

Cultural, Gender and Socio-economic Contexts in Therapeutic and Social Policy Work^{1 2}

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The contention of this paper is that the context of social problems is critical to their resolution. Furthermore, many of these problems stem from historical and structural injustice and this is often overlooked by service providers, social researchers and policy analysts. The contextual issues of cultural, gender and socio-economic equity provide important insights into authentic notions of social inclusion and wellbeing. Service providers, researchers and analysts have a responsibility to make these injustices part of the public discourse about the sources of and solutions to the endemic social problems that face us today

The paper will highlight the extraordinary impacts our homes and upbringing have in shaping our understanding of the world and the meaning we accord events in our lives. Much of our sense of belonging is shaped by our cultural heritage, our socio-economic experiences and our gender. A separate section will address each of these influences and raise the question of why the organisation of services and the development of policy persists in paying so little attention to the right of citizens to have services on their own terms and within their own paradigms. It is noted that in the social fields, the gender debates have been very effective in achieving change and that a similar determination could usefully be applied to the debates around culture and socio-economic status. The final section encourages the deconstruction of orthodoxy and the embracing of rich, diverse and sensitive approaches to service delivery and policy making that genuinely reflect the range of cultural, socio-economic and gender experiences of citizens.

Critical Contexts

“Context” in this instance refers to the impact and ongoing influence of the lived experience of people from their earliest and given relationships to their mature choices and expressions of culture, gender and socio-economic positioning. We learn to value certain ways of acting in the world over others through those primary expressions of care that impart culture, socio-economic status and gendered cues. Words take on specific meaning, and words with associated emotions and body cues amplify that meaning. In our homes we learn those behaviours that are accepted and welcomed and those that we soon consider to be shameful. Our knowledge of the ways of interaction and social intercourse are modeled and explained in the intimate groupings we are born into or placed in. Our sense of security, predictability and order stems from our cultured and

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gendered experience of belonging, and the socio-economic position in which we express them. Socio-economic status in modern democracies is more fluid than it used to be and changes for numbers of people during the course of their lifetime.

Think for a moment of the notion of family, and recall what families pass on directly through their guidance and instruction, and indirectly through their being, their demeanor and their interactions with others. Families provide a structure for intimacy, a safe place to be nurtured, grow and learn. It has to be said unfortunately, though safety is the norm in all our cultures, it is not always guaranteed. Families can vary from tiny two person groupings living in the same house to large extended families living in different households. From families we learn the basis of gender identification and role expectations. We are taught the finer points of social interaction that involve values and expectations such as reciprocity, mutuality, sensitivity, boundaries and the plethora of unwritten rules of communication (Sue et al 1990, Love 2000, Tamasese et al 2005). Families are foundational purveyors of cultural mores, gendered expectations and broad socio-economic branding. They provide a critical entry point to society and preparation for broader social interaction with other families who have similar underlying values. The collective of these in a given region inherit and pass on what we refer to as culture.

Within cultures particular meanings are accorded to certain events and physical entities. Specific meanings, and sometimes rules, are accorded to gendered behaviour and socio-economic standing. We may wear certain clothing, acknowledge certain types of people and express particular rituals. Each of these actions accord ordinary or sacred meaning in a particular culture. A monetary gift or a formal acknowledgement in front of peers, a glass of wine or a tea ceremony, a diamond in Europe or a fine mat in the Pacific, a cross in Christendom or a crescent in Islam, intentional gatherings of women or activities with children, each take on special significance.

Our sense of belonging is very closely tied to our participation in all these processes, most of which we have had very little choice over until later in life. Whatever our sense of self determination may be, much of it was shaped by the generations before us and our interactions in the culture or cultures in which we were brought up. Furthermore, much of our identity stems from our cultured, gendered and socio-economic sense of belonging, because our heritage creates meaning and accords status and place that is ours. It creates a space among others, where we are recognized and where certain expectations are justified both by us and of us.

This sense of belonging runs very deep for human beings. It provides the basis for primary loyalties, social networks and social behaviour. This is not static of course; the next generation is influenced by developments and change. Nevertheless, the inherited sense of cultured, gendered and socio-economic belonging plays a major role in the development of that generation. It is the persistence of the significance of this identity through generations, and its power to explain and create meaning for people, that suggests it would be very wise to respect and honour it (Bush et al 2005, Waldegrave et al 2003).

This persistence of multi-generational identity raises serious questions about modern notions of subordinating unique cultural and gendered ways of doing things to a more commodified, globalised and universalised approach. This is not to suggest there is no place for globalisation or common practices and laws across cultures. There is much to be gained for example, from common laws and practices, the free flow of people and ideas and international trade. It is rather to suggest that the 'melting pot' idea of universalising policy and institutions has taken an excessively one dimensional approach, within and between countries, that has seriously marginalised large groups of people in inequitable ways.

Cultural Knowledge and the Implied Claims of the Social Sciences

Despite our knowledge of the complexities of biological and social inheritance, expert prescriptions for policy development and services for families are frequently based on universal stereotypes. Western cultures, for example, tend to favour notions of individual self determination over extended family or collective notions of self determination. As a consequence most theories of counselling, psychotherapy and clinical psychology posit *individual self worth*, in one form or another, as the primary goal of therapy (Sue et al, 1990, Sampson 1993, Owusu-Bempah et al 2000). That is because destiny, responsibility, legitimacy, and even human rights, are seen to be essentially individual concepts among most western cultures. It follows that concepts of self, individual assertiveness and fulfillment are central to most of these therapies.

However, for many of the cultural communities within these countries, and for most cultures internationally, collective notions of family and groups of families' wellbeing are favoured over individual rights. If, for example, you come from a communal or extended family culture to some form of therapy because of traumatic experiences you may have endured, questions relating to self-exposure and self-assertion are often confusing and even alienating. They can crudely crash though the sensitivities in communal based and extended family cultures. Among individually based cultures, such questions can be quite appropriate. Outside these cultures, however, the questions are often experienced as intrusive and rude. They can rupture co-operative sensitivities among people, and destroy the essential framework for meaning which should be drawn upon for healing.

The same individualistic assumptions are frequently applied in public policy settings and become enshrined in law. The adversarial approach to child protection in English speaking countries, like the UK, USA, Canada, Australia and New Zealand, is an example. These Anglo-American approaches that place the individual rights of a child ahead of those of their family, are being seriously questioned today (Cooper et al 1995, Allen Consulting Group 2003, Cameron et al 2003, Connolly 2004). The adversarial approach discourages early intervention and focuses more on the legal assessment of guilt or innocence in the name of the child's safety, often at the expense of family relationships with different legal counsel pulling family members in different directions. In many instances, the legal issues predominate, and the services for families that would help them become safe are simply not provided, or are provided inadequately.

This focus on the individual child, rather than the collective environment of the family, is an extreme application of individual bias in policy setting. It contrasts markedly with the Family Group Conferencing approach, which developed from an indigenous model in New Zealand and has been applied widely throughout Europe and North America (Burford 2000). Family Group Conferences (FGCs) were designed to empower families to resolve the majority of their family welfare and justice problems through their extended family members. The traditional whanau hui (Māori extended family meeting) became the model for the FGC. They emphasised the primacy of children remaining within their families and living within their kinship groups wherever it is possible. In an interesting and contradictory sense, it has become clear that this broader emphasis on family rights over individual ones have also benefited families and communities from western cultures despite their strong links to individualism. Children who became lost in the welfare system now remain connected with their families through extended family decision making and care. It offers a very good example of a country engaging in a range of paradigms appropriate to its citizens and the net result enriching all.

The extremity of the Anglo-American approach to child protection has *not* been adopted in Continental Europe, despite their own commitment to concepts of individualism. The Continental *family services* approach avoids many of the problems of the Anglo-American adversarial approach by adopting a more cooperative consensual style that works with families to help them change their behaviour when it is unsafe, and preserve the family unit wherever that is possible (Allen Consulting Group 2003, Connolly 2004). It recognizes the primary role parents have in creating safety for children and encourages early intervention with families to help change behaviour and protect children. As we in the English speaking countries know only too well, the conflictual legal approach so often antagonizes parents and disengages them from their children. The children then often become further victims in the insecure world of fostering, while very little is done to help change their parents' behaviour in the meantime.

It is important not to exaggerate notions of individualism as being dichotomous with collective concepts. The welfare state in most English speaking democracies expresses strong notions of collective responsibility, but not as strong as those of most Continental European countries (Esping-Andersen 1996). Most western cultures also have collective notions of family, but shared obligations and resources among extended family members tend to be weaker than in most other cultures. Nevertheless, individualistic concepts are often powerfully embedded in the assumptions, constructs and policies in Western countries.

The homage to the primacy of the individual has deep philosophical roots in the West as a whole (Weber 1905, Tawney 1926), with particular potency in the English speaking world. The notion is also frequently purveyed uncritically through social science literature (Maslow 1970, Bellah et al 1985). As policy makers adopt evidence based approaches and more rigorous evaluations, they draw heavily on the supposed objectivity of social science theory and research. Mainstream social science approaches are largely modernist and claim to be objective. They further claim to produce knowledge that is neutral, unbiased and independent of vested interests. More particularly, they claim to

produce knowledge that is robust and verifiable. There are some indications that this is changing under the influence of post-modernism, but modernist epistemology is still basis of the evidence based approach.

The knowledge however, frequently privileges certain values like individual self worth and individual self determination. In the process alternative knowledge and plurality for those whose values are different, is often minimised or ignored.

Services for families and family polices are devised within this ideological context. Health and therapeutic services assume a primarily individualistic approach and policy settings cater to the same values. The “experiences of belonging” of those who are not part of the mainstream cultural group are usually denied. The critical contexts of meaning for those who are different are largely, though not entirely, overlooked. The assumptions of the dominant culture generally prevail, and those who are dissimilar are expected to adjust to the mainstream, or to translate the processes into their own cultural milieu.

A strange world of universalised therapeutic and policy prescriptions emerges in such a context. Families, whose traditions of meaning and ways of doing things may be centuries old, are co-opted to the world and constructions of the therapist or counsellor. The metaphors of the families’ culture will be absent. So too will its rituals. The intimacy of the culture will be absent, as will its significant meanings. And this happens when the families are in very vulnerable states, which is why they are seeking therapeutic help in the first place.

In the policy and planning world, families are often required to fit into the mainstream mould. Housing policies seldom allow for culturally appropriate designs that cater for extended rather than nuclear families and clusters of houses that would strengthen familial relationships. Social service deliverers tend to privilege social workers, often to the neglect of elders in traditional communities, and health professionals over traditional healers. The approach to people from non-dominant cultures, when addressing the difficult and sensitive issues around abuse, is usually little different from the approach to mainstream families.

In all these instances, people’s fundamental ways of knowing and experiencing the world are, generally speaking, denied. They are co-opted instead to the privileged world of the professional who delivers the ‘certified package’, full of cultural assumptions. This is not to suggest the service is always inadequate, but it is not delivered to people on their own terms. From the perspective of the client family, it is usually delivered by strange people, in an unfamiliar manner, in a language they struggle with. It can, in fact, be viewed as a contemporary expression of a new form of colonisation. Those who are persistent can make use of it, but for most, it passes over them. This is neither a useful nor an efficient way to produce good outcomes and it contributes little to social coherence and wellbeing.

The consequences of this universalised mono-cultural approach are all too apparent. Within countries like the UK (Office for National Statistics 2005) US, Canada, Australia

and New Zealand (Ministry of Social Development 2006) they manifest themselves in the statistical measurement of outcomes. The social, educational, health and economic indicator results for many immigrant and indigenous people are consistently poorer than for the mainstream. This strongly suggests that most immigrant and indigenous cultures approach learning, socialisation and economic activity from a different perspective than the mainstream, and educational and other systems disadvantage them, while favouring those more in tune with the mainstream.

There is an injustice here, but there is also a lack of common sense. If high quality alternative institutions and processes of learning were encouraged, a new breadth of plurality would compete with and offer alternatives to our markets, our institutional processes and our policies. Isn't this exactly the sort of competition that is being encouraged by many in the social and economic sectors? Furthermore, non-dominant cultural approaches would offer different paradigms, alternative meanings and more colourful processes for the advancement of their own people and, in some cases, for the whole of society. In Aotearoa, New Zealand, a number of indigenous initiatives in the educational sector, from early childhood through to tertiary education, have enlivened learning for many young people and lifted participation rates phenomenally. They have also contributed substantially to the overall diversity and motivation for education for all of the country. They are not without their problems, but they are the problems of growth and development.

Unfortunately, in the policy circles of most countries, there has been an unwillingness to engage with people's heritage and understand the crucial role it plays in the evolution of meaning for them. This is changing to some extent, but generally speaking there is a risk-averse approach that focuses on mainstream narratives and marginalises other ways of doing things. The richness of alternative meanings, rituals and metaphors are denied in such processes.

When an alternative route is taken, as it was in New Zealand in child protection work, the outcomes can be very interesting. An indigenous process, that became known as 'Family Group Conferencing', was so successful that it has been adopted as the process of choice in many organisations in the United Kingdom, Continental Europe, North America and Australia (Burford and Hudson 2000). This is not to say all indigenous contributions will be as successful, but it does illustrate what can be possible when we genuinely engage with alternative ways of doing things.

If we accept the thesis that the primary expression of belonging among human beings has its source in their cultural and gendered heritage and their socio-economic positioning, then it follows that we should be encouraging the celebration of diverse and alternative theory, research and practice, rather than continually imposing a universalised mono-approach on our institutions and processes. Furthermore, we could encourage cultural, gender and socio-economic capability building in the social, economic and environmental spheres. This in turn, could lead to the development of new knowledge and different paradigms.

It is apparent from this analysis that the adoption by many countries of mainstream western paradigms as the model for most institutions, and the resulting marginalisation of other cultural modes of construction, denies many people a sense of belonging to their society's institutions or familiarity with the services the State provides.

Socio-economic Equity

Beyond a cultural and gender analysis, there is now a substantial body of literature that associates low income households with inequality in physical and mental health. One of the most significant and iconic early research projects on the subject was carried out by Harvey Brenner in the early 1970s at Harvard University (Brenner 1973). His research focussed on unemployment and societal health. He led a large scale study on the effects of economic recession in the USA, and his results indicated that a 1% rise in unemployment is followed by 6% more admissions into psychiatric hospitals, a 4% rise in suicides, a 4% rise in state prison admissions and 6% more homicides.

Further research by Brenner (1979) confirmed the same findings in England and Wales. The relationship between unemployment and suicide was tested in eight different developed countries and again the close link between annual variations in unemployment and suicide rates was demonstrated (Boor 1980). The same relationship was also found in New Zealand (Macdonald et al 1982).

Since the 1980s many local and national studies have followed (Benzeval et al 1995, Acheson 1998, National Health Committee 1998, Kawachi & Kennedy 2002, Kawachi & Berkman 2003, Pearce 2003, Waldegrave et al 2004, British Dept of Health 2005, Whitehead et al 2006). They each show a distinct relationship between inequalities in society and physical and mental ill health. Poorer people die earlier, consistently have the poorest health and the highest hospitalisation rates. Furthermore, when there is an overall improvement in a country's population health status, health inequalities do not decrease.

The evidence is so overwhelming that a number of major government enquiries have been set up to study the evidence and recommend new directions for national health services to address health inequalities. The famous Acheson Independent Inquiry into Inequalities in Health Report in the United Kingdom (1998), and the Social, Cultural and Economic Determinants of Health in New Zealand: Action to Improve Health (1998), are two such examples.

Given the substantial evidence of the relationship between inequality and physical and mental ill health, it is reasonable to consider that many of the problems that families present in therapy result from poverty, inadequate housing, unjust economic planning, unemployment, racism and other broad structural social problems. They are the symptoms of inequality.

From this perspective, these symptoms that are usually thought of in mental health or social work categories, should *not* be considered to be simply personal, intra-psychic or intra-family disorders. If they arise in association with broader structural problems in

society, they can be more accurately viewed primarily as the symptoms of those structural social problems. The tighter clinical and social work categories are secondary, and only useful if viewed in relation to the primary focus.

This suggests that many, though obviously not all, of the mental health, social work and relationship problems people are the consequences of power difference and injustice. Such a notion seldom features in clinical and social policy literature or as major themes in professional conferences. If it did, there would be considerably more exploration and analysis around ethics and social justice themes as they relate to family context and a less exclusive focus on the bounded space of individuals, couples or families.

In the policy arena, there could be a greater exploration of pathways out of poverty, capacity building and the encouragement of local community development initiatives. This is beginning to be picked up more, with programmes like *Sure Start* in the UK and *Working for Families* in New Zealand, than it is in the therapeutic arena. There is still a long way to go however, before the open acknowledgement of injustice becomes the norm and policies are designed to remove the underclass status for all citizens.

Helping professionals like psychologists, social workers, counsellors, psychiatrists, nurses, and others who work directly with those who are suffering, have a critical role in post industrial and largely secular states. They are the predominant professional group who listen to the pain of individuals and families. They work in the institutions that address pain in these societies, like the health, welfare and justice services. They work in the non-Government (NGOs) and community organisations that provide family support and services around abuse, poverty, housing, general counselling, mental and physical ill health and so on. They also work privately, but are often contracted into the work of these larger organisations.

They are the professional groups that are the most informed ‘experts’ on the collective levels of hurt, sadness and pain in modern countries. Those who live in deep pain are, of course, the primary ‘experts’ in the sadness and hurt they and their communities experience, but the professionals working directly with families are the helpers who continually witness that pain week after week. In my opinion, they carry a substantial responsibility to identify, quantify and describe the severity and causes of it. This is ethically essential if they are committed to honouring their client group. They have a responsibility to publish and publicise the causes and outcomes of people’s pain in order that they may be addressed in the public debate and so they impact on policy. Good policy must address issues of wellbeing and inclusion in informed and effective ways.

These professionals are the ‘thermometers of pain’ in modern countries (Waldegrave 2005). Instead of confining their knowledge in clinical and social work vacuums, they can quantify, describe and identify causality for all to see. Where issues around housing, poverty or race become dominant in caseloads, for example, their descriptions can inform the public, adding reality and depth to public discourse and provide a more helpful basis for intelligent public discussion.

Therapists could also usefully identify and debate the range of other factors they observe that cause pain in their client group. Discussion of these may be more useful than the endless string of case study presentations and outlines of therapeutic techniques that currently make up the agendas at professional conferences, within professional organisations and at staff meetings. Therapists could become active in a number of ways, including keeping records of the numbers of individuals and families they meet in therapy who are below the poverty income threshold in their country (or in inadequate housing, or being subject to ongoing racist experiences, etc). The summaries of those, and their colleagues' in other organisations, could be written up and placed in the public arena.

Therapists, researchers and policy makers could work closely together if they were provided institutional space to do so. Therapists, for example, could write up the sorts of stories they see and hear in therapy for popular media outlets, and advocate for social changes that will address the causes of problems they identify. They could also identify the failure of certain social and economic policies as the prime cause of pain and ill health to many low income families, rather than ascribing cause to the failure of individuals and families, as many in society do. Researchers could investigate the evidence, and policy makers could help construct policy responses with the supporting evidence to address the problems in a sustainable way. When they know that certain social and economic conditions prolong ill health, for example, they could be active in creating public awareness concerning these issues and recommending policy solutions, out of respect for the needs of disadvantaged families not to have their sicknesses prolonged.

Actions like these would require a fundamental shift of attitude and responsibility in the social science professions. Success in achieving it though, would go a long way to rid these professions of the fair and current accusation that practitioners and policy makers often silence the voice of poor people, as they unintentionally help make them happy in poverty rather than directly address their circumstances. The professions are also on occasions accused of being captured by political interests who wish to lower taxes and minimise social policy expenditure, or because the industry around poverty pays their salaries, they have no real interest in eliminating it.

These are tough and uncomfortable accusations to face up to, but they are the sorts of challenges professions who are entrusted with the vulnerability of people during some of their most fragile periods, should be facing. It does us no harm to reflect on such criticisms, because even though they may be exaggerated, they are also likely to have a grain of truth in them.

Progress in Gender Equity

During the course of the last four decades gender roles, expectations and understandings have undergone enormous change. The patriarchal inequalities that were accelerated over the period of the industrial revolution and continued right through into the post war welfare states were glaringly exposed by feminist critique in the 1960s, 70s and since in which almost every aspect of gender inequality was assessed (Friedan 1963, Greer 1970,

Gilligan 1982, Hooks 1999). The results of that assessment have fuelled the challenges that took place then and have continued since. Traditional notions of family and gender roles have been transformed as a result. This is not to suggest that the old patriarchal structures have completely crumbled, but their foundations have been substantially shaken and their assumptions are continuously challenged.

As this process has taken place, the shapes of families have changed markedly. In New Zealand for example, 90 percent of families with dependent children in 1976 were living in 2 parent households. 10 percent were in 1 parent households. Twenty five years later in 2001, 71 percent were living in 2 parent households and 29 percent in 1 parent households (Ministry of Social Development 2006). The labour market has also changed, with higher female participation rates and women represented much more in senior and managerial positions. There was a period recently in New Zealand when women occupied each of the positions of Prime Minister, Governor General, Attorney General, Chief Justice and CEO of our largest company. While this is not typical, it is indicative of substantial changes in leadership and influence.

Many of these changes are welcome, but they do not always find their balance. The changes in many households are often superimposed on a patriarchal structure, where women work in the labour market but continue to be the primary carers for children and responsible for domestic tasks. While many couples find a new and equitable balance, deep resentments can occur when gender arrangements do not adjust to the new situation. The stresses that modern families experience can stem from micro-inequities in the home where organisational arrangements often betray women.

Our richer understanding of gender issues has had huge impacts for service providers and policy makers. Substantial progress has been made, for example, in the exposure of sexual and physical abuse. Prior to the 1970s most abuse, apart from extreme cases, was hidden. People in the helping professions very often ignored it and only treated the symptoms of such violence. Abuse was seldom addressed in professional and training courses and the laws protecting women and children in domestic situations were very ineffective. There was little research in this area and few policies were designed to expose and prevent violence.

This began to change substantially in the 1970s when women politicized the issue. Articulate feminists (Pizzey 1982, Bograd 1984, Goldner 1985, Kamsler 1990) challenged the helping professions and policy makers to identify violence, expose its damage and to devise policies and therapies that would hold offenders accountable and create safety. Psychologists, social workers, doctors, nurses and therapists can no longer act as they did before. Policy and law makers have been required to address structural issues around such violence and safety. The movement for change that was spear headed by feminists soon drew support from other women and some groups of men.

The term '*abuse*' and the meanings we now give it have changed our practice, our explanations and even the law. Many/most people are now trained to recognize violence when it occurs and to ensure that those victimized by it are properly supported and freed

from self blame. Perpetrators are usually exposed and encouraged to take responsibility. Men's and women's groups have sprung up to teach non-violence, refuges and safe houses now exist in most cities and towns, and large community educational drives including television advertising take place to highlight the horrors of domestic violence.

The problem of violence has not been solved, of course, but it has been exposed and it is being addressed. Safety is understood today to be a primary issue when dealing with gender equity. It is written into most professional codes of ethics. It is recognized by most of the helping professions as needing to be addressed immediately when it arises and it has become a priority in policing.

We have learned that violence is endemic in our societies and it is going to require much more effort to extinguish such deeply embedded cultural responses. Nevertheless, the courage of those who began the big push to expose the injustice has achieved an incredible amount. In fact, they offer an example of what can be accomplished in other areas when sufficiently large and motivated groups of people are determined to turn an injustice around.

The same, unfortunately, cannot be said for the post-industrial phenomenon often referred to as the feminization of poverty. In post-industrialised countries, sole parent woman - led households are usually the poorest (Jones 2005, Ministry of Social Development 2006). Furthermore, in recent years they have become an increasing proportion of all households with children. Not all single parents are living on low incomes, but our own work in the New Zealand Poverty Measurement Project demonstrated as early as 1993 that over 70 percent of single parent households lived below the poverty threshold (Stephens et al 1995), and they continue to dominate the poverty statistics.

Contemporary globalised market societies appear to benchmark their income norms on two-income families. If there is only one income earner, they have to be earning a high income or work extremely long hours to be financially comfortable. This imposes an extraordinary strain on most sole parents, because alongside their working life they are the only parent for their children and they are also responsible for household domestic tasks.

Their costs are only marginally less than those for two parent families. In most cases, they require houses with the same number of bedrooms as two parent families with the same number of children. Children require the same amount of transport, food, clothing and other costs. It is no wonder then, that a large proportion of sole parent families have few resources and low living standards. It is also not surprising that many of these households are much more susceptible to mental and physical sickness.

Very few countries have been able to devise policy responses that adequately overcome the disadvantages single parent households experience. They usually lack money and support to relieve their ongoing parental roles, and workplaces can be insensitive to the flexibility they require when children are sick or they are simply exhausted. They are

often stigmatized by others for being single parents. When they arrive at counseling centres or other service providers, it is very important to recognize and address the contextual factors in their lives and avoid working on the symptoms of their distress out of context.

The challenge for policy makers is to develop policies that facilitate the social inclusion and participation of single parents, while working with the demands they face from their multiple roles. These can include education and training, pathways into the workforce, the development of informal social networks and well funded holidays and activities for children. Sole parent families need recreation, activities they can afford and opportunities to build relationships.

Today many more social science texts are written by women and women's perspectives are much more common in the literature than they were. This has enabled therapeutic and policy paradigms to move from the more mechanistic modernist approaches to those that more flexibly and positively create solutions for families and communities. Women's experience tends to be central to families and as they now contribute so much more to the literature on the subject, it is frequently better informed, particularly about their own experiences and those of children.

At the Family Centre, we have developed processes of accountability that are designed to encourage and increase reflections on women's experiences and concerns that have in the past been marginalised in mainstream institutions (Tamasese and Waldegrave 1993, 1998, Waldegrave 2003). We have developed a similar process of accountability to cultural groups that are marginalised in society. These processes involve cultural and gender caucusing and encourage a respect for important alternative knowledge. In each case leadership is taken by the marginalised group (in mainstream society eg women, an indigenous or migrant culture, etc) and the discussions are accountable to them in a manner that ensures that valuable gendered and cultural insights are not lost to the organisation. The women become the guardians of gender equity at the Centre and the Māori and Pacific people, the guardians of cultural equity.

Although there is still a long way to travel before women and men achieve fully equitable relationships, the pace of change has been markedly more speedy than in the other two areas, as some of the examples reflect. The increasing educational and employment opportunities for women offer another example of hope that monolithic structures can become more accommodating of difference. These give cause for hope and should fuel our determination to achieve greater equity in the cultural and socio-economic arenas.

Deconstructing Orthodoxy

This paper has asserted that the context of social problems is critical to their resolution and that the context is often ignored. The term 'context' has referred to the impact and ongoing influence of the lived experience of people from their earliest relationships to their mature lives as expressed through their culture, gender and socio-economic positioning. The marginalisation of many people's primary sense of belonging in the services they receive and the policies they are required to live with, simply because they

are less powerful and different from the majority, is of serious concern. In a modern democracy, where people share the tax burden, they surely have the right to receive services on their own terms and benefit from policies built on a close understanding of their lives and values. For this to be accomplished we need a richer expression of cultural paradigms, policies that address the root causes of socio-economic deprivation and a grappling with persistent gender inequities.

At the heart of this, is a challenge to break with orthodoxy when it is inefficient or unjust. The tedious predictability of so many mainstream institutional services often deny people their sense of belonging and ignore the real causes of their pain. As a result the same groups of people in country after country become entrenched in their misery. These are usually people from different cultures than the mainstream, poor people and women. To change this state of affairs, social science knowledge, which has enjoyed such a privileged place in the helping and policy-making professions, needs to sit humbly alongside other forms of tradition and knowledge. Among those will be cultural knowledge, gender knowledge and class knowledge. The diversity will add colour, richness and justice, and will lead to considerable institutional change.

To achieve this, institutional power in our public, private and voluntary services has to be intelligently and radically critiqued. We need to deconstruct the industries of help and policy making from the perspectives of culture, gender and socio-economic positioning and enquire as to the reasons for their hegemony and practice. Are they more efficient in achieving equity? Do they enable the high level policy goals of social inclusion and wellbeing to be reached? Do they respect the breadth of citizenship in a country and do they enhance or hinder the aspirations of all citizens?

To deconstruct monopolistic power, we need to honour differences. The 'break throughs' in gender occurred when women powerfully asserted their different perspectives and men began to honour them. The same is true for culture. When people's cultures are honoured, their sense of belonging is also honoured and that enhances their experience of wellbeing. When middle class people enter the worlds of those who are poor and actually observe and listen to their experiences and hopes, they know that inadequate housing, minimal education and insufficient income are the cause of most of their stresses and consequent responses rather than their inadequacies or pathologies.

Change of this magnitude needs to be incremental to be sustainable. Radical heroes, who simply dismiss all current services, dishonour the contributions of many and deny what is currently being achieved in our systems. The way ahead is to build on the current foundations by encouraging flexibility and change at a pace most people can handle. Where client numbers in an organisation, for example, are highly represented by people from non-dominant cultures in a particular country, start recruiting staff from those cultures, and create institutional space for them to develop their own paradigms. Invest in their capacity building, not so that they can develop the same practices as those in the mainstream, but to enable exciting new work that will genuinely enhance the sense of belonging of the client groups concerned.

Therapeutic organisations could initiate community development, research and social policy dimensions to their work. In a sense these would add more ‘brain’ to service provision and encourage better outcomes and greater diversity. Likewise, much more space could be accorded to analysing the complexities around the changing lives of women and men. We could be much more vigilant in asking, “what are the gender implications for the ways we work together in organisations and for the families we work with or create policy for?”

At its heart, this paper is about the recognition of the importance of diversity and everyone’s right to self determination - individually, collectively or both. People should be able to exercise these rights on their own terms as women and men, within their cultural groupings and without deprivation. Services and policies should help people maximise their choices, rather than constrain them by imposing one dimensional solutions in a foreign environment. Such services and policies would provide the seedbeds of equity and healing, and they would be properly focused on the high level goals of wellbeing and social inclusion.

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