1

CHOICE, CHALLENGE AND CHANGE

KAREN CRINALL AND LYNDA BERENDS

LEARNING OBJECTIVES

This chapter addresses the following questions.

- What is the community and human services sector?
- What are the implications of choosing to work in this field?
- What are some of the challenges of community and human services work?
- Why is change important to community and human services practice?

KEY TERMS

challenge	diversity	sector
change	human services	Social and Community Sector (SACS)
choice	place-based	
community services	reflexive practice	social work
complex system	reflexivity	use of self

Overview

In this chapter we:

- ✳ Define the community and human services sector
- ✳ Explore the key concepts of choice, challenge and change
- ✳ Consider current policy trends in the community and human services
- ✳ Look at a model for change
- ✳ Describe the way shared individual issues become community and human services programs

choice: decision made when selecting between options and possibilities. Implies a freedom, or power to choose.

challenge: a confronting or difficult task.

change: become different, to substitute one set of conditions with something else.

This chapter encourages you to reflect on making the choice to enter the broad, dynamic field of community and human services work. You will consider issues arising from current practice realities, and wider social and policy trends that are challenging organisations to change the way services are delivered. These changes require new ways of thinking about and addressing the social problems that we face as individuals, groups, families, communities and societies. Central ideas are explored through reflection exercises and case practice examples. As the chapter title signposts, **choice**, **challenge** and **change** are key themes in the complex practice environment of community and human services work.

You will soon come to realise, if you don't already, that when you are working towards bringing about change in a constantly changing practice sector, it is important to have an anchor point, or baseline. Knowing where you are starting from establishes a reference point for checking back to make sure you are on track, to measure progress against and to observe changes in direction—these are inevitable when working in complex environments such as community and human services, and fundamental in developing a reflexive practice approach. Knowing your starting point is also a key first step for effectively planning and evaluating your practice.

Reflection exercise

Before reading further, complete the following reflection tasks and record them with the date, so that you have a marker for future reference.

* List three words or images that occur when you think about working in community and human services.
* List three personal qualities that you believe are necessary for community and human services work.
* List three skills you believe are necessary for community and human services work.
* List three things you want to learn about working in community and human services.

sector: a separate part or subdivision of the whole, in this instance the workforce.

social and community sector (SACS): the range of welfare and social services provided by non-government organisations. SACS workers are not directly employed by the government, even though most programs are funded with government money.

social work: social work is a diverse field of practice involving government, non-government and private organisations.

Definitions: Painting the picture

The community and human services **sector** can be a confusing and difficult field of work to define, made up of a diverse collection of organisations, professions, people and programs. Many areas of practice overlap with other sectors, such as health, justice and education. The Australian Bureau of Statistics notes, 'Workers in the community service industries perform a wide range of roles that not only vary between industries, but also vary considerably within industries' (ABS 2011). Distinctions between human services, **social and community sector (SACS)**, social welfare and **social work** are often blurred. A professional title, or how someone is identified as a worker, is often defined by the position that they hold—for example crisis counsellor, family support worker, case manager, or community development worker—rather than by the title of their qualification.

In Australia, SACS workers are covered by the Australian Services Union (ASU). Community workers in Australia are accredited by the Australian Community Workers Association (ACWA). The ACWA defines a community welfare worker as 'a person who, through professional training and field education has the requisite values, attitudes, knowledge and skills to work autonomously, or with a team, in a social welfare agency or program intended to promote, relieve or restore the social functioning of individuals, families, social groups or larger communities' (ACWA). Like the community and human services, 'the social work profession facilitates social change and development, social cohesion, and the empowerment and liberation of people' (AASW March 2013). In Australia, social workers are accredited by the Australian Association of Social Workers (AASW). In New Zealand, social workers are registered with the New Zealand Social Work Registration Board (NZSWRB).

Qualified practitioners are accredited by a number of different professional bodies, which in turn are connected to a plethora of post-secondary courses from certificate to Masters levels, offered through Vocational Education and Training (VET) and higher education. Community and **human services** exist to provide for the social welfare and well-being needs of people and communities, which in contemporary post-industrial societies (such as Australia and New Zealand) are richly varied. This vast service network can be a challenge, and can frustrate someone trying to choose a future career—and an appropriate course to study. However, its **diversity** is a key strength that enables the sector, as a **complex system**, to adapt, change and respond when unpredicted issues and needs arise.

human services: welfare programs or services for people experiencing personal, cultural, social or economic difficulties and need. Human services are often associated with services to individuals and families delivered via a mix of government and non-government organisations that are heavily reliant on government funding.

diversity: variety and difference. Having distinct characteristics. Societies and communities containing people from many different cultural backgrounds. Lack of sameness.

complex system: A constantly changing system made up of many interdependent parts, dynamically interacting in relation to internal and external events. The system is not centrally governed, and future outcomes cannot be easily predicted.

Think & Link

We explore these ideas more fully in Chapter 13; keep the notion of 'diversity as a strength' in mind as you read on.

Implications for practice

Be attentive to feelings of confusion and how they affect you. They are likely to happen often throughout your studies—remember that confusion is more often than not the starting point for learning. More importantly, the people and communities that you will be working with are highly likely to be experiencing confusion at a range of levels, particularly at your first encounter. It will be part of your role to assist them in managing this confusion.

community services: programs or services delivered at the community level for members of the community. Often associated with services delivered by non-government, community-based organisation, e.g. youth services, neighbourhood houses, sexual assault centres, health services, disability support services, aged care, alcohol and drug services.

use of self: drawing on your verbal and non-verbal communication, emotional intelligence, personality, empathy and relationship-building skills to connect with and assist clients and client groups.

The terminology that identifies community and human services is inconsistent across countries, states, organisations, peak bodies and educational institutions. For example, texts refer variously to social welfare and social work (see Berg-Weger 2013; Heffernan & Ambrosino 2008; Maidment & Egan 2009; Zastrow 2009), **community services** (Lloyd 2014), and social work and human service practice (Chenoweth and McAuliffe 2005; O'Connor *et al.* 2008). This fluidity between professional titles arises partly from similarities in the practice skills required, such as interpersonal communication, listening, empathy, assessment and engagement to build a helping relationship. These fundamental skills are all heavily reliant on **use of self**, a concept that you will find repeated through this book.

The workforce

While pinning down a definitive list of occupations or areas of specialty in community and human services is close to impossible, as areas of work keep changing, there is agreement that the roles aim to improve quality of life for individuals, communities and society overall, whether the site of work is local, national, international, regional or global.

The Australian Bureau of Statistics observes:

> The community services sector is vital to sustaining the well-being of communities in Australia. Community service workers not only provide aged care and child care services that benefit many Australians, they also provide welfare and support services to assist some of the most vulnerable people in the community (ABS 2011).

The Australian Institute of Health and Welfare (AIHW) defines community service industries as 'Organisations, agencies and individuals that are mainly engaged in providing various types of care and welfare services' (AIHW 2013, p. 358). And the ACWA defines community work as 'A program intended to promote, relieve or restore the social functioning of individuals, families, social groups or larger communities' (ACWA website 2015).

The Australian Association of Social Work (AASW) draws attention to the centrality of human rights and social justice, observing:

> The social work profession in Australia is broad and diverse, but consistent to all practice is a commitment to human rights and social justice. Social workers work with individuals, families, groups and communities in the context of their physical, social and cultural environments; their past and current lived experiences, and their cultural and belief systems (AASW 2015).

The Aotearoa/New Zealand Association of Social Workers (ANZASW) aspires to 'an equitable, socially just and sustainable society' and places particular emphasis on bi-culturalism, 'valuing individual and cultural uniqueness and diversity' (ANZASW n.d.)

Offering an overview of the community and human services sector, Healy and Lonne describe the 'social work and human services workforce' as:

> Those involved in practice with individuals, groups and communities to assess social needs and to intervene to promote quality of life through improving access to resources and services, or through the provision of social support or personal care services (Healy and Lonne 2010, p. 7).

Reflection exercise

Look back at your response to the first reflection exercise.

* Having read the 'Workforce' descriptions, can you see any recurring concepts?
* If so, what are they?
* Are you able to develop your own definition of community and human services, incorporating these concepts?

Despite the challenge in locking down a 'one size fits all' definition, you may have noticed there are clear themes. At a fundamental level, the work:

• is underpinned by a commitment to social justice and human rights

• involves supporting people to overcome personal and social problems that they cannot resolve alone

• recognises that while problems and issues may be experienced personally and require intervention at the individual level, they are inevitably connected to wider social structures and institutional practices.

Think & Link

The relationship between the individual and society is a conceptual framework that will come up frequently in your studies. Reflect on how you see yourself in relation to the rest of society. For example, what social roles do you have? How does wider society impact on your own life choices? How might your sense of yourself in relation to the rest of society have influenced your choice to study community and human services? Return to these notes when you work through Chapter 5, which critically explores self and others.

Here, we use the term 'community and human services' sector (community and human services) to refer to the wide-ranging, diverse system of organisations and programs that employ qualified professionals to deliver a range of services for people and communities experiencing crisis, discrimination, marginalisation and social disadvantage. This includes people who receive and use the services (clients, consumers, service users), services that address their needs (programs), and settings where these services and programs are coordinated and organised (organisations), as illustrated in Figure 1.1.

FIGURE 1.1 KEY COMPONENTS OF THE COMMUNITY AND HUMAN SERVICES SECTOR

A word cloud developed from twenty-five separate definitions of community and human services (Fig. 1.2) illustrates key words and concepts. Which words do you think might be the most important indicators of the sector?

FIGURE 1.2 CONCEPTS IN COMMUNITY AND HUMAN SERVICES
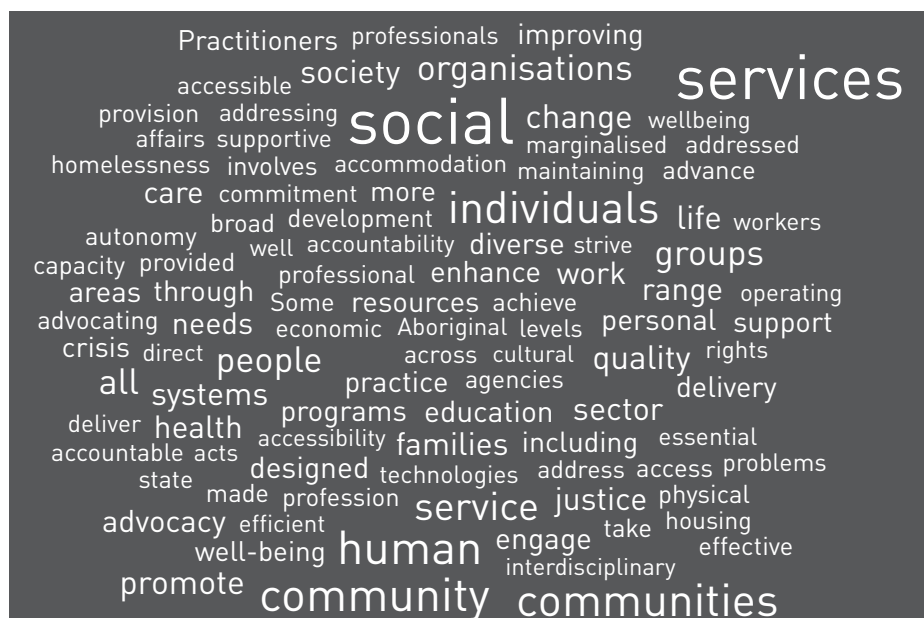
Choice

The choice to study and pursue a career in community and human services is related to who you aspire to be and what you hope to achieve in your life. It can also reveal much about who you are now. You may have recently enrolled in a post-secondary course at a university or Vocational Education and Training (VET) provider. Your program of study may be a Certificate, Diploma or Bachelor with the title of Community and/or Human Services, Community Development, Social Sciences, Social Work, or something similar to these. Perhaps you are studying in a related area, such as psychology or behavioural science. If so, it is likely that your course is accredited by a professional body such as the Australian Community Workers Association (ACWA), the Australian Association of Social Workers (AASW), the Aotearoa/New Zealand Association of Social Work (ANZASW), the New Zealand Social Work Registration Board (NZSWRB) or the Australian Psychology Accreditation Council (APAC). The weblinks for these organisations are provided at the end of this chapter.

Below are three explanations from students who chose to study for a career in the community and human services. Your own reasons may be very different.

Case examples

Tiani

My early years were spent being raised by my aunty (my mother's sister). I am not sure why I didn't live with my mother and father, I had two brothers and three sisters. I was the third child. No-one ever explained to me why I didn't live with them. My aunt and uncle lived in a small village about 10 km away from the rest of my family. They were always kind to me, but they were poor. When I was twelve my uncle died in an accident at work and my aunt and I moved in with my mother and father. We were a big, mostly happy family, but it always felt like we never had enough money for extra things like new shoes and clothes or take-away food. I had to leave school when I was fourteen to help at home. No-one in our town had money for those things. My father was a farm labourer, and he was trying to support my mother and my aunty. He was very strict and sometimes I was scared of him, but that was the way of all fathers in our town. When I was fifteen I got a job in a local restaurant, tourism was starting to bring more money into our town, but I could see that the tourists had a lot of money and the families in our town didn't. I saved all I could. When I was seventeen I got married and my husband and I decided we had to leave our country if our family was going to have a chance at a better life. We moved to Australia, and after a few years I couldn't believe I had a chance to go back to study. I want to help people like my family, and other people who grow up in poor villages, without education. Now I work with people who

come to Australia from other countries, like India, Sudan and Vietnam, I help them to get access to work and education. A lot of women need help because their husbands beat them, and they are afraid to go to the police in case they get sent back home.

Jessica

I grew up with my two parents and brother. We had everything we wanted, and my parents were the best in the world. I went to a Catholic girls' school. There weren't nuns there doing the teaching anymore—some of the teachers were ex-nuns, tho'. It wasn't very strict, and I liked study. Some of my girlfriends were really unhappy, they started cutting themselves and talking about all sorts of awful things that happened to them at home, some of them said they hated their mothers. We had a peer counselling program at the school and I volunteered, because I wanted to do something to help. I learnt a lot, and I felt like I was good at helping my girlfriends work out what to do, so I studied psychology, and then looked for courses where I could train to be a counsellor.

Trent

My sister Sally and I grew up with our mother. My sister has a disability, and she was in hospital a lot as a baby. Our dad worked in the Northern Territory, he was never home. He would arrive a few times a year. He and mum would always have a huge fight and yell and scream at each other, and sometimes he hit my mother. Then he would go and we wouldn't hear from him again for months. Mum worked really hard, but she was always sad. She'd

had a tough childhood, and being an adult wasn't any easier for her either. Mum didn't like talking about my father, and said we were better off without him. We were always going down to the Salvos for food parcels and stuff. It was hard for mum looking after Sally, it meant she couldn't get a full-time job. Sometimes the disability services people would come around, to check that mum was looking after Sally properly. Sometimes they would organise for Sally to go and stay in respite, so mum could have a break, but Sally would always come back really distressed, so mum didn't like her going, even though she really needed the break.

She was a good mum. It all just didn't seem fair and I was angry for a long time. Mum didn't know what to do with me. I drank a lot and took drugs, and did some other stuff that I am not proud of. It got pretty messy. I ended up in the city, homeless and in a crisis centre. Then this worker helped me to turn my life around. He told me I was really smart, and could do anything I wanted to—I decided I wanted to make a difference, do something about men like my dad, and like I'd become— angry, violent, self-destructive. It took a while, it wasn't easy, I gave up a few times. But finally I got it together, I was twenty-five when I did a certificate at TAFE, then I did the diploma, now I am studying for a Bachelor degree in Human Services. I am off the booze and drugs and I can feel proud. My plan is to work with men when I graduate, so that women and children don't have such crappy lives. I am doing some volunteer work now, it's going to be OK.

*The above scenarios are representative compilations from students over the past twenty years. The names are fictitious.

Personal goals, values and skills

For more than fifteen years I [Karen] was involved in the selection of new students for a Bachelor degree in Social and Community Welfare. Many applicants, like the contributors earlier, said that their desire to help people was a driving reason for seeking entry to the program. Being 'the friend who everyone goes to for help and advice' was frequently identified as a reason for choosing a career working with people in need. The overwhelming majority of new students who entered the program had a strong sense of social justice, evident capacity for empathy, and personal attributes and qualities that provided a solid foundation for building effective problem-solving and communication skills. A considerable number had personal histories of disadvantage, abuse and/or poverty; many continued to struggle with these adversities throughout their study. For some, these personal challenges made it too hard to complete the course.

Among those who graduated (about 50% in each student cohort) there are now drug and alcohol counsellors, sexual assault counsellors and advocates, mental health support workers, housing workers, family violence support workers, child protection officers, community corrections and disability services managers, school welfare counsellors, researchers, evaluators, policy advisers, youth justice officers, community development workers, neighbourhood house coordinators, women's refuge workers, case managers, multicultural service workers, international development and aid program workers, chief executive officers, team leaders, program managers, and supervisors in government, non-government and private organisations. The list of professional positions is constantly expanding as new areas of work emerge.

Challenges

Neither of us have ever known anyone to enter a community and human services course with the goal of becoming rich and/or famous, or because they wanted to be a high-level manager, such as a chief executive officer (CEO) of an organisation. Without exception, students are passionate about contributing to improving people's lives, communities and society, and they want to learn how this can be achieved. If you are currently studying to become a community and human services practitioner, probably a key goal is to help people experiencing personal crisis. Learning how to go about this is essential, because bringing about effective change in people's lives requires a much deeper understanding of the contributing factors and causes of their circumstances than common sense is able to provide (O'Connor *et al.* 2008; Maidment & Egan 2009). After all, if common sense could fix social problems, wouldn't our society be problem-free by now?

If you have any experience of community and human services, you will know that as much as this work has inherent rewards, it is also challenging, demanding, and at

times exhausting. Choosing to become a community and human services professional involves accepting that you will be engaged in addressing disadvantage and injustice, and defending human rights on a daily basis. You will work with some of society's most marginalised people—people who have been abused and socially excluded; people who are living with disability, mental health and substance misuse issues; people from other countries for whom English is a foreign language; women and children seeking escape from violence; adolescents who are homeless; children who have been neglected; families that are unable to properly care for their children; elderly people living in poverty; asylum seekers; young women and men who are victims of cyber-bullying; survivors of environmental disasters; grieving families—it is only a mild exaggeration to state that the list is endless.

Among those who access community and human services are people who have been responsible for injustice and crimes against others, including violence and theft. As a worker in a government or community-based organisation you will spend time working with clients who are victims of crime and injustice or survivors of abuse, who may also be perpetrators. We will explore how to work with this challenge and many more that arise in community and human services work. Importantly, we will be identifying the fundamental skills you will need to develop, the values that underpin and inform community and human services work, and the knowledge that will equip you for competent and innovative practice. In the next section, we take a closer look at employment possibilities.

Employment options

The community and human services is one of the fastest-growing areas of employment in Australia (Healy and Lonne 2010). In 2011 this area employed 755,400 workers, an increase of 24% over the previous five years (AIHW 2013, p. 354). This workforce expansion is accompanied by a shortage of professionally qualified workers, with a high proportion of those currently employed nearing retirement age (Healy and Lonne 2010, p. 5). The need for community and human services is expanding, even though (ironically!) a measure of success for most practitioners is to be so successful that their job no longer needs to exist! Table 1.1 lists some current community and human services sector occupations.

Reflection exercise

* Can you think of any other occupations to add to this list?
* Do any of these roles appeal to you? If so, why?
* Do you think these roles might help bring about positive change for people and society?

TABLE 1.1 EXAMPLES OF COMMUNITY AND HUMAN SERVICES OCCUPATIONS

Aboriginal housing and well-being support worker	Advanced practitioner—disability support, child protection	Aboriginal affairs worker
Aged care professional	Financial counsellor	Problem gambling counsellor
Assessment officer	Family violence specialist case worker	Sexual assault crisis counsellor
Careers counsellor	Health promotion coordinator	Rehabilitation counsellor
Care manager	Homelessness case manager	Residential care officer
Chaplain	Housing officer	Welfare service regional director
Child protection practitioner	Individualised support worker	Social worker
Children's service worker	Intake and assessment officer	Mental health support worker
Community development officer	Youth justice officer	Student welfare counsellor
Community educator	Men's behaviour change program facilitator	Support worker (disability, community, family, youth etc.)
Community rehabilitation and support worker	Disability development and support officer	Community corrections officer
Crisis intervention worker	Specialist case manager	Trauma counsellor
Community residential house supervisor	Multicultural service manager	Youth accommodation services worker
Drug and alcohol counsellor	Outreach worker	Welfare officer
Family counsellor	Parole officer	Volunteer coordinator
Family Court counsellor	Personal care worker	Youth worker

Source: Compiled from ACWA, AASW and ANZASW career listings, see websites listed at end of chapter.

With the exception of community development work and research and policy work, these occupations are primarily focused on working directly with people to address issues at individual and organisational levels. While supporting and caring for people, and personal change work are necessary in the role of a community and human services practitioner, it is important to remember that effective practice requires working across a number of levels, as the long-term resolution of most problems requires social and structural change. Maidment and Egan (2009, p. 14) identify this as a key practice tension, noting that 'the majority of practitioners are employed by agencies to intervene at an individual, group or family level. This leaves the worker little time to address the macro concerns that cause individual problems'.

Think & Link

The tension between the micro (individual) and macro (social structure) is discussed throughout this book. Earlier in this chapter we asked you to reflect on yourself in relation to society. Think now about how macro social structures, such as gender, family, education and socio-economic status, affect our life options. Do you think that if you are born into a family of lawyers that migrated to Australia from Europe four generations ago you are likely to feel that going to university and studying law is an option? What about if no-one in your family has ever completed secondary school—do you think that aspiring towards a university degree seems like an obvious choice?

Before moving on to discuss key concepts relating to change in contemporary community and human services work, let's briefly return to exploring your reasons for choosing to work in this field.

As observed earlier, students sometimes seek a career in the community and human services sector because they have personal experience of trauma or abuse, or of the 'welfare system'. Many applicants describe having a close friend or relative who has been through a traumatic experience, which motivated them to learn how to help others overcome similar issues. Sometimes people enter the profession because they want to redress what they see as past wrongs—failures of the system (Chenoweth and McAuliffe 2015, p. 10). These are entirely understandable reasons for pursuing a qualification in this field, however, if your personal experiences of abuse and trauma have influenced you in choosing this professional pathway, it is imperative that these motivations are acknowledged and any outstanding issues resolved before you begin to practise with others—who may be dealing with similar circumstances. A well-designed curriculum should enable you to do this, by encouraging **reflexive practice** and challenging you to confront, question and resolve your personal and professional motivations, values and ethics.

reflexive practice: reflecting back on your role in practice contexts by questioning your own position and actions in a specific situation, being critically aware of your relationship with the surrounding social structures and cultural contexts, and applying these insights to future practice.

Change and continuity

Working in the community and human services involves engaging with people who are trying to live well in a safe and stable environment, but for a range of reasons are unable to do so without wider support and assistance. At the same time, as much as there are predictable patterns and continuities in the everyday, there is also much that is not constant. Finding a balance or a way to navigate these unpredictable fluctuations is a constant challenge for us all.

Many clients in community and human services settings are seeking support and assistance because they have encountered life-changing events of such magnitude that

they can't continue on the path they had anticipated their life would take. As you read the example that follows, see if you can identify how many life-altering changes occurred for Alex. When you have read the case, complete the questions that follow.

Implications for practice

Alex's story

> I had an accident twelve years ago. I wasn't born with a disability. I have an acquired brain injury (ABI) and mates didn't stay with me after my accident, and that led to my drug use. They put me with people who had intellectual disabilities. But that did help me. Sometimes I go out on my own, but only around the block to get food, otherwise I have a support worker with me. I was wrecking my parents, I was using speed and stuff. I was in trouble with the police, 'cos of amphetamines. I had a goal to get off drugs, but then I had more trouble with the cops, and I really had to [get off drugs]. Most people stay junkies and end up killing themselves, or someone else, and I didn't want that to be me. Then my mum got onto this place.* My new worker helped me stop spending all my money, every pay, on drugs. I still smoke a bit of pot but I've been off drugs. I go to the movies with my worker or out for coffee, or lunch. We worked on my finances and budgeting, she helps me remember stuff, and we bought things for my new house. The people who work here, they've got your best interests at heart, and I enjoy being around good people. They care and help you. This agency is different. I can't pick a bad thing to say about them. All I can say is I'm off the drugs and not going back. (August 2015)

> *A community-based psychiatric support service.

- How did Alex's everyday life change?
- What were the life-changing events that occurred for Alex?
- What didn't change for Alex?
- What are some of the issues that Alex faced?
- What might have been contributing causes?
- What does Alex identify as having helped him the most?
- Are any of the issues Alex's fault?
- What do you think has brought about positive change for Alex?
- Do you think there might have been something different about the way this community-based psychiatric support service worked with their clients? If so, what was it?

    Make some notes on your thoughts, as it may be helpful to refer back to them.

Karen Crinall and Lynda Berends: Choice, Challenge and Change

As citizens of a first-world nation, we benefit from living in a safe and plentiful environment that is relatively free from many of the harms that affect those living in abject poverty, who may be trying to escape extremely difficult situations including political persecution, natural disasters and war zones. Nevertheless, some of us, like Alex, will encounter adverse situations which change the course of our lives, such as disabling accidents, relationship breakdown, poverty, family violence, child abuse and substance dependence. We may also have personal challenges including disability, periods of unemployment or ill health. Your decision to work in the community and human services sector suggests you care about the welfare of others, and you are keen to contribute to bringing about positive change in their lives. Just as workers play a crucial role, so do the organisations that offer services and support workers.

As we have been exploring, community and human services work is inextricably intertwined, on multiple levels, with continuity and change. Although they are value-neutral as concepts, depending on the circumstances, their material effect on our lives ranges from the sublime to disastrous. The next section looks at recent widespread changes in government policy and funding that affect the community and human services sector as a practice environment.

Change

The Victorian Council of Social Services (VCOSS) has identified the current major drivers of change in community and human services as 'government policy, government preference for particular practice approaches, and market conditions' (VCOSS 2015, p. 1). These changes influence various aspects and levels of community and human services practice. Let's take a brief look at examples of how these factors manifest at the practice level.

Client choice and control

Arguably, the most profound change for the community and human services Australia-wide is the shift to client choice of service, introduced through initiatives such as the National Disability Insurance Scheme (NDIS) which has been widely advertised in the media.

The NDIS is implemented through a dramatic change in federal government policy, affecting the way services for people with disabilities are funded. Rather than providing funds to an organisation, which then offers services to individuals according to its programmatic expertise (as has previously been common practice in community and human services), funds are provided directly to individuals, who then select and purchase the services they require. As VCOSS describes it, 'The NDIS represents a significant shift

in policy from funding service providers to individuals, with the expressed aim of giving greater choice and control to the individual' (VCOSS 2015, p. 1).

A step on from client choice is client control of the design and provision of services and programs. This trend, which developed from the marketisation of community and human services that has positioned clients as consumers, impels organisations to engage with clients in fundamentally different ways. Rather than being simply service users, recipients or even purchasers, the model suggests that clients become co-designers of the service that they access, enabling collaboration on a 'custom-made' product tailored for each client's unique requirements. For organisations, there is an intensified need to employ a workforce skilled in effective and genuine engagement with clients, and to be able to offer a diverse range of services. There will also be increased risks arising from funding uncertainty. A key issue is that linking client choice with funding arrangements is undermining organisational, service and sector capacity, thus contributing to fewer available supports and services. At the practice level this will require a flexible and highly innovative workforce that is skilled in collaborative engagement with client groups and communities (VCOSS 2015, briefing paper 3).

Implications for practice

Alex (from p. 15) is a client of the NDIS. Can you see any evidence of his inclusion in choice-making about the services that he receives?

Place-based approaches

In the effort to address complex social problems more effectively, governments are recognising that local knowledge is useful when designing and coordinating services according to the needs of specific demographic groups and geographical settings. To this end, some aspects of decision-making about service planning have been delegated to regions and local government areas (LGAs). The success of this approach depends on services in the defined area being able to cooperate and collaborate on service system planning in the best interests of their communities and client groups. In situations where this **place-based** approach works well, it has usually benefited from existing alliances and partnerships across organisations that can be expanded and strengthened to support local planning and service provision arrangements. A key challenge is overcoming the climate of competition between organisations created by the need to compete for funding (VCOSS 2015, briefing paper 4).

place-based: place-based approaches focus on the social and physical environment at a local level, to address the problems of residents through community strengthening.

Linkage point: We revisit and expand our discussion on place-based approaches in Chapter 8.

Multiple and complex needs

Over the past two decades the nature and number of problems facing people who require support have escalated. Many clients now presenting at services need assistance with both mental health and disability, along with a range of associated issues such as homelessness, victimisation, substance misuse, violent behaviour and legal matters. The need for services to provide a high-quality, effective and individualised response to this client group is contributing to the rationale for introducing the service system changes identified earlier. In terms of practice, the sharpening focus on client-centred service delivery is impelling workers to be equipped with a broad range of interpersonal and communication skills. These include a wide knowledge of service systems, specific local knowledge, and competence in engagement, collaboration, networking and case management. Importantly, in such a rapidly moving practice environment, workers need skills in leadership, creativity and innovation—and they also require well-researched and well-informed models for practice. In this text, you will be introduced to a wide selection of practice approaches. One framework, which offers a holistic explanation of the relationship between individuals, communities and wider social structure within a systemic context, is the World Health Organization (WHO) ecological model.
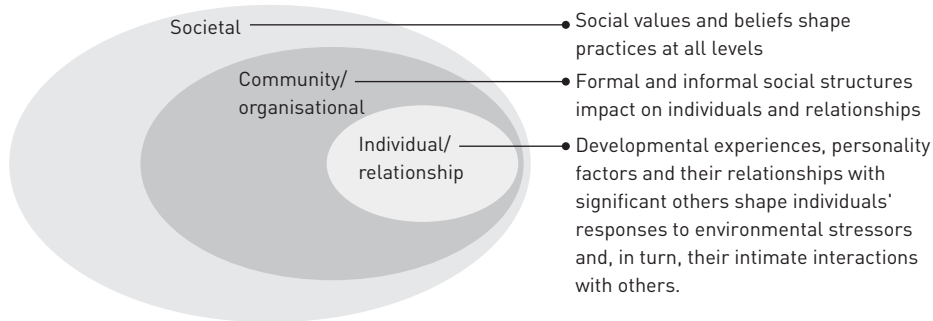
A model for change

When discussing employment options in the previous section, we identified the importance of change at social and cultural levels to make long-term and even permanent differences, by addressing the structural causes of social problems. The WHO developed a model to illustrate this relationship and to guide policy and practice. A feature of the ecological model is that it highlights the way the micro level is nested within the macro, and the continuity that flows between them. In other words, it illustrates how change at the macro level is required to prevent social problems, such as interpersonal violence, at the micro level.

Initially designed to inform interventions targeted at preventing child abuse, the ecological health model was adopted by the Prevention of Violence Against Women (PVAW) movement, and has been used to inform government policy and practice within Australia and globally (FaHCSIA 2009; Kwok 2013). The model illustrates how social problems (in this case, violence) are complex, multi-layered and originate in society and culture—in the way we organise how we live, and our belief systems. The WHO framework demonstrates how long-term change that leads to the prevention of social problems cannot occur without intervention at all levels, i.e. individual, group and societal. This is why it is important to understand that community and human services practice is more than working with people at the individual level.

FIGURE 1.3 WHO ECOLOGICAL MODEL FOR ADDRESSING INTERPERSONAL VIOLENCE

Societal ——————————————— ● Social values and beliefs shape
                                    practices at all levels

Community/ ———————————— ● Formal and informal social structures
organisational   impact on individuals and relationships

Individual/ ————————————— ● Developmental experiences, personality
relationship   factors and their relationships with
                                    significant others shape individuals'
                                    responses to environmental stressors
                                    and, in turn, their intimate interactions
                                    with others.

Source: Adapted from Figure 3, *A Right to Respect: Victoria's Plan to Prevent Violence against Women* (2010–2020, p. 12).

We have included the WHO eco-model here, because it offers a clear and highly practical image of the levels of practice involved in bringing about change in community and human services work. We hope you will find it helpful to look back on this model as you read the chapters that follow.

This model provides a conceptual framework for identifying the levels at which influence occurs and the relationships between these levels, which is essential in attempting to bring about positive change. It is imperative that we keep sight of the reality that sustainable change must be founded on shifts in the social structures that support and maintain inequality. For example, preventing men's violence against women requires gender equality (Pease 2012).

With this in mind, prior to concluding this chapter, we take a brief look at social problems and social structures, as well as another way of thinking about change. We look at how personal issues and problems, experienced at the individual level, become recognised as social problems and ultimately form the basis of the community and human services programs that you will be employed to work in.

Social problems

What are social problems, and why are we concerned about them here? Put simply, governments and societies have a responsibility to address social problems, and that is why the community and human services exist.

Rubington and Weinberg (2011, p. 3) define a social problem as 'an alleged situation that is incompatible with the values of a significant number of people who agree that action is needed to alter the situation'. Simon and Henderson (1997, p. 13) draw attention to the role of social structure in their definition of a social problem as 'a socially patterned condition involving widespread physical, financial, and/or moral harm that

Linkage points: In the next chapter, Jennifer Martin, Linette Hawkins and Jane Miller provide a historical account of how community and human services came about by describing some of the social problems that people faced during the last century.

In Chapter 11, we explore perspectives for making sense of the world, in some detail.

is caused by contradictions (permanent conflicts) stemming from the institutional arrangement of a given society'. Best (2013), on the other hand, suggests that despite our common-sense understanding of what social problems are, defining this concept is much trickier because there are different ways of understanding people's social experiences.

A term commonly used in the last century to describe social problems is 'public issues'. The sociologist C. Wright Mills (1917–1962) argued that by using a 'sociological imagination' we are able to understand the differences as well as the connections between private troubles (individual problems) and public issues (Wright Mills 1959). She proposed that a 'sociological imagination' enables us to see how the lives of individuals are interwoven, not only with the wider society but also with the historical period in which they live (Simon and Henderson 1997; Willis 2011).

Some personal problems or private troubles can be solved at the individual level, e.g. resolving a disagreement with your neighbour over their cat getting into your yard and killing your budgie. But when a large number of people experience the same problem, e.g. women and children being forced to leave their homes because of family violence, even though for each of them the issue is at the individual or interpersonal level, a sociological lens allows us to see these individual experiences of many women and children as a social issue (or problem).

Using a sociological imagination gives us the capacity to think differently, to reach beyond our immediate experience by shifting away from our own perspective in order to see or imagine phenomena from a different point of view. In this way, a sociological imagination enables us 'to interrelate the structural causes of social problems, major trends, private troubles, and public (social) issues that occupy our everyday existence' (Simon and Henderson 1997, p. 10).

By applying a sociological lens, we are able to see that the structures that shape the societies that we live within, such as education, employment, family, gender, age, ability, culture, religion and so forth, do not necessarily benefit all of the individuals who comprise that society. Oak suggests that the sociological imagination:

> … emphasizes that there is a contradictory and conflicting relationship between the structural context in which people live out their lives and the human agency that they have (agency is a person's capacity for independent action and decision-making) (Oak 2009, p. xiv).

In other words, social structures give us opportunities and at the same time define and limit our opportunities, they contribute to certainty and success and to the causes of alienation and disadvantage, they support nurturing and caring environments, and

environments that are abusive and destructive. They create the conditions of privilege and marginalisation. Throughout this book we repeatedly return to and explore these ideas in relation to community and human services contexts and practice. One example follows.

Case example

The personal is political

In the 1960s and 1970s, feminism drew attention to the interconnectedness between private and public life. Feminists asserted that what happened in the personal lives of women was politically significant, because their experience was unavoidably shaped by the effects of patriarchy, which limited women's access to resources and opportunities (Cree 2010, p. 18; Weeks and Quinn 2000, pp. 125–126). Therefore, in order to bring about effective change in the lives of individual women, there needed to be less focus on 'fixing' problems facing women at the personal level, and treating them as somehow deficient (Hanisch 1969). Instead, a collective effort, directed at changing oppressive social structures was needed.

The privileges enjoyed by men, simply because they were born male, such as economic, political and social dominance, needed to be challenged and changed. Furthermore, women needed more choice in their lives; they needed the capacity to choose whether or not to have a career, and whether or not to have children.

When women met together to share and collectively explore their problems, they gained insight into the wider causes of the personal issues they were experiencing. The realisation that the issue was not that they were individuals who 'couldn't cope', but that they were all suffering from structural inequality due to their gender, was both personally empowering and politically motivating.

Implications for practice

You may not be in a position to answer these questions right now; if so, keep them in mind as you study further.

- What are some other groups in society that are subjected to similar structural disadvantage?
- How might community and human services workers address these causes of disadvantage?
- How does the current service system address structural causes of social problems?

Karen Crinall and Lynda Berends: Choice, Challenge and Change

The social problem process

Best (2013) describes the way issues experienced at the individual level become established as social problems—and are subsequently addressed through programs and government policies. He calls this the 'social problem process'. Best observes that although there is variation in the stages and sequencing of the process, six phases commonly occur: claims making; media coverage; public reaction, policy making; social problems work (community and human services); and policy outcomes. We have adapted Best's six-stage process to include 'individual' experience and 'connection'. Figure 1.4 outlines these stages and associated actions. This framework is included for three main reasons: to demonstrate how individual issues come to be collectively owned social problems; to help you locate why and how community and human services programs come about,

FIGURE 1.4 THE SOCIAL PROBLEMS PROCESS SHOWING PHASES AND ASSOCIATED ACTIONS—FROM INDIVIDUAL ISSUE TO SOCIAL POLICY

Individual experience
Individuals experience something they believe to be unacceptable.

Connection
Recognition that personal experience is collectively shared.

Claims making
Lobbying and public protest, often by an interest group. Awareness raising. Evidence to support case provided by expert opinion, research, statistics, documented events.

Media coverage
News reporting and documentaries. Print, television, radio and internet media.

Public reaction
Public protests and debates, collective calls for action, more media coverage. The issue becomes impossible for politicians to ignore.

Policy-making
Legislation and policy are developed.

Social programs
Practical responses at the social level. Community and human services programs are funded and implemented.

Outcome evaluation
The cycle begins again—evaluation and further research identifies how strategies can be improved, or points to further issues. Sometimes issues fade from view.

Source: Adapted from Best (2013, p. 19).

and to illustrate where you, as a future practitioner, will fit in this overall picture. You might also find it a helpful conceptual framework.

Summary points

This chapter introduced the community and human services sector. We explored the diversity of professions covered and considered a range of employment options for qualified practitioners. The concepts of choice, challenge and change were discussed in relation to the role they play in contemporary society and practice. Current challenges at the practice level, linked to recent changes in the way governments approach the funding of services, and to direct practice approaches, include:

* funding models driven by client choice and control
* place-based approaches that draw on local knowledge to address complex social problems
* increasing complexity in the profiles of people requiring support and assistance (VCOSS 2015).

Making the choice to study and work in community and human services means taking up the challenge to engage with a complex, constantly changing and diverse practice arena. Bringing about effective change involves addressing issues at individual and structural levels. Two frameworks for understanding change processes were described: the WHO ecological model for preventing violence, and the social problem process, which indicates how community and human services programs come into being.

REVIEW QUESTIONS

1 Are there any associations between Alex's experience and recent changes in the sector?
2 Can you identify any themes running through the student testimonies about why they chose to study for a career in community and human services?
3 Write down your own story about why you want to work in community and human services.
4 Find a comfortable place to sit, close your eyes and imagine it is five years from now. You are qualified to work in community and human services, and were fortunate to get a position in your preferred area of practice. You have been there for six months, you are settled in and really enjoying the challenges of the work.
    * What job are you doing?
    * What type of organisation do you work for?
    * How does the organisation help you to do your work well?

- Where is the organisation located—is it in a rural or regional area, the city or a growth corridor?
- Are you working directly with people? What kind of support and assistance are you providing?

5   What evidence have you seen of the changes in the community and human services sector that were identified by VCOSS?

6   How many levels of change are there in the WHO ecological model?

GROUP ACTIVITIES

1   With a study colleague, discuss your reasons for choosing to study and work in community and human services.

2   In a group of three or more, each of you write down five words that define community and human services work. Share your words. Select one person to write everyone's words down—preferably so everyone in the group can see them. Discuss the similarities and differences.

3   In a group of three or more, brainstorm community and human services jobs. List them on a whiteboard or large piece of paper. Which jobs existed ten years ago? Which jobs emerged in the past five years? Try to imagine future job roles.

4   Acronyms abound in community and human services. Working in a group of three or more, each person writes five acronyms (that they're familiar with) on a whiteboard. Others in the group try to decipher what the acronyms stand for. This activity could be done as a game of charades, with participants acting out the words which comprise their acronym.

5   Consider a current area of concern in the community and human services, for example the overrepresentation of Aboriginal children in out-of-home care, or the NDIS, or alcohol-related violence. Discuss these social issues in relation to the social problem process. Are you able to associate stages in the process with the emergence of the issue on the public agenda, and its translation into community and human services programs? Research the policies associated with these programs. What do they tell you about how the issue reached the attention of the public and governments?

FURTHER READING

Working in the community and human services sector

Healy, K. & Lonne, B. (2010) *The Social Work and Human Services Workforce: Report from a National Study of Education, Training and Workforce Needs.* Australian Council of Learning and Teaching.

Australian community and human services sector

Australian Institute of Health and Welfare (2015) *Australia's Welfare 2015.* Australia's welfare series no. 12. Cat. No. AUS 189. AIHW, Canberra. www.aihw.gov.au/publication-detail/?id=60129552015.

Working in community and human services organisations

Neugeboren, B. & Slavin, S. (2012) Social care, social control, and rehabilitation: human service program goals and means. In Neugeboren, B. (ed.), *Organization, Policy and Practice in the Human Services*, pp. 1–21. Taylor and Francis eBooks.

WEBLINKS

Professional associations

The following sites will introduce you to the community and human services professional practice sector. We revisit many of these throughout this book.

Aotearoa New Zealand Association of Social Workers: http://anzasw.nz/

Australian Association of Social Workers: www.aasw.asn.au/

Australian Community Workers Association: www.acwa.org.au/

Australian Institute of Health and Welfare: www.aihw.gov.au/home/

Australian Counselling Association: www.theaca.net.au/

Australian Psychology Accreditation Council: www.psychologycouncil.org.au/

New Zealand Social Work Registration Board: www.swrb.govt.nz/

The Personal is Political (an essay by Carol Hanisch): www.carolhanisch.org/CHwritings/PIP.html

Some groups argue that this is the origin of the term in feminism, although Carol Hanisch herself denied this to be the case. Of significance, is the emergence at this time and place in history of a growing recognition of the interplay between the personal and the political; the individual and social structure.

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