organizing communities to ensure that essentials such as food and clean water are available, facilitating physical distancing and social solidarity, as a profession, advocating for the advancement and strengthening of health and social services as an essential protection against the virus, and the consequent social and economic challenges, advocating within social services and in policy environments that services adapt, remain open and proactive in supporting communities and vulnerable populations. (www.ifsw.org)

The secretary general of the International Federation of Social Workers (IFSW) in her recent address has appreciated the social work fraternity in responding to the pandemic. She has enumerated the noble work being undertaken by the social work fraternity across the globe which includes "Working for the homeless and other vulnerable groups by organizing food and other necessary items and setting up telephone hotlines that provide family counselling. These hotlines are also providing direct safety when domestic violence occurs which is on a rise in many countries after the lockdown. In countries with weak state-provided health and social service infrastructures social workers are focused on community development approaches, providing education and promoting community responsibility. She also mentioned that the social work fraternity is responding beautifully by blending in hope and vision within the communities they work within. This represents a crucial aspect of professional social work practice" (Dr. Rory Truell, IFSW secretary general, 26 March, 2020).

[5]This section has emerged from the authors own experience in advocacy while being associated with the Jan Swasthya Abhiyan as well as other engagements and readings.

The Disaster Intervention Climate Change and Sustainability committee of the International Association of Social Workers (IASSW) have left their Website open for the social workers from across the globe, to share their stories about the ways and means through which they have responded to the Covid-19 pandemic in their own specific region. This endeavour would help the social work fraternity from across the globe to learn from each other (Dominelli, 2020).

In the United States, the social work professionals associated to the National Association of Social Workers (NASW) have also reported of working on multiple fronts to prevent the spread of Covid-19 and to ensure access to services such as teletherapy. According to the NASW, "Social workers are in a unique position to promote disease prevention efforts including disseminating accurate information from trusted sources, and to help address anxiety and other concerns that are arising as a result of this public health crisis" (www.socialworkers.org).

Hence, social workers across the globe and through various professional associations are playing a very active role in responding to the new challenges thrown on the humanity by the outbreak of the Covid-19 pandemic.

Health Social Work in Australia

This section looks at the health social work as practiced in Australia. Australia has been chosen, as this edited volume has been published from this country. Also, it is a developed country with extremely good health indicators, and hence, it is a contrast to India which has extremely poor health indicators. Besides, the number of health social workers in Australia is much more than in India. Hence, the author felt that it might be interesting to look at the two countries in a comparative light.

As mentioned earlier in the introduction, Australia too started with the British model of appointment of lady almoners. The first lady almoner was appointed in the Melbourne hospital in 1929, following which eight more hospitals also appointed lady almoners in the next six years. In 2012, there were around 17,000 social workers employed in Australia which was too less than USA which had 650,500 at that point of time (Karger, 2012), but definitely more than India.

When compared to India, Australia enjoys a relatively high health status. The high health status of the country is reflected by the increase in life expectancies, low levels of mortality and morbidity across all age groups (Australian Institute of Health and Welfare, 2010, p. 33). According to Australian Institute of Health and Welfare, 2010, "Australia has the third-highest female life expectancy—84 years for females and 79 years for males—and death rates are falling for many of the major health conditions such as cancer, cardiovascular disease, and asthma" (Australian Institute of Health and Welfare, 2010, p. 6). This can also be attributed to the fact that the Australian government is spending 9.1% of its gross domestic product on health care, where as India is spending as low as 1.28%. The good health outcomes in Australia is also due to the fact that the state is providing Universal Health Care to its citizens ever since 1975 which offers free treatment in a public hospital.

Another significant characteristic of Australia is the changing structure of households with many Australians living alone. According to Future Living Arrangements, 2006, "In 2001, out of 7.3 million households, 1.8 million were those where only one adult resided, and the number of these "lone person households" is projected to increase from 1.8 million households in 2001 to between 2.8 million and 3.7 million households in 2026" (Future Living Arrangements, 2006). Social isolation is often associated with poor health status, mainly due to pure nutritional intake. It is also seen to have a negative impact on mental health. Hence, the increase in lone households is surely going to have an impact on the enhancement of healthcare utilization in the country.

Hence, in Australia, while there are less people suffering from communicable diseases, the medical social work professionals have to deal with chronic problems related to old age like diabetes, hypertension, arthritis, dementia, etc. This clubbed with more and more people living alone throws a severe problem of caregivers for the elderly population. Also, the need of psychiatric social worker is more due to the rising numbers of mental health issues due to lonely living.

Recently, the Australian government has introduced fast-track programs mainly with a view to accelerate the treatment process, reduce the length of stay in the hospital and to facilitate early discharge of the patients. This program though is great for the patients as it saves their treatment cost considerably, but it has resulted in an increase in the work load of the social workers, especially in terms of assessing the post-hospital needs and making appropriate referrals to other home-based or institutional services (Cleak & Turczynski, 2014).

The challenges brought forth by the above-mentioned changes in the health care have diversified the role of a social worker to newer areas of geriatric care, medico-legal counselling, advocacy, networking, organizing financial aid and conflict management.

Hence, it is seen that even in a country as developed as Australia with such good health indicators, the health social work fraternity is grappling with its own set of challenges.

Conclusion

Hence, one can see that the health social work has come a long way from where it started in London. Almost all the developed and developing countries have adopted medical social workers inspired by the British model. The scope of the profession varies considering the socio-political, economic and health status of the country. Both globally as well as within India, the profession has undergone several challenges. Presently, it has reached to a level where it is recognized and established as a profession. Most of the hospitals in India, whether big or small, have medical social workers. While the bigger ones have a department, and the smaller ones have individual social workers. The medical social workers now have a defined role, and their importance is recognized by the other members in the hospital team mainly because

of the increased emphasis on the bio-psychosocial model of health care. They are also playing a pivotal role in communities and contributing greatly to the field of community health. The profession now needs to consolidate the existing knowledge base, build on its strengths and venture out into newer and more challenging roles, particularly in the field of advocacy and research. The response that the profession is offering in the wake of the Covid-19 pandemic is commendable.

References

Address of Dr. Truell, R., IFSW General Secretary, given on 26th March, 2020. Retrieved from https://www.ifsw.org. Accessed on April 17, 2020.

All India Association of Medical Social Work Professionals. Retrieved from https://www.aiamswp.org.in/. Accessed on April 2nd, 2020.

Arul, P., & Carter, P. R. (2017). Scope of social work profession in medical setting. *Research on Humanities and Social Sciences, 7*(17).

Auslander, G. (2001). Social work in the health care—What have we achieved? *Journal of Social Work, 1*(201).

Auslander, G. K., & Ben-Shahar, I. (1998). Social work practice in health care. In F. W. Loewenberg (Ed.), *Meeting the challenges of a changing society: Fifty years of social work in Israel* (pp. 99–134). Jerusalem: Magnes.

Banerjee, D. (1982). *Poverty, class and health culture in India.* Prachi Prakashan: New Delhi.

Ben-Sira, Z. (1987). Social work in health care: Needs, challenges and implications for structuring practice. *Social Work in Health Care, 13*(1), 79–100.

Berger, C., Cayner, J., Jensen, G., Mizrahi, T., Scesny, A., & Trachtenberg, J. (1996). The changing scene of social work in hospitals: A report of a national study by the society for social work administrators in health care and NASW. *Health and Social Work, 21*(3), 167–177.

Berkman, B., & Rehr, H. (1970). Unanticipated consequences of the casefinding system in hospital social service. *Social Work, 15*(2), 63–68.

Bywaters, P. (1991). Case finding and screening for social work in acute general hospitals. *British Journal of Social Work, 21*(1), 19–39.

Chan, C. L.-W. (1997). Introduction. In C. L.-W. Chan & N. Rhind (Eds.), *Social work intervention in health care: The Hong Kong scene* (pp. 3–22). Hong Kong: Hong Kong University Press.

Cleak, H., & Turczynski, M. (2014). Hospital social work in Australia: Emerging trends or more of the same? *Social Work in Health Care.*

Coronavirus, COVID 19. Retrieved from https://www.socialworkers.org/Practice/Infectious-Diseases/Coronavirus. Accessed on April 17th, 2020.

Crisp, B. (2000). A history of Australian social work practice research. *Research on Social Work Practice, 10*(2), 179–194.

Davidson, K. W. (1978). Evolving social work roles in health care: The case of discharge planning. *Social Work in Health Care, 4*(1), 43–54.

Dominelli, L. (2020). Guidelines for social workers during the Covid 19 pandemic. *Social Dialogue, 22,* 38–39.

Dworkin, J. (1997). Social workers and national health care: Are there lessons from Great Britain? *Social Work, 22*(2), 117–123.

Ell, K., & Northen, H. (1990). *Families and health care: Psychosocial practice.* New York: Aldine de Gruyter.

Emergence of Medical Social Work in India and Abroad. Retrieved from www.shodhganga.inflibnet.ac.in. Accessed on March 10th, 2020.

Germain, C. B. (1997). *Social work practice in health care: An ecological perspective.* New York: The Free Press.
Government of India. (1946). Health Survey and Development Committee's Report, New Delhi.
Holosko, M. J., & Taylor, P. A. (Eds.). (1992). *Social work practice in health care settings* (2nd ed.). Toronto: Canadian Scholars' Press.
Hopps, J. G., & Collins, P. M. (1995). Social work profession overview. In *Encyclopedia of social work* (19th ed.). NASW: Washington, DC.
Indian Society of Professional Social Workers. Retrieved from www.Ispsw.in. Accessed on April 1st, 2020.
Karger, H. (2012). Lessons from American social work education: Caution ahead. *Australian Social Work, 65*(3), 311–325.
Medical Council of India. (1973). 5th Report of the Medical Council of India.
Medical Social Welfare Unit, Main Hospital. Retrieved from https://aiims.edu/aiims. Accessed on April 10th, 2020.
O'Brien, L., & Parker, C. (1979). Hospital almoning: Portrait of the first decade. *Australian Social Work, 32*(4), 7–12.
Park, K. (2005). *Text book of preventive and social medicine.* Jabalpur: Banarsidas Bhanot Publishers.
Rachman, R. (1995). Community care: Changing the role of hospital social work. *Health and Social Care in the Community, 3*, 163–172.
Rehr, H. (1979). *Professional accountability and social work practice: A search for concepts and guidelines.* New York: Prodist.
Rehr, H. (1985). Medical care organization and the social service connection. *Health and Social Work, 10*(4), 245–257.
Seal, S. C. (1974). *Hand book of medical social work and sociology of patients* (pp. 4–5). CIT Road, Calcutta: Dawn Books.
Sewpaul, V., & Rollins, N. (1999). Operationalising developmental social work: The implementation of an HIV/AIDS project. *Social Work/Maatskaplike Werk, 35*(3), 250–263.
Shchepin, O., Sidorov, P., & Vyazmin, A. (1998). Social crisis and the formation of medico-social service in Russia. *Scandinavian Journal of Social Welfare, 7,* 2–8.
Soliman, H. H., & Miah, M. R. (1998). A cross-cultural study of social work students' attitudes toward AIDS policy: Implications for social work education. *International Social Work, 41*(1), 39–52.
Unknown. (2020). *Chapter 1, Introduction to medical social work*. Retrieved from www.shodhganga.inflibnet.ac.in. Accessed on April 5th, 2020.
Updated Information on IFSW and Covid 19. Retrieved from https://www.ifsw.org/updated-information-on-ifsw-and-the-covid-19-virus/. Accessed on April 16th, 2020.
Volland, P. J. (1984). Social work information and accountability systems in a hospital setting. In A. Lurie & G. Rosenberg (Eds.), *Social work administration in health care* (pp. 41–49). New York: The Haworth Press.
Wardhe, S. (1995). Social work in the medical setting. In *Encyclopedia of social work in India* (Vol. 3, pp. 175–195). Uploaded by S. Rengaswamy in 2013.
Wong, D. K.-B. (1997). Social action approach in empowerment of persons with end stage renal disease. In C. Chan & N. Rhind (Eds.), T. S. Kerson (1989), *Social work in health settings: Practice in context*. New York: The Haworth Press.

Chapter 14
School Mental Health Practices—Social Work Perspective

J. O. Jeryda Gnanajane Eljo, Ilango Ponnuswami, and Preji P. Daniel

Abstract Every child is unique and comes from different home environment with their own make up of potentials, skills and abilities to school. School is considered as a second home for a child. It is a place or social institution that a child spends most of their formative years. In schools, they have to socialize with their class mates, keep up to the expectations of the teachers and perform well in their studies. The new environment with more demands for the children can create mental health problems in them. In schools, the mental health problems are unmet and are given least importance to it. Children who have good mental wellbeing are more successful in school life (Eljo and Vijayalakshmi in Shanlax Int J Arts Sci Humanit 5(4), 2017). The researcher tries to focus and share some of the mental health practices found in schools in India and Australia in a Social Work Perspective. The paper showcases the activities carried out through the Child Guidance and Counselling Centre in the Department of Social Work, Bharathidasan University, Tiruchirappalli, which cater the mental wellbeing of the children, parents and also the teachers by School Mental Health programmes as small initiative of School Mental Health, and Social Work Intervention is also done to promote School Mental Health. In Australia, there exist a holistic practice of mental health promotions from birth to adolescence in schools through Kids Matter initiative which is also discussed.

Keywords Mental health problems · School mental health · Social work perspective

Introduction

This research paper is drafted on the basis of the some of the practices of School Mental Health in India and Australia in a Social Work perspective. Further, the paper also showcases the activities carried out through the Child Guidance and Counselling Centre in the Department of Social Work, Bharathidasan University, Tiruchirappalli,

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as unique initiative to promote School Mental Health. It caters the mental wellbeing of the children in schools, their parents and teachers through School Mental Health programmes. Every child is unique and comes from different home environment with their own make up of potentials, skills and abilities to school. School is considered as a second home for a child. It is a place or social institution that a child spends most of their formative years. In schools they have to socialize with their class mates, keep up to the expectations of the teachers and perform well in their studies. The new environment with more demands for the children can create mental health problems in them. Due to the heavy load of academic schedule, the mental wellbeing of the children in schools are unmet. Children who have sound mental wellbeing are more successful in school life (Eljo & Vijayalakshmi, 2017).

School Mental Health

School mental health can be understood as any psychological wellbeing services delivered in a school setting that the students receive to enhance social, emotional, behavioural adjustments and wellbeing (Eljo & Vijayalakshmi, 2017). In 1989, school mental health programme was established in America, which initiated the mental health services to all the school children from elementary, middle and senior high levels. The main and important goal of school mental health programmes in America was to reduce the scholastic backwardness, to remove the situation that fosters poor academic achievements and to reduce the physical, psychological and behavioural problems in them. The Mental Health workers in schools deliver complete mental health services that brings development in the school students physically, emotionally and culturally in a normal school setting. And this service is an evidenced-based intervention, which improves the school atmosphere also it will increase the psychological wellbeing of all students (Weist, Goldstein, Morris, & Bryant, 2003).

Mental Health Needs in Schools

It is important to understand and address the mental health requirements in schools. One in five children have a diagnosable behavioural, emotional and mental health disorder; also, it was noted that one in ten young people have a mental health defiance that is severe enough to affect their functioning in home, in school or in the community in which they belong too (Kessler et al., 2005). Many studies show that 80% of the children are not receiving any mental wellbeing care even though mental illness affects so many of our kids aged 6–17 years (Kataoka, Zhang, & Wells, 2002). One in ten students have been found with a diagnosable mental health problem which converts three students to be mentally ill in each and every classroom where teachers are working on a daily basis. School is one of the most important institution which

can help students to improve their skills, knowledge and build resilience and cope with mental health issues which occurs during their school days.

School Mental Health in India

In the school health system, School Mental Health is said to be a fundamental part, which have the components of psychosocial enrichment, education about mental health and in supplying services for those students who need mental health interventions (Hendren, Birlen Weisen, & Orley, 1994). There is a growing recognition in India for the need for practice of School Mental Health (Agarwal, 2004). In recent years, schools are aware of decreasing stress in children and implant many positive attitudes through conducting mental health programs in schools. Central Board Secondary Education in India gives suggestions to all secondary and higher secondary schools to appoint a counsellor on role to engage the students activities and exercises for building adequate self-image, self-concept ability to withstand pressures and sense of enterprise which can stimulate learning process. Further, it also recommends starting life skills training in curriculum of study as it was proved that, it will help the students to face life with a sense of confidence and conviction. The rise of mental health problems of child and adolescent underscore the need of conducting School Mental Health programmes. Diverse epidemiological studies give an account of a high prevalence rate of mental health problems in schools students in India. In a study conducted on child and adolescent psychiatric disorders in both urban and rural areas, the occurrences rate was found to be around 12% (Srinath & Sitholey, 2005). A study in India, conducted by Malhotra (2004) founded that 9.34% of the sample consisting of 4–12-year-old children have one or more mental health problems and involving these children in a School Mental Health programme showed positive outcomes. Today, School Mental Health campaign in India has mostly applied on a moderately partial or uneven measure, in spite of adolescent mental wellbeing having a significant space for service development in the National Adolescent Health Program—Rashtriya Kishor Swasthya Karyakram; RKSK (Ministry of Health and Family Welfare, 2014).

According to the Government of India, Press Information Bureau, Ministry of Health and Family Welfare (2014) reports that India has three central mental health institutes. Four State mental hospitals and 398 Departments of Psychiatry in various medical colleges out of which 183 is run by Government and the remaining two hundred and fifteen by private people country wide and is equipped to treat patients suffering from mental illness. Only few institutes work on School Mental Health programmes as a preventive measure. One such is the National Institute of Mental Health and Neurosciences, Bengaluru. The Department of Psychiatric Social Work has organized many programmes on School Mental Health and has also acted as a resource centre and trained many social work educators and practitioners on School Mental Health. Another one is Department of Social Work, Bharathidasan University in Tamil Nadu which has started a Child Guidance and Counselling Centre as an

extension activity and works on School Mental Health which is one of the unique features of the city.

School Mental Health Activities in the Child Guidance and Counselling Centre in the Department of Social Work, Bharathidasan University

Child Guidance and Counselling Centre was established as part of its extension activity in the year 2010. The Child Guidance and Counselling Centre aimed to provide psychosocial care to school students between the age group of 4 to 17 years, to make them improve the overall school mental wellbeing, to assess and also to evaluate children's needs, problems and potentials, to apply appropriate intervention strategy, to create public awareness about importance of emotional wellbeing among children, to provide guidance and counselling to teachers and parents for better management of children at school and at home. Moreover, the Centre has been providing free comprehensive supportive counselling and guidance to school students with problems of emotional and behavioural deviations, students with learning difficulties and other disabilities, problems in scholastic backwardness, problems in adjustment in school and home, sexual problems, etc., by way of professional consultative, preventive and intervention services. Further the Child Guidance and Counselling Centre is dedicated to provide child-centred, school-centred and family-focused services. The centre functions with a multidisciplinary approach with the collaboration and support by psychiatric social workers, psychologists, psychiatrists, paediatricians, speech therapists, occupational therapists and counsellors.

Sensitizing the Teachers

The Child Guidance and Counselling Centre sensitized the school teachers on the topics "School Mental Health" and "Identification of children with problems in class rooms" by short lectures and documentary shows. This sensitization was done during the lunch breaks, evenings and holidays. Since its inception, 425 teachers were sensitized from 17 schools in Tiruchirappalli City Corporation.

Outcome

The teachers felt refreshing after the lecture and also felt the need for such programmes in school to rejuvenate their mental health and also to identify the

children with problems in classroom and also felt the need for counselling to the school students.

Counselling Services to the Children

After the sensitization programmes to school teachers, referral forms was given to the Principal of the school to refer the children along with their parents who suffer from problems of emotional and behavioural deviations, students with learning difficulties and other disabilities, problem in scholastic backwardness, problem in adjustment in school and home, sexual problems to the Child Guidance and Counselling Centre that is functioning in the Department of Social Work, Bharathidasan University. So far, the Centre has rendered counselling services to 61 students from various schools in Tiruchirappalli city. Sometimes children and parents came to receive counselling services from the referral made by the beneficiaries and from our University Faculties.

Outcome

It was diagnosed that children had very grave problems of scholastic backwardness, relationship, suicidal ideation due to academic pressure, faulty parenting, negative peer influence, etc. Ventilation, ego strengthening, motivation, education and counselling were rendered to them in different sessions. These sessions gave lot of emotional strength both to the parents and the students and helped them to realize the problem and also gave the potentials to cope up the problem.

Sensitizing Students Through Workshops

Child Guidance and Counselling Centre organized Workshops in 15 schools on various topics like life skills education, adolescence—beware of technologies, psychosocial intervention for orphan children, adolescent—beware of Internet and video game addiction, reproductive health for adolescent girls, adolescents and abuses, adolescent reproductive health, prevention of examination anxiety, importance of education, adolescents and values, adolescents and counselling, mental health, good touch and bad touch, child abuse, etc. As of now, 1007 students were sensitized on the abovementioned topics.

Outcome

School students were sensitized on topics which they are not familiar with. Topics like reproductive health, good touch and bad touch, abuses are ones the students were much eager to listen and shared lots of personal experiences and clarified the misconceptions.

Sensitizing Parents through Lectures in Parents Meeting

The service done by the Child Guidance and Counselling Centre of the Department of the Social Work was much recognized, and the School Administration invited the Coordinator to give lectures in parents meeting and to sensitize the parents on the topics like school mental health, role of parents in the modern era, effective parenting, expectation of parents, importance of counselling to children, etc. Six hundred and fifty parents were sensitized from eight schools on the above-mentioned topics in Tiruchirappalli city.

Outcome

After the lecture, parents developed good understanding about the problems faced by their children in school, family and in the environment. Most of the parents realized that they could not spend quality and quantity time with their children and made up their mind to spend time with their children. And they also felt the need for counselling.

Child Guidance and Counselling Centre Is a Field Work Agency

The Department of Social Work has recognized the activity of the Child Guidance and Counselling Centre and considered the centre as a Field Work Agency. Every semester 2 students will be placed in the Centre. Since its inception, the centre has trained Seventeen students of both I MSW and II MSW for their field work training and fulfilled the field work requirement of the Department.

Outcome

The Field Work trainees were moulded to be effective School Social Worker/Counsellors, and they also learned about topic like life skills education, psychosocial intervention, addiction, reproductive health, adolescents and abuses and examination anxiety and counselling, etc. They also came to know about the aim, functions and importance of a Child Guidance and Counselling Centre. Furthermore, the students received hands-on training to do counselling.

Overall Outcome

The activities done through the Child Guidance and Counselling Centre of the Department of Social Work, Bharathidasan University, for about nine years have created positive changes in the minds of administrators, teachers, parents and students in the school which permitted us to carry out School Mental Health Programmes. The School Administrators understood the pressure the students face due to academic workload, and they converted second and fourth Saturdays as holidays for the students to refresh. Further the schools strictly informed the teachers not to convert the physical education hour to maths and science classes. They also requested the teachers to conduct only two tests in a day. The parents who accompanied their children for counselling understood the need and seriousness of spending more quality and quantity time with their children and took efforts to spend time with them and also stopped pressurizing their children to secure good marks in their examination. One of the parents said "When I stopped pressurizing my son to study, he started to study well and secured good marks". Another parent (father of the child) during the counselling session cried a lot and asked forgiveness to both the wife and son, for being the cause of the problem the son is facing. Parents meeting turned to be a boon to most of the parents. A parent said "I am taking lot of good lessons regarding parenting to home and also to practice". Now the schools consider the Child Guidance and Counselling Centre, Department of Social Work, Bharathidasan University, even as a support system for the successful functioning of schools.

School Mental Health in Australia

In Australia, significance of Mental Health of the people was felt much ahead. Northfield et al. (1997) referred that for the past decade mental health was considered as an important component to be worked nationally and has started its pioneer work. National Action Plan for Mental Health by the Australian Government's for the year 2006–2011 recognized the significance for preventing, promoting and providing early intervention to have positive mental health as the prime action to be taken

(Askell-Williams, 2017). Mental health difficulties are associated with the educational problems, personal problems, social problems and occupational problems of the individuals and communities. Unaddressed mental health problems can be the chief cause for occurrence of the mental health disorders and also the overall burden of illness found among the individuals in Australia. The most occurring mental health problems in adolescents have being depression, substance abuse and anxiety (Sawyer, Miller-Lewis, & Clark, 2007). Notably, the period of adolescence is often described as the period of storm and stress where the onset of mental health problems was found in peak. It was founded that nearly half of the children before the age of 14 years have experienced some kind of mental health problems (Kessler et al., 2005). The recent report found that while taking seven children, one child with age 4–17 years were found to have mental disorders in last one year which is equivalent to 5,60,000 children and adolescent population of Australia. It also said that a major role is played by schools in rendering support to children and adolescents with problems of behaviour and emotional where time and again the symptoms of mental disorders are primarily found. The children and adolescents had problems like bullying, substance abuse, problem in eating behaviour, addiction to Internet and games that could physically and mentally put them at risk.

Heffernan (2019) said that schools should provide informal support to the children, motivate the students to procure external help, it should provide individual and group counselling, offer special classes to slow learners, help the students to obtain medical support from the nurses in schools, deaddiction programmes and so on. It is significant to say that schools should make an environment to the students that are congenial for the students to learn not only academically but also for their holistic development and wellbeing which is the prime motto of education. The world believes that an educated person will lead a healthy life and schools take the major role in imbibing good behaviours and attitudes (Murray-Harvey & Slee, 2010, p. 271). Mental health initiatives can be concentrated well in schools as they have large populations of students who have problems from general to specific problems and also to take mental health programmes resourcefully (Domitrovich, 2008). Through this mental health initiative in schools, even social and emotional learnings are also given. Durlak, Weissberg, Dymnicki, Taylor and Schellinger (2011) conveyed that social and emotional learning initiatives are proactive to change the social and emotional disabilities by getting rid of conduct disorders, inherent behaviours to be unlearnt along with the pro-social behaviour. It was also said by Durlak et al. that the teachers in classroom were more effective in using the social and emotional learning programs as components of routine educational practices. Adding to this school–community partnership is found to be an evolving body of evidence that unquestionably motivates the students for better outcomes. The school–community partnerships increased the attendance in classes, decreased the absenteeism in classes, stopped truancy, decreased the scholastic backwardness, increased the educational achievement, resilience and brought good behaviour and attitudes. The school–community partnership makes the students to attain best life outcomes and was also found to be an indispensable element to promote good and healthy school model (Northfield et al., 1997).

Australian schools practices an overall mental health programmes from birth of a child to adolescence. It is the Kids Matter framework which is compatible with the model of WHO (2011) that stresses on the hazard and also as a protecting factor exist in the child itself, in its home, in its school environment, in its life events and other social settings. Kids Matter concentrates on how to enhance the mental wellbeing of students at school in the primary level. Kids Matter helps to reduce the mental health problems of the students and give better care for the students with mental health issues (Kids Matter, 2010). The trail part of it was done in the year 2007–2009 in 100 primary schools throughout the country in Australia. The schools that were included in the trail were from different states, different systems and also from rural and urban areas. The findings showed that mental health problems of the students were linked with different culture and systems of the schools, from different states, from different domicile and also their methods of handling the mental health problems. Moreover, the findings helped the Kids Matter to strengthen the deficits in schools, home (Slee et al., 2009). Further, these findings helped the Kids Matter to encourage the mental wellbeing of students, particularly the students with greater pre-intervention level of mental wellbeing issues. It also helps the policy-makers for carrying out the project with Federal funding for the Kids Matter with 2100 schools in Australia by the year 2014.

There are four key areas that the Kids Matter framework consists of, and it is called as Kids Matter components and the first of it is Positive School Community. Social and emotional learning is the second key area for the students. The third component is parenting support and education, and the fourth one is the early diagnosis for students experiencing the problems with mental health (Slee, Dix, & Askell-Williams, 2011).

The first component Positive School Community motivates the school administrators to make a sense of belonging and attachment within its community members. It gives them a warm and a good friendly school environment with a sense of involvement of the students, staff and family members and the local community which a student belongs too. The second component helps the schools to select and use the well-framed learning curriculum with social and emotional aspects for the students which will cover all the 5 core of the emotional and social competencies such as self-awareness, social awareness, self-management, responsible decision and relationship skills making as found by initiative for academic, emotional and social learning (CASEL, 2006). The third component focuses on the school which is the contact point for the parents to learn about parenting, mental health of children, child development, child rearing practices, need for parent–child relationship and parenting skills in order to help the child to grow with good mental health. The final and fourth component comprises of early diagnosis which is setup to help the schools support children presenting early symptoms of mental health problems and also to those children who are identified with having mental health problem (Slee et al., 2011).

Australian Honourable Minister for Health Greg Hunt stated in a press release on 1 November 2018 that the New School Based Mental Health Programme will offer teachers in Australia with the needed skills and resources to teach their students, the ways to cope with the problems of mental health, build resilience in the students and

also to equip them to care for the mental health of the other students in the school. This initiative will protect the students and to have all the necessary support needed for strong social and emotional development. This initiative will also help the teachers to identify the students facing mental health problems and will also help the teachers to work with their families and to help them receive the supportive local services as early as possible. It also helps the school educators to enhance their own mental health wellbeing. Australian Honourable Minister for Education Dan Tehan stated that they should construct on the strengths of the present mental health programmes in schools and complement the Australian Government's recently launched Student Wellbeing Framework (Ministers Department of Health, 2018). Further, Minister Tehan also encouraged all schools in Australia and early learning providers to actively participate with the beyond blue and to take care for the mental health wellbeing of the students. He also stated that schools are having the significant role in prevention of mental health problems by assisting the children and adolescent to learn and unlearn the skills they need to nurture the mental health and wellbeing. He further said that in Australia almost half of mental health disorders in people have its beginning before the age of 14 years. Schools as well as the childhood learning providers are the best for the early intervention of mental health problems and also for manage it with. Finally, he stated that the Australian Government wanted the children and adolescents to use the information and the skills which they may require to solve the challenges in life and also to ensure them that they are a supported and are guarded.

Conclusion

School Mental Health services can be said as the need of the hour. Universally, mental health problems have its onset from the childhood. The current education system in India has recognized the need, and educational institutions, psychiatric hospitals have taken steps to promote mental wellbeing in schools. Child Guidance and Counselling Centre functioning in the Department of Social Work is one such initiative and are unique in the city. It aims to reduce the mental health issues in schools and to make services of mental health essential in schools in order to help, appraise, support, protect and promote sound health and sound body in school students. These services can further do lot of referral services to primary health care for appropriate use of the primary healthcare services which can prevent and control communicable diseases and other health problems both physically and mentally. The primary healthcare services can provide emergency care for illness or injury, help the schools in providing good sanitary conditions for safe school facilities and a good friendly environments. They can also provide educational and counselling opportunities for the development and maintenance for their students and families and enhance the community health in the community in which the students are living. Health services through school-based clinics have enhanced the academic services which have reduced absenteeism

in students, improved academic achievement and their health status. Australia also recognizes a great need for mental health support much earlier and is much ahead to do a nation-wide programme like Kids Matter which promotes mental health in schools from birth to adolescence.

References

Agarwal, S. P. (2004). *Mental health in Indian perspective 1946–2003.* Retrieved March 25, 2020, from https://mhpolicy.files.wordpress.com/2011/05/mental-health-e-book_published10oct20041.pdf.

Anyon, Y., Ong, S. L., & Whitaker, K. (2014). School-based mental health prevention for Asian American adolescents: Risk behaviours, protective factors, and service use. *Asian American Journal of Psychology, 5*(2), 134.

Askell-Williams, H. (2017). Perspectives from teachers and school leaders about long-term sustainability: A challenge for mental health promotion initiatives in educational settings. In *Mental health promotion in schools* (pp. 141–155). Brill Sense.

Bharath, S., & Kumar, K. V. (2008). Health promotion using life skills education approach for adolescents in schools—Development of a model. *Journal of Indian Association for Child and Adolescent Mental Health, 4*(1), 5–11.

CASEL. (2006). *What is social and emotional learning: Skills and competencies.* Retrieved April 17, 2020, from https://www.casel.org/basics/skills.php.

Domitrovich, C. E. (2008). Maximizing the implementation quality of evidence-based preventive interventions in schools. A conceptual framework. *Advances in School Mental Health Promotion, 1,* 6–28.

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development, 82,* 405–432.

Eljo, J. G., & Vijayalakshmi, S. (2017). Measuring the level of mental health at school-development of the school mental health inventory (from the perspective of students, teachers and parents). *Shanlax International Journal of Arts, Science and Humanities, 5*(4).

G.o.I. (2014). *Ministry of health and family welfare, Press Information Bureau.* Retrieved March 25, 2020, from https://pib.gov.in/newsite/PrintRelease.aspx?relid=112890.

Heffernan, M. (2019). *The conversation has 100 percent changed: Mental health in schools.* Retrieved April 17, 2020, from https://www.smh.com.au/national/the-conversation-has-100-percent-changed-mental-health-in-schools-20190924-p52ua2.html.

Hendren, R., Birlen Weisen, R., & Orley, J. (1994). *Mental health programmes in schools.* Retrieved March 29, 2020, from https://apps.who.int/iris/bitstream/handle/10665/62308/WHO_MNH_PSF_93.3_Rev.1.pdf?sequence=1&isAllowed=y.

Kataoka, S. H., Zhang, L., & Wells, K. B. (2002). Unmet need for mental health care among US children: Variation by ethnicity and insurance status. *American Journal of Psychiatry, 159*(9), 1548–1555.

Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangal, K., & Walters, E. (2005). Lifetime prevalence and age-on-set distribution of DSM-IV disorder in the national comorbidity survey replication. *Archives General Psychiatry, 62,* 593–603.

Kids Matter. (2010). *Kids matter primary framework.* Available in the link https://www.kidsmatter.edu.au/kidsmatter-overview/framework/. Accessed on April 17, 2020.

Malhotra, S. (2004). Child and adolescent psychiatry in India: Slow beginnings and rapid growth. In S. P. Agarwal (Ed.), *Mental health: An Indian perspective* (pp. 227–232). New Delhi: Elsevier.

Ministers Department of Health. (2018). Retrieved March 20, 2020, from https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/new-school-based-program-to-support-childrens-mental-health.

Murray-Harvey, R., & Slee, P. T. (2010). School and home relationships and their impact on school bullying. *School Psychology International, 31*(3), 271–295.

Northfield, J., St Leger, L. H., Sheehan, M., Marshall, B., Maher, S., & Carlisle, R. (1997). *School-based health promotion across Australia.* Sydney: Australian Health Promoting Schools Association (AHPSA).

RKSK. (2014). *Ministry of health and family welfare.* Retrieved March 27, 2020, from https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=818&lid=221.

Sawyer, M. G., Miller-Lewis, L. R., & Clark, J. J. (2007). The mental health of 13–17 year-olds in Australia: Findings from the national survey of mental health and well-being. *Journal of Youth and Adolescence, 36,* 185–194.

Slee, P.T., Dix, K., & Askell-Williams, H. (2011). Whole-school mental health promotion in Australia. *The International Journal of Emotional Education*, *3*(2), 37–49.

Slee, P. T., Lawson, M. J., Russell, A., Askell-William, H., Dix, K. L., Owens, L., … Spears, B. (2009). *The kids matter evaluation: Final report.* Adelaide: Centre for Analysis of Educational Futures, Flinders University.

Srinath, S., Girimaji, S. C., Gururaj, G., Seshadri, S., Subbakrishna, D. K., Bhola, P., & Kumar, N. (2005). Epidemiological study of child & adolescent psychiatric disorders in urban & rural areas of Bangalore, India. *Indian Journal of Medical Research, 122*(1), 67.

Weist, M., Goldstein, A., Morris, L., & Bryant, T. (2003). Integrating expanded school mental health programmes and school-based health centres. *Psychology in Schools*, *40*(3), 297–308. Retrieved March 20, 2020, from https://onlinelibrary.wiley.com/doi/abs/10.1002/pits.10089.

WHO. (2011). *Mental health: Strengthening mental health promotion.* Retrieved April 17, 2020, from https://www.who.int/mediacentre/factsheets/fs220/en/.

Chapter 15
Knowledge and Attitude of Adolescent Boys About Reproductive Health

N. V. Xavier Vinayaraj and J. O. Jeryda Gnanajane Eljo

Abstract Reproductive health is one of the important health aspects of an individual, couples and families as well as for the wellbeing communities. Studies suggest that many are unaware of this and place less importance to the concept of reproductive health. The reproductive health knowledge is important to take care of reproductive health-related functions, system and process of life. In major researches, reproductive health is merely focused on diseases related to sexuality or sexual and reproductive dysfunctions. In few researches, it has focused on either both female and male respondents or women respondent-related studies in the area of reproductive health. The role and responsibilities of men are neglected or ignored. There are very few studies in reproductive health among adolescent boys, and it has given least importance to educate adolescent boys than girls about reproductive health around the world. In this context, the researchers are focusing on the gap identified from the reviews as an important need to study reproductive health among adolescent boys. This study, therefore, initiated to understand the knowledge and attitude of adolescent boys about reproductive health. This current study result reveals that 52.9% of the respondents have lower attitude towards reproductive health. This shows the need to focus more attention on reproductive health education among adolescent boys. Current study by the researcher observes that educating adolescent boys will be great support for women reproductive health as well as reproductive health of the family.

Keywords Reproductive health · Adolescent boys · Attitude · Knowledge · Sex education

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Introduction

The largest population in the world today is in the age of 10–19 years, which cover 1.2 billion of the world population. Nearly 90% live in developing countries. An adolescent is a person between the ages of 10–19 WHO (2012). Reproductive health starts from early age as holistic health. Individuals with sound reproductive health produce better offspring that have a better chance of survival.

In every humans life, sexuality plays an important role both practical life to identify everyone's gender-based responsibilities and knowledge on reproduction as well as behaviour based on their own values and belief. Each one experiences their own sexuality in different ways. It varies in their thoughts, practices and relationships. The adolescent period as foundation period for anyone to give reproductive health education since puberty starts in the adolescent period for both boys and girls. During this period, proper understanding upon reproductive organs, functions and the reproductive health education as a whole should be imbibed in them. Adolescent boys equally need lots of understanding about the reproductive health just as girls to remove the myth and misconceptions about structure, the function of the reproductive system, sex and sexuality, sexually transmitted diseases and problems associated with the reproductive health. A study conducted by Skinner and Rachel on essentials of adolescent sexual and reproductive health states that sexual activity in adolescence is a normal experience. The researcher has identified the national survey report carried out by Department of Health, Australian on sexual health among Australian secondary students. This research survey is conducting almost once in five year. This report helps to identify the reproductive health status and sexual health of students studying in secondary school. This report is done systematically and provides baselines for prospective measurement and monitoring (Ford, Nassar, Sullivan, Chambers, & Lancaster, 2003.) This is a good adaptable model for educating adolescent boys about the contents of reproductive health since it involves WHO guidelines and regular five years of surveys. There is very limited study in the area of the reproductive health among adolescent boys and also even among men.

The social dilemma in reproductive health is that it is needed only for women. The reason behind this thought is that women's reproductive functions are visible to family while they undergo menstruation, abortion, pregnancy and lactation. Men also have reproductive functions at all stages of life, but it is not made visible either to the family or society by and large. To create a healthy society, understanding the reproductive health among adolescent boys is much needed in the modern era. Therefore, this study will be useful to identify their knowledge, attitude level and their shortcomings among adolescent boys regarding reproductive health. The limited knowledge or lack of it concerning the reproduction, family planning and sex education are among the major issues in everyone's life, but unfortunately, our society does not permit open discussion on them. There are several studies on the reproductive health among adolescent girls that addresses the issues. But there is a research gap identified through

reviews that there is a need for providing knowledge about the reproductive health for adolescent boys.

Methodology

The present study aims to describe the adolescent boy's knowledge & attitude towards reproductive health in Kerala. The descriptive research has used to describe the research. In the data collection process, selected all the adolescent boys from two higher secondary schools studying 9, 10, 11 and 12 in Kerala. Census method was used, and data was collected among 297 adolescent boys. Self-prepared questionnaire and standardized scales were used to collect the data. The researcher by the objectives and variables of the present study framed the questionnaire which includes a socio-demographic profile of adolescents, the reproductive health and sex educational attitude scale by Patil. This research has done as a part of PhD programme of the researcher during 2015–2018. The researcher has received ethical clearance from the university and also received permission from education authority of Kerala to conduct research in particular schools in Kerala. The researcher has also informed the respondents about the nature of the study and received consent from students and permission from principals of schools by providing the permission letter received from education board. The researcher also assured the participants about the confidentiality and explained how the confidentiality is maintained in this research process. Since this collaborative book discusses about the Australian scenario, the researchers also have also made some references and discuss about reproductive health practice in Australia. The researcher also used reference from the secondary data of the national survey report among secondary school students on sexual health in Australia. It was really useful document to suggest better reproductive health practices for adolescent boys in India.

The Rationale for the Study

The researchers have identified that there is very rare attention given in the area of reproductive health of adolescent boys. The review shows the need for reproductive health knowledge for adolescent, training trainers to give reproductive health information, empowering parents, teachers and social workers to educate adolescent on reproductive health. The researcher has also identified from the documents and textbooks that there is sufficient theoretical knowledge in textbooks of school level about reproductive health education. But many teachers do not have the opportunity to share these with the students in a meaningful way. Therefore, it is need of the hour to make a study about the source of knowledge of adolescent to verify whether they are getting adequate and proper information or misconception about it from improper sources. The study also focuses on the attitude and knowledge of adolescent boys

about reproductive health. Through reviews, the researcher has identified that regular surveys are conducted in Australia once in five years among adolescents to ensure their reproductive health. But there is also a lack of special attention in educating adolescent boys on reproductive health. The reviews show that there exists intimate partner violence, younger age pregnancy and STIs. In this context, it is a necessity to initiate research among adolescent boys to improve their reproductive health. So from the reviews, it is evident that most of the countries do not give special attention to the role and importance of adolescent reproductive health.

Purpose of the Study

To analyse and explain the socio-demographic factors about the respondents.

Study the knowledge of adolescent boys about reproductive health.

Study attitude of adolescent boys about reproductive health.

Hypotheses

The researcher has gone through various study materials for reproductive health and also reviews about reproductive health among adolescent and young people. From those observations, the researcher has drawn some hypothesis. They are

- There is a significant difference among type of class of respondents with regards to attitude towards reproductive health.
- There is a significant association between the age of the respondents and the act of masturbation.
- There is a significant difference among the type of family members of respondents with regards to attitude towards reproductive health.
- Higher the level of positive attitude towards sex education higher will be the level of knowledge about reproductive health.

Findings of the Study Related to Socio-demographic Data

The study result shows that 69.7% of the respondents are belonging to the nuclear family category. Among the respondents, 27.3% fall in age group of 16 and one-fourth of respondents (26.6%) are in the age of 17. More than one-third of the respondents (35.7%) are studying in class 11th standard. The vast majority of the respondents (89.2%) parents are doing koolipani (daily wages work).

Findings Related to the Key Variables

Majority of the respondents (81.5%) experienced nocturnal emission/nightfall. One-third of the respondent (39.4%) said that schools did not discuss the topics on sexual thoughts/masturbation in school. The 68.4% respondents have less understanding about masturbation. Majority of the respondents (69%) know about the concept of menstrual cycle among girls. But here another notable point is that nearly one-third of the respondents don't know about it. 55.6% of the respondents have a less knowledge on secondary sexual changes in girls, growth, menstrual cycle and hygiene. The vast majority of the respondents (96.3%) do not discuss reproductive health issues with parents. 76.4% of the respondents had sexual doubts. More than one-third of the respondents (45.8%) were curious regarding sex-related matters. The vast majority of the respondents (96.6%) were not discussing sexuality-related topics with their mothers. The vast majority of the respondents (93.6%) do not discuss sexuality-related topics with their father. 89.9% of the respondents said that they did not receive any information regarding sex and sexuality from their family members. More than one-third of the respondents (39.7%) do not know about major reproductive organs. 73.1% of the respondents not heard about the men's involvement in reproductive health (Fig. 15.1).

The researcher based on previous study, expert opinion, statistical support, pretest and reviews prepared a self-prepared questionnaire to understand the attitude of

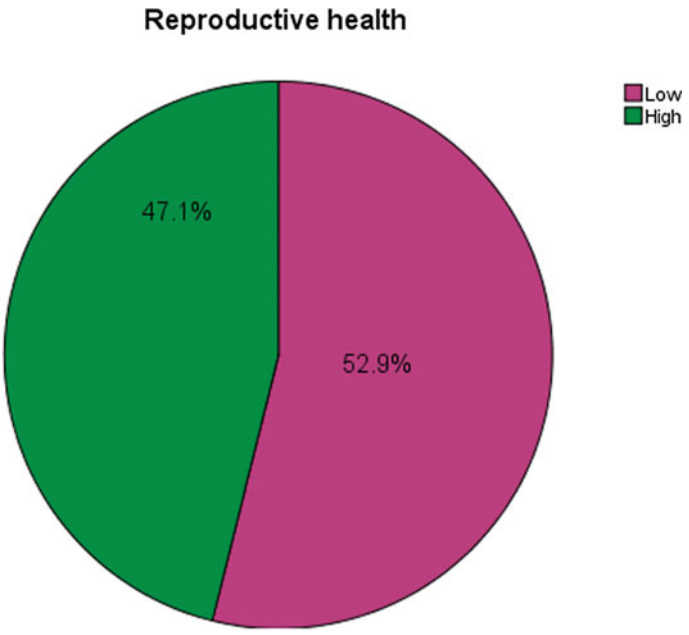

Fig. 15.1 Distribution of the respondents based on overall attitude about reproductive health

Table. 15.1 Intercorrelation matrix between age and masturbation

Dimensions	Age ("*r*" value)	Statistical results
Masturbation	-0.386^{**}	$P > 0.05$ Not significant

Table 15.2 One way analysis of variance among the type of family of the respondents with regards reproductive health

Source	df	SS	MS	X	F	Statistical result
Between-group	2	1984.577	992.288	G1(442. 90)	2.304	0.102
Within-group	294	126,630.965	430.718	G2(444. 30)		
Total	296	128,615.542		G3(434.31)		

G1-Nuclear Family, G2-Joint Family & G3-Single Parent Family

adolescent boys towards reproductive health. The study result reveals that 52.9% of the respondents had reduced attitude towards reproductive health.

Hypothetical Findings

The distribution of the respondents based on intercorrelation matrix between age and masturbation. There exist negative significant relationship between age and masturbation ($r = -0.386$, $p < 0.05$) (Tables 15.1 and 15.2).

One way analysis of variance among the type of family of the respondents with regards to attitude towards reproductive health shows that there is the significant difference among the type of family members of respondents with regards to attitude towards reproductive health.

The mean score revealed that the adolescent boys with a high level of knowledge about reproductive health perceived a higher level of positive attitude towards sex education than that of low level of knowledge about reproductive health.

One way analysis of variance among class studied of the respondents with regards to attitude towards reproductive health shows that there is a significant difference among the type of class of respondents with regards to attitude towards reproductive health.

Discussion

Based on the study conducted by the researcher and the basis of secondary data, the researcher discusses the relevance of reproductive health & sex education. Family support is one of the primary need and important aspects of any sex education and

reproductive health support for adolescent during their puberty. In that, one of the important aspects is removing misconception and educating the adolescent boys about the proper source to remove misconception. Knowledge regarding woman menstrual cycle, nocturnal emission, masturbation, sex education for adolescent boys on reproductive health, modification of sexual behaviour and sources of sexual health information are also inevitable components of reproductive health, and therefore, it is discussed here.

Family Support

Family support is one of the important factors to provide effective knowledge sharing and information centre along with removing misconception by clarifying doubts. If a child is not getting proper information, then that child can go for seeking doubts from an improper source. It may develop further misconception and wrong information. In some cases, it becomes a cause for family issues after marriage. Therefore, the researcher has used the question to identify such doubts of children regarding family support. The result shows the need to improve family support to give reproductive health information. The report published by Family Planning NSW in 2013 on Reproductive and Sexual Health in Australia states that "Reproductive and sexual health is a fundamental human right. Poor reproductive and sexual health is linked to poverty and a plethora of poor health outcomes. The findings presented in this report provide a comprehensive review of these issues concerning seven domains of reproductive and sexual health; fertility; infertility and assisted reproductive technology; infant mortality; contraception; induced abortion; sexually transmitted infections; and cancer of the reproductive tract". So, the researcher suggests the need to plan out an effective family support platform for adolescent boys to educate them on sex education and reproductive health.

Misconception and the Proper Source to Remove Misconception

It's natural to have misunderstanding and misconception about sexuality. But it's not healthy to remain in it. Rather we must able to clear it by speaking to someone who can clear out it and give us a better understanding to cope up with it. In the current study, the researcher has used some question to understand about misconception among adolescent boys. The study shows that adolescent boys are approaching people and other mediums like Internet search other than parents, teachers and school counsellors for clarifying doubts or for information regarding sexuality and reproductive health. They mainly approach friends for information regarding sexuality and reproductive health who do not have proper knowledge and understanding about reproductive

health. Thus, the study proves that there is an urgent need to make parents teachers and counsellors aware to provide proper knowledge about reproductive health to make a positive attitude towards reproductive health among adolescents. School-based sex education, community-based education, interventions to reduce sexual risk behavior, implementing abstinence model among young teen to reduce sexual risk behaviour and sex education before the onset of sexual activity will be helpful means to diminish misconception among adolescent boys. It is necessary to remove misconception for healthy reproductive health and healthy sexual behaviour practice.

Knowledge Regarding Woman Menstrual Cycle

Knowledge regarding the woman menstrual cycle is one of the debatable questions. Because all have doubts that whether there is any need for men to know about woman menstrual cycle. Few may say no need to know such things. But in fact, it is needed and important for men to know about woman menstrual cycle. Because it is part of reproductive health, sexuality and marriage life**.** Knowledge about the woman menstrual cycle will help men to understand the difficulty women face during those days. It will also help and support women to keep healthy and hygienic during those days. Therefore, the researcher has included questions to check adolescent boys' knowledge regarding woman menstrual cycle, and the study result shows the understanding and opinion of respondents. An article published by Robey and Drennan on male participation reproductive health explained in their study report that in traditional view women were given priority in family planning education and programs. They stated a justification that it is because of the reality or reason that women are getting pregnant physically and therefore contraceptive methods designed mostly for women. Even care service related to maternal care and even child care are rendered for women in all reproductive health. Australian Women's Health Network published a Paper on women and sexual and reproductive health recommends a right-based approach. According to that paper, the right-based approach can ensure comprehensive sexual and reproductive health care. It propose that this comprehensive care can provide appropriate support without any discrimination and status base of economical status or area of living (Australian Women's Health Network, 2019). The reproductive health for women is one of the important factors for healthy child as well as a healthy mother. In order to have a healthy reproductive health among women, we have to take care certain care for pregnant women and mother. It can be listed as practice of good attitude towards sex and sexuality, good sexual behavior, knowledge about good health practice, having reproductive choice between couples mutual understanding, family support for pregnant women and mother of an infant and timely medical aid for women's health needs. In every country, intimate partner violence is associated with poor sexual and reproductive health outcomes. The current study stresses that, understanding menstrual cycle by adolescent boys is important and needful to support women physically, mentally and sexually. The proper knowledge about menstrual cycle and menstruation will help the men to understand the physical,

social and mental situation of women, and it will be useful to support the women in their menstruation, menarche and menopause. The proper understanding will help to have healthy sexual behavior towards women.

Nocturnal Emission and Masturbation

When an individual boy grows to adolescent, his secondary characteristic and primary characteristic change drastically. In this juncture, proper orientation is needed about sex and sexuality. Therefore, to know about the respondents attitude about it, the researcher has used some questions related to it as a part of reproductive health, and the study result shows the understanding and opinion of respondents. Based on the findings and implications, it is found that the knowledge and attitude among adolescent boys on reproductive health is the need of the hour. There exists lack of practical knowledge needed for real-life situation in school level theoretical knowledge. Current teaching method and the parental role need timely revising for adolescent boys to understand reproductive health for real-life situations.

Sexual Behavior

The adolescent period is the periods to start learning for healthy sexual behaviour. The report of 6th National Survey of Secondary Students and Sexual Health in Australia shows that most students had engaged in some form of sexual activity and one-quarter of sexually active students (28.4%) experienced unwanted sex at least once (Fisher et al., 2019). This shows the need for identifying the changes happening in our adolescents and to support them to prevent the problems and to make a healthy sexual behaviour practice.

Sources of Sexual Health Information

The source of health information is always important to maintain healthy sexual behaviour and healthy reproductive health. In the report on 6th National Survey of Secondary Students and Sexual Health in Australia, the data sources of sexual health information show that most common source was Internet Websites (78.7%) while least used sources included school counsellors (9.5%) and nurses (9.0%) and youth workers (8.5%). The study report shows that female respondents seek more information than boys from doctors & their mothers (Fisher et al., 2019).

The study conducted on "knowledge and attitude about reproductive health and family planning among young adults in Yemen" to determine reproductive health and family planning knowledge and attitude among young adults aged 15–25 years shows

that, the level of knowledge about health services for reproductive health and family planning and its methods was low to moderate. From this study, we can understand that there exist urgent focus for providing information about reproductive health and family planning for adolescents through the school curriculum (Masood & Alsonini, 2017). In the current study, the researcher has identified that adolescent boys lack proper sexual health information. The academic syllabus included all the needed information but theoretical information only. So, we need a proper system to direct our adolescent boys to choose the right source of information about reproductive health.

The Need for Sex Education for Adolescent Boys on Reproductive Health

In short, the need for sex education for adolescent boys on reproductive health is inevitable and needs much more attention. Key findings in the report of national survey conducted in Australian secondary students on sexual health show that there are still existing to improve young peoples' sexual health knowledge. The study result shows that even though most of the respondents are engaging in responsible behaviours, there are areas where we need to increase risk reduction practices. The respondents are accessing different sources for academic learning about BBVs and STIs. So, these different sources need to monitoring and planning better academic session in school and support system in home for this (Fisher et al., 2019). Taking this as a model, the researchers also want to suggest conducting a national survey in India, at least once in three years will help to know the gap in failure in reproductive health.

The research conducted by Premila in Puducherry on A Study To Assess The Efficacy Of Behavioral Change Communication On The Knowledge Attitude And Practice Regarding Sexual And Reproductive Health Among The Late Adolescents in a Selected Educational Institution shows that most of the subjects felt it was extremely difficult and embarrassing to discuss sexual matters with their parents, elders, as well as, school teachers. The researcher reveals that this hesitation was because of fear. The fear was because of participants thinking that if they discuss this topic with parents or teachers, there will be possibilities for misunderstanding by interpret as actual evidence of sexual involvement. In concern, the parents and teachers should be important sources of information. But in reality, they are not support on these issues. This also indicates the need to think about an effective method to educate adolescent boys. Hamsa Ameer et al. in their training of trainer's manual on reproductive health adolescence sexuality and gender equality to capacitate social work trainees in India point out that reproductive health education should give more relevance because it has importance in human development in all aspects especially social and economical. So, the researcher also suggests the importance of providing reproductive health education for adolescent boys.

Recommendations for Social Work Intervention

The research identified from primary and secondary data that there exists a gap between theoretical knowledge and knowledge needed for life among adolescent boys. So, the social work intervention is needed to fill this gap because the present teaching method and the parental role are not completely successful for adolescent boys to understand reproductive health for practical life. The social work intervention can be implemented through all the possible social work methods. The students expressed their ignorance about many of the topic and also shared their curiosity about topics related to sex and sexuality. So, the group work intervention can be used as one of the medium to provide information and awareness useful for psychological and social development of adolescent boys. Students also shared that most of the parents are not getting time or not feel importance to talk to their adolescent on sexual and reproductive health-related doubts and very often there are related to sex education. Therefore the researcher recommend the community organization programs for parents because it will be successful to generate awareness among parents about effective parenting on sexuality and information needed for reproductive health among adolescent, especially adolescent boys. The study shows that adolescent boys are approaching people other than teachers and parents to clear their doubts and curiosity. Since reproductive health influences relationship with the opposite gender, so the teachers should be ably trained well, and they may be able to sensitize, communicate it through various skills and methods of teaching aids. So, the researcher highly recommends for the timely adequate teaching skill and method development to educate adolescent about reproductive health knowledge and attitude to eradicate ignorance and misconception about it. The researcher believes that government has important role to implement policies and programs through regular research, and based on the findings of the research, government must give adequate training programs for teachers to educate adolescent on reproductive health and sex education. The government must give equal importance for adolescent boys along with adolescent girls. The social workers in schools are always doing many improvement programs for adolescent in school in collaboration with parents and teachers. Since the social workers are having good rapport building skill with students and parents, they can easily support adolescent for clearing/eradicating doubts regarding reproductive health and sex education or healthy sexual behaviour. The social worker can be a mediator between school management, teachers, parents and adolescents to provide reproductive health education as a collaborative effort of PTA. The social worker can improve the healthy sexual behaviour of adolescent through counseling and group activities. We need to educate a person about reproductive health knowledge to have a healthy and positive attitude towards reproductive health.

Conclusion

The study shows the respondents had lesser knowledge about reproductive health and those who have a high level of knowledge about reproductive health has a high level of positive attitude towards sex education. The research also reveals that adolescent boys have sexually related doubts but not clarified with teachers nor discussed or taught by parents. The study conducted by the researcher and the details of data from the survey report published on National Survey of Secondary Students and Sexual Health in Australia shows the importance of comprehensive and updated sex education practice. The adolescent boys low level of knowledge towards reproductive health often cause for sexual and reproductive health issues, intimate partner violence, unplanned sex, early pregnancy and emotional, social and marital relationship issues. Therefore, giving importance for educating adolescent boys is supportive of his reproductive health issues and the reproductive health of four types of women in his life namely his mother, sister, wife and daughter. Therefore, it is need of an hour to remove the social dilemma about reproductive health that it is needed only for women. Because as women's reproductive functions are visible to family while they undergo menstruation, abortion, pregnancy and lactation. Men also have reproductive functions at all stages of life. Therefore, a proper sex education method can improve positive attitude among adolescent boys towards reproductive health and healthy sexual behaviour. There should be more studies in larger scale among adolescent boys to understand their knowledge and attitude. So that more practical and effective intervention models can be drawn out of it to make model for teachers, parents, government and social workers to help adolescent boys to improve their knowledge and healthy sexual behaviour.

Note: Researcher has written this paper based on the research conducted in Kerala as part of his PhD in 2015–2018.

References

Australian Women's Health Network. (2019). Women and sexual and reproductive health. Retrieved April 1, 2020, from https://awhn.org.au/wp-content/uploads/2019/04/AWHN_WomenSRHP_2019_02.pdf

Family Planning New South Wales' report of Reproductive and Sexual Health in Australia, 2013. Ashfield, Sydney: Ashfield NSW 2131 Australia. Retrieved April 4, 2020, from, https://www.fpnsw.org.au/sites/default/files/assets/rshinaust_book_webedition_1.pdf

Fisher, C., Waling, A., Kerr, L., Bellamy, R., Ezer, P., Mikołajczak, G., Brown, G., … Lucke, J. (2019). *6th National Survey of Australian Secondary Students and Sexual Health 2018*. https://doi.org/10.26181/5c80777f6c35e.

Ford, J., Nassar, N., Sullivan, E. A., Chambers, G., & Lancaster, P. (2003). Report of Reproductive health indicators Australia 2002. In *AIHW Cat No.PER 20. Canberra: AIHW NPSU*, La Trobe University: Bundoora.Retrieved on April 4, 2020, fromhttps://www.aihw.gov.au/getmedia/50ee0a89-d057-4698-abb3-771991b9cf01/8471.pdf.aspx?inline=true

Masood, M. S. A., & Alsonini, N. A. A. (2017). Knowledge and attitude about reproductive health and family planning among young adults in Yemen. *International Journal of Population Research*, p. 1–9.

Chapter 16
Are We Truly Global? An Assessment of the Condition of Distressed Migrants

Purnima Venkat

Abstract Migration for livelihood is an oft-observed and researched phenomenon. Research on migration has focused on cultural identities, coping mechanisms, social structures and relationships as well as remittances and economic management means. India and Australia are two ends of the spectrum of global and local migration. Both face similar issues when it comes to local migration with large numbers of the population rapidly moving from rural/semi-urban areas to metropolis or urbanized locations. Yet, Australia sees rapid in-migration, while India sees rapid out-migration except in some parts of its geography. This chapter focuses on the trend of migration for economic opportunity and provides a lens to the struggles of migrants in the two varied contexts of India that sees massive migration within the country and Australia, a country that sees both migrations within and from outside the country. Migration is a reality that the entire global population lives with, yet different contexts have different experiences for migrants. While in countries like Australia, one finds that access to basic facilities may not be a challenge; in parts of India, access even basics such as water, energy, safe housing and government-sanctioned schemes are not available easily. Migration has an impact on multiple stakeholders both in the location that receives migrants and to the location that loses population. Areas that are impacted by out-migration often also deal with the ageing of the remaining population and the lack of age-appropriate services for them. On the other hand, locations receiving migrants face and are challenged with severe stress on their resources. In India, for example, resources such as water, public transport, healthcare facilities, housing and energy are planned for, according to the census data which is taken once a decade. This allocation does not account for the rapid migrant influx, and therefore, urban planning remains unable to meet the changing and diversified needs of the population. Policymakers, governments and leaders play a critical role in establishing resources for the migrant communities which then increases migrants' acceptance in the host nation as well. There is an important role to be played by social workers and counsellors as well

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in understanding the needs of migrant communities to assist and support them to recover and settle from the process of migration itself.

Keywords Migration · Livelihoods · Human rights · Migrant rights · Access to basic amenities · Policy · Geopolitical issues · India · Australia · Rural–Urban migration

Introduction

Migration is a phenomenon that different species have undertaken since the beginning of time. This was indicative of the seasonality of life and the dependence on natural resources. Species migrated to greener pastures, metaphorically and otherwise, and sought out better resources and opportunities in other locations. Human beings have migrated for multiple reasons, from economic prospects to forced migration due to geopolitical issues. The past century has seen massive movement, globally, of people seeking better livelihoods across the geographies. Terms such as 'the global village', 'living globally' and 'think global, act local' emerged from the intersection of a vast majority of cultures and peoples in different locations.

Academically, migration for livelihood is an oft-observed and researched phenomenon. Research on migration has focused on cultural identities, coping mechanisms, social structures and relationships as well as remittances and economic management means. The International Organization for Migration reports in its Global Migration Report (2020) that there are over 272 million migrants globally who have either chosen to migrate or have been forced out of their country of birth (International Organization of Migration, 2020). The report accurately summarizes that global migration today is a political issue closely linked to human rights, development and geopolitical problems.

Cross-Cultural Issues of Migration

India and Australia are two ends of the spectrum of global and local migration. Both face similar issues when it comes to local migration with large numbers of the population rapidly moving from rural/semi-urban areas to metropolis or urbanized locations. Yet, Australia sees rapid in-migration while India sees rapid out-migration except in some parts of its geography. Murphy's 1993, book 'The Other Australia: Experiences of Migration' mentions that Australia's development has become synonymous with migration and that the country has depended largely on people migrating to Australia for its growth. On the other hand, a report published by the Asian Development Bank (2018) found that in 2017, India had the maximum outward migrants from the country with a staggering number of 17 million.

The geopolitical nature of migration is a global issue today with asylum seekers, humanitarian acceptance of migrants and movements due to ethnic cleansing issues, as seen with the Rohingyas from Myanmar to India, all being uncontrolled and majorly undocumented (Zarni & Cowley, 2014). Such migration has been in global focus due to human rights violations, issues of democracy and due to global policy advocacy. Yet, larger in number and consequence is the migration that happens due to economic prospects, either due to constraints in the out-migrated country or due to better resources in the host nation. Understanding the realities of economic migration and measuring its impact on geographies as different as Australia and India will enable readers to get a wider understanding of the issue at hand.

Impact of Out-Migration

Migration has an impact on multiple stakeholders both in the location that receives migrants to the location that loses population. India has seen a massive urban-bound movement in the last decade, and its urbanization rate has grown from 27.81% in 2001 to 31.15% according to the Government of India, 2011 Census report. The 2018 Economic Survey of India reported that 9 million migrants moved between 2011 and 2016 from rural to urban locations (Ministry of Finance, 2018). The census finds that urban locations in India have an unprecedented 139 million migrants from rural areas, 9 million out of whom have moved in less than the last 6 years. This also means that rural regions are rapidly depleting in human resources and in occupation. India is primarily an agricultural country, with over 61.5% of the population being farmers or engaged in farming activity (Census, 2011). Yet, agriculture has today become a profession with very little prospects, and there are very few households reporting the second generation of farmers. Agriculture contributes to only 15.4% of the GDP of the country even though it employs almost 60% of the labour force (Ministry of Statistics and Programme Implementation, 2019). Therefore, the average age of the Indian farmer is 50.1 years bringing into sharp focus the undeniable fact—our second generation does not want to do farming and that our farmers are ageing. Farmers earn less than one-fifth of what non-farmers earn making several rural youth shift to urban locations for jobs (Mahapatra, 2019). This has an undeniable impact on the agricultural industry in India. On the other hand, most who migrate to urban locations live in the thought process of going back to their rural backgrounds at some point and hence deem their urban residence as temporary. This was mirrored in a series of interviews carried out by researchers in the semi-urban location of Udupi where migrants from northern parts of Karnataka have migrated for work. In the interviews, one repeatedly hears about the aim to eventually go back to their villages after having earned enough money. Yet, these very families have been in residence in these locations for over forty years. But the associated costs of outward migration include the ageing of the rural society in India and the dependence on the older generation to nurture children and manage their education. Rural India, therefore,

sees a sharp drop in production capacity and an increased need for tertiary health care of the aged.

Australia, similarly, faces a high rate of internal migration and ranks in the top one-fifth of countries globally witnessing internal migration. Similar to India, Australia also notes an increase in internal migration of youth from rural/semi-rural to urban locations (Charles-Edwards, Bell, & Cooper, 2018) with Sydney, Melbourne, Brisbane and Perth being high on the list. But it is the rural areas that deal with the need to harness the 'grey power' to further community development. Ian Falk in his book, "Learning to Manage Change: Developing Regional Communities for a Local–Global Millennium", talks about the need to incorporate the skills and knowledge of the aged in Australia for rural development to become further enhanced (Falk, 2001). Grey power is the influence that older persons have on the social, political and economic development of a region, and in the case of rural locations seeing rapid out-migration, this seems to be a new reality. Therefore, it is essential to acknowledge their power and their resources as well as their capacity to engage in such decisions.

Impact of In-Migration

If one looks at the urban locations which receive migrants, the story is equally alarming even if it varied. Most urban locations, especially in India, are characterized by significant stress on resources, and cities remain unprepared and under-resourced for the sudden influx. Resources such as water, public transport, healthcare facilities, housing and energy are planned for keeping the census allocation which in India happens once a decade. These do not account for the rapid migrant influx, and therefore, urban planning remains unable to meet the growing and evolving needs of the population. Krishnavatar Sharma, co-founder and Director of the Aajeevika Bureau, reported that "Official agencies tend to underestimate short-term movements, and thus play down or miss seasonal migration altogether, which according to recent field studies account for the bulk of migratory movements for work" (Sharma, 2017). Indian cities are characterized by slum pockets where hygiene, health and resource are scarce, and people make do with whatever is available in the form of basic resources.

Cities in Australia may not face issues of the same magnitude but deal with a large amount of stress on urban resources. Capital cities such as Melbourne and Sydney remain 'choked' due to the large influx of migrants from within and outside of the country as mentioned by Karl Wilson (2019). Wilson further stated in the China Daily on 5 June 2019 that Australia's Prime Minister, Scott Morrison, mentioned that 'the cities roads were clogged and the buses and trains were full'. While this was a fitting analysis of the stress on the urban resources, the article stresses that migration is a necessity and reality for Australian society and economy, and hence, planning for it is essential and inevitable.

Impact of Migration on Migrants Themselves

Primarily, of course, the indelible impact of migration is on the migrants themselves. As we talk about the preparedness for receiving migrants, the current status of migrants globally and in specific contexts comes into sharp focus. Most migrant populations travel to seek economic benefits. Depending on their economic status, their access to resources in the chosen location of migration is varied. One has the upper end of the spectrum where people working in the organized sector have access to most basic amenities. It is the other end of the spectrum which is often employed in the unorganized sector and falls off the development plans of the urban location. This chapter takes the example of one small town on the western coast of India called Udupi, which has seen rapid industrialization over the past ten years. As a result, the town has received a large influx of migrants especially from its poorer cousins in the northern parts of the state. The chapter aims to understand the details and depth of their problems when it comes to access to basic resources. This is equated with similar issues that economically better off, yet, similarly, disadvantaged migrants face when travelling to/within Australia. This comparison aims to try to universalize the issues of migrants across two completely different spectrums and to call for policy and social work interventions to address the same.

The city of Udupi, Karnataka, is a rapidly growing one with construction, roadwork for better connectivity and the hospitality industry being vibrant and catering to the needs of many. Udupi is also at the heart of the tourism crowd to the Western Ghats and receives both religious and medical tourists from across the state and the country. As a result, there is a great demand for cheap labour in the unorganized sector. This demand is further aided by the supply of such labour from the northern parts of the Karnataka state where erratic monsoons and droughts have led to a sharp dip in agricultural produce. Farmers who own large land holdings or have access to technical assistance are the ones who can brave the vagaries of the elements and can eke out a livelihood. Those who are completely dependant on the rains find it profitable to move to work in cities such as Udupi to meet their cash needs.

Before one focuses on the impact of migration on the lives and access to resources of migrants, one needs to understand the mindset behind migration itself. Most migrants claim that all movement to do daily wage work is temporary and is in response to a failed monsoon or low yields. Many, in an attempt to revive their yield, would have taken a loan against their land to buy newer seeds and would be stuck in the uncertain cycle of debt. Thus, daily wage and the promise of cash seems like a sure-shot solution to their cash woes. Yet, there is clarity that they aspire to travel back to regain their status in their village as farmers. This loss of status is one of the main impacts of forced migration. Most rural communities have a mutually beneficial relationship among themselves, and each farmer has a social position as an entrepreneur. Migration changes this dynamic completely. From a place of familiarity and comfort, the migrant is thrust into an unknown location with very few social relationships to fall back upon.

Another major issue is the lack of documentation that most migrant communities deal with, true even in the case of internal migration. In the development context of India, most social security schemes are available only upon producing government-issued identity cards. Since these migrants are temporary in urban locations, their identity cards do not reflect their current geographical region. As a result, they cannot access multiple schemes and benefits.

What is to be mourned further is the significant loss of skills recognition that migrants often face when they answer to the demands of the unorganized sector and work as unskilled labourers at a low daily wage. Very often, these labourers would have been proponents of a specific skill such as pottery, weaving, growing organic produce, animal husbandry and farming in general. Agriculture in itself is a highly skilled industry with specific tasks and methods which some families have inherited and sharpened over generations. In the Dakshin Kannada region, one common crop that grows is the areca nut, and dehusking the nut is a highly skilled job in which women of the family were experts in. But with time, when such families migrate, there is no use of this special skill in urban locations, and as a result, these very women are considered to be unskilled labour. This phenomenon, coupled with the loss of second-generation agriculturists, potters, weavers and handicraft makers, has led to a huge '***skill-loss***' across the Indian market. With this skill loss, comes the loss of identity and loss of the honour of engaging in an almost religious art rather than a mere means of livelihood.

Migrants also face a loss of social network and social capital. In most established rural communities, especially in the Indian cultural context, in rural communities, people live with a sense of interconnectedness. This is the social network that they depend on in case of emergencies, celebrate occasions with and rely on when in trouble. Very often, communities maintain a form of informal savings by lending money to each other which becomes their savings in time of need. People take important agriculture and livelihood-based decisions together and hence absorb risk cumulatively as well. This concept has been broadly used in the self-help group movement in India that began in the 1980s where various non-governmental organizations (NGOs) across the country established joint liability groups that work on the premise that when an entire group takes the risk, the chances of discrepancy are much lower. This social network is especially important for women in the community. Right from the start of menstruation, to pregnancy, to contraception, to celebrating births to mourning deaths, women depend on their social network to weather storms. Protection from harm is also often ensured through these networks of women who watch out for each other. Sudden and constant movement removes these social dependencies and securities. As a result, people remain rudderless and lose important elements of community life. This phenomenon has been explored in detail in Bala's 2006 book titled 'Forced Migration and Coal Mining'.

Keeping aside the more profound implications of migration, issues as basic as access to resources and amenities are unavailable to most. This chapter delves into the lives of distressed migrants from the city of Udupi and the basic amenities that are available to them. For the sake of clarity, basic amenities have been divided into

infrastructural amenities, healthcare facilities, education facilities, banking facilities and issues regarding safety. Infrastructural amenities include access to water, sanitation, housing, roads, public transport, cooking fuel and energy.

Infrastructural Facilities

When it comes to the Rights to Life, most governments and international organizations agree that violation does not include merely an attack on life, but also constitutes the supply of the means of living. Hence, resources such as water, sanitation and housing are considered essential to ensure life in minimum quality. Yet, most distressed migrants in India do not have access to these basics or make do with the bare minimum.

Sanitation is a major area of concern in India, and open defecation is an issue of global shame that the country deals with. India still reports 26% of its population practise open defaecation as we speak, as per the 2017 World Bank Data. This figure is, of course, refutable since there are multiple discrepancies with the declaration of open defecation free (ODF) villages/cities in India. Udupi, for example, has been declared as ODF, yet multiple pockets of migrant populations do not have access to a toilet anywhere near their residence/slums. They are often not calculated as being a part of the population, leaving them an unaccounted and therefore unplanned for. Most communities need to use the deserted areas around their slums for sanitation purposes and bathe outside their own homes. This is of course not just a rural phenomenon with over 37% of the urban population in India lacking a safe and hygienic toilet as stated by WaterAid India (2017).

Open defaecation further deteriorates the social capital of the community where neighbouring households with access to better sanitation often ostracize these communities. Open defaecation also contributes to multiple health hazards, infections and issues which have an indelible effect of the health of the entire community.

Access to water is a basic necessity and is often the contributing factor behind settlements of distressed migrants. Most migrants seek locations with access to water and settle around these regions. Yet the quality, regularity and power dynamics between the migrants accessing the water and those controlling the water are far more complicated. Very often, water is of poor quality, and access to the water may involve long distances, long waiting lines and insufficient quantity. Households tend to store water which leads to further health issues such as breeding of mosquitoes. Most communities have not even heard of the concept of separate drinking water and consider having access to water in any form to be a blessing. Power dynamics also play a role with often one individual from outside the community controlling the water source and demanding extra payment, favours and the like in return. Most officials and/or private individuals who engage with these migrant communities also push back when it comes to any aspect of migrant permanence. Any facilities such as

piped water, sanitation facilities or even semi-permanent housing seem to be incentives to migrants to stay permanently and hence are vociferously opposed by the local communities and private players as well.

Housing for urban migrants remains an area of concern since most individuals make do with a roof over their head even if it is made up of torn tarpaulin sheets. Most communities have establishments made out of waste material available from junkyards. These are used and vacated at will and re-used with minor refurbishments by new occupants. Thus, one migrant family can come and occupy the hutment till they have a source of income and will vacate the same once they decide to move to more lucrative areas. Thereafter, a new family will occupy the same and make the necessary refurbishments to the hutment. If the households are on private land, then often, the migrants need to pay a small fee as per rent to the owner. Most such communities are squatter communities and find barren, unoccupied land to use. All of these aspects contribute to a lack of surety in housing and migrants remain vulnerable to eviction at any point.

Considering that these are illegal settlements and have no governmental validity, hence amenities such as access to piped water, access to electricity and access to public transport are not guaranteed. Most make do with temporary oil lamps and cheap battery-operated lights during the night and for doing household activities such as cooking. Cooking fuel remains an additional concern since these households do not have access to piped gas. Most of them use firewood for cooking inside matchbox-sized households and lead to a sharp increase in indoor air pollution. Similarly, waste disposal, especially of sanitary waste, is of major concern in such locations. Lack of basic sanitation, lack of hygiene, lack of clean water and a lack of access to health care, all contribute to increased susceptibility to diseases and health issues within these communities. In contrast to these findings, the Australian Government has reported a phenomenon called the 'healthy migrant effect' where migrants to Australia report better health considering they travel in search of better economic opportunities and also belong to an advanced economic background themselves (Smith, 2015). Yet, Larson, Bell, & Young (2004) found that with internal migration in Australia, the health of mature adults has become reduced and under risk for both shorter and long-distance internal mobility. Thus, in-migration from other global locations to Australia seems to show improved health, while in-migration from rural to urban Australia shows reduced health, especially among mature adults. In the case of India, though, poverty seems to be the critical focal point that changes the game for the migrants. Lack of access to health care in rural locations and improved access to health care in urban locations may be indicative of better health, but one also needs to account for poor working conditions and poor quality of life and their impact on overall health.

Healthcare Facilities

With the lack of planning for most migrant communities, urban healthcare facilities are often lacking in resources for them as well. In India, the healthcare delivery system operates under the door-to-door service persons named as the Accredited Social Health Activist (ASHA) and the Auxiliary Nurse and Midwife (ANM). These individuals are allocated based on the population survey of the area. This survey is conducted once in ten years in India and often leaves out the data regarding these distressed urban migrants. Hence, doorstep service is often missing to these communities. These include awareness regarding health and hygiene, basic maternal and child health and access to basic iron and calcium supplements for pregnant women. This is reflected in the article "Migrants to urban India: Need for public health action" written by Nitika, Nongkynrih, & Gupta (2014), where they find the poor level of health among pregnant women and decline in safe delivery care among them as well. As per the Government of India's National Family Health Survey in 2016, Udupi district recorded almost 98% of women having institutionalized births (G.). This data includes migrant population, but the costs for the same are much higher than the costs of birthing at government facilities. Most migrant communities do not have the required documents to avail of government services and hence have to depend on private services at higher costs in the region. This is reflected through their decisions to solve minor healthcare issues as well. Most migrant communities face 'time poverty' where one day of missing work means missing one day of wage. Hence, they prefer private and speedy services to free but delayed governmental services. All this further weakens their financial state and removes them from the web of governmental services and weakens the case for better public infrastructure. With a larger number of women choosing to deliver in institutions, there is a case for policymakers to allocate further resources and to develop the existing infrastructure. With the movement of patients to private services, this need remains unfulfilled.

Education Facilities

Most communities that have migrated to urban locations travel with children since urban locations have access to better education. In most urban schools, there is better regularity of teachers, of midday meals, there is better access to digital education, better energy and infrastructure as well as better sanitation facilities. The guarantee of a midday meal means that most students attend school frequently which is further ensured by the fact that with working parents, children have to be sent to school. The schools and Anganwadis (preschools in the India public education system) work well as institutions of education and health provision. Yet, since the economic burden is high, many youth enter work at a tender age, much below the legal age of 18 years and remain unable to finish their education. This impacts their capacity of better

prospects in future as well. This, coupled with a loss of skill from their traditional settings, leaves the youth unprepared for the changing markets.

Financial Facilities

Most financial institutions in rural locations are based on the security of social capital. With that being lost, financial securities remain undependable in the migrant urban setup. Improved access to banking means that better and more financially secure provisions are available, but the lack of documentation hinders the availing of services such as access to free medical facilities, access to insurance and access to financial inclusions. This is especially true for insurance-based requirements. Insurance in India is a social understanding rather than a financial concept with people depending on each other more than on institutions during crises. But with modern systems, this security net goes missing and coupled with the attitude of temporary residence that most migrants have, and insurance remains an oft-ignored issue. In rural locations, migrants can depend on their community for any emergencies. These could be medical/social and/or agricultural emergencies. It is noticed that rural communities often come together and support each other during times of duress. But in urban migrant locations, where families are in a state of constant flux, these social relationships and network do not have the time to be developed. As a result, families often have to depend only on themselves during emergencies.

Issues Regarding Migrant Safety and Security

Safety and security can be understood in multiple modes, from physical to mental security and safety. Most migrant communities do not have good social acceptance from their economically superior neighbouring communities and hence find themselves at a social disadvantage. With lack of access to sanitation facilities, most migrants need to venture out at the dead of night or early morning before sunrise to deserted areas where snakes and stray dogs abound which could attack if caught unawares. Women who are menstruating find this especially cumbersome and are often left with less opportunity to maintain hygiene leading to infections and health issues.

Security could also be assessed from a mental health perspective. In a situation where basic amenities are scarce, the mental health of migrants is an oft-overlooked area. This is an issue where similarities can be found with Australian counterparts, though in their case it is with external migrants. Schweitzer, Brough, Vromans, & Asic-Kobe, 2011 find that several symptoms of psychological distress and mental health issues in Burmese migrants. This of course is a larger humanitarian issue. Yet, India stands at a brink of such problems with mental health being a social stigmatized but critical element of the health care of all, especially of those who live in abominable

conditions and are lacking in safety and security. Virupaksha, Kumar and Nirmala in their article "Migration and mental health: An interface" found that cultural and linguistic barriers, belief in alternate treatments and the lack of documents lead to inhibition among migrant communities to seek health care.

Status of Women Migrants

The status of women in migrant communities is further degraded than their non-migrant counterparts. Studies have shown though there is increased participation in the labour force, decision-making still remains in the hands of the male members of the family. Women tend to perform more traditionally accepted roles which are also reflected in the Australian context. Ho, in her 2006 study, found that men and women experience migration differently and that women often face downward mobility in social status. Yet, in the Indian context, it is interesting to note that women's work in rural settings is largely not cash-rewarded and hence goes unaccounted. Their contribution to the care economy and to the household enterprise, whether agriculture or otherwise, is unacknowledged. A study conducted in the state of Odisha, India, finds that women continue to live life with compromises and with little inputs into their development even though they are employed (Mohapatra, 2012). In the Udupi region, women often come to urban locations after having lost their assets such as jewellery to moneylenders and rebuilding their assets which do not happen easily. As a result, their security is further reduced.

Approaches to Address Migrant Issues

Overlooking the reality of migration is a wasted approach since the search for better livelihood is natural to humankind. Politics often tend to give this basic need a nationalist/regional colour to curry favour with vote banks. Lack of documentation means that most migrants are not voters and therefore do not receive promises from any quarter. The last decade in regional and global politics has seen multiple leaders fighting electoral battles with the promises of curbing migration. As much as this seems to be the predominant dialogue, it is essential to accept that migration is an ongoing activity, and therefore, planning for it makes better governance than having a 'stick-our-heads-underground' approach. Policymakers, governments and leaders play a critical role in establishing resources for the migrant communities which then increases their acceptance in the host nation as well. Incidences of violence, lack of tolerance and unacceptance stem from the thought that resources belong to certain people, while the rest are outsiders and ensuring resource availability is one step to addressing this issue. There is an important role to be played by social workers and counsellors in enabling migrants to settle and recover from the process of migration itself. Social workers' services are critical to populations in flux since they provide

not just information, but also the means to acclimatize to new conditions. Counsellors provide the necessary mental support and ensure that the stress of uprooting one's entire life and moving to a new location does not hinder the mental health status of migrants. One often undervalues such services since the focus is always on economic upliftment rather than on holistic progress. Better awareness and policy inclusion of such services will enable migrants in varied locations to be better accepted, to settle in the new locations without hindrances and to be economically and socially productive.

Yet, critical in the development of all locations is the depth of understanding that migrants come in all shapes and sizes and that they belong to multiple spectrums, especially economically. So, while it is all good to talk about cultural protection and regional assimilation, there is a need to understand that there are millions across the globe that still live without access to basic amenities such as energy, water and health care. It is critical to remember that migration for livelihood ensures only economic development. Only when communities take responsibility for holistic development and acknowledge the rights of all individuals, can we truly claim to be ***a global village***.

References

Census, G. I. (2011). *Census 2011*. Retrieved from https://censusindia.gov.in/

Charles-Edwards, E., Bell, M., & Jim Cooper, A. B. (2018). Population shift: Understanding internal migration in Australia. Retrieved from https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by Subject/2071.0~2016~Main Features~Population Shift: Understanding Internal Migration in Australia~69

Falk, I. (2001). *Learning to manage change: Developing regional communities for a local-global millennium*. Retrieved from https://www.ncver.edu.au/__data/assets/file/0028/8884/part-one-local-global-context.pdf#page=9

GoI, M. of H. and F. W. (2016). *National Family Health Survey*. Retrieved from https://rchiips.org/nfhs/pdf/NFHS4/KA_FactSheet.pdf

Ho, C. (2006). Migration as feminisation? Chinese women's experiences of work and family in Australia. *Journal of Ethnic and Migration Studies, 32*(3), 497–514. https://doi.org/10.1080/1369183060055505 3

International Organization of Migration, U. N. (2020). *World migration report 2020*. Retrieved from https://publications.iom.int/system/files/pdf/wmr_2020.pdf

Larson, A., Bell, M., & Young, A. F. (2004). Clarifying the relationships between health and residential mobility. *Social Science and Medicine*, *59*(10 SPEC. ISS.), 2149–2160. https://doi.org/10.1016/j.socscimed.2004.03.015

Mahapatra, R. (2019). Farmers ageing, new generation disinterested: Who will grow our food? Retrieved December 5, 2019, from https://www.downtoearth.org.in/blog/agriculture/farmers-ageing-new-generation-disinterested-who-will-grow-our-food--65800

Ministry of Statistics and Programme Implementation. (2019). *Sector-wise contribution of GDP of India—StatisticsTimes.com*. Retrieved from https://statisticstimes.com/economy/sectorwise-gdp-contribution-of-india.php

Minsitry of Finance, G. (2018). Economic survey of India. In *2018*. Retrieved from https://www.indiabudget.gov.in/economicsurvey/.

Mohapatra, K. K. (2012). Women workers in informal sector in India: understanding the occupational vulnerability. In *International Journal of Humanities and Social Science* (Vol. 2). Retrieved from www.ijhssnet.com.

Nitika, A. L., Nongkynrih, B., & Gupta, S. (2014). Migrants to urban India: Need for public health action. *Indian Journal of Community Medicine, 39,* 73–75. https://doi.org/10.4103/0970-0218.132718

Schweitzer, R. D., Brough, M., Vromans, L., & Asic-Kobe, M. (2011). Mental health of newly arrived Burmese refugees in Australia: Contributions of pre-migration and post-migration experience. *Australian and New Zealand Journal of Psychiatry, 45*(4), 299–307. https://doi.org/10.3109/00048674.2010.543412

Sharma, K. (2017). India Economic Summit. *India Has 139 Million Internal Migrants. They Must Not Be Forgotten.* Retrieved from https://www.weforum.org/agenda/2017/10/india-has-139-million-internal-migrants-we-must-not-forget-them/.

Smith, L. (2015). *The health outcomes of migrants: a literature review*. Retrieved from https://migrationcouncil.org.au/wp-content/uploads/2016/06/2015_Smith.pdf.

Virupaksha, H. G., Kumar, A., & Nirmala, B. P. (2014). Migration and mental health: An interface. *Journal of Natural Science, Biology and Medicine, 5,* 233–239. https://doi.org/10.4103/0976-9668.136141

Wilson, K. (2019, June 5). *Immigration again a hot issue in Australia. china daily*. Retrieved from https://global.chinadaily.com.cn/a/201905/06/WS5ccf7b9ea3104842260b9eda.html.

Zarni, M., & Cowley, A. (2014). The slow-burning genocide of myanmar's Rohingya. *Pacific Rim Law & Policy Journal*, *23*. Retrieved from https://heinonline.org/HOL/Page?handle=hein.journals/pacrimlp23&id=705&div=&collection=

Chapter 17
Recent Developments in Criminal Justice Social Work in Australia and India: Critically Analysing This Emerging Area of Practice

Frank Darkwa Baffour, Mark David Chong, and Abraham P. Francis

Abstract The psychosocial issues posed by offenders, victims of crime and their respective families who have come into contact with the criminal justice system continue to escalate in quality and quantity around the world. As a result of this, the involvement of social workers in such criminal justice issues in developing (India) and developed (Australia) countries has expanded from mere supervisory enforcement to matters relating to the provision of welfare and the design as well as administering of rehabilitative treatment. This paper will therefore critically analyse the recent developments in this sector, initially tracing the history of criminal justice social work practice in both countries, examining their current practices, uncovering its influences and delineating the challenges faced by such practitioners. The paper will thereafter offer a range of possible measures that can be employed to facilitate the viability of criminal justice social work in these countries.

Keywords Criminal justice · Social work · Australia · India · Professional practice

Introduction

Since the inception of the profession in the nineteenth century, social workers have been present in the criminal justice system (Reamer, 2004), performing roles such as rehabilitation officers, probation and parole supervisors, counsellors, aftercare agents as well as seeking care for the other psychosocial needs of inmates and staff (Hay, 2019). However, in 1993, Gibelman and Schervish (1993) starkly pointed to the fact that the social work profession's presence in the criminal justice system globally was under threat and called for immediate stakeholders' intervention. Scholarly explanation that was given to account for this decline was that between 1960 to 1990,

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governments and mainstream communities across the world became increasingly intolerant over crime (Bernard, 1992). During this time, the criminal justice systems of many countries began to impose more incapacitative and deterrent punishment (Nagin, Cullen, & Jonson, 2009).

This worrying situation was exacerbated by the fact that during this period, social work academics and practitioners showed little interest in criminal justice matters—and this resulted in a reduced number of social work practitioners in the criminal justice system globally (Reamer, 2004). This, of course, flies in the face of reason, given that social work practitioners are trained to develop skill sets that are ideally suited to address the psychosocial needs of offenders and victims of crime, as well as that of their respective families who have come into contact with the criminal justice system. Increasingly, social workers are also becoming involved in advocacy, particularly in the human rights arena (Saunders, 2019), and this likewise is a valuable asset to have if one is practising in the criminal justice system. These are just some of the issues that will be further interrogated in this chapter, although the focus will be on what has been occurring in two jurisdictions, Australia, a developed country, and India, a developing nation.

To date, social workers' practice in the Indian criminal justice system has been primarily spearheaded by non-governmental organizations (NGOs), with little government support (Shaikh, 2019). Having said that, however, the imminent decision to transform the country's detention centres from prisons to correctional centres has attracted a great deal of interest from social work academics and practitioners as this may open up huge new vistas of opportunities for research, practice, policy and program development (Beulah & Ilango, 2019).

As for Australia, scholars such as Agllias (2004) and Martin (2001) during the early part of the 2000s questioned whether the inadequate social work practice in the country's criminal justice system was due to the social workers' deliberate attempt not to work in the justice system or whether their utility was not being recognized and sought after by the various agencies of the criminal justice system. However, over the last decade, the increasing provision of welfare services to offenders and victims of crime has resulted in many more social workers performing various functions within the criminal justice system but especially in correctional institutions all across Australia (Sheehen, 2016).

Thus, while not strictly a comparative study of criminal justice social work practice in Australia and India, this current paper however will attempt to uncover and analyse the emerging criminal justice social work practice trajectories of both of these countries, as well as highlighting the tangible benefits of encouraging and supporting greater social work involvement in this arena.

To that end, this paper is organized into four sections. The first section contextualizes the relevant issues by tracing the history of criminal justice social work practice in both Australia and India. The second section then proceeds to examine key emerging criminal justice roles increasingly played by social work practitioners. The third section will thereafter analyse the significant obstacles or challenges that the criminal justice social work sector faces. Finally, the fourth section will discuss

the possible ways for the social work profession to move forward and to flourish within the criminal justice system.

History of Criminal Justice Social Work

Criminal justice social work is a branch of the social work profession that works with offenders and victims of crime to ensure their wellbeing, while ensuring the rehabilitation and reformation of offenders in the criminal justice system in effort to prevent future offending and recidivism (Holtzhausen, 2016). This implies that, the involvement of social workers in the criminal justice system has become essential in countries efforts to reducing crime as well as addressing recidivism.

Australia: Social workers have played a major part in the criminal justice system of Australia since its professional beginnings in the twentieth century (Lawrence, 1965). Social workers were often employed as probation officers and aftercare agents or were involved in correctional counselling and supervision (Aglias, 2004). In fact, since 1951, social workers were deployed by the correctional services to supervise adults on probation, with the aim of ensuring that their welfare and rehabilitation needs would be met (Figgis, 1998). However, the introduction of a more punitive governmental policy against offenders from the 1960s to 1980s in most western countries including Australia saw many social workers lose interest in pursuing careers in the correctional services (Reamer, 2004). Aglias (2004) explained that this decreasing trend of social workers in the correctional services was due in part to the shift from a welfare and professional friendliness supervisory approach to dealing with offenders to one that was more strict and punitive-focused.

The 1990s, however, marked a resurgence of the social work profession within Australian correctional centres. This was because legislation such as the Crime Mental Impairment and Unfitness to Trial Act 1997 [CMIA] had been implemented to ensure that the welfare needs of mentally disordered offenders would be met over other objectives like deterrence, retribution and incapacitation. Before the introduction of the CMIA 1997, individual states, for example, Victoria, were still indefinitely detaining people who had been proven not guilty based on their mental health conditions prior to committing an offence (O'Donahoo & Simmonds, 2016).

From the late 1990s onwards, there has been a paradigm shift in correctional policy across Western liberal democracies, Australia included (Aglias, 2004; Reamer, 2004). This shift has resulted in a refocus on the welfare and rehabilitation needs of offenders as well as the welfare of victims. For example, the desire to address the mental health needs of offenders and victims has seen the emergence of forensic social workers in the correctional system of Australia during the past two decades (Sheehan, 2016). Consequently, to meet the demand of social workers in the correctional services, most Australian universities have introduced specialized social work education aimed at training practitioners to work in the correctional centres in the past decade (Sheehan, 2016).

India: The need for social workers in the correctional services of India started with a collaboration between the Ministry of Home Affairs and the Tata Institute of Social Sciences. The training of social workers specifically to be employed in the criminal justice sectors commenced with the introduction of a specialized program at the Tata Institute of Social Sciences in 1952 (Shaikh, 2019). During the period from 1947 to 1977 (often called the 'Golden Age of Corrections' in India), saw a steady effort by the central government to embark upon correctional reforms (Sinha, 2019). According to Sinha (2019), the central government's efforts to meet the welfare needs of the vulnerable segments of its population, including those incarcerated within detention centres, resulted in a demand for more people, including social workers, to be trained as correctional staff. This ultimately led to the setting up of the Academy of Prison and Correctional Administration in 1979.

Lamentably, the late 1980s saw a decline of government support for welfare services in India. This was as a result of the neoliberal reform that advocated the need for more private sector engagement in welfare and health services in India (Sinha, 2019). This, and the central government's decision to focus more on punishing the offender through incarceration (instead of rehabilitation and reformative correction), saw the decline of social workers being employed in the Indian correctional system (Beulah & Ilango, 2019). According to Beulah and Ilango (2019), the involvement of professional social workers in the Indian correctional system started gaining momentum again after 2002. This was partly due to the effort made by the Indian government to make the Ministry of Social Justice and Empowerment an autonomous institution in 2002 to be able to address social injustice among vulnerable groups including prison inmates (Sinha, 2019). This resulted in some state governments like Kerala, Delhi and Tamil Nadu, began posting trained social workers to their correctional centres so as to ensure that the rehabilitation and welfare needs of their inmates would be met, as well as to act as liaisons between prison officers and the inmates, and between the inmates and their families.

Key Emerging Criminal Justice Roles Increasingly Played by Social Work Practitioners

As previously stated, more recent governmental policies in Australia and India have sought to ensure that criminal justice interventions more effectively address the legitimate needs of the offender (welfare and rehabilitative), victim (restoration and safety) and the community at large (restoration and safety) (Beulah & Ilango, 2019; Ruffles, 2010). To achieve these aims, the role of the social worker has been acknowledged as being invaluable to such endeavours. Some of the key emerging criminal justice roles increasingly played social work practitioners in Australia and India will be outlined below.

Australia: In Australia, many criminal justice social workers are deployed in the areas of forensic mental health (O'Donahoo & Simmonds, 2016; Sheehan, 2016), designing welfare and/or treatment programs that have been tailored to the different mental health needs of prison inmates, and victims of crime, respectively (Martin, 2001). Criminal justice social workers have also been involving themselves in advocacy and report writing (social inquiry and post-release reports) endeavours as well (Agllias, 2004). Outside the physical confines of the correctional facilities, social workers are also actively helping victims as well as the family members of their incarcerated mandated clients to rebuild their lives through the provision of psychosocial support (Dawson, Jacson, & Nyamathi, 2012). Additionally, social workers are increasingly taking on case management duties within community corrections (probation and parole) so as to more effectively assist offenders to rehabilitate and reintegrate back into their communities (Blackmore, Agllias, Howard, & McCarthy, 2019). According to the Government of South Australia (2019), social workers are the backbone of rehabilitation in the correctional centres. This is because they play a major role in the design and implementation of fine-grained offender treatment interventions (both institutionally and within communities). They also conduct assessments of at-risk inmates and work towards implanting programs that will address criminogenic factors that may influence their return to criminal activities post-prison. Additionally, the role of the social worker in ensuring that offenders on community service dispositions comply with court directed sanctions is invaluable (Government of South Australia, 2019). These roles are explained in more detail below:

Case managers: Social workers have traditionally taken on probation and parole supervision roles within the community. However, increasing, their roles in this space are going beyond mere supervision to that of case management (Aglias, 2004). In their role as probation and parole case managers, they now have to design interventions that are aimed at rehabilitating offenders and ensuring that they become law abiding citizens and are contributing to the development of their respective communities (Schaefer & Williamson, 2018). Additionally, social workers also work with inmates within institutional settings as case managers to design treatment interventions aimed at reducing recidivism, as they seek to turn nonconforming behaviours to socially acceptable behaviours, while they are still incarcerated (Aglias, 2004). Other similar case management roles performed by criminal justice social workers include designing drug treatment programs and helping mandated clients placed under compulsory drug treatment programs to address their drug-dependant problems (Birgden 2008). According to Aglias (2004), the social workers' expertise in engaging one-on-one with the inmates potentially increases the effective of such interventions to instil prosocial behaviours in their mandated clients so as to prepare them for successful community reintegration.

Forensic mental health: Such social workers see to the treatment and welfare of individuals suffering from mental health complications and at the same time in conflict with the laws after committing an offence with no intent, due to their psychological/psychiatric conditions. In this setting, the social worker seeks to ensure that their clients receive social justice, welfare and mental health treatment. To achieve

this, forensic mental health social workers provide input to the court by getting judges and lawyers (prosecutors and defence counsel) to consider the psychological and environmental circumstances that might have contributed to the accused person's (or convicted person's) criminal behaviour (Sheehan, 2016). Social workers do this by conducting social enquiries about the relevant individual and thereafter produce reports that are then presented to the courts for adjudication. In most states in Australia, for example, Victoria, social workers work with mandated patients immediately after arrest through to when a release order is completed (Victoria Institute of Forensic Mental Health [VIFMH], 2013). As part of this role, the forensic mental health social worker also assists such mandated custodial supervised patients (at the latter's request) to apply for special leave, on-ground leave, limited off-ground leave and extended leave, although interestingly, the former also assists Forensic Panel or court in deciding such leave should be granted or not (VIFMH, 2013). Once on leave, whether on extended leave on even on a release order, forensic mental health social workers are also called to supervise these mandated patients. These criminal justice social workers do all of this so as to ensure that the interests of their mandated client are prioritized without compromising the security of the community and state-at-large.

Child protection: Social workers are also increasingly employed in child protection cases (Sheehan, 2016). While the practice of child protection is broad and covers the protection of children who are victims of abuse and maltreatment, children whose parents or primary carers are institutionalized in correctional facilities are another area of practice that has gained considerable attention in the two and half decades (Gilbert, Parton, & Skivenes, 2011). Prevailing studies that have been conducted in the area of child protection in Australia have demonstrated the importance of social workers in practice, advocacy and policy implementation (Gillingham, 2016; Tilbury, Hughes, Gigby & Osmond, 2017). Within this practice space, criminal justice social workers work with the court and child protection service to ensure the welfare of children whose parents are receiving correction or rehabilitation in the country's prisons and other detention centres (Flynn, Naylor, & Arias, 2016; Gilbert et al., 2011). As part of their responsibilities, social workers act in the best interest of the child by designing tailored-to-fit interventions aimed at ensuring the wellbeing and proper upbringing of the child (Berlyn, Bromfield, & Lamont, 2011), while their parent/s are serving terms in the correctional centre.

India: Even though criminal justice social work is still in its infancy stage in India, there are nevertheless a range of tasks that are performed by the relatively few social workers who are involved in the correctional system. A recent study by Sinha (2019) outlined these roles played by social workers in the Indian correctional centre, and they included "… police social work, social investigation reports, court social work services, supervision, probation, community work, drug deaddiction work, prison social work, parole board, through care, aftercare, public safety and community protection, and assisting victims of crime and their families" (Sinha, 2019, p. 27). These important functions that criminal justice social workers play were further reiterated in Chong, Francis and Forbes's (2019) study that sought to promote criminal

justice social work in India. In addition to liaising between inmates and their relatives, criminal justice social workers were involved in counselling, rehabilitating and supervising inmates on diversionary dispositions (Sinha, 2019).

A study conducted by Beulah and Ilango (2019) reported that the social work profession is gradually gaining ground in the country's correctional centres. The authors highlighted the important role played by the social workers in liaising between prison administrators/staff and the inmates and their families (Beulah & Ilango, 2019). This function is particularly significant because most of the times there is considerable tension between correctional officers and inmates, and this unfortunately decreases the effectiveness of many rehabilitation and therapeutic programs (Boudoukha, Altintas, Rusinek, Fantini-Hauwel, & Hautekeete, 2013). Criminal justice social workers in India carry out such functions in both adult jails and prisons, as well in youth detention centres, including borstal homes (Sinha, 2019).

Challenges Faced by the Criminal Justice Social Work Sector

As the previous section has shown, the roles conducted by criminal justice social workers were not only varied but also often quite daunting—emotionally, mentally and physically—given the criminally mandated status of their clients, as well as the vulnerable conditions of their victims of crime. Many of these challenges are structural in nature due to the type of work conducted in the criminal justice system, for example, suffering from burnout due to job stress caused by excessive workloads, the tragic nature of such work that usually involves vicariously experiencing the pain, trauma and suffering that many offenders, victims of crime and their respective families suffer from inadequate or insufficient training, inadequate government support and/or resources (Chong, 2018), as well as the insider–outsider issue in service provision (Blackmore, Agllias Howard, & McCarthy, 2019), among others.

In Australia, one of the main challenges confronting criminal justice social work practice is employee burnout. As a consequence, this has led to high employee turnover, which has been reported to be caused by high caseloads (Gillingham, 2016). Gillingham (2016) further reported that social workers who may have been open to the prospect of working in the criminal justice system found it to be overly demanded and stressful, which led them to consider working in alternative institutions. As a result, criminal justice social workers who were employed would then have more duties and cases to manage due to this shortage of manpower.

Another major challenge confronting the practice of criminal justice social work in Australia is training. This problem emanates from the lack of interest by universities in Australia to offer subjects and/or disciplines that will be aimed at training students exclusively as criminal justice social workers. After scanning through the courses offered by the 43 universities in Australia, only three of these tertiary institutions offered a related program, but even these degrees do not have as their sole focus the preparation of their students to becoming criminal justice social workers. For

example, at the University of the Sunshine Coast, there is a joint bachelors' degree in 'Social Work' and 'Criminology and Justice'. At the Western Sydney University, there is a degree on 'Criminology and Community Justice', and at the University of New South Wales, there is on offer a programme entitled: 'Social Work (Honours)—Criminology and Criminal Justice, Bachelor'.

In a recent study by Blackmore et al. (2019), the issue of 'insider–outsider provision of services' was raised. According to the authors (Blackmore et al. 2019), social workers who served clients who were of Aboriginal and/or Torres Strait Islander backgrounds were considered to be "outsiders" because of their non-Indigenous ethnicity. Due to this "outsider" status, these social workers faced considerable challenges as they were confronted with accomplishing the often difficult task of following standard social work protocols while ensuring that they likewise performed these duties in a culturally appropriate and tradition-sensitive way. Sometimes, the difficulties in achieving this balance affect the professional relationship between service provider and client and create hurt feelings as well as stresses and strains for the social worker to resolve. According to Blackmore et al. (2019), many non-Indigenous practitioners who have been assigned this "outsider" status encounter resistance from their clients and their families, particularly the parents of their youth clients. This 'insider–outsider' issue is particularly relevant to criminal justice social work practice because sadly, Indigenous Australians are overrepresented in the criminal justice system of Australia (Hage & Fellows, 2018; Wallis & Chrzanowski, 2015), and hence poses a real and practical challenge that needs to be effectively addressed so as to ensure that efforts to rehabilitate and reform these mandated clients will not be compromised.

Likewise, in India, research findings have demonstrated that criminal justice social workers face countless challenges when attempting to provide effective service delivery. For example, Sinha (2019) reported that the Indian socio-legal structures do not create a conducive environment for effective practice of criminal justice social work. Sinha (2019) explained that there is no clear definition of the role of the social worker in the Indian criminal court system—the reports of the social worker are barely considered, as the views and discretions of the judge or magistrate supersede that of the social worker. This is coupled by the apparent ethical dilemma that practising criminal justice social work will somehow compromise their profession's caring and empathetic ethos as well as its principles of social justice and human rights (Chong & Francis, 2017) due to the control, correction and compliance nature of the criminal justice system (Clark, 2013).

According to Sinha (2019), training and education in criminal justice social work is also inadequate in India. Sinha argued that:

> [f]or CJSW [Criminal Justice Social Work] to reach its fullest potential, it requires rigorous academic training with field-based education and research. In other words, CJSW curricula should focus both on aspects of criminality and society's reactions to criminality through systems of criminal justice as well as on the structures of oppression. (2019, p. 32)

The findings of Sinha's (2019) study demonstrated that even though tertiary schools such as the Tata Institute of Social Sciences, Maharaja Sayajirao University, Indira Gandhi National Open University, among others, offer programs in criminal justice social work, many however did not include a more rigorous criminal justice fieldwork practice or practicum to their curriculum. Sinha lamented that this:

> … disengagement of social work from the CJS is apparent by the fact that most social work programs do not offer a comprehensive and substantive curriculum in criminal justice or corrections. The disengagement has shrunk the understanding of CJSW in India and unfortunately led to the gradual decline of this sector within social work. (2019, p. 35)

Chong et al. (2019) also noted that the criminal justice social work practice in the Indian correctional system has received little attention and support from the government. This was confirmed by other Indian scholars who opined that state and central/union governments' support for social work education and practice specifically in the correctional centres have been minimal (Sinha, 2019; Shaik, 2019). Inadequate funding and delay in the disbursement of those already limited funds to improve service delivery negatively impacts upon the efficiency of these criminal justice social workers. In such an environment, where low morale among these practitioners is common, attempting to encourage new recruits from the recently graduated cohorts of social work students will be even more challenging, thereby putting immense pressure on the limited numbers who are already employed in the criminal justice system.

Way Forward: Improving the Viability of Criminal Justice Social Work Practice

It is worth acknowledging that during the last five years there has been great strides taken by scholars to improve criminal justice social work education, and that this will eventually improve professional practice in both Australia and India. In India for instance, this period has seen the publication of a special issue in the International Journal of Criminal Justice Science (Chong, Francis, & Forbes, 2019), and a scholarly book (Chong & Francis, 2017) that sought to sensitize and demystify criminal justice social work education and practice in India. Nevertheless, given its relative infancy in India and Australia (Chong & Fellows, 2014), there is room for improvement and this present chapter, and in particular, this section, will seek to provide some guidance on how that aim may be achieved. To that end, five measures will be proposed: (1) concentrate on, and build expertise in, community corrections; (2) adopt a strengths-based approach to servicing mandated clients who have been given community corrections orders; (3) improve social workers' knowledge and skills in advocacy so as to better engage institutional stakeholders within the criminal justice system; (4) introduce specialized tertiary level education and practical industry training in criminal justice social work; and (5) address the insider–outsider issue through: (a) encouraging more social work students from Aboriginal

and Torres Strait Island backgrounds to enrol in specialist criminal justice social work programs; and (b) requiring non-Indigenous practitioners to undergo ongoing tailored cultural-awareness in-service programs on a regular basis.

According to Croall (2006), the overreliance on deterrence and retributive-based policies led to mass incarceration in Scotland, as well as in many other Western liberal countries—what White and Perrone (2018) have described as an incapacitated policy of "warehousing"—without there being a significant drop in recidivism rates post-release. As a result of custodial sentences failing to ameliorate the crime problem as well as the significant cost of building and maintaining correctional facilities, many of these same countries [especially where the anti-prison Justice Reinvestment Movement took hold (Austin & Coventry, 2014)], and in particular Scotland, were now turning to mass supervision within the community (Croall, 2006). The implementation of mass supervision policies, for example, through probation, parole, community service orders, intensive supervision orders and so on, are ideal dispositions for criminal justice social workers to be involved in, especially if the rehabilitative focus can be welfare-oriented (Croall, 2006). This is because there is greater latitude for social workers to adopt a more caring and empathetic approach to their service delivery given that the control–correction–compliance nature of the criminal justice system (Clark, 2013) is arguably more attenuated in community corrections than it is in Foucauldian 'total institutions' like prisons (Chong, Fellows, Jose, Francis, & Williams, 2017, p. 53).

This greater latitude would also be fertile ground for criminal justice social workers to expand upon what Francis and Chong (2015) had initially argued for in relation to mentally ill offenders—that social workers who are well versed in Strengths-Based Practice could potentially augment the control–correction–compliance framework normally embedded within community corrections (albeit in a relatively less intensive way) with one that is premised on: (1) a "… climate of guided self-healing" (where the offender's own strengths are enhanced so as to facilitate the metaphorical "body" to heal itself of its illnesses)"; (2) a "compassionate approach" to practice (where positive action on the part of the criminal justice practitioner is driven by a strong sense of empathy, and a desire to share in the suffering of the client)"; and (3) "… an unwavering "commitment to such self-healing and compassion" (p. 95). Resistance to such an augmented approach should be expected but as Francis and Chong (2015) made clear:

> [w]hile this endeavour to reform the criminal justice system can certainly be viewed as an in surmountable challenge, we, however, see this as an opportunity to embrace a more fully humanistic approach over the current coercive and deficit-oriented models of social control. In this regard, the dignity of our humanity is reinforced if the criminal justice system allows for an enforcement of our human rights …, an approach that is entirely consistent and complementary with the strengths-based paradigm. (p. 95)

The comprehensive practice of educating and training social workers to work in the criminal justice system has achieved great success in Scotland (Scottish Government, n.d.). Such successes would not have been possible without the full commitment of the government and other key criminal justice stakeholders. Consequently, social

workers, particularly during their tertiary studies, in Australia and India must develop the skills to better engage and garner support from these criminal justice stakeholders so that similar levels of material resources and political will, akin to that seen in the United States, Canada and Scotland, be accessed as well (Chong & Fellows, 2014). One way to achieve this is through being trained in advocacy. The use of advocacy by social workers can be employed at two different levels—micro and macro. At the micro-level:

> …, resource acquisition goes beyond scheduling clients for other agency services and working with the income maintenance system. The role of case manager is often described as one of "advocacy," in which the case manager works with the client to define needs, and then works with community resources to achieve fulfilment of those needs. (Rapp & Wintersteen, 1989, pp. 25–26)

As for macro-level advocacy, Agllias explained that "[b]y its nature social work is a political activity, committed to addressing social justice issues through policy reform at an institutional and societal level" (2004, p. 338). To that end, criminal justice social workers should likewise be educated and trained in policy development work, which would encompass being able to: (1) critically analyse and challenge government policies that negatively impact upon the human rights and welfare needs of their clients, be they, offenders, victims of crime and/or their respective families; (2) develop and initiate policies that will open up new sources and/or increase access to existing sources, of support and social service networks for their clients as well carer families; (3) act as a channel for their clients (i.e. offenders, victims of crime and their respective families), who may have little social capital, to articulate their concerns to policymakers and (4) ensure that core values and policies that privilege: (a) the clients' strengths rather than deficits; (b) empathy; (c) compassion; (d) safety of the community—are effectively implemented into practice [as adapted and expanded upon by the present authors from the work of Agllias (2004, pp. 338–339)].

As previously discussed, the lack of specialized tertiary level education and practical industry training are significant challenges confronting criminal justice social work practice in India and Australia. Consequently, there is an urgent need for these governments and other relevant stakeholders, particularly the universities, to address these issues by introducing industry-oriented programs that will exclusively train and prepare social work students and practitioners to face the relevant criminal justice tasks ahead of them. Given the dilemma and challenging nature of criminal justice social work practice (Grant, 2017) effective and timely training of future practitioners are vital. This is not at all a radical proposition as universities and other similar institutions having been doing this over the years in relation to medical social work, childcare, community social work and gerontology.

As for addressing the insider–outsider issue outlined earlier, social work students from Aboriginal and Torres Strait Island backgrounds should be actively and institutionally encouraged to enrol in these specialist criminal justice social work programs proposed in the previous paragraph, so as to help them develop a strong interest in working in the criminal justice sector. Such institutional encouragement can take the form of scholarships, school trips and guided tours to the various criminal justice

agencies and facilities, criminal justice recruitment talks, criminal justice practitioner introductory workshops and so on. Additionally, non-Indigenous practitioners should undergo ongoing cultural-awareness in-service programs on a regular basis. Furthermore, these types of ongoing courses should be tailored to suit the specific cultures of the practitioners' clients. This is a particularly important point given that there are many different Indigenous and Torres Strait Islander nations in Australia, each with a potentially distinct language, as well as set of customs, traditions and norms.

Conclusion

It is arguable that the need for a large and highly trained cohort of criminal justice social workers in Australia and India has been fuelled to a large extent by a public policy shift from mass incarceration to mass supervision within the community. There is also a greater acknowledgement among policymakers that prisons are expensive to build and upkeep, and that its use has not resulted in a significant decrease in recidivism rates post-release. This, and other factors discussed earlier, has resulted in the realization that social workers, who have been competently trained in criminology and criminal justice practices, are ideally suited to make significant positive differences in the lives of offenders, victims of crime and their respective families. Consequently, it would behove the criminal justice agencies, and universities of both of these countries to think deeply about this, often overlooked, manpower resource of strengths-based, empathetic and community-safety oriented social work practitioners and tertiary students. While there are, of course, numerous challenges that have to be overcome, this chapter has proposed a range of possible solutions that can facilitate the viability of a competent criminal justice social work sector, and they include practical and implementable measures like: concentrating on, and building expertise in, community corrections; adopting a strengths-based approach to servicing mandated clients on community corrections orders; improving social workers' knowledge and skills in advocacy; introducing specialized tertiary level education and practical industry training in criminal justice social work and finally addressing the insider–outsider issue through encouraging more Aboriginal and Torres Strait Island social work students to enrol in specialist criminal justice social work programs and to put in place ongoing tailored cultural-awareness in-service programs for non-Indigenous criminal justice social work practitioners.

References

Agllias, K. (2004). Women in corrections: A call to social work. *Australian Social Work, 57*(4), 331–342.

Austin, J., & Coventry, G. (2014). A critical analysis of justice reinvestment in the United States and Australia. *Victims & Offenders: An International Journal of Evidence-based Research, Policy, and Practice*, *9*(1), 126–148.

Berlyn, C., Bromfield, L., & Lamont, A. (2011). *Child protection and Aboriginal and Torres Strait islander children.* Melbourne: Australian Institute of Family Studies.

Bernard, T. (1992). *The Cycle of Juvenile Justice.* New York: Oxford University Press.

Beulah, E., & Ilango, P. (2019). The status and scope of professional social work in India correctional setting. *International Journal of Criminal Justice Science, 14*(1), 39–55.

Blackmore, T., Agllias, K., Howard, A., & McCarthy, S. (2019). The service system challenges of work with juvenile justice involved young people in the Hunter Region Australia. *Australian Journal of Social Issues, 54*(3), 341–356.

Birgden, A. (2008). A compulsory drug treatment program for offenders in Australia: Therapeutic jurisprudence implications. *Thomas Jefferson Law Review, 30*(2), 367–389.

Boudoukha, A. H., Altintas, E., Rusinek, S., Fantini-Hauwel, C., & Hautekeete, M. (2013). Inmates-to-staff assaults, PTSD and burnout: Profiles of risk and vulnerability. *Journal of Interpersonal Violence, 28*(11), 2332–2350.

Chong, M. D. (2018). Humanistic education for the future 'crime fighters.' *International Journal of Criminal Justice Sciences, 13*(1), 10–28.

Chong, M. D., & Fellows, J. D. (2014). Crime and mental health: Implications for social work practice. In A. Francis (Ed.), *Social work practice in mental health: Contexts and theories for practice* (pp. 182–204). New Delhi, India: Sage Publications.

Chong, M. D., Fellows, J., Jose, S., Francis, A. P., & Williams, K.-A. (2017). The prevalence of mental illness within the Indian criminal justice system. In M. D. Chong & A. P. Francis (Eds.), *Demystifying criminal justice social work in India* (pp. 50–81). New Delhi, India: SAGE Publications.

Chong, M. D., & Francis, A. P. (Eds.). (2017). *Demystifying criminal justice social work in India.* New Delhi, India: SAGE Publications.

Chong, M. D., Francis, A. P., & Fobes, A. (2019). Prioritising criminal justice social work in India: A clarion call to action. *International Journal of Criminal Justice Science, 14*(1), 1–8.

Clark, M. D. (2013). The strengths perspective in criminal justice. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (6th ed., pp. 129–148). USA: Pearson Education Inc.

Croall, H. (2006). Criminal justice in post-devolutionary Scotland. *Critical Social Policy, 26*(3), 587–607.

Dawson, A., Jacson, D., & Nyamathi, A. (2012). Children of incarcerated paprent: Insights to addressing a growing public health concern in Australia. *Children and Youth Services Review, 34,* 2433–2441.

Figgis, H. (1998). *Probation: An overview.* Briefing Pper No 21/98. NSW Parliamentary Library Research Service.

Flynn, C., Naylor, B. M., & Arias, P. F. (2016). Responding to the needs of children of parents arrested in Victoria, Australia. The role of the adult criminal justice system. *Australian & New Zealand Journal of Criminology, 49*(3), 351–369.

Francis, A., & Chong, M. D. (2015). Application of strengths-based principles in addressing mental health issues in the criminal justice system. In A. Francis, P. L. Rosa, L. Sankaran, & S. P. Rajeev (Eds.), *Social work practice in mental health: Cross-cultural perspectives* (pp. 90–102). New Delhi, India: Allied Publishers.

Gibelman, M., & Schervish, P. (1993). *Who We Are: The Social Work Labor Force as Reflected in NASW Membership.* Washington, DC: NASW Press.

Gilbert, N., Parton, N., & Skivenes, M. (2011). *Child protection systems: International Trends and Orientations.* Oxford University Press.

Gilbert, N., Parton, N., & Skivenes, M. (Eds.) (2011). *International policy exchange series*. Child protection systems: International trends and orientations. Oxford University Press.
Gillingham, P. (2016). Social work and child protection in Australia: Whose job is it anyway? *Practice, 28*(2), 83–96. https://doi.org/10.1080/09503153.2015.1074670.
Government of South Australia. (2019). *Social workers: Helping identify needs and assist with referrals to support service.* Retrieved from: https://www.corrections.sa.gov.au.
Grant, S. (2017). Learning on the job? Exploring first-year experiences of newly-qualified criminal justice social workers in Scotland. *Probation Journal, 64*(1), 33–49.
Hage, T., & Fellows, J. (2018). Combatting over-representation of indigenous youth in the Queensland criminal justice system through 'justice reinvestment. *James Cook University Law Review, 24,* 147–168.
Hay, J. (2019). 'Care is not a dirty word!' Enacting an ethic of care in social work practice. *European Journal of Social Work, 22*(3), 365–375. https://doi.org/10.1080/13691457.2017.1399253
Holtzhausen, L. (2016). Will the real social worker please stand up? Defining criminal justice social work. *South African Crime Quarterly, 37*, 27–32. https://doi.org/10.17159/2413-3108/2011/v0i37a856.
Lawrence, R. J. (1965). *Professional social work in Australia.* Canberra: Australian National University.
Martin, J. (2001). Social work direct practice with women prisoners. *Australian Social Work, 54*(2), 37–45. https://doi.org/10.1080/03124070108414322.
Nagin, D. S., Cullen, F. T., & Jonson, C. L. (2009). Imprisonment and Reoffending. *Crime and Justice, 38*, 115–200.
O'Donahoo, J., & Simmonds, J. G. (2016). Forensic patients and forensic mental health in Victoria: Legal context, clinical pathways, and practice challenges. *Australian Social Work, 69*(2), 169–180. https://doi.org/10.1080/0312407X.2015.1126750
Rapp, C. A., & Wintersteen, R. (1989). The strengths model of case management: Results from twelve demonstrations. *Psychosocial Rehabilitation Journal, 12,* 23–32.
Ruffles, J. (2010). *The management of forensic patients in Victoria: The more things change, the more they remain the same*. Unpublished doctoral thesis. Monash University, Clayton, Victoria.
Reamer, F. G. (2004). Social work and criminal justice. *Journal of Religion & Spirituality in Social Work: Social Thought, 23*(1–2), 213–231.
Saunders, J. B. (2019). Children's human rights and social work advocacy: "Lawful correction." *Australian Social Work, 72*(4), 490–502. https://doi.org/10.1080/0312407X.2019.1590611.
Schaefer, L., & Williamson, H. (2018). Probation and parole officers' compliance with case management tools: Professional discretion and override. *International Journal of Offender Therapy and Comparative Criminology, 62*(14), 4565–4584.
Scottish Government. (n.d.). *Criminal justice social work services in Scotland*. Cat. No. 16910. Scotland: Scottish Government.
Shaikh, R. (2019). Coming of age of criminal justice social work in India. *International Journal of Criminal Justice Sciences, 14*(1), 9–21.
Sheehan, R. (2016). Forensic social work: Implementing specialist social work education. *Journal of Social Work, 16*(6), 726–741.
Sinha, R. (2019). Criminal justice social work education and practice in India. *International Journal of Criminal Justice Sciences, 14*(1), 22–38.
Tilbury, C., Hughes, M., Gigby, C., & Osmond, J. (2017). Social work research in the child protection field in Australia. *British Journal of Social Work, 47*(1), 256–274.
Victorian Institute of Forensic Mental Health. (2013). *Victorian law reform commission—Review of the crimes (Mental Impairment and Unfitness to be Tried) Act 1997 (Vic).* Fairfield, Victoria: Submission by the Victorian Institute of Forensic Mental Health.

Wallis, R., & Chrzanowski, A. (2015). Addressing indigenous over-representation in the Australian criminal justice system: Some thoughts about the role of legal institutions as stewards of a complex system. *Pandora's Box*, 37–47.

White, R., & Perrone, S. (2018). *Crime, criminality and criminal justice* (2nd ed.). Melbourne: Oxford University Press.

Chapter 18
Gerontological Social Work Practice in Mental Health—A Comparative Analysis Between India and Australia

P. Udhayakumar and Ilango Ponnuswami

Abstract Old age is an unavoidable phenomenon in the human life cycle. The aging population is exponentially rising across the globe due to the remarkable progress that society has made in terms of increased life expectancy. Around the world, there is an increasing number of older people who need a variety of human services. As the world population ages, the number of older people with mental illness will increase. The mental health problems among older persons are rising globally as well as in India and Australia due to the demographic shift in the aging population. In spite of the growing incidence and prevalence of mental disorders among older persons, more attention is been paid to the mental health issues among the younger population in terms of treatment and research. Besides, there is a dearth in the literature relating to innovative approaches and the application of gerontological social work practice in geriatric health care in India and Australia. Further, the richness of gerontological social work has always been challenged and underestimated by health professionals and policy-makers in both developing and developed countries. This article attempts to cross-compare the gerontological social work practice in the field of mental health in India and Australia. The burden of geriatric mental health and utilization of mental health services between these two countries are also discussed.

Keywords Old age · Aging · Mental health · Mental illness · Gerontology · Social work

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Demographic Profile of the Elderly in India and Australia

According to the 2011 national census, the total Indian population was 1.22 billion and is expected to surpass 1.4 billion by 2030. The average life expectancy at birth is 69.8 years, and at present, India is in the course of demographic shift where there is a decline in mortality rate which has expanded the life expectancy (Government of India, 2011). The elderly population share 7.1% of the total Indian population in 2001, and it is expected to rise to more than 10% in 2021 (Rajan, 2003). Life expectancy at age 60 is 18 years for women and 16 for men (Registrar, 2011). The unexpected leap of demographic aging brands geriatric mental health a huge public health challenge for India (Bartels et al., 2002). According to NSSO (2006), two-third of the Indian population resides in rural areas in which three-fourth of the older persons reside in a rural background. As for as the health status of the elders is concern, the Indian elders were graded lowermost among 91 countries (Global Age Watch Index, 2013). India's geriatric population will increase in the years ahead (Magnus, 2012). The scope of geriatric mental health differs from other areas of mental health as geriatric populations have unique needs, thereby fostering many challenges (Patel & Prince, 2001). Lack of trained professionals, insufficient geriatric mental health infrastructure and inadequacy of financial resources for geriatric mental health are some of the challenges that India faces (Prince, Livingston, & Katona, 2007). Besides, the proportion of old age dependency in India has increased the lack of social security and health programmes (NSSO, 2006). significantly due to

In Australia, the proportion of older people aged 65 years and above constitutes 13% nearly 20 million, which is projected to rise to 26%–28% by 2051 (Australian Bureau of Statistics, 2009). The life expectancy of Australians is 79 years for men and 84 years for women (Australian Institute of Health and Welfare, 2006). The indigenous population residing in the rural parts of Australia has less life expectancy compared to the non-indigenous population owing to low economic status, health and unhealthy life practices (Pink & Allbon, 2008). According to the Productivity Commission (2011) increase in the aging community leads to strain in the health system. Health and aged care costs are the major challenges in caring for older persons in Australia. Australian healthcare expenditure has steadily increased from 6.4% of GDP in 1976 to 8.3% in 1997–98, and in 2021, it is expected to reach 9.5%. The health services delivered by the State and Territory Governments are funded by Commonwealth and State and Territory Governments (Stevenson et al., 2000). Though 12% of the population is 65 years and above, 35% of the total expenditure is utilized for the old age health services in Australia.

Burden of Geriatric Mental Health Problems Faced by the Elderly

Geriatric mental health problems account for 13% of the global burden of diseases (UNPF, 2017). As the world population ages, the number of older people with mental illness will increase. The proportion of people with mental illness in old age will be increasing disproportionally faster than the population as a whole for several reasons like the stigma against mental illness is going down, people are living longer which allows developing new mental illness, and at present, older people with mental illness have shorter life span than the population as whole because people with geriatric mental health problems don't receive adequate health care and as the overall quality of health care improves those people will live longer. Mental illnesses in late life add to significant morbidity. Mental health issues in the old age period could be due to the onset of psychiatric disorders in early life or above the age of 60 years (Girdhar, Sethi, Vaid, & Khurana, 2019). Elderly patients diagnosed with mental health problems like anxiety and depression are tend to experience other physical symptoms (Biering, 2019). The risk factors associated with depression are poor socio-economic conditions and social isolation (Copeland et al., 2004). Depression is also closely associated with suicide ideation among the old age (Pfaff & Almeida, 2005; Scocco & De Leo, 2002). Generalized anxiety disorder is also one of the causative factors associated with suicidal ideation among older adults (Forsell et al., 1997). Depression and anxiety disorders appear to influence the risk of suicidal ideations (Corna, Cairney, & Streiner, 2010). Epidemiological studies state that the prevalence of dementia is a public health crisis that affects almost 47.5 million people across the globe and its number is expected to escalate in the following years. The prevalence of dementia is high in developed countries (Prince & Jackson, 2009) which leads to disability in the elderly population. The healthcare cost for people with dementia is projected to be US$ 1521 yearly in low-income countries (Prince & Jackson, 2009). Older persons with mental illness also face other challenges like physical ailments and social isolation (Cohen, 2008).

Burden of Geriatric Mental Health in India and Australia

According to UNFP (2017), during 2014, the prevalence of acute morbidity increased from 30% in the age group 60–69 years and 37% for the 80-plus group in India. The encumbrance of mental disorders' morbidities is progressing in the Indian elderly due to aging of the brain, difficulties linked with physical health, cerebral pathology and socio-economic factors such as disruption of the family support systems, social segregation and decline in economic independence (Guha, 1994). Das, Pal, and Ghosal (2012) reported that dementia is the most common neuropsychiatric illness and depression is a major contributor to infirmity in people above 60 years of age. Epidemiological studies state that the prevalence of dementia above the age of

85 years in India ranges from 18 to 38% and those with greater than 90 years range from 28 to 44% (Kalaria et al., 2008). In 2010, there were 3.7 million Indians with dementia and the total societal costs is about 14,700 crores, and numbers are expected to double by 2030 (Shaji et al., 2010). In India, the proportion of depression in older adults is 18.2% (Barua, Ghosh, Kar, & Basilio, 2011). In clinic-based samples, the incidence of depression ranged from 42.4 to 72% (Grover & Malhotra, 2015). Other than psychiatric disorders, a significant percentage of older adults face neglect, negatively expressed emotions and abuse (Skirbekk & James, 2014). A survey was conducted by Help Age India (2018) for older adults across 23 cities in India found that nearly one-fourth (25%) of the older persons have been abused. Depression predisposes to suicide which is quite common among the aged. According to the National Mental Health Survey of India (2016), the incidence of substance misuse disorder among older adults is 27.78%, rate of suicide is 9.40 per lakh and the lifetime prevalence of mental morbidity was 15.1% (14.9–15.3%) after 60 years.

The prevalence of depression in older Australians is 8%, and depression among older people is a major public health problem (Pirkis et al., 2009). Elderly women are more at risk of affective disorders and generalized anxiety disorder, while elderly men had higher rates of substance use disorders (Trollor et al., 2007). There is a shift in the percentage of drug misuse between 2013 and 2016 among people aged 60 (Rao & Roche, 2017). The prevalence of dementia is 16.9% in those aged 60–69 years, 16.4% in those aged 70–79 years, and 56.7% in those aged over 80 years. The incidence of dementia over the age of 65 is 26.8%. Dementia is more frequent in men than in women (Smith et al., 2007). In Australia, incidence of suicide among the older population is considered a key public health problem. Nevertheless, compared to younger age groups, older suicides receive comparatively less attention from both the research (De Leo & Arnautovska, 2011) and prevention and 90% of suicide cases are due to psychiatric disorders (Arsenault-Lapierre, Kim, & Turecki, 2004).

Geriatric Mental Healthcare System

Indian value system believes respect, reverence and physical care for older persons from their families. Nevertheless, with evolving changes in the social and cultural values, the elderly are neglected, especially those who are economically infertile. The varying economic structure of the newer generation has led to independence, and sense responsibility of the younger generation towards their older generation is slowly getting eroded (Bhat & Raj, 2001), and this has led to increased neglect of the older persons in India. In India, there are four types of support systems to address the mental health concerns of the older persons; (1) family as caregivers, (2) government-funded psychiatric departments in district headquarters hospitals; (3) private psychiatric facilities and (4) non-governmental organizations (Prakash and Kukreti, 2013). In India, non-governmental organizations are considered a significant means that meet the health requirements of the geriatric population. Besides, government-funded health programmes are insufficient due to economic constraints

(Prakash, 2003). Further, the insufficient number of psychiatrists in India cater to the mental health services of 21 million geriatric population (Shaji, 2009a). Geriatric healthcare units are very limited in Indian hospitals and that too available at tertiary care hospitals. Government hospitals confront challenges such as paucity of health facilities, unfair health delivery, shortage of staff and drugs (Shaji, 2009b). India's health insurance companies do not cover psychiatric disorders (Prakesh & Kukreti, 2013) and the inclusion of psychiatric disorders under the insurance coverage will reduce the treatment gaps and financial burden of the geriatric population (Mental Healthcare Act, 2017). A study conducted by Goel et al. (2003) to find the unmet demands of the older persons in rural India found that 46.3% were ignorant of the health services which are available at government hospitals, 96% did not avail any health facilities and 59% reported that the availability of health facilities was at least 3 km away from their residence. Though non-governmental organizations are doing significant contributions to the wellbeing of the older persons, meeting the needs of the masses is difficult for these agencies. In Australia, the aged care system offers a range of options to meet the health needs of older persons. Non-governmental organizations and religious institutions provide residential care for the aged (Cubit & Meyer, 2011). Moreover, the Aged Care Act 1997 which regulates the age care services in Australia and governs the community care, residential care and flexible care which are considered as fundamental services that shape the aged care system in Australia (Department of Health, 2016).

Health Services Utilization

In India, healthcare utilization is uneven within the country. Health facilities are highly been utilized by older adults who are highly educated, residing in urban areas, and receive treatment for infectious other than non-communicable diseases. Non-adherence to medication is one of the barriers to treat elder population, which results in 8% of hospital admissions (Agrawal & Arokiasamy, 2010). One of the limitations of healthcare delivery to older persons in India is the low utilization of available health services (Prakash, 2003). Financial constraints, illiteracy and lack of public awareness are the challenging factors of older persons to access health services in India (Prakash, 2003). In Australia, older persons face issues relating to access to health services. A literature review has highlighted that there is an irregularity in the distribution of health services to the geriatric population across the county and inadequate health services in urban and rural are also been reported (Gaans & Dent, 2018). The utilization of health service among the aged depends on their geographical location and availability of transport facilities. Older persons without any transport facilities often rely upon their family members to access health services (Hurley, Panagiotopoulos, Tsianikas, Newman, & Walker, 2013). Lack of availability of public transport facilities, especially in rural areas, is one of the barriers to access health services (Muir-Cochrane, O'Kane, Barkway, Oster, & Fuller, 2014). Lack of well-trained mental health professionals and health infrastructure is a fundamental

issue related to old age health care in rural Australia (Bocker, Glasser, Nielsen, & Weidenbacher-Hoper, 2012). The utilization of mental health services by older persons is very less compared to other age groups and the reasons for not utilizing the service are unclear (Cuddy & Fiske, 2002).

Gerontological Social Work in India and Australia

Social workers promote the societal integration of older persons by strengthening their social, economic and intellectual contributions to the community (Niessen, Huddleston, Citron, Geddes, & Jacobs, 2007). Further, social workers play a significant role in promoting the health of older persons to access universal health services (Hokenstad & Restorick Roberts, 2011). Compared with other user groups, older people are more likely to use social work as a source of help in terms of improving their quality of life, making choices and decision-making in their life (Carr & Robbins, 2009). However, the richness of gerontological social work has always been challenged and underestimated when compared to other fields of social work (Lymbery, 2005).

In Australia, social workers are engaged in various institutions to assist older persons and they are engaged in policy-making, research and advocacy. Social workers in hospitals play a significant role in assisting older persons to get access to multiple chronic conditions. Besides, social workers in hospital are engaged in bio-psychosocial assessment, counselling, family conference, advocacy and the social worker is a part of a multidisciplinary team in the hospital setting. In Australia, the old age population is projected to rise up to 19.4% in 2030, which leads to greater rates of age-related chronic conditions and result in older age dependency ratio (Australian Bureau of Statistics, 2013). This demographic shift has resulted in bringing national reforms designed to decrease the burden of disease towards the end of life and to engage well-trained social work professionals to deal with the adversities in the lives of older persons (Hughes & Heycox, 2010). It is important to note that a research study was conducted with 1042 social work students in the USA, England and Australia to know the interest in field of aging and surprisingly only 5% of Australian students expressed their interest in gerontology (Chonody & Wang, 2014), and this may be due to limited knowledge about gerontological social work. Further, working with the geriatric population is often viewed by the students as a profession which has low social status in the society (Hugman, 2000), and this kind of perception has reduced the interest of students to opt gerontological social work as an elective courses during their under graduation or post-graduation (Heycox & Hughes, 2006; McCormack, 2008). The challenges, complexities and uniqueness of social work practice with the older population propose a productive platform to conduct social work research on aging and aged care services. Even in a developed country like USA, research in the field of gerontological social work is less (Mehrotra, Townsend, & Berkman, 2014).

Though there is a growing demand for gerontological social workers in India, this profession has failed to get enough recognition from policy-makers and also in the healthcare settings. The application of gerontological social work is very limited in Indian hospitals, unlike Australia where the roles of gerontological social workers are very vast. In India, gerontological social work needs to be strengthened by engaging social workers specialized in gerontology in bio-psychosocial assessment, policy-making, advocacy, research, family conference and as part of a multidisciplinary team in the hospital. Awareness of the availability of gerontological social worker service in a healthcare setting needs to be spread to the geriatric population across the country. The gerontological social worker should be included as a part of the multidisciplinary team in psychiatric hospitals in the process of diagnosis and treatment. There is a felt need to expand gerontological social work components across all disciplines. Besides, an elective course on gerontological social work can be offered in under graduation or post-graduation programmes which can attract many students into the field. Further, there is a paucity of research studies in the field of gerontological social work on mental health in the Indian context, the authors could find very view research studies relating to gerontological social work practice in the field of mental health, and attention should be given by the researchers, academicians and practitioners specialized in gerontological social work to produce quality publications which will help to create awareness on utilization of gerontological social work service and strengthen the healthcare system for the geriatric population.

Conclusion

In this paper, we have examined the gerontological social work in the field of mental health in India and Australia, the burden of geriatric mental health in India and Australia, the geriatric mental healthcare system and health services utilization between these two countries. The life expectancy of the Australian elders is high compared to the Indians which is due to the advancement of the healthcare system in Australia. The psychiatric morbidities like depression, anxiety, dementia and substance misuse disorder are common clinical diagnosis in both the countries. The prevalence of depression among the geriatric population in India is comparatively higher than Australians, and among the Australians, depression is considered as a major public health problem. Depression is a predisposing factor associated with suicide among older persons in India, and elderly suicide is viewed as a major public health problem in Australia. However, compared to younger age groups, suicide in older adults receive comparatively less attention in terms of research and prevention in both countries. In India, there are four types of support systems to address the mental health concerns of the older persons; (1) family as caregivers, (2) government-funded psychiatric department in district headquarters hospitals; (3) private psychiatric hospitals and (4) non-governmental organizations. Health care in Australia is delivered through public and private sectors. The Australian Commonwealth Government through the Department of Health and Aging provides financial aid to public

health services and residential care for the elders. Family members care and support is considered as one of the important resources for geriatric mental health care in India. The older persons are well respected in the family as well as in society, and the family members often take care of their mentally ill elder relatives, whereas in Australia, the family support in geriatric mental health care is inadequate. The healthcare utilization is irregular across India, the elders who are highly educated and residing in urban areas utilize geriatric health services. In Australia, 35% of the older population is living outside the major cities, and access to health services is a fundamental issue in rural areas and the indigenous older Australians also face a similar problem. As far as gerontological social work practice is concern, its application is very limited in Indian hospitals and this profession has failed to receive its due recognition from policy-makers were as in Australia the application of gerontological social work practice in a healthcare setting is very vast. Both the countries have limited number of trained gerontological social workers which is due to limited knowledge about gerontological social work among the students, and moreover, working with the geriatric population is often viewed by the students as a profession which has low social status in the society and not "real" social work. Hence, this kind of perception has reduced the interest of students to opt gerontological social work as an elective subject during their degree programme. Moreover, gerontological social work should be introduced across all disciplines which can attract many students into the field. With regard to research, in Australia, research grant is given by various organizations to conduct medical research to deliver better healthcare services to the aged community and to bridge the gap between research and practice. In India, there is a paucity of research studies in the field of gerontological social work, and hence, the focus should be given by the researchers, academicians and practitioners specialized in gerontological social work to produce a quality publication which will help to create awareness on availability gerontological social work service, strengthen the health system and health policies to ensure comprehensive healthcare services for the geriatric population.

References

Agrawal, G., & Arokiasamy, P. (2010). Morbidity prevalence and health care utilization among older adults in India. *Journal of Applied Gerontology, 29*(2), 155–179.

Arsenault-Lapierre, G., Kim, C., & Turecki, G. (2004). Psychiatric diagnoses in 3275 suicides: a meta-analysis. *BMC psychiatry*, *4*(1), 37.

Australian Bureau of Statistics. (2009). *Australian Social Trends* (Publication No. 4102). Retrieved from https://www.abs.gov.au/.

Australian Bureau of Statistics (2013). Census 2011. Retrieved from https://www.abs.gov.au/websitedbs/censushome.nsf/home/historicaldata2011?opendocument&navpos=280

Australian Institute of Health and Welfare. (2006). Australian trends in life expectancy. Canberra, Australian. Retrieved from http://www.aihw.gov.au/australiantrends-in-life-expectancy/

Bartels, S. J., Coakley, E., Oxman, T. E., Constantino, G., Oslin, D., Chen, H., Zubritsky, C., Cheal, K., Durai, U. N. B., Gallo, J. J., Llorente, M., & Sanchez, H. (2002). Suicidal and death ideation

in older primary care patients with depression, anxiety, and at-risk alcohol use. *American Journal of Geriatric Psychiatry, 10*(4), 417–427.
Barua, A., Ghosh, M. K., Kar, N., & Basilio, M. A. (2011). Prevalence of depressive disorders in the elderly. *Annals of Saudi Medicine, 31*(6), 620–624.
Bhat, A. K., & Raj, D. (2001). Ageing in India: drifting intergenerational relations, challenges and options. *Ageing and Society, 21*, 621.
Biering, P. (2019). Helpful approaches to older people experiencing mental health problems: A critical review of models of mental health care. *European Journal of Ageing, 16*(2), 215–225.
Bocker, E., Glasser, M., Nielsen, K., & Weidenbacher-Hoper, V. (2012). Rural older adults' mental health: Status and challenges in care delivery. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/23145784.
Carr, S., & Robbins, D. (2009). *The implementation of individual budget schemes in adult social care*. London: Social Care Institute for Excellence. Retrieved from https://essenceproject.uk/.
Chonody, J. M., & Wang, D. (2014). Predicting social work students' interest in gerontology: Results from an international sample. *Journal of Gerontological Social Work, 57*(8), 773–789.
Cohen, C. I. (Ed.). (2008). *Schizophrenia into later life: Treatment, research, and policy*. Retrieved from https://psycnet.apa.org/record/2013-04482-018.
Copeland, J. R., Beekman, A. T., Braam, A. W., Dewey, M. E., Delespaul, P., Fuhrer, R., ... Magnusson, H. (2004). Depression among older people in Europe: The EURODEP studies. *World psychiatry*, *3*(1), 45.
Corna, L. M., Cairney, J., & Streiner, D. L. (2010). Suicide ideation in older adults: Relationship to mental health problems and service use. *The Gerontologist, 50*(6), 785–797.
Cubit, K. A., & Meyer, C. (2011). Aging in Australia. *The Gerontologist, 51*(5), 583–589.
Cuddy, A. J., & Fiske, S. T. (2002). Doddering but dear: Process, content, and function in stereotyping of older persons. *Ageism: Stereotyping and prejudice against older persons*, *3*(1), 26.
Das, S. K., Pal, S., & Ghosal, M. K. (2012). Dementia: Indian scenario. *Neurology India, 60*(6), 618.
De Leo, D., & Arnautovska, U. (2011). Prevention and treatment of suicidality in old age. Retrieved from https://psycnet.apa.org/record/2013-04482-018.
Department of Health. (2016). 2015–16 report on the operation of the Aged Care Act 1997. Retrieved from https://www.health.gov.au/health-topics/aged-care/aged-care-research-and-reporting.
Forsell, Y., Jorm, A. F., & Winblad, B. (1997). Suicidal thoughts and associated factors in an elderly population. *Acta Psychiatrica Scandinavica, 95*(2), 108–111.
Girdhar, R., Sethi, S., Vaid, R. P., & Khurana, H. (2019). Geriatric mental health problems and services in India: A burning issue. *Journal of Geriatric Care and Research, 6*(1).
Global Watch Index. (2013). Purpose, methodology and results. London: HelpAge International. Retrieved from https://www.helpage.org/silo/files/global-agewatchindex-2013-purpose-methodology-and-results.pdf
Goel, P. K., Garg, S. K., Singh, J. V., Bhatnagar, M., Chopra, H., & Bajpai, S. K. (2003). Unmet needs of the elderly in a rural population of Meerut. *Indian Journal of Community Medicine, 28*(4), 165–166.
Government of India. (2011). *Situation analysis of the elderly in India.* Central Statistics Office, Ministry of Statistics & Programme Implementation. Retrieved from https://mospi.nic.in/sites/default/files/publication_reports/elderly_in_india.pdf.
Grover, S., & Malhotra, N. (2015). Depression in elderly: A review of Indian research. *Journal of Geriatric Mental Health, 2*(1), 4.
Guha, R. (1994). *Morbidity related epidemiological determinants in Indian aged—An overview*. Public health implications of ageing in India. New Delhi: Indian Council of Medical research. Retrieved from https://icmr.nic.in/.
Help Age India. (2018). *Elder abuse in India.* Retrieved from https://www.helpageindia.org.

Heycox, K., & Hughes, M. (2006). Social work students' attitudes towards and interest in working with older people: An exploratory study. *Advances in Social Work and Welfare Education, 8*(1), 6.

Hokenstad Jr, M. C. T., & Restorick Roberts, A. (2011). International policy on ageing and older persons: Implications for social work practice. *International Social Work*, *54*(3), 330–343.

Hughes, M., & Heycox, K. (2010). Older people, ageing and social work: Knowledge for practice. Retrieved from https://epubs.scu.edu.au/sass_pubs/544/.

Hugman, R. (2000). Older people and their families: Rethinking the social work task?. *Australian Social Work, 53*(1), 3–8.

Hurley, C., Panagiotopoulos, G., Tsianikas, M., Newman, L., & Walker, R. (2013). Access and acceptability of community-based services for older Greek migrants in Australia: User and provider perspectives. *Health & Social Care in the Community, 21*(2), 140–149.

Kalaria, R. N., Maestre, G. E., Arizaga, R., Friedland, R. P., Galasko, D., Hall, K., & Prince, M. (2008). Alzheimer's disease and vascular dementia in developing countries: Prevalence, management, and risk factors. *The Lancet Neurology, 7*(9), 812–826.

Lymbery, M. (2005). *Social work with older people*. Sage. https://doi.org/10.4135/9781446211687.n8.

Magnus, G. (2012). *The age of aging: How demographics are changing the global economy and our world*. Wiley.

McCormack, J. T. (2008). Educating social workers for the demographic imperative. *Australian Health Review, 32*(3), 400–404.

Mehrotra, C. M., Townsend, A., & Berkman, B. (2014). A national training program in aging research for social work faculty. *Educational Gerontology, 40,* 242–247.

Mental Healthcare Act, A. N. (10). of 2017 Published in the Gazette of India; 2017. Retrieved from https://indiacode.nic.in/bitstream/123456789/2249/1/A2017-10.pdf.

Muir-Cochrane, E., O'Kane, D., Barkway, P., Oster, C., & Fuller, J. (2014). Service provision for older people with mental health problems in a rural area of Australia. *Aging & Mental Health, 18*(6), 759–766.

National Sample Survey Organisation. (2006). *Morbidity, health care, and the condition of the aged: NSS 60th Round (January-June 2004).* Retrieved from https://catalog.ihsn.org/index.php/catalog/3230.

Niessen, J., Huddleston, T., Citron, L., Geddes, A., & Jacobs, D. (2007). Migrant Integration Policy Index.

Patel, V., & Prince, M. (2001). Ageing and mental health in a developing country: Who cares? Qualitative studies from Goa, India. *Psychological Medicine, 31*(1), 29–38.

Pfaff, J. J., & Almeida, O. P. (2005). Detecting suicidal ideation in older patients: Identifying risk factors within the general practice setting. *British Journal of General Practice, 55*(513), 269–273.

Pink, B., & Allbon, P. (2008). *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples*. Canberra: Australian Institute of Health and Welfare.

Pirkis, J., Pfaff, J., Williamson, M., Tyson, O., Stocks, N., Goldney, R., & Almeida, O. P. (2009). The community prevalence of depression in older Australians. *Journal of Affective Disorders, 115*(1–2), 54–61.

Prakash, I. J. (2003). Aging, disability, and disabled older people in India. *Journal of Aging & Social Policy, 15*(2–3), 85–108.

Prakash, O., & Kukreti, P. (2013). State of geriatric mental health in India. *Current Translational Geriatrics and Experimental Gerontology Reports, 2*(1), 1–6.

Prince, M., Livingston, G., & Katona, C. (2007). Mental health care for the elderly in low-income countries: A health systems approach. *World Psychiatry, 6*(1), 5.

Prince, M., & Jackson, J. (2009). World Alzheimer's report executive summary. *Alzheimer's Disease International*, 1–24.

Productivity Commission. (2011). Caring for older adults (Report No. 53) Canberara, Australia. Retrieved from https://www.pc.gov.au/inquiries/completed/agedcare/report/aged-care-volume1.pdf

Rajan, S. I. (2003). Demography of ageing. In A. B. Dey (Eds.), *Ageing in India, Situational analysis and planning for the future.* Rakmo Press.

Rao, R., & Roche, A. (2017). Substance misuse in older people. *BMJ*, 358. Retrieved from https://doi.org/10.1136/bmj.j3885.

Registrar General of India. (2011). *Census of India 2011.* New Delhi, India. Retrieved from https://censusindia.gov.in/.

Scocco, P., & De Leo, D. (2002). One-year prevalence of death thoughts, suicide ideation and behaviours in an elderly population. *International Journal of Geriatric Psychiatry, 17*(9), 842–846.

Shaji, S., Bose, S., & Kuriakose, S. (2009a). Behavioral and psychological symptoms of dementia: A study of symptomatology. *Indian Journal of Psychiatry, 51*(1), 38.

Shaji, K. S., Iype, T., & Praveenlal, K. (2009b). Dementia clinic in general hospital settings. *Indian Journal of Psychiatry, 51*(1), 42.

Shaji, K. S., Jotheeswaran, A. T., Girish, N., Bharath, S., Dias, A., Pattabiraman, M., & Varghese, M. (2010). The dementia India report: Prevalence, impact, costs and services for dementia. *Alzheimer's and Related Disorders Society of India.*

Skirbekk, V., & James, K. S. (2014). Abuse against elderly in India-The role of education. *BMC Public Health, 14*(1), 336.

Smith, K., Flicker, L., Lautenschlager, N. T., Almeida, O. P., Atkinson, D., Dwyer, A., … Andrews, G. (2007). Prevalence of mental disorders in the elderly: The Australian National Mental Health and Well-Being Survey. *The American Journal of Geriatric Psychiatry, 15*(6), 455–466.

Stevenson, C., Al-Yaman, F., Grau, J., Morris, J., Angus, G., Grayson, N., & Bennett, S. (2000). Australia's health 2000: the seventh biennial report of the Australian Institute of Health and Welfare.

Trollor, J. N., Anderson, T. M., Sachdev, P. S., Brodaty, H., & Andrews, G. (2007). Prevalence of mental disorders in the elderly: The Australian National mental health and well-being survey. *The American Journal of Geriatric Psychiatry, 15*(6), 455–466.

UNFP. (2017). Caring for our elders: Early responses - India Ageing Report – 2017. New Delhi, India. Retrieved from https://india.unfpa.org/sites/default/files/pub-pdf/India%20Ageing%20Report%20-%202017%20%28Final%20Version%29.pdf

Van Gaans, D., & Dent, E. (2018). Issues of accessibility to health services by older Australians: A review. *Public Health Reviews, 39*(1), 20.

Chapter 19
Dying in Peace: Advance Care Planning and Implications for Social Work Practice in India

Beena Antony Reji

Abstract This research-based paper focuses on the dying phase in older persons. Death is an inevitable event in life, which can be very fearful and painful for individuals and family members. Preparation to death is important but it is avoided universally. There is a need to face, confront and prepare for death just like society prepares for all life events and happenings. It is important to manage the dying stage of older persons in our families and communities. The preparation to death in this paper is in the context of—how do we medically and socially prepare for the "End of Life" situation. It is important to plan for death; this planning is also called 'advance care planning'. This planning can help avoid unnecessary hospitalization. Even in the hospital, we can avoid unnecessary over medication, which is seen to lead to needless pain and prolonged suffering. This hospitalization and overmedication do not prolong life itself, rather prolongs the death and agony at the time of death. Advanced care planning in the case of older persons helps them to die in a dignified and peaceful manner in the presence of their loved ones and not alone in intensive care unit (ICU) heavily sedated and strapped to insensitive life supporting machines. This qualitative research paper looks into the upcoming trend of planning one's own death with family and medical professionals. The primary data was collected by interviews conducted with older persons and doctors in Delhi, India. Thematic analysis was used to understand the emerging patterns from the data collected. This study would be of interest to social workers and other professionals working with older persons or terminally ill patients.

Keywords Older persons · Death · Advance care planning · Living will · Dying stage

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Introduction

Just as we are born and we come into this earthly life, we will also die one day. Death is part of the natural process of life. Dalai Lama, the Great Buddhist Leader, says," Death is not the final end. Life is a continuity and death is just an occasion. It is like changing our clothes, when the old or diseased body gets worn out, we adorn a new body" (Rinpoche, 2002). But the truth is, death is unpredictable. No one knows how and when it will happen. In our society, we are not comfortable to talk about death. In our families, any discussion on death is shunned, ignored and avoided. In our communities, very few persons or families have the courage to confront the topic of death and plan for the big and important event, i.e. death.

Everyone wishes to have a peaceful death, and as we age, we pray sincerely for a peaceful, less painful end-of-life experience. Most individuals plan extensively for their life from childhood to old age, but when it comes to death, very few persons want to talk about it. The important question is that why do we not talk about death? Why do we not plan for our death, just like we plan for all big occasions in our life like marriage, having a child. The planning and discussion of the dying stage of life can help us and our loved ones to face the crisis when it comes. It can help the family to take planned decisions at the dying stage of the individuals. These discussions can help individuals face death peacefully.

Through this paper, the researcher wants to open a discussion on the dying phase of an individual, especially, when the individual is old or having a terminal illness. If individuals and families do not plan and discuss about death, we are avoiding and lacking in ability to offer spiritual help and care for a peaceful death. A discussion and planning to death will also see that the individual is able to express all their wishes and needs and proceed to a peaceful death.

In India, the population of the older persons is growing at a fast pace. In the year 2011, The Situation Analysis of elderly in India reported that the elderly (persons above 60 years) constitute 7.4% of the total population and it is projected at 12.4% by the year 2026. Elderly in India 2016 Report stated there are 103.9 million persons in the elderly population in India. The life expectancy at birth for the year 2002 was 64.2 years for females and 62.2 for males. In India, majority of its population is aged less than 30 years; thus, the focus of the government is on the younger population. Eventually, this population will slowly move to the grey population, and we need to focus our attention to the older persons in our community. The problems and challenges of the grey population have not been given serious consideration. The planners and policy-makers and research work need to understand the challenges and issues of the elderly so as to enhance the welfare measures for this population. As we talk about the older persons, we need to also discuss the dying stage; as a natural process, what lives also has to die. Thus, professional working with older persons needs to address this essential event that stands at the threshold of the lives of the older persons.

Understanding Death

In recent times, it is observed, when asked, most people express the desire to die at home rather than in a hospital or nursing home, but the majority still die in an institution (Public health report, 2009). Let us probe into what history has to offer to us in the understanding on death. The views of the great philosopher Socrates who lived as early as 399BC said that death is something that we should not fear about. Socrates explained that there were two options that could happen when we die. Either death is a dreamless sleep in which we are going to be in rest or death is a passage to another life without our bodies. In this other life, we will be with all those who have died and gone, so in a way we are to be united with so many people. So, for Socrates in either ways, death is nothing to be feared about (Brickhouse & Smith, 1989).

Another ancient Greek philosopher Epicurus had a very neutral understanding about death. He believed that death is nothing and said we are just our bodies and nothing more. So, when we die, we are non-existent. Death is not scary, neither bad nor evil. When we are alive, we enjoy various sensations, and at death, we have no sensation; it's the end of life (Warren, 2004). More recent philosopher Thomas Nagel argued that life is good and death is bad, as it's the end of life. Nagel went on to say that when we are born, we do not feel any deep sense of loss for what happened before our birth; then, why should we feel a sense of loss for what will happen after we die? So, death is just an end (Nagel, 1991).

The eminent historian Philippe (1982) in his book "The hour of our Death: The classical history of western attitudes towards death over the last one thousand year" tracks the progress in the West of the attitude towards death. He remarks that for much of the Middle Ages, we went through a phase Philippe calls "Tame Death". Through predictions of death (The author remarks on various fictional characters of the time that foresaw their death and so were thus prepared for it) and rituals surrounding the dead/dying, he states that these were ways of, by which society attempted to control death—we might be looking it right in the face, but we're still far from accepting it. One could look at death rituals for Pharaoh's in ancient Egypt, to the Christian theology of Jesus "conquering death". The literature and theology throughout the ages are littered with tales of defeating death and have subsequently been embodied in societal practices around death.

Philippe had gone through a rich widespread source material from religious rituals to graveyards, wills, paintings, diaries, crime reports and other literature sources from Europe, Russia and America and explains how death was seen through the ages. In the Graeco-Roman times through the first ten centuries, death was so common to be frightening, each life was silently subordinated to the community, respect was paid and the community moved on. Then, there was a shift in attitude with the eleventh century; a sense of individuality began to rise, and then, it had its consequences. Death was seen not just as the weakening of the community but as a destruction of self. This started the fear of death and what lies after death, the concept of Last Judgement, and then started the attempt to a better life in the next life through rituals.

By the nineteenth century, death has become such an unendurable truth that needs to be banished from our daily lives. Death is now seen as an abrupt end to life rather than a natural transition, and this approach to death gives rise to an obsession of prolonging death (Philippe, 1982).

Religious Perspective on Death

An examination into the major religions of the world shows that all religions talk about death and preparation to death, but somehow, there is the mismatch between what we believe and what we practise. All religions have a mention of how in this whole life and at the last stage of life we must prepare for death and the kind of death a person has is very significant. The dying moments are very crucial. Various religious and cultural practices have dying rituals at the dying stage, highlighting that every individual should be able to die in peace and fulfilment, surrounded by family members and loved ones and in pray.

In Christianity, the Holy Book Bible talks about eternal life after death (John 10:28). The Christian as per their belief stresses on the conscious preparation to death. Before death, a priest is called in to administer the last sacrament called the anointing of the sick, which is in a way preparation to death. Family, friends and community gather around the dying person, praying and reading the Bible. Christians believe that life in the human body on earth is mortal and death is the termination. This is followed by a life with Jesus Christ in the fullness of the spirit's new creation in which God will be all in all (Kalantzis & Levering, 2018).

In Islam, according to Sheikh (1998), the Islamic law (Shariah) expects that before death, all unfulfilled obligation is to be completed or transferred. For Muslims, death marks the transition from one state of existence to the next. Muslims must best die at home. The dying person is made to lie on their back, in the direction of Mecca and provisions are made to allow relatives and friends to prayer confirming belief in Allah, Prophet Muhammad, the Quran and the Day of Judgement. In a study by Tayeb, Al-Zamel, Fareed, and Abouellail (2010), most Muslims desire control over pain at the dying time. But they believe that suffering as atonement of one's sin. Respondents prefer not to receive pain management medicines as their pain will be rewarded by Allah and that pain will make them pure. This leads them to often refuse medical interventions at the last stage.

The Hindus belief on death can be traced from what is written in Bhagavad Gita 2:27, 'Jatasya Hi Dhruvo Mrityuh'—all born into this world will die one day. The Hindus believe in the cyclic concept of life. Life is immortal and there is a continuity, birth, death and reborn again. The focus is to liberate the soul from this cycle of birth and death (Mishra, 2010). The Hindu practices at the time of death are to bring the dying person home to be with the loved ones and family. Family and friends keep vigil around the dying person praying and reading the scriptures and chanting mantras. Holy water from the Ganga River and Tulsi (holy basil) leaves are given to the dying person. Holy ash is also placed on the forehead. All this symbolizes purity

and a need for peacefulness and preparedness to death. In Hinduism, the sages also practise Samadhi, or self-willed death by fasting.

Buddhism says that the actual experience of death is very important. Although how and where an individual will be reborn depends on karmic forces, the state of mind at the time of death can influence the quality of the individual's next life or rebirth. It is believed that at the moment of death, even if the individual has accumulated a variety of karmas, if the individual makes a special effort to instil a virtuous state of mind, the individual will activate a virtuous karma and thus bring about a happy rebirth. The Buddhist masters (Rinpoche, 2002) speak of the need to die consciously with as lucid, not blurred and serene mental mastery as possible. Keeping pain under control without clouding, the dying individual's consciousness is extremely important.

Thus, we see that in various religions and cultures, the dying moments are significant. The dying person is surrounded by family and community. In the present time, the Hospice movement emphasizes on dignity, peace and calm moments at the end of life stage. There is an emphasis on peaceful death. It is important to minimize physical suffering by managing pain by a combination of drugs, to relieve the pain of the patient and keep the patient conscious. All major religions have very clearly and elaborately explained the process of death and their philosophy around death and life after death, but in real life, there seems to be a lot of fear, uncertainty and avoidance.

Rationale of the Paper

The title of this paper "Dying in Peace: Advance care planning in Delhi, India" emphasizes the end-of-life situation in Delhi. This paper brings to focus the importance of managing the dying stage of persons in our families and community for the older persons. Various aspects of preparation to death can be classified into religious, spiritual, social, financial and medical. In this paper, the focus is on what are the choices that we have medically in our dying stage. The preparation to death is what and how do we want to experience when death is nearing us, at the end-of-life situation. It is important, and we do have a choice to plan for our death; this planning is called 'advance care planning'.

This planning can help avoid unnecessary hospitalization. Even in the hospital, we can avoid unnecessary over medication, which is seen to lead to needless pain and prolonged suffering. These hospitalization and overmedication do not prolong life, rather prolong the death and agony. Advanced care planning in the case of older persons helps the elderly to die in a dignified and peaceful manner in the presence of their loved ones, not alone in ICU heavily sedated and strapped to insensitive life supporting machines.

This paper looks into the emerging trend of planning one's own death with family and medical professionals. This planning helps in avoiding a lot of confusion and tormenting decision at the crucial dying moments that have serious emotional, social and financial implications. This is also preparing to death, not just for the individual

but for the family too. This preparation helps the individual to make choices and to convey these choices to the family and medical practitioners. This planning for the dying stage may help a peaceful death of the individual surrounded by family and friends.

Case Presentations to Understand the Concept of Advance Care Planning

Two cases are presented here to understand the dying stage of older persons or terminally ill persons. These cases presented here will help us understand the concept of choices at the dying stage, the role of the family members and medical professionals and the effect of choices or no choices on the family and the individual in the dying stage.

Case A: A Woman in United Kingdom

A 77-year-old woman suffering from breast cancer was in a residential care home. The elderly woman had prepared her advance care directive and assigned her daughter as her medical decision-maker. Over a period of time, the patient grew anorexic and nauseous. Her oncologist indicated to her family that she was deteriorating and would live for maximum six weeks. Her daughter instructed the doctor to administer medicines for nausea and for pain relief. The nurse was instructed to monitor the patient's pain and increase the dosage, if required. Other medicines for her respiratory infection and anxiety reduction were also given. Though the cancer growth was unhindered, her family was happy as pain was controlled and patient would talk to them. But pain started to increase by the week. The morphine dosage was increased. The patient started getting restless due to dehydration. The doctors prescribed subcutaneous infusion of saline to keep her hydrated. After a day, the patient died. The family appreciated as she left in peace, fully conscious, talking to them. This case shows that the treatment plan was agreed upon by the doctor and the patient's family. The decision was mutual and transparent by all means.

Case B: A Man in India

Mr. B is a 75 year old who came in an ambulance from a small town to a hospital in Delhi with his wife and son. The elderly man was suffering from prostate cancer. Dr. X examines the patient and starts a fresh diagnostic investigation along with heavy medication for the same. The hopeful son is unaware of the deteriorating health of

his father. The family survives on the son's meagre salary. The doctor continued the treatment in the Posh hospital for about a year. The bills kept inflating with little respite, which finally led them to selling their house, the only fixed asset they possessed. Finally, Mr. B succumbed to the illness.

The two cases presented here show how advance care planning made the medical treatment less aggressive and the family was part of the medical choices made for the elderly persons. The patient and the family were emotionally and financially less loaded. While in the case where no advance care planning was made, the family and the patient suffered huge financial losses without them knowing that there was not much hope for the patient.

Understanding Advance Care Planning

Let us understand advance care planning for older persons affected by life limiting conditions. Caring for persons at the end of their lives is an important role of the healthcare professionals. It is important to understand that individuals would have their preference regarding the type of care they would wish to receive and where they wish to be cared for, in case they lose their capacity or are unable to express a preference in the future. Advance care planning is a process that involves thinking about the medical care that would be administered on the individual when that individual is seriously ill and cannot communicate their decisions about the treatment for themselves.

The literature shows that advance care planning leads to increased satisfaction for both patients and healthcare professionals despite it being underutilized (Jeong et al., 2019). In Waller et al. (2019) study with oncology outpatients, it was observed that at the end-of-life treatment, there was a very high cost incurred in the last month of the patient's life. Advance care planning is recommended as an ongoing process that includes a written statement to state the patient's preference in the line of treatment at the end-of-life situation. Advance care planning is very beneficial, and it decreases the non-essential transfer to the hospital, so decreases the life-sustaining treatment at the end-of-life situation. This increases the use of hospice and palliative care. Thus, advance care planning shows an increase in concordance between preferred care and the care actually delivered. The study also reported that seventy-three percent of the patients wanted advance care planning and valued end-of-life care discussions with their family members.

"Let Me Decide" is an advance care directive programme developed by Prof. Molloy in 1988 in Canada. This programme is in situations when an individual falls ill or meets with an accident or grows old and loses their capacity to make medical decisions regarding their treatment. Then, the healthcare decisions fall on the families, or friends or physicians who may not be aware of the wishes of the individual. The "Let Me Decide" advance care directive lets the individuals plan their own future health care, well in advance. In a study by Molloy, Pedlar, and

Bedard (2000), the elders show interest in advance care planning and want to be involved in planning for their end-of-life discussion.

As of now, we realize that it is not easy to discuss about death. Thus, there are two challenges: one, we need to normalize conversations about death and dying so that people can be more comfortable having advance care planning discussions within families before there's a crisis. And, secondly, clinicians need to be highly skilled and sensitive communicators, with better training and tools like conversation guides to enable and support these end-of-life conversations. These discussions need to be handled with skill and sensitivity. The outcome of such discussions on the individual's preference needs to be documented, regularly reviewed and communicated to other relevant people. These discussions in advance care planning lead to documentation of individual's preference at the dying stage. This document is also called the living will.

Living Will

A living will is a legal document in many countries like USA, Australia, Canada, UK, Germany and Italy. This is also called a directive to physicians or an advance directive. This legal document allows individuals to mention their preference for end-of-life medical care; in case, they are unable to communicate their decisions.

The living will is a guidance to family members and healthcare professionals from the individual themselves, in circumstances when they are not able to express themselves. Without a living will, the family members and doctors are left to assume what the seriously ill person would prefer in terms of the treatment at the dying stage. This ends up in painful and emotional differences that have sometimes even ended up in a legal battle. In India, on 9 March 2018, the Supreme Court allowed living will. The court held that the right to a dignified life extends up to the point of having a dignified death. Thus, having a living will helps in deciding the treatment plan in the end-of-life stage. The medical team is bound to follow the patient's wishes.

Advance Care Planning Practice in Some Countries

In some developed countries, the practice of advance care planning is implemented. Countries like America, Australia, United Kingdom, Belgium and Netherlands are some of the countries that have the facility of advance care planning, but studies have reported that the programme needs to reach out to more persons (Meeussen et al., 2011; Stein & Fineberg, 2013). In the west, the end-of-life care has become sensitive to the patient and their family. Life-saving treatments are not unnecessarily prescribed for patients who lose the capacity to feel and experience life, cutting down aggressive treatment and facilitating peaceful death. Research studies (Peltier et al., 2017; Swetz, 2017) suggest that advance care planning is associated with greater

use of hospice and less use of life-sustaining treatment such as feeding tubes and lower likelihood of terminal patients to be hospitalized in the last stages of life. With advance care planning, there is better communication with the physician and patients being well informed about the treatment plan.

Methodology of the Present Study

Death is an ultimate end to the life on earth. But death also causes fear, uncertainty and anxiety in the minds of human beings. Various cultural and religious beliefs and practices address the issue of death, but in everyday lives, in our society, we see that the preparation to death is avoided. If the older persons or the terminally ill persons are able to express their views and be prepared to death, then death may be more peaceful. The present study was conducted with the objective to understand the views and perspective of the older persons to their preparedness to death and their views on advance care planning.

The present study was conducted in Delhi, the capital city of India. In Delhi, there are both government and private hospitals. Individuals can make their own choice of going to either the government or private hospitals. The government hospitals are crowded and offer treatment at a lower price as compared to the private hospitals.

As the topic of study was very intense and sensitive, the researcher had asked few questions to the older persons who were known to the researcher very well. Twenty-four older persons were selected by purposive sampling technique. Those respondents were selected who had very good rapport with the researcher and who could talk freely on this topic and were above the age of sixty years. Three doctors were also interviewed to understand their views on the dying stage of older or terminally ill persons and the medical practices followed in the hospitals.

Ethical Consideration and the Process of Data Collection

The researcher was extremely careful in selecting the respondents as the topic of research was very personal and not an easy topic to discuss. The researcher before talking to the respondents selected the time and date according to the comfort level of the respondents. Thus, this data was collected over a period of two years. Though there were only few but intense questions in the interview schedule, the researcher spends a lot of time with the respondents before going into the interview questions.

The researcher before asking the questions for the research fully explained the topic of research to the respondent and asked their consent in understanding their views and perspectives. The respondents were also told that they were free to choose to answer or refuse to answer according to their comfort on the topic. The respondents were explained that their views would be used only for the research purpose, and their confidentiality will be totally maintained.

Three doctors were also interviewed to understand the doctors and hospital administration's view and treatment plan in the dying stage of older or terminally ill persons.

Data Analysis

The primary data collected from the respondents was qualitative in nature. The interview responses of the respondent's views, experiences, feeling and wishes were recorded. The researcher identified the broad themes that were emerging from the recorded responses. The thematic analysis of the data was presented in the findings of the study.

Findings of the Study

The twenty-four elders interviewed had all thought about their death sometime or the other. Fourteen of them were male respondents, and the other ten were females. They ranged from sixty-five years to ninety-one years. All the respondents expressed their love for their lives. Only three among them wanted to die soon, and they expressed hurt and neglect from their children. They felt that their children had abandoned them, and they were emotionally in pain. Most of them (20) had done some or the other preparations for their death. Only eight of them had discussed about their dying wishes to their family or significant others. Most of the men (10) had thought and planned out the transfer of financial and property giving to their family members. Only one of the female respondents had independently made plans of her property transfer to her sons. Another eight of the women had only some money and jewellery in their possession for which they had made their plans too. One of the woman respondents had not planned for her death and had not wanted to discuss any of these matters with her family members.

All the respondents were not aware and had not heard about advance care planning. Only two of the male respondents had heard about living will but did not know that it is applicable in India and that it has any benefits.

Out of the twenty-four respondents, twenty of them had some preparation to their end-of-life situation. The religious, spiritual, social and financial aspect was thought of, and certain steps were taken to address them. But they had not heard of advance care planning and certainly not prepared their living will.

Thematic Analysis and Discussion

Five broad themes emerged from the twenty-four respondents, when their responses were analysed. Two themes were seen as positive, with feeling of satisfaction to life and family relationships and showing preparedness to death. The other three themes expressed emotions of fear, anxiety, misunderstandings and neglect. These themes have been listed below with some voices to express how the respondents view and feel about their preparation to death:

- *Satisfied, organized and well-planned:* Four of the respondents were very satisfied with their lives. They had organized all their activities and planned everything about their life and their end of life too. They had open discussions with their family members about all aspects and had conveyed their wishes about their death and last rites too.

  I am a grandfather and am ninety-one years old. I have prepared myself for death for the past 10 years. I have reviewed my decisions every year and have updated myself and my loved ones. I have financially distributed my property, shares, money to all my children. I have even bought myself a grave and discussed my last rites with my children. I have expressed very clearly how I would like my funeral. Lately I have another wish, I want my photograph and photographs of my wife and my parents put up on a wall in the house, so that the children and grandchildren remember me and sometimes pray for me.

- *Spiritual preparation for death is important*: Six of the respondents emphasized on the spiritual preparation to the end-of-life situation. The need to turn to God and spend more time in prayer and worship. These respondents regularly visited their places of worship to be spiritually connected to God. Some of them had very good relationships at home and enjoyed their family life.

  I am a great grandmother at eighty-one. I am a cancer survivor. 11 years back when my cancer was detected I didn't want to die. Now with passing time I realise that God has blessed me with this bonus period. I have done all what I wanted to do. I have attended my grandchildren's wedding, seen my great-grandchildren. I have prepared myself through prayer and now I am ready to die anytime. My money and jewellery I have decided to distribute among my daughters. I have spent time with my loved ones and discussed my last rites and wishes with my children, so I feel I am prepared. Though I would love to live on in a healthy manner.

- *Fear and anxiety in dealing with family members expectations*: Five of the respondents felt that they feared dealing with the expectations of their children and spouse. They felt they had not fulfilled their family duties well. The children are not understanding them, and there are misunderstandings which were causing emotional pain to the respondents.

  I am a father aged seventy-five. I know I have about 2 years to live. I would like to prepare myself spiritually for my death. I feel I must be in peace with myself and with everyone around me. I would like to forgive my family members and everyone around me so that I don't take any grudges with me. About my death I would like to discuss with my sons, I have tried to speak to them, but they don't want to listen. So, the discussion is avoided and I have not been able to express myself to my children about my last wishes. I have not made

my Will as I fear that my sons will not be happy and they will fight with me and among themselves too.

- *Showing fear of death or Cannot accept death*: Six of the respondents showed extreme fear to face death and go away, leaving everything behind. Out of them, one did not want to accept that she would die soon, so did not want to any preparation for death. Some feared the end-of-life situation, especially if they get invalid or have to be in bed totally.

  I am a grandfather only eighty years old. I am diabetic and my health has deteriorated over time. My body is weak and ailing now. I have distributed my belongings with my children and grandchildren. All my duties are done. I love going out but now it's not possible. I have an urge that everyone should know my life story, my struggles and accomplishments. I wish my community knows me so they remember me. I have asked my friend to listen to my little life story so that it can be told to others, at least on my death day. I know I am going to die but I don't want to. I fear death. I feel everyone will forget me.

  I am just seventy-eight years. I love my life and don't want to die early. I have made plans about my property and money distribution but not informed anyone. I have not made a Will too. I have not disclosed to my children or family members about my property transfer plans. I want to keep it a secret. I don't want to discuss death. There is time. I will do it later. How can we prepare for our own death? I will not discuss my wishes with my children about my death. I am only in my seventies; I will not die today or tomorrow.

- *Neglected and want to die soon*: Three respondents were feeling a sense of neglect from their children and families. They were worried and anxious about their health and felt that the end is near. They were emotionally pained by their families so expressed a desire to die soon.

  I worked many years as a housekeeper, now I am sixty-five. I have a family but they are not financially very strong. I am now retired from work because I am weak and my body will not allow. I stay with my sons. All my life I financially supported my sons. Now they hesitate to take care of me. When I was retiring from my employment, I asked my employer to keep a sum of Rs. 10,000/- so as to take care of my last rites and a decent meal for all the invitees at my 13th day death function. My sons will not follow my wishes. They are just doing their duty. Sometime I think I am a burden on them. I want to die soon.

Medical Treatment in the Dying Stage for Elders in Delhi Hospitals

Three doctors were interviewed to understand the medical treatment in the dying stage for elders or terminally ill persons in Delhi. The doctors interviewed were from government and private hospitals of Delhi.

One of the doctors from the government hospital said that they follow the universally accepted protocol for treatment that is to protect life till the end depending on the patient's sustainability of life and the financial capacity of the patient. Parenteral therapy (medicine and nutrition given through intravenous or intramuscular injection) and supportive treatment (palliative care and symptom management) are administered to the dying person. In private hospitals, they have better facilities. There are

various instances pointing to the building evidence of over-medication of old and frail patients. There is a lack of orientation towards palliative care, poor communication skills, a disease-focused curative approach and the unending battle against death, all of which leads to unrealistic hope among patients and their families. Inappropriate referrals and treatments at the end of life are common and result in a lot of avoidable suffering for both the patient and their family.

Another doctor was of the opinion that in the overcrowded hospitals in Delhi, the older persons have to be protected from multiple morbidities. Overtreatment and potentially inappropriate medications among elderly patients are so severe that it invariably leads to haemorrhages, secondary infections, weight loss and falls. Sometimes, the elderly staying in the ICU are exposed to various bacteria causing urinary tract infection, wounds, pneumonia and bronchitis.

Another doctor explained that the medical community is also faced with dilemmas, and they follow their own practices. The lack of clarity in the issue causes ambiguous results. Some hospitals will continue the invasive treatment till the last breath for most patients because the patient's family requests and often demands for it. Sometimes, hospital would record the confirmation, either written or in the form of a video, before withdrawing life support. This precaution has been taken as there were cases of one off-spring or family member of the patient giving consent, but the other would want to keep the patient on life support for a longer time.

In these changing times, as our population is increasing in the older phase of life, there are many new areas of concerns and intervention. As we have seen in the respondents in this study too, we see elders in emotional pain and neglect. This opens up the responsibility to healthcare practitioners and social work educators and practitioners to address these issues. Professional working with elderly needs to understand and deal with this new emerging concept of advance care planning and living will that is important for persons in the dying stage of life. Research in this field will help planners and policy-makers to enhance the help to older persons at their end-of-life situation. The confusion and hasty decisions in the hospital can be avoided by the implementation of the advance care planning for the older or terminally ill persons. Advance care planning can help guide the course of treatment for the end-of-life treatment. Though, in India, the Supreme Court has allowed living will, in practice, it is not heard of. There needs to be an awareness on advance care planning and living will.

Summary

Death is inevitable and the ultimate end of human beings' life journey in this planet earth. Whatever we may believe in through our religious and cultural practice, we all know that death will come to all individuals. Individuals prepare for all the stages of life but very few are able to prepare for death fully. There are various aspects of this preparedness to death like religious, social, spiritual, financial and medical. Advance care planning and making the living will are the new practices that are emerging.

These symbolizes dignity and choice at the time of death. Various research studies and literature has shown the benefits of advance care planning. To list out, some of the benefits of advance care planning are:

- Older persons wish and preference for care will be respected. The family of the older persons and the healthcare professionals will be eased from the burden of decision-making on behalf of the older persons.
- Advance care planning will promote the actual process of discussing the end-of-life issues. This will give an opportunity to the elders to express themselves and to be better understood by their families. The older persons will also be able to be part of the planning ahead with the family of the religious and cultural practices followed at the time of death.
- Advance care planning actually normalizes the process of death in the case of older persons and persons with terminal illness. It helps the individual and family to prepare for a very sensitive and painful stage of life.

This paper focuses on the dying stage of older persons or terminally ill persons. Through the respondents and literature reviewed, it is seen how it is important that the older persons are able to discuss their wishes and their end-of-life situations. This kind of discussion is sensitive and intense, but it helps in a peaceful death. Families have also reported that when discussions on death were held with older persons, family members understood the wishes and expectations of the older persons and that helped in decisions at the end-of-life situations. Advance care planning is a new concept in India and not in practice in our communities. This is something that needs to be initiated by social workers working with older persons and in hospice or palliative care settings.

It is also important to note that the new care regime nowadays followed in palliative care that could be applicable to older persons at the dying stage is that the individuals may opt for reduction in pain and suffering and may want that aggressive medical treatment not be used in the end-of-life situation. Advance care planning is the new care regime for the end-of-life situation. Individuals at the end of their life require a special regime that is a mix of clinical management with sensitivity and care.

References

Brickhouse, T. C., & Smith, N. D. (1989). A matter of life and death in Socratic philosophy. *Ancient Philosophy, 9*(2), 155–165. Retrieved on April 30, 2020 from https://www.researchgate.net/publication/269790166_A_Matter_of_Life_and_Death_in_Socratic_Philosophy.

Elderly in India. (2016). *Central statistics office.* Government of India: Ministry of statistics and programme implementation.

Jeong, S., Barrett, T., Ohr, S.O., Cleasby, P., David, M., Chan, S., …, Saul, P. (2019). Study protocol to investigate the efficacy of normalisation of Advance Care Planning (ACP) for people with chronic diseases in acute and community settings: A quasi-experimental design. *BMC Health Service Research*, 19–286.

Kalantzis, G., & Levering, M. (2018). *Christian dying: Witnesses from the tradition*. Oregon, USA: Cascade books.

Kapur, R. (2018). *Welfare measures for senior citizens in India.* Retrieved April 20, 2020 from https://www.researchgate.net/publication/323734197_Welfare_Measures_for_Senior_Citizens_in_India.

Mishra, T. (2010). *The Hindu book of dead*. New Delhi: Vitasta Publishing.

Molloy, D. W., Pedlar, D. J., & Bedard, M. (2000, May). Implementation of advance directives among community-dwelling veterans. *The Gerontologist*.

Meeussen, K., Block, L.V., Echteld, M., Bossuyt, N., Bilsen, J., … Deliens, L. (2011). Advance care planning in Belgium and the Netherlands: A nationwide retrospective study via sentinel networks of General Practitioners. *Journal Pain Symptom Manage*,*42*(4), 565–577. Retrieved on April 28, 2020 from https://pubmed.ncbi.nlm.nih.gov/21530152/.

Nagel, T. (1991). *Mortal questions*. United Kingdom: Cambridge University Press. Retrieved on April 25, 2020 from https://www.bartleby.com/essay/Mortal-Questions-by-Thomas-Nagel-P3RBD4J8M6A.

Peltier, W. L., Gani, F., Blissitt, J., Walczak, K., Opper, K., Derse, A., & Johnston, F. M. (2017). Initial experience with "Honouring choices Wisconsin": Implementation of an advance care planning pilot in a tertiary care setting. *Journal of Palliative Medicine*, 20(9)

Philippe, A. (1982). *The hour of our death: The classical history of western attitudes towards death over the last one thousand year*. New York: Penguin Random House.

Public Health Report 2009 Mar-Apr; 124(2): 332–333. Retrieved on 01/02/2020 from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2646493/.

Rinpoche, S. (2002). *The Tibetan book of living and dying*. London: Rider.

Sheikh, A. (1998). Death and dying—A Muslim perspective. *Journal of the Royal Society of Medicine, 91*(3), 138–140. Retrieved on May 1, 2020 from https://www.researchgate.net/publication/13626183_Death_and_dying_-_A_Muslim_perspective.

Situation analysis of the elderly in India. (2011). *Central statistics office.* Government of India: Ministry of statistics and programme implementation.

Stein, L. G., & Fineberg, I. (2013). Advance care planning in the USA and UK: A comparative analysis of policy, implementation and the social work role. *British Journal of Social Work, 43*(2), 233–248. Retrieved on April 28, 2020 from https://www.researchgate.net/publication/273038285_Advance_Care_Planning_in_the_USA_and_UK_A_Comparative_Analysis_of_Policy_Implementation_and_the_Social_Work_Role.

Swetz, K. M. (2017). Advanced care planning: Pearls, perils, pitfalls and promises. *Journal of Oncology Practice, 13*(10).

Tayeb, A. M., Al-Zamel, E., Fareed, M. M., & Abouellail, A. H. (2010). A good death: Perspectives of Muslim patients and health care providers. *Annals of Saudi Medicine, 30*(3), 215–221. Retrieved April 21, 2020 from https://www.researchgate.net/publication/43351957_A_good_death_Perspectives_of_Muslim_patients_and_health_care_providers.

Waller, A., Turon, H., Bryant, J., Zucca, A., Evan, T. J, & Fisher, R.S. (2019). Medical oncology outpatients' preferences and experiences with advance care planning: a cross-sectional study. *BMC Cancer*, 19–63.

Warren, J. (2004). *Facing death: Epicurus and his critics.* Clarendon: Oxford Retrieved on May 1, 2020 from https://philpapers.org/rec/WARFDE.

Chapter 20
Social Work Education, Research and Practice: Challenges and Looking Forward

Abraham P. Francis, Ilango Ponnuswami, and Hyacinth Udah

Abstract In this chapter, we present a summary of key ideas expressed in this book and invite readers, social work educators, researchers, scholars, practitioners and students to deeply ponder on some of the challenges and opportunities for social work in post-COVID-19 world. By describing these challenges the social work profession faces, we provide a bird's eye view of the possibilities and opportunities for practice in the future based on our collaborative discussions, reflections and experiences. Many factors have influenced the outcome of this book. The various kinds of social work initiatives undertaken, both, in India and Australia, especially in social work education, indicate the importance of cross-cultural learning, decoloniality and discussing the impact international collaboration can have in promoting social justice and human rights. In the context of the global challenges and disruptions presented by the coronavirus disease 2019 (COVID-19) pandemic, we place a special emphasis on post-pandemic response, directing readers to contemplate on the kind of work that can be done in social work education, research and practice.

Keywords Social work education · Research and practice · Challenges · International collaboration

Introduction

As we write this chapter, the coronavirus disease 2019 (COVID-19) pandemic continues to impact on the world. During this time of global pandemic, world

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economy was crippled as quarantines, physical distancing practices and national lockdowns cause economic collapse; millions of people lost their means of livelihood; agencies and schools were shutdown; many worked from home arrangements; and tragically, a large number of human lives were lost. Almost every aspect of our social systems was pushed to the brink by COVID-19. The coronavirus pandemic is an unprecedented event in modern human history, generating unprecedented challenges for the global economy and affecting every aspect of human lives. In this extraordinary time, this book project was not spared either. The coronavirus pandemic not only exposed the fragility of nearly every aspect of society, it also impacted on our project. Unlike other crises, the coronavirus or Covid-19 pandemic put everybody in a Great Lockdown, and laid bare and the horrible inequities in our society and in our healthcare system, including the racial, gender, generational, class—and a host of other political and cultural—chasms in responding to crises (Miller, 2020).

COVID-19 is a crisis like no other. We salute the perseverance and commitment of all the contributors in making this book possible. The point we want to highlight here is somewhat similar, but still, it needs to be acknowledged. The first editor of the book came to James Cook University as a visiting scholar in 2012, and since then, we have been involved in several collaborative projects and research activities. As part of his sabbatical, he had an approved plan to come to JCU in 2019 and work with a team of colleagues on a book project on Social Work Education, Research and Practice in India and Australia. Unfortunately, he fell ill and was diagnosed with primary lateral sclerosis, a type of Motor Neuron disease, in August 2019. Since then, he struggles with a lot of mobility difficulties, fine motor activities and associated problems, resulting in modification of the original plan and delay in the completion of the project. Almost around the same time, the second editor also faced a severe crisis due to the flood situation in his hometown Kerala and suffered a major set back due to flash floods in Townsville which ravaged his house completely, taking quite some time for him to resettle. Also, the challenges presented by COVID-19 lockdowns, social distancing and work from home arrangements resulted in many of our contributors unable to submit or meet the deadlines, requiring us to redesign our original plan. Indeed, this book has emerged out of the many complexities, challenges, and from the personal sacrifices, many of our team members had to make to complete this book project. We thought it is important to share this information so that readers understand the background and how this book has emerged. In spite of the challenges faced by both editors, with their inherent resilience along with mental health orientation and strong leaning towards strengths perspective of social work, they were able to constantly pursue, against all odds, the book project related works to ensure its completion.

As we finalize this chapter, the world is struggling to contain the COVID-19 pandemic, and hence, the terms that we can use here is “flexibility, uncertainty and post-COVID-19” pandemic. What has happened to our world? Will our society be the same again post-COVID-19? Will social work profession and practice be significantly affected? What are and will be the grand challenges for Social Work in a post-COVID-19 world? These are curious questions, requiring not just straight forward answers, but also further thought on finding some alternative responses that

will help us as educators, researchers, practitioners and students to see the world from, and with, a new lens. As we look towards the future, we have adopted a circle of conversations with practitioners and educators, including voices from various sectors and views for Social Work profession post-pandemic, to gauge a perspective that informs this chapter. At the same time, we have also applied critical reflections, practice experiences, anecdotal evidence and literature to support and interrogate some of the issues in social work education, research and practice.

Voice from a professional: Prof. Sanjay Bhatt, president of National Association of Professional Social Workers (NAPSW) in India, on Post-COVID-19 and revamping social work education and practice

The COVID-19 pandemic has triggered not only a global health crisis, but it has also resulted into immense suffering for people across the globe. All nations have witnessed multidimensional devastating impacts on their economic, social and even on political life. Whilst people from all walks of life have been badly influenced in their personal and social spheres, the common psyche of the nation has received unparalleled scars of helplessness, uncertainties and vulnerabilities. The coronavirus pandemic was a unique challenge, requiring preventive measures such as physical distancing (unfortunately called social distancing) practices, restricted movements and lockdowns of public spaces to mention but a few, resulting in people facing uncertainty, insecurity, fear, depression, fatigue and increased anxiety. As the pandemic sent shockwaves around the globe, social work fraternity responded with a quick, inclusive and resilient recovery. Whilst many social workers had less preparation for COVID-19, the learning and experiences accumulated through working with people during other crises such as floods, droughts, and HIV/AIDS helped in our emergency response system. As we become more aware of the effects, damages and impacts of COVID-19 on our society's most vulnerable and disadvantaged members, there is need to think loudly and plan for post COVID-19 society. A hard truth about social work profession vis-a-vis COVID-19 pandemic is that our responses often are quick, situational, and not planned in advance. Unfortunately social work graduates are taught less public/community health than mental health. In post COVID-19 society, the world of work, and world of relationship will definitely be different. If the nature and contours of relationship change, social work is bound to change, leading social work educational institutions (SWEI) to change their syllabi, teaching pedagogies and training methodologies. A new social worker's role and responsibilities will be, using the five vowels in English alphabet ***AEIOU****, in the areas of* ***Awareness****about real societal issues (communication) and virtual spaces (technology);* ***Emergency****response systems;* ***Information****about self and social life;* ***Operationalisation****of institutional arrangements and changing systems; and* ***Upgradation****of*

ways and means to deal with newer relationship and its dynamics. Relationship, is core to social work practice, will need more focus in terms of its understanding, dynamism, and approaches. Climate change, already known to all, is influenced by biology to virology. More than 70% of the deadly viruses since 1940s have had zoometric origin. Climate change has the potential of bringing several such scourges back to our living systems. There is need to underline the urgency to prevent run away climate change, which is the biggest impediment in achieving sustainable development. The COVID-19 pandemic has given us a sense of how an emergency of a global scale looks like. There is no escape from learning new ways of responding to emergent situations. Emergent response system and its various simple and complex techniques will be part of social work curriculum. By not paying heed to unmistakable reports from cutting edge research and science, we cannot keep pandemics farther.

Social Work Education

Social workers are committed to promoting social justice and advancing the theory and knowledge base for our profession that would provide solutions for social change and development, social cohesion and the empowerment and liberation of people (Australian Association of Social Work [AASW], 2013). In the context of the devastating impact and challenges presented by the pandemic, social work educators have begun to prepare for a post-COVID-19 world and how they can to respond to the needs of students, placement agencies and communities in the new normal. This requires significant efforts redesigning and developing new ways to deliver social work education. The coronavirus pandemic is a call to action and will serve as a focal point for social work education to address new ways of teaching and engagement with students. As part of the new measures to respond to the challenges presented by COVID-19, Australia has come up with an initiative to develop and create enhanced client-focused relationships through shifting to online platforms, using technology-assisted mediums and offering relief, in the form of reducing field hours, for social work students in an attempt to provide solutions for positive transformation to several areas of need that social workers tackle on daily basis. Consequently, we see a rise in the number of students undertaking projects that enable them to work independently to assist effective responses to agency, and client, specific issues. The immediate and future needs arising from the pandemic invite social work educators, researchers, scholars and practitioners to embrace and promote the changing and new ways students learn and how what they are learning can help to respond and practice in a post-COVID-19 world.

The success of social work education post-COVID-19 pandemic is very much dependent on social work educators and practitioners recognizing these challenges

as opportunities, and responding wisely, to advance our profession. If we respond wisely, we have the potential of moving the profession forward and creating a better society through citizen empowerment and global solidarity. In her editorial for the *Journal of Social Work Education*, Nadkarni (2010) highlights the nature of social work education in Asia. She argues that social work education in Asian countries faces several challenges and opportunities:

> Social work education in Asian countries also needs to address problems arising from untrammelled growth accompanied by ecological destruction and climate change. Development itself has thus become a generator of conflict because of competing land use issues involving the haves and the have-nots in these countries... The recognition of professional social work and the need for quality social work education in Asia has been moving at a slow pace. (Nadkarni, 2010, p. 15)

Similarly, Chan and Ng (2004) argue that "it is important for social work teachers to adopt a holistic practitioner–researcher–educator role in their everyday practice in order to create the necessary impact to effect change" (p. 312). While there is no denying of the fact that social work is well-established in India with a large number of institutions offering social work programs at undergraduate, graduate and doctoral levels, quality and standards of social work training is not uniform across the board in India (Baikady, Pulla & Channaveer, 2014; Trines, 2018). Premier institutions are offering high quality of social work training with standards on par with institutions in the developed nations such as Australia. Some institutions in India offer generic social work training, stereotyped in patterns followed for an unreasonably long period, just churning out mediocre social work graduates (Baikady et al., 2014). And then, there are institutions of fairly recent origin which are notorious for commodifying social work education and offering extremely poor quality of training and sending out social workers who are ill-equipped to perform social work-related functions in whatever situations they may be in (Baikady et al., 2014; Trines, 2018). The need of the hour is for the entire Social Work fraternity in the country to unite and rally together for the establishment of councils of Social Work education at the state and central levels as soon as possible and pave the way for regulatory mechanisms to ensure the quality of Social Work education, research and practice all over the country with uniform code of ethics and standardized protocols of practice.

In post-coronavirus disease 2019 (COVID-19) outbreaks, all members of our profession need to incorporate into their work innovative ways of teaching and training, encourage well-informed citizens making their own decisions, and be willing to work together with governments and invest in global knowledge sharing. It is important that we expand and act on a broader and long-lasting solutions to build a new evidence base for our profession and what helps students to gain the knowledge, skills and values needed to meet social work practice standards, and practice in accordance with the professions' code of ethics towards promoting social justice and human rights for all.

Voice from an educator: Prof. Ramaniah on Post-Covid-19 and social work education

With the sudden outbreak of COVID-19 pandemic across the globe, every sphere of life is reset and optimized for effective functioning. In almost every sector of the society, the mechanics of operation have changed completely. Today, most of the business houses and educational institutes are going virtual and remote as a mitigation plan for continuity. Every form of education is disrupted by the crisis and will continue for some time. In fact, Educational institutes were quick to shift gears to e-learning platforms which in a way is helping students cope with the challenges. However, educational institutes will be made to rethink with the new pedagogy of learning like online education, experiential learning. Even the assessment of students with proctored systems will soon be a reality which will move beyond traditional assessment. Social work education is taught and delivered in a different way as compared to other disciplines. The curriculum comprises of 3 essential components: Theoretical subjects, Field work experience and Research work. Post-COVID-19, some of the fundamental changes that are expected in social work education include:

a. *Changes in Social work curriculum as per the prevailing situation.*
b. *Research-oriented curriculum will be administered online to collect data and subsequent analysis rather than direct contact with respondents.*
c. *Traditional paper-pen assessment will be slowly replaced with Computer-based test using proctored systems.*

The course curriculum set for social work education cannot be imparted exclusively on e-learning platforms. In the long-run, physical classroom lecturing cannot be eliminated since most of the activities for students are taught in a physical setup like role-plays, presentation skills, interpersonal skills, etc. However, 10–20% of the course material can be developed and delivered as online learning. The other aspect of social work education will be to take a close relook at mental health as an intensive course to be imparted for all students. The amount of distress to deal with such a fast spreading pandemic has not been experienced before which calls for change. Social work education primarily encompasses the psychological well-being at individual level and community level at large which is highly relevant in the present scenario. The likelihood of getting affected by such a health hazard brings out fear and adversely affect the health, safety and wellbeing of both individuals and communities. Therefore, the mental health component of social work education will require more thrust since pandemics like this require more counseling and guidance like none other.

Social Work Research

Internationally, there is a strong movement in social work towards developing practice more firmly grounded on empirical research (Fook, 2003; McCrystal & Wilson, 2009; Simpson, 2020; Williams, 2016). The implication of this movement for social work education is the need to prepare social work practitioners and students for the twenty-first century through building the competencies fundamental for both research and professional practice. In Australia, social work students are trained to value and understand the relationship between research and practice. However, social work in India has been overly preoccupied with quantitative research and advanced statistical techniques than concentrating more on in-depth qualitative studies that would expand understanding of human problems in its different shades and contexts. The challenges presented by the COVID-19 pandemic are opportunities to promote effective interventions for social workers to address several of the challenges affecting our quality of life. There are multiple ways that schools of social work, educators, scholars and practitioners can advance a strong scientific base for our profession. We can provide fuller engagement through the teaching of research methods in both undergraduate and qualifying social work education programs, and the development of doctoral degree, in social work education. Social work students need to be engaged with research training as a valuable component throughout their professional training (AASW, 2013). AASW (2013) supports the undertaking of research that is applicable to social work practice, better health and wellbeing.

Research is key to the continued development of theory and solid knowledge and scientific base of social work practice, influencing and shaping the profession. This means that producing research that informs practice is key to building and maintaining the mission of the social work profession (AASW, 2013). In a post-COVID-19 world, there is need for social work researchers and practitioners to conduct high-quality research that brings effective change and use evidence in our practice (Williams, 2016). This depends, as Williams (2016) explains, on the "quality of our scholarship, our ability to collaborate with allied disciplines [and within our discipline], and the ability for translation and implementation of research to practice and education" (p. 68). The challenges presented by the coronavirus pandemic give us opportunity to build bridges and collaborate within and beyond social work.

Indeed, developing high-quality social work research to inform what works in practice is clearly advantageous in social work practice and policy initiatives and advocacy on the contemporary challenges (McCrystal & Wilson, 2009; Williams, 2016). Commitment to quality social work research can help us evaluate the effectiveness of social work education and teaching, inform social work practice and meet the needs of practitioners or clients (Teater, 2017). Social work research can inform our professional practice through: (i) assessing the needs and resources of people in their environments; (ii) demonstrating relative costs and benefits of social work services; (iii) advancing professional education in light of changing contexts for practice; and (iv) understanding the impact of legislation and social policy on

the clients and communities we serve" (Teater, 2017, p. 549). As social work practice involves the implementation of interventions with clients, there is a need for social work practitioners to commit to advancing a strong knowledge base for the profession through research (Williams, 2016). Fook (2003) argues that social work research must: (a) deal simultaneously with individual, collective and institutional aspects of life and practice; (b) use multiple methods; (c) recognize the importance of researcher reflexivity; (d) utilize the research process as intervention; (e) focus on the vulnerable and oppressed; and (f) enable collaboration of the researched (p. 50). The importance, we attach to research in social work in post-COVID-19 world, reflects, among other things, the demands for better quality and outcomes, greater transparency and professional accountability in practice (AASW, 2013; Chan & Ng, 2004; McCrystal & Wilson, 2009). Social work researchers need to focus on current realities and prove the efficacy of social work methods and intervention strategies in dealing with problems.

Voice from a researcher: Frank Baffour, James Cook University on research and COVID-19 impact

As a young career researcher, my focus during the past three years has been on developing my research career. This has seen me attending at least a conference in every calendar year since the commencement of my PhD study in March 2017. The year 2020 was not going to be an exception as I had already submitted three conference papers for oral presentation considerations in Australia and abroad at the end of February. By the end of March 2020, the organisers of the three conferences had written back to me (this time it was not about rejection or acceptance or a request for additional information) indicating their intentions to suspend the conferences indefinitely due to the COVID-19 pandemic. These responses from the individual conference organisers were novel experience to my research career, which I did not take lightly in the early stages, even though I have now come to value the importance of such decisions. Also, the strains associated with the pandemic have had indirect impact on my research activities. With the COVID-19 outbreaks across the globe, Ghana, my homeland, had its share of the pandemic. COVID-19 caused enormous fear and panic among the Ghanaian population and the diaspora. As a researcher studying in Australia with thousands of kilometres separating me from my immediate family (both in Ghana and abroad), I was anxious. This has to do with sudden increase in the number of calls I received day and night from family and friends in Ghana and other parts of the globe. Given the time difference of Australia and most parts of the world, Ghana, Europe, and the United States of America included where most of my relative live, some overnight phone calls disrupted my sleep, impacting my efficiency to work on my doctoral thesis during the day. I must say, given the high mortality rate of the COVID-19, every call I received was important. The COVID-19 pandemic is

phenomenal and concerted efforts are needed, through research, collaboration and scholarship, to understand and contain future pandemic.

Social Work Practice

In the midst of the COVID-19 pandemic, we find that various professionals and cadres of workers within our discipline and across other disciplines, for example, health care, criminal justice, education, environmental science and even volunteers, are appreciated by the public and government in across the globe. In India and Australia, all types of media including social media glorify frontline workers of all sorts for their humane efforts and selfless services during the global crisis. The COVID-19 pandemic brought humanity's attention to an appreciation of courage, kindness, empathy and compassion, which are core values in social work practice (Stickle, 2016). While this is heartening, it is very unfortunate that the massive cadre of professional social workers in India is not commissioned to work alongside the frontline workers. Despite the number of professionally trained social workers working in hospitals and contributing in different capacities and in a variety of indirect ways in India, social work has not been publicly recognised as a helping profession. Even though social work profession has been in existence for over eight decades in India, the profession does not get its due recognition. Right from 1936 when social work education was introduced in India (Baikady et al., 2014), there has been an exponential growth in the number of social work schools and graduates. The profession's trajectory of growth has evolved into various shades of professional identity. Professionally trained social workers with a master's degree in social work can work in many sectors, contributing significantly to the wellbeing of individuals, families, groups, organizations and communities. While enormous contributions have been made by professional social workers in the fields of community development, medicine and psychiatry industry in general and more particularly, in specific areas such as rural development, mental health, including human resource management, disaster management, it is ironic that higher education authorities, at the apex level, have brought forth announcements to the effect that the social work program is not a 'professional' course, much to the dismay of the entire social work fraternity in India. University Grants Commission (UGC) does not consider Social Work as a profession (Sehgal, 2019).

Voice from a practitioner: Dr. V. Sayee Kumar on Indian Social Work Post-COVID-19

COVID-19, obviously, has made its huge impact on every dimension of psycho-social functioning, redefining the role of every one. Post Covid-19, Indian

social workers have a lot of things to learn from the coronavirus outbreaks and implement for timely and best practices. The pandemic laid bare the horrible inequalities in our society and the reality that no one is immune from its threat—all became equal under COVID-19 and experience similar anxiety, stress and fear. In the light of COVID-19 disaster, I can discern the following trends in Indian professional practice and services post pandemic:

1. ***Extensive integration of technology into professional social work:*** *Planning, organising and offering social work services will be conducted in digital platforms.*
2. ***Capacity and skill building:*** *Capacity and skill building: Continuous learning and development of new skills that can be dynamically used in uncertain times for human care through technology like webinar, video conferencing etc.*
3. ***Building public health:*** *Professional social work will use more of its time tested macro methods like community organisation, social policy, social welfare administration, social legislation.*
4. ***Social work research:*** *Unimaginable human experiences have led to the phenomenal experiences of various human and social distress. There will be more research on responding and managing pandemics through qualitative research.*
5. ***Documenting new Indian models of social work:*** *Covid-19 has defied logic and rules in Indian population on many aspects. This is also to do socio-cultural factors. Western models of practice have not been found to be effective in the crisis. So obviously our Indian practitioners have got overwhelming experience in every front and field of practice. This will be documented from all schools of social work and practitioners across India, calling for decoloniality in social work.*
6. ***Collaboration with cross functional teams:*** *The time has come to leave professional bias, prejudice and rivalry to work towards the common goal of client welfare. We will be working and learning a lot with fellow professionals within our discipline and across disciplines like psychology, healthcare and many others.*
7. ***Assertion of professional identity:*** *Covid-19 has attracted everyone to offer care and services, leading to multiplicity and duplication of work and interventions. This will get more organised only by greater level of assertion through professional identity. The already dead locked licensing-registration work in India may pick up speed and momentum.*

So in essence, we will witness a sea of change in the way we work and deliver professional social work services in India and beyond.

Social workers are trained in the basics of mental health and community development. In post-COVID-19 world, social work training needs to have a paradigm shift from massification to slowing down and focusing on quality practice and standards.

With needs on the rise, social work training curricula need to incorporate essential subjects such as public health, epidemiology and disaster management to equip students with skills needed for practice. We are more likely to witness a sharp increase in mental health problems post-COVID-19, some of which could be easily handled by social workers with their training in basic counselling. Social work practice in post-COVID-19 times requires schools of social work training to shed their differences and come together for revisiting, reassessing and redesigning the curricula and pedagogy for a more effective social work practice. The components of the social work practicum need to be strengthened with rigorous supervision and the highest possible standards of practice. There is also need for a more evidence-based practice with a focus on solutions with a strengths' perspective.

In addition, social work practice has to shift its gears after this global crisis by revisiting age-old intervention strategies, examining their efficacy and wherever necessary, replace them with creative, innovative and effective interventions for social workers to address needs affecting our quality of life. Just like how the field of medicine has undergone a sea of changes during the past four to five decades, social work practitioners need to come up with newer strategies. For example, traditional medical practices have moved from manual activities at a personal and one-to-one level to a more automated methods such as telemedicine. While human interaction is very important and uncompromisable in the social work practice, given the circumstances, it may be necessary for social workers to use more, and be supported by, modern technology in tackling the needs of their clientele.

Voice from a practitioner: Vicki O'Brien from Mental Health Social Worker, Queensland, Australia on Social isolation and increased familial tensions

As the world continues to manage the biological impact of COVID-19, social workers have not lost sight of the social and psychological impact of coronavirus outbreaks on people's lives. As social workers, we remain deeply connected with and to understanding the diversity of human experience in these anxious times. Social isolation and increased familial tensions resulting from home confinement, combined with the trauma and loss of hundreds of lives every day, present an unprecedented mental health challenges, children, individuals and family's emotional health and well-being. The isolation brought to us by COVID-19 caused some to become crowded with their own thoughts of grief, loss, crisis, trauma and uncertainty with no convenient or easy way to avoid them. When methods of coping fail, people will confront moments of deep introspection while alone examining wounds buried deep within. It can be painfully difficult for people to sit with themselves. COVID-19 has revealed a collective stressor that the global community has faced, at the same time, leaving many feeling anxious, uncertain and afraid. How COVID-19 will change us is yet to be explored and our social work practice should begin to adopt a COVID-19 lens so we can explore in our practice how deeply humanity and individuals

have been changed. There is also an important need to adopt and apply a gender lens to our work due to the many women who have effectively been forced into isolation with an abuser. We must consider the heightened risk of family and domestic violence for women and children now and in the post pandemic future. Now more than ever, social work needs to shine as the profession of hope and our collective hope is vitally needed in chaotic and uncertain times. To do this work requires our courage, commitment, persistence, compassion, kindness and flexibility. Adopting a growth and resilience mindset supports our ability to flourish in the face of great challenges. Difficulties are expected as part of what we do, yet, we are profoundly fortunate to experience a connection with people despite the truth that we are often operating in a space of having to navigate uncertainty. We willingly enter this space and listen deeply, hold people's pain without being overwhelmed and bear witness to the social realities which surround us. We do this while maintaining our commitment to supporting the most disadvantaged and marginalised by providing them with access to quality information and supporting them to navigate in making meaningful decisions about their own lives. We maintain a still and settled mind that orientates us to engage mindfully while our strength, resilience and equanimity are precious resources for the people we support. We trust that when we are calm, grounded and connected to people that skilful questions, statements, actions, nonverbal communication and heartfelt interventions will arise. Our strength signals to the people we support that they can explore their deepest thoughts, feelings, circumstances, hardships, fears, triumphs and stories with us while we remain grounded, and our strength provides a foundation for us to enter the unknown together. We draw on crisis intervention skills to prioritise needs and safeguard those who are at greatest risk and most vulnerable during times of need and crisis. Acceptance, mindfulness and open heartedness help us to effectively engage in positive strength-based partnerships with people. Social workers everywhere are finding ways through chaos, adversity and complex challenges to support and help the most vulnerable and disadvantaged. We willingly enter uncertainty knowing whatever arises is workable.

Conclusion

Social work is a profession focused on wellbeing, social justice and human rights. In this chapter, we have reflected on the challenges and opportunities of the social work profession in India and Australia. The COVID-19 crisis seems to have affected practically every sphere of our lives, changing, fundamentally, social work education, research and practice. In Australia, social work educational programmes quickly shifted to online platforms, and offered relief, in the form of reducing field hours,

for social work students. India responded also by introducing virtual platforms for learning and meetings. Indeed, the impact that the COVID-19 pandemic has, and will continue to have, on social work cannot be overstated. Without question, COVID-19 necessitated change. It has changed the way we teach, research, practice and go about our daily businesses, including the modalities of our work and social engagements. In responding to COVID-19, the social work education, research and practice landscape have fundamentally changed. Although physical (social) distancing practices and rules seem to be altering human relationships and communities almost everywhere, as social workers, they have also expanded our services to new clients and compelled us, no matter our practice area, to embrace difference. Technology has become necessary to all areas of social work practice. While people from all walks of life are preoccupied with the feeling of how their personal, family and work lives are going to change after this global emergency ends, we propose that the wellbeing, particular needs and challenges of our immediate society, and families should not limit our capacity for collaboration, empathy and compassion. "If COVID-19 has taught us anything, it is this: *Business as usual is not, and will not, be sufficient*. Moving forward, the way we practice, educate, and research must evolve in a way that not only responds to things that happen, but in a way that anticipates what is to come" (Miller, 2020). We need to be focusing on the possibilities as a result of the COVID-19 challenges and looking forward rather than going back to what we saw as normal. Writing on the COVID-19 world we are living in, Arundhati Roy (2020) reminds us, "Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway, between one world and the next. We can choose to walk through it, dragging our carcasses of our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers and smoky skies behind us. Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it." This pandemic has caused one of the largest paradigm shifts in social work education, research and practice in history, and we must adapt in ways that align with social work values.

References

Australian Association of Social Workers. (2013). *Practice Standards.* Australian Association of Social Workers.

Baikady, R., Pulla, V., & Channaveer, R. (2014). Social work education in India and Australia. *International Journal of Social Work and Human Services Practice, 2*(6), 311–318.

Chan, C., & Ng, S. (2004). The social work practitioner-researcher-educator: Encouraging innovations and empowerment in the 21st century. *International Social Work, 47*(3), 312–320.

Fook, J. (2003). Social work research in Australia. *Social Work Education, 22*(1), 45–57.

McCrystal, P., & Wilson, G. (2009). Research training and professional social work education: Developing research-minded practice. *Social Work Education, 28*(8), 856–872.

Miller, J. (2020). Nothing was the same: 3 reasons post-COVID-19 social work practice is never going back. *The New Social Worker*. https://www.socialworker.com/feature-articles/practice/nothing-was-the-same-3-reasons-post-covid-19-social-work-practice-is-never-going-back/.

Nadkarni, V. (2010). Editorial, social work education. *International Journal of Social Work Education, 29*(8), 815–817.

Roy, A. (2020, April 1). The pandemic is a portal. *Financial Times.* Retrieved from https://www.ft.com/content/10d8f5e8-74eb-11ea-95fe-fcd274e920ca.

Simpson, G. (2020). Social Work research in Australia: Continuing the growth in the new decade. *Australian Social Work, 73*(1), 1–3.

Sehgal, R. (2019). NEP 2019 wants Social Workers, not a profession for UGC. Reterived from https://www.devdiscourse.com/article/education/633289-nep-2019-wants-social-workers-not-a-profession-for-ugc-by-prof-ranjana-sehgal.

Stickle, M. (2016). The expression of compassion in social work practice. *Journal of Religion & Spirituality in Social Work: Social Thought, 35*(1–2), 120–131.

Teater, B. (2017). Social Work research and its relevance to practice: The gap between research and practice continues to be wide. *Journal of Social Service Research, 43*(5), 547–565.

Trines, S. (2018). *Education in India.* Retrieved from https://wenr.wes.org/2018/09/education-in-india.

Williams, J. (2016). Grand Challenges for social work: Research, practice, and education. *Social Work Research, 40*(2), 67–70.