

NB- now published as: Beddoe, L., Staniforth, B. L., & Fouché, C. B. (2017). 'Proud of what I do but often ... I would be happier to say I drive trucks': Ambiguity in social workers' self-perception. *Qualitative Social Work*, 0(0), doi:10.1177/1473325017725801

“Proud of what I do but often ... I would be happier to say I drive trucks”: Ambiguity in social workers' self-perception

Abstract

A public perceptions of social work research programme commenced ten years after the introduction of limited professional registration of social workers in New Zealand. A first study explored public perceptions of social workers via a telephone survey. In a second study, social workers were asked, amongst other questions, how they thought the public would respond to the same questions about their profession that were asked in the first survey. An online survey accessed the views of 403 social workers and generated rich quantitative and qualitative responses, including to two very specific open questions (the focus of this article), firstly about social workers' expression of pride and secondly, felt stigma as potentially encountered in their professional and personal domains. These two concepts, pride and stigma, constitute organising constructs in this article, along with aspects of professional identity expressed in participants' imagining of the public view: ambivalence, hard work, difficult journeys, professional virtues and being misunderstood. The complexity of a social work professional identity is further examined.

Keywords: Social work, public perceptions, stigma, professional identity, professional pride

Introduction

Enhancing the professionalism of social work was one of the main aims of the limited registration achieved in New Zealand in the Social Workers Registration Act, 2003

(Beddoe & Duke, 2009). Previous research had reported that social workers expected an improvement in the professionalism of social workers following registration (Beddoe, 2013). Ten years on the authors were curious about the perceptions of social work held by the public and subsequently conducted two studies to explore perceptions of social work.

In the first study, the authors conducted a telephone survey aimed at answering a question about the beliefs and impressions of members of the public in New Zealand of social work and social workers (reported in Staniforth, Fouché & Beddoe, 2014). Significant results included: 1) that social work should become more visible; 2) that social workers needed to be better at what they do and to demonstrate their effectiveness; and 3) that the public appeared to be relatively well-informed about what social workers do and what qualifications they require. Members of the public demonstrated an awareness of the stress associated with the job, the low pay and the hard work that is required. This first study demonstrated a level of public confidence in social work in New Zealand, but did not inspire complacency (for instance less than half of participants in that study believed that the public trusted social workers).

In the second study, the authors explored the similarities and differences between what the public study had revealed and how social workers themselves believed they were perceived. The overall research question of the second study was: ‘How do social workers think that they are perceived by the public of New Zealand?’. This second study explored whether there was a difference in perceptions between members of the public (who participated in the first study), and the perceptions of social workers themselves, (responding to the same questions as those asked of members of the public in the first study). This comparative study has been reported in Staniforth, Deane and Fouché (2016). Due to the focus and scope of the comparison, the rich responses to two very specific and open-ended questions in this second study about social workers’ expression of pride and ‘felt stigma’ (Scambler, 2009) were not included in report of the comparative study. Reporting the analysis of these qualitative data is the focus of this article.

In the second study, we posed two questions: ‘are you proud to be a social worker?’ and ‘do you think there is stigma associated with being a social worker?’ Each of the pride and stigma questions invited optional open response and generated significant data. These two themes which on the surface appear to be dichotomous,

are explored in this article: social workers' reported expression of pride in the profession and the experience of prejudice and the articulation of felt stigma (anticipation of enacted stigma or discrimination) associated with it (Scambler, 2009). The data for these studies were collected in New Zealand, in which social work has had a particular trajectory of professionalisation (Hunt, 2016, 2017). No study of public perceptions had been reported in New Zealand prior to the implementation of registration. However, literature reports criticism of social work in the pre-registration period, leading in part to the drive for statutory registration (Hunt, 2016). In 2003 partial, voluntary registration was introduced via legislation but its non-mandatory nature left social work in an ambiguous status, only partially professionalised (Hunt, 2017).

The international literature described below reveals that concerns about public perceptions and understanding of social work are common in Western countries (Aldridge, 1990; Condie *et al.*, 1978; Franklin and Parton, 1991; Pollak, 1961). Such concerns often focus on the social work role as it is understood in the wider society, media and in political discourse, as will be discussed below. This article's unique contribution is its in-depth exploration of the collision of concepts of pride and stigma in social work as a profession, as they surfaced in a study which uniquely explored what social workers thought public opinions of social work might be (Staniforth *et al.*, 2016). This expression of seemingly contradictory perceptions suggests that New Zealand social workers may have internalised an ambivalent attitude towards their own profession, as represented in their experiencing both pride and stigma. Our argument in this article is that this ambivalence is under-explored in the literature and this research adds to an understanding of social workers' lived experiences.

Literature review

In a review of the literature about public perceptions of social work two main aspects are pertinent. The first theme in the literature focuses on media portrayal of the profession, generally regarded to be negative, even displaying prejudice against social work. The second relates to the extent to which social work feels poorly understood as a profession, revealing a lack of clarity about the varied social work roles and settings. This theme encompasses both ambiguity about whether social work is a

‘true’ profession, problems of identity (Beddoe, 2017) and its close task association with other professions such as nursing and psychology. Social workers may be proud of their profession, assert their collective identity and self-esteem. but tempered by a belief often expressed that they are misunderstood, undervalued and subject to stigma in the public discourse (Beddoe, 2013).

Portrayal of social work in the public domain

The portrayal of social work has been of concern to social workers, professional bodies, employers, and funders of services for many decades (Aldridge, 1990; Condie *et al.*, 1978; Franklin and Parton, 1991; Pollak, 1961) throughout the Western world. While little research has been conducted in New Zealand, negative portrayal has been recognised as a professional issue by several authors (Lytollis, 1996; Stanfield and Beddoe, 2013). Social work in New Zealand is subject to very similar professional and political challenges to those reported in international literature. Child welfare social work is most visible while other substantial fields, such as health social work are largely invisible.

In the UK literature, discussion from 1990 onwards focused on the role of the news media framing of political and public perceptions of social work (Aldridge, 1990; Franklin and Parton, 1991). There is a concern that social workers are caught in the ‘blaming the messenger’ dynamic (Fitzgibbon, 2011; Franklin, 1999; Mendes, 2001) where social work is associated with blame and shame from saturated media coverage of high-profile cases. Warner (2014, p. 1637) has argued that ‘politicians and the press have a shared mutual interest in the co-authorship of “bad” stories about social work’ as emotion is employed as a political tool in public discussion of services.

However, a number of studies do suggest that, while media focus on failings rather than successes does influence public opinion, research participants understand social work to be a difficult and demanding occupation. Several studies have been carried out in the UK by public bodies, motivated by periodic concerns about social work recruitment and retention. A study conducted for the Department of Health (UK) in 2000 (Research Works, 2001) analysed data from six focus groups undertaken in England. Participant perceptions of social work were heavily influenced by media coverage which was ‘unanimously recalled as negative’ (Research Works, 2001, p. 5). Participants were not well informed about social work

qualifications but were able to describe the personal qualities needed to be a social worker, for example ‘communication skills, patience, impartiality, and inner emotional strength’ (p. 5).

Davidson and King carried out a survey for the Scottish Executive and found similarly that ‘people were more likely to be positive about social workers than negative by a margin of about 2:1’ (Davidson and King, 2005, p. 23). Focus group participants described social workers as, ‘helpful’, ‘nice’, ‘good people’ and ‘vital’ (p. 24) and social work as a stressful profession which did not receive sufficient credit for its contribution. These study participants made reference to the ‘bad press’ that social workers receive and expressed a view that this was ‘perhaps unfair and a reflection of a broader tendency on the part of the media to highlight bad rather than good news’ and to focus mainly on perceptions of social worker culpability (2005, p. 25). Such views suggest that the public is more discerning and able to recognise framing than might be expected. These studies, and similar United States studies also confirm earlier research that there was significant confusion about the role of social work and there was an association with child protective services as the most likely field of practice (Condie *et al.*, 1978).

Confusion is also reported about social work and its various roles (Condie *et al.*, 1978). There is clearly a public perception of social work being focused on child protection and child welfare. Condie *et al.* (1978) and Le Croy and Stinson (2004) found very significant public understandings of social work as being primarily about child welfare. Le Croy and Stinson (2004) found that over 90 per cent of respondents perceived it as appropriate that social work had a child protector role.

Findings from studies on press coverage (Mawby *et al.*, 1979; Gaughan and Garrett, 2011) were generally negative and sensational due to stories focused overwhelmingly on abused and neglected children. Despite the negative image of social work in these studies, newspaper coverage has also put the spotlight on the under-resourcing of social services support (Gaughan and Garrett, 2011). In addition, both studies provided evidence of unbalanced coverage of social work to the degree that other social issues are not addressed adequately in the press. A more positive image of social work was found in the study by Davenport and Davenport (1997)

where the majority of stories in print and television analysed did not portray social work in a negative light.

In response to these mixed accounts of media influence on public opinion, there has been a call for training in media skills to ensure that the profession plays a more proactive part in shaping its identity (Briar-Lawson *et al.*, 2011; Gibelman, 2004). The profession however is not a unitary entity and is at different stages of development globally. New Zealand is in the early stages of professionalisation, having only relatively recently achieved partial and ‘voluntary’ registration in 2003 (Beddoe and Duke, 2009) however local social workers have had university professional education available since the 1950s (Beddoe, 2014).

A brief consideration of some key elements of the process of professionalisation is useful at this juncture, which are as relevant in New Zealand as elsewhere. Professionalisation encompasses two significant aspects pertinent to themes found in our study: reputation and trustworthiness, hence it is important for social workers in all jurisdictions to survey public and social work opinion about perceptions, in order to identify potential problems and challenges.

The professionalisation of social work

While Wilensky (1964) famously remarked on ‘the professionalisation of everyone,’ there is a commonplace understanding of *true* professions being those occupations where members apply their actions to serious human and social needs or problems. In a ‘risk society’ (Beck, 1992) there is no shortage of problems to address, especially in the social sphere (Webb, 2006) and social work has navigated its professionalisation journey within this climate. Olgiati (2010) notes that ‘troublesome human experiences—weaknesses, dangers, fears and risks’ (p. 804) are not disappearing but rather new social problems are appearing taking on ‘new forms and contours’ (p. 811).

Trust and reputation are necessary conditions for establishing and maintaining a professional mandate. Olgiati defines trust in this context as the personal disposition for reliability and the ‘social visibility and acknowledgment of given qualifying personal traits’ (p. 826). In a professional transaction, the recipient, expects the other party (the professional service provider) to possess the skills and knowledge to

apply to the problem at hand. The heart of professional practice is thus found in a shared set of expectations of skills, knowledge and trustworthiness.

Social work must therefore demonstrate that it has the professional capital needed to maintain its reputation and trustworthiness (Beddoe, 2013). However, over the last century while social work has been establishing its professional status, the very notion of ‘profession’ has itself faced disruption. Evetts (2006, p. 135) suggests that modern professions embody the ‘structural, occupational and institutional arrangements for work associated with the uncertainties of modern lives in risk societies’. Evetts notes, citing Olgiati *et al.* (1998), that professions are involved in ‘birth, survival, physical and emotional health, dispute ... educational attainment and socialization....and our negotiations with the next world’ (Evetts, 2006, p. 135). For social work, this involvement is intense as social workers deal with birth, death, assault, homicide, rape, mental illness, crime and every other challenging aspect of human life. As social workers, we do not approach these human concerns alone—we frequently contribute alongside professionals in education, health, law and justice. The complexity and ambiguity of social work roles is exemplified by a description of social workers in hospital settings as bouncers, janitors, glue, brokers, firefighters, jugglers, and challengers (Craig and Muskat, 2013). More significantly, these roles are complicated by social workers’ association with messy and complex social problems.

Social problems, the stuff of social work’s gaze, are generators of prejudice and stigma. Link and Phelan (2001, p. 367) have argued that several features contribute to stigma: 1) that people distinguish and label human differences; 2) negative stereotypes exist; 3) labelled persons are placed in distinct categories so as to accomplish some degree of separation of ‘us’ from ‘them’; 4) those labelled experience discrimination and loss of status producing unequal outcomes; and 5) ‘stigmatization is entirely contingent on access to social, economic, and political power that allows the identification of differentness, the construction of stereotypes, the separation of labelled persons into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination’ (2001, p. 367).

Social workers thus face challenges in the current milieu where neoliberal Western governments' focus is on targeting individuals rather than addressing structural inequalities (Hyslop, 2016). Link and Phelan argue that, when people are labelled, 'set apart, and linked to undesirable characteristics', their exclusion and rejection is rationalised with the consequential loss of status (2001, p. 367). A question on our minds when exploring the data generated in our study was thus: have social workers accepted some degree of stigma by association, in spite of feeling considerable pride in their profession?

Method

Our first study (reported in Staniforth et al., 2014) used a telephone survey (N=386) to obtain public opinion on a number of issues to do with perception of social work and social workers. There were 17 questions in the survey with a mixture of Likert response questions, closed and open-ended questions that focused on respect, trust, and public awareness of the required (and needed) qualifications and training of social workers.

For the second study the opinions of social workers were obtained through the use of an anonymous online survey based on the survey questions from the first study. The second study was designed to obtain broad quantitative data about perceptions of a large group of social workers as to how they thought the public would respond to the same questions. For example:

When given the following statement "I believe that social workers are professionals and should be registered like doctors, nurses and teachers" "what **do you think that the public perception** would be? Agree with statement / Disagree with statement [emphasis added]

While the main aim of this study was to be able to analyse the similarity and difference between public responses and social workers' responses, we also felt that it was important to provide an opportunity for respondents to provide more detail about their views on particular questions. Ballou (2008) notes that open-ended questions, while demanding more cognitive effort by participants, offer many benefits. A significant benefit, which applied in this research design, is that open questions

embedded within the survey enable participants to explain a prior answer in greater detail, deepening understanding of the phenomenon.

Space was thus provided to allow optional in-depth views in response to two of the questions in the survey, namely participants' experience of *both* felt stigma and pride in being a social worker. The inclusion of carefully selected questions, which combined a closed question and an open-ended question embedded within the online survey, generated significant simple qualitative data, sufficient for thematic analysis. This added a qualitative dimension to the mainly quantitative exploratory survey design of the two studies. In this case the decision to apply qualitative analysis to this textual data was led by both the volume and the richness of the textual data that had been provided in response to the open questions.

Mixed methods researchers contend that it is possible to use multiple methods in the research quest as it enables researchers to know more about a social phenomenon of interest (Greene, 2008). According to Onwuegbuzie and Leech (2005) a greater level of sophistication in research is made possible through the ability to combine methods. Moreover, being able to dialogue across methods enhances the potential for uncovering complexities in the collected data and to more accurately reflect on the multifaceted nature of the social phenomena under study (Johnson, Onwuegbuzie, & Turner, 2007). In essence, a more complex, nuanced and multi-faceted understanding about the experience of both felt stigma and pride in being a social worker emerged through the analysis of the qualitative data than was possible from only the quantitative data.

The study received ethical approval from University of Auckland Ethics Committee and an e-mail was sent to the 3000 members of the Aotearoa New Zealand Association of Social Workers (ANZASW), inviting them to take part in an anonymous online survey about their perceptions of how social work and social workers were viewed by the public. 403 people responded to this invitation. It was not possible to determine a true response rate as those invited were encouraged to forward the invitation to other social workers who were not members of ANZASW.

Within the sample, 86 per cent ($n = 301$) of respondents were female, 14 per cent (50) male, and none identified as other gender. In terms of age, there were only 4 per cent (14) of respondents in the age group 20–30 years, 25 per cent (88)

between 31 and 45 and 46.2 per cent (162) between 46 and 59. There were 25 per cent (87) over 60 years of age with 71 per cent of respondents being over the age of 45. The majority of participants identified as European/Pākehā (74.2 per cent, $n = 259$). Māori (indigenous people of A/NZ) comprised 10.6 per cent (37) of the respondents, with only 0.9 per cent (3) Pacific peoples being represented. Asian people made up 1.1 per cent (4) of the sample, with 11.5 per cent (40) identifying as of 'other' ethnicity.

As to length of time in social work, these results are consistent to a degree with age. Only 4 per cent ($n = 14$) indicated that they had been in social work for less than two years, 24.9 per cent (87) between three and 10 years, and 42.6 per cent (149) from 11 to 25 years. A total of 28.6 per cent (100) indicated that they had been in social work for more than 25 years.

An overarching finding) was that social workers' perceptions of public regard are slightly more negative than those perceptions revealed in the first public study (Staniforth et al., 2016). Results of the comparison demonstrated that the social workers generally had a poorer impression of what the public believed in most areas, compared to what the public had indicated in the prior study.

In the qualitative analysis of the pride and stigma questions our approach reflects Braun and Clarke's (2016, p.2) assertion that themes are 'actively crafted by the researcher, reflecting their interpretative choices, instead of pre-existing the analysis'. Careful reading and textual coding of the data produced themes 'offered to the reader as a compelling and coherent reading of data, rather than (more or less) accurate identification of a decontextualized or pre-existing truth'.

Findings

This article focuses on the relationship between social workers' strongly perceived recognition of stigma attached to the profession and their overwhelming expression of pride in being social workers. These two key foci—pride in the profession and perception of stigma associated with the profession—were explored via the two questions on pride and stigma, as outlined earlier in this article. These questions were asked because of the concerns social workers were found to hold about public perceptions and the impact of these on social worker identity, as outlined in our review of the literature, and our wish to explore whether New Zealand social workers had similar perceptions.

Participants were asked, 'are you proud to be a social worker?' (Q11). Of the 348 (out of 403 completed surveys) who answered this question 96.3 per cent ($n = 335$) answered 'yes'; 3.7 per cent (13) answered 'no'. An open question, 'why not?' resulted in 293 written responses. The answers richly articulated both reasons for pride and some contradictory positions, discussed below. The second key question was, 'do you think there is stigma associated with being a social worker?' (Q10). Of the 355 who answered, 76.76 per cent ($n = 308$) answered 'yes' with 13.24 per cent (47) answering 'no'. An open question, 'if you answered yes, why do you think that is?' resulted in 302 written answers.

The written responses to these questions make up the data analysed and reported in this article, although some relevant material has also been drawn from the last open question in the survey ('is there anything else you would like to say about the public's perception of social work?') to which there were 156 written comments (Q16). These open question responses produced significant rich data. In the reporting that follows direct quotes from the data are identified by Question number/Response number.

Pride

Pride was commonly expressed as identification with a collective identity that came from shared values and beliefs about the worth of humanity. Where participants felt the profession's values and principles aligned with their own, the sense of congruence contributed to pride and satisfaction: 'It is work that counts for something' (Q11/12). For most participants, satisfaction was expressed with words like empowerment; helping; walking with people; sitting with family, and many similar expressions of active engagement with people. Technical skill and knowledge were less frequently mentioned. The skills which contributed to this sense of satisfaction were an enactment of compassion: building relationships; building trust; listening; facilitating families to decide their own solutions, and linking to resources. Social work practice was often described using the journey as a metaphor. Pride comes from being 'able to journey with someone and assist them to take more control of their lives' (Q11/1), and 'to walk alongside people on their

journey to take/regain control of their own lives, their destiny’ (Q11/64). Many comments began with ‘I believe,’ for example:

I believe I can and do make a difference (Q11/80)

I believe I contribute to the wellbeing of mankind (Q11/82)

I believe in what I am doing—being an agent of change (Q11/83)

I believe ...I improve—some things to a great degree—peoples’ situations, access to justice and equality (Q11/113).

I believe we are uniquely trained to see a much bigger picture than other professions (Q11/162).

The frequent use of the phrase ‘I believe’ by participants suggests that service user outcomes themselves represent validation and affirmation of the profession’s value and belief system.

‘Humility’ was frequently offered as an alternative to ‘pride’, associated with a conceptualisation of the work carried out with service users as being a privilege and thus pride was a contested concept. The authors suggest that pride is bound to a cultural context in A/NZ where articulating pride may be seen as a negative trait. One of the authors comes from a culture where being proud of one’s achievements is seen as important and desirable, whereas in other cultures, expressions of pride may be perceived as boastful and undesirable.

One participant commented, ‘[social work] is a humble profession; it is not meant to be about us’ (Q11/127). The privilege came from being close to people’s lives, especially ‘people on the fringes of society’ (Q11/12) and ‘people's lives during some quite stressful periods’ (Q11/281). While the strong sense of pride is echoed in numerous comments about working for the marginalised— ‘the underdog’ and people ‘on the margins’—some participants rejected pride in their profession as inappropriate, contesting its usefulness for social work. For example:

I don’t think pride is the right word to describe it. I am passionate about what the profession of social work stands for... but I am not proud as I see it more of a privilege so instead I guess I’m grateful (Q11/24).

For many what was important was that the work was done well and if so, accepting that it may be rendered invisible, as captured by this participant (Q16/120):

I believe that how people perceive social workers is very dependent on whether they have had a social worker in their life and what their experience of that person's practice has been. Social workers often practice at the 'rub' of life and for many people this is an uncomfortable place to be....so for some their view of social work is coloured by difficulty. When social workers do good work it erases the 'rub' and in a way that good social work practice is invisible as difficulties are erased.

Several participants rejected the idea that pride was important and expressed uncertainty: '[I am] ambivalent—definitely not ashamed of being a social worker, and proud of some of the work I do, but my sense of self-worth is not tied to my professional identity' (Q11/161); 'I am pleased I don't need great accolades and recognition for what I do or it could be somewhat depressing' (Q11/87); 'I am neither proud nor *not* proud. It aligns with my values' (Q11/237). One participant expressed a common view (Q16/110):

I have recently experienced ... a social worker in an elderly health service and found the interventions to be very helpful to the family. This is an example of how the public's perceptions are achieved and perhaps this is enough. I for one did not enter this profession with a need to have a public profile about my work.

Another theme which suggested some ambivalence about pride in being a social worker was shared by several participants: 'I am proud of what I do but often (more so in the past) I would be happier to say I drive trucks rather than get the reflections of negative public stigma' (Q11/156); 'I have mixed feelings about [pride]. I am proud of the work I do but I wouldn't choose social work if I had the option again' (Q11/89).

In spite of their pride in the profession some were reluctant to say in social situations that they are a social worker: 'I wonder what reaction I will get to what I do' (Q11/ 79). Several participants commented about difficulties felt in stating their profession when asked: 'Hard to answer this one. My family is proud of me and my career but generally speaking announcing my career is a *conversation stopper*' (Q11/37). The same expression was used by another participant: "Within my circle I

receive good feedback because they know exactly what I do. Socially with the public my occupation is a *conversation stopper*. No acclamations of respect” (Q11/59).

The wider context themes, encompassing organisation, employment and the regard with which other professions hold social work were mentioned often. Thus pride in the profession was often tinged with regret that this self-satisfaction was not borne out in the social context for social work practice, as described by this participant (Q11/98):

I am very proud of the work I do but...I face poor employment conditions...less opportunities....my values are belittled and basic professional processes like developing rapport and trust are seen as ‘creating dependence’. It is an uphill battle to try and change the attitude that considers being harsh, rejecting and punishing as skilled responses. I face daily put-downs of my profession and it is hard not to internalise this.

The previously presented quotations demonstrate that, even for those who can articulate pride in what they do, this is tempered by an awareness of stigma that is often attached to the profession. Most social workers in this study believed that stigma figured prominently in their professional careers.

Stigma

There was overwhelming agreement that there was stigma associated with being a social worker. Of the 355 who answered this question, 308 agreed and 302 provided a written answer to the question, ‘if yes, why?’ Several clear themes emerged. Stigma was most commonly linked to the statutory role in child protection, and the sense that social workers represented state surveillance. For example, stigma was linked to people feeling that they need to:

Be careful around [social workers] because we take their children and that when we ask questions we are analysing people. These are accusations I have had thrown at me in social gatherings...that is if people are still brave enough to talk to you after you have said what you do!!

Another commonly occurring theme was that social workers were misunderstood, both by the public and other professions: ‘I also believe [social work] is a largely misunderstood profession (by both the public and social workers themselves)’ (Q10/5).

One participant felt social workers were ‘not valued and the work seen as something anyone can do. I have heard our work described as mundane’ (Q10/94). Another attributed poor understanding to the lack of glamour associated with the profession: ‘we don't rush into burning buildings; perform lifesaving surgery or other visibly obvious interventions’ (Q10/114). One comment encompassed a number of the crucial issues identified as negative perceptions by survey participants, stating that social work is seen as ‘too airy fairy, into that lovely stuff, take kids off people, up themselves, not as knowledgeable as other health professionals. They just have a cup of tea with their clients’ (Q10/279).

The findings also show a predominant association with child welfare, confirming previously reported perceptions of social work. The responses were consistent, with the most commonly expressed reason for stigma being the association with child protection and, more specifically, the removal of children. The common observation was that, not only did the public perceive social work as being only about child protection, but that statutory child protection social workers are regarded negatively. As a consequence of this, many non-statutory social workers seemed to want to distance themselves from their colleagues. Frequently mentioned negative associations were with either ‘child stealing’, and/or being inept, ‘too soft’, reflecting the contradictory nature of expectations about child protection. Terminology quoted included ‘child snatchers’; ‘interfering’; ‘cruel’; ‘intimidating’; ‘scary’. This common concern reflects more than the makeup of the sample. While statutory workers made up 54.2 per cent ($n = 299$) of the sample, the remainder worked in health services, non-government organisations and private practice. Differentiation between sectors was posited as desirable:

I believe the role of social worker needs to be promoted to differentiate between the statutory child protection role and the many other roles of social workers within non-government agencies. (Q14/308)

Stigma by association with service users was identified, where social workers are seen as sharing some of the prejudice faced by particular groups of service users. One participant noted that there was ‘[stigma] by association with the poor, the disabled, the ill, the old’ (Q10/139); and another that, ‘we...work with the disenfranchised in

society and get tarnished by [that]' (Q11/267). A broader explanation of stigma by association was given by one participant who noted (Q10/104):

[social workers] work with many people in society who struggle (live with addictions, have difficulty parenting safely, experience major mental illness) Our society has difficulty believing that tragic situations are the results of circumstances.... [and wants] to reduce the cause' of problems to a single person, profession or agency.

Participants connected stigma to negative media portrayal of social work. This was linked to historical child abuse 'scandals' (Q10/5) and the observation that 'much of the public perception is related to the [fact that] CYF and statutory social work get awful media coverage' (Q10/6). The reporting of 'high profile systemic failures relating to abuse and neglect' (Q10/21) contributes greatly to the stigma associated with the profession. There was a degree of acceptance that it was almost inevitable that stigma came with statutory social work as it will 'always be [seen as] the villain despite the efforts to work with families towards change' (Q10/35).

The next most significant explanation for prejudice against social work was the misunderstanding of the roles, fields of practice, qualifications and training of social workers. Essentially many participants expressed the perception that the public is not aware that social workers are 'registered professionals like nurses, doctors, psychologists etc.' (Q16/64). Social work is relatively invisible, 'people might think it is a kind of helping role but [not] in the same way as medical roles, teaching, police' (Q16/93). A sub-theme was that the fluffy 'do-gooder' image was also associated with social work not being seen as a proper job and gendered: 'it is viewed as an old woman's job, helping people [not] a career' (Q10/269). '...the public has a patronising view of social workers, maybe given social work beginnings as religious ministrations. I think that the public thinks we are nice women with low level higher education' (Q16/127). Social workers believed to be stereotyped as 'hippies', 'lefties' wearing ethnic clothes and sandals, but also controlling and interfering. These contradictory discourses reflect the earlier research reported in the literature review.

Discussion

Pride and stigma were thus found in more or less equal measure when social workers were asked to speculate about public perceptions of social work. It is important when considering these results is to note that participants were often relating what they thought ‘the public’ think about social workers. It is possible that the stereotypes might not be as prevalent as social workers think they are, especially given the more positive responses to the first survey, for example that ‘the public has a perception that social work is a stressful job, that social workers are hardworking and not well paid’ (Staniforth et al. 2014) and are, by and large, helpful. Stigma by association is an interesting construct to consider here as such associations may frequently be tinged with sympathy—hard working social workers practising with challenging people, perpetrators of violence and people with mental illness.

It is important to note that ‘stigma by association’ provides an opportunity for social workers to engage in individual and/or group advocacy, an aspect of professional practice which is not claimed as frequently by other human service workers, and therefore suggests an area for reframing of these experiences as an opportunity to expand our public activism. Given the origins of professions as ‘help-services’ (Olgiati, 2010, p. 812) they have always been ‘about problematic cases of social necessity’ a response to ‘such conditions related, by rule, to the ...ups and downs in both social (public) and personal (private) spheres’ (pp. 812–13). Perhaps no profession has greater focus on these troubling problematic cases than social work.

It was interesting that few actual examples were provided spontaneously where study participants *directly* reported stigmatising stereotypes being applied to them. It is possible that there is a mythical ‘*public*’—a critical entity that social workers have created, imagined perhaps as a consequence of negative media stories and political discourse. Many of these comments, especially those related to dress, suggested self-deprecating humour and echo depictions reported in other literature (see for example, Davenport and Davenport, 1997). More evidence of genuine feeling was apparent in comments made about other professions’ opinions of social workers and a generalised sense that the profession is low in the hierarchy of professions, and poorly rewarded. Pruss *et al.* (2014) explored the potential stigmatisation of

psychologists, psychiatrists and psychotherapy as a consequence of the stigma associated with mental illness. Using the Link and Phelan (2001) conceptualisation of stigma described previously, Pruss et al undertook a systematic literature review and found evidence of both positive and negative stereotypes but not for other components of the stigmatization process.

Social workers in this study provided examples of perceived prejudice and discrimination, as well as their encountering stereotypes: many comments were made about other professionals' views in response to both the 'pride' and 'stigma' questions. These experiences of felt stigma in the professional milieu seemed more distressing to our study participants than those associated with the populations served by social work. This observation is worthy of further investigation. There is an inherent challenge for the profession to address this distress and unease about their identity. Expressions of discomfort in identifying their profession in everyday social situations, for example, are reminiscent of Scrambler's comment about an impact of felt stigma 'predisposing [those anticipating enacted stigma] to secrecy and concealment' (2009, p.445).

Conclusions

This article contrasts two essentially antithetical constructs, pride and felt stigma, highlighting again ambivalent emotions within the ambiguous positioning of social work as a profession in a contracting welfare state. The collision of pride and stigma perhaps stems from the place that social work occupies: 'an insecure, yet uniquely insightful, location at the nexus of social inclusion and exclusion, looking, Janus-faced, in both directions at once' (Hyslop, 2012, p. 407) having performed, over its journey, both emancipatory and disciplinary functions.

A new study of public perception through the eyes of social workers by Legood *et al.* (2016, p. 14) notes that many of the social workers interviewed 'believed that the negative views described would always dominate, even in the face of direct and contrary evidence'. In light of this concern, work is needed to address the development of the profession–public interface to improve the conditions for those working in social work, and, ultimately, those they serve. Social workers need resilience as they perennially find themselves in 'the teeth of a gale' (Hyslop, 2016, p.

1). Furthermore, there is a need to boost the visibility of the profession in the public discourse to demonstrate 'its distinctive contribution to social well-being' (Beddoe, 2013).

We recognise the limitations of the findings reported in this article. Findings have been reported from data gleaned from qualitative data provided in an online survey so, while these data were varied and sufficiently rich to allow for thematic analysis the answers are naturally fairly brief, and could not be probed further. We are unable to determine from the answers to the open questions whether shared definitional understandings of pride and stigma were held by all participants, although our analysis identified very clear and consistent themes. Further investigation might usefully employ more in-depth qualitative inquiry methods to better explore the rationale underlying the social workers' perceptions and beliefs and their basis in lived experience. Such an in-depth study would usefully ask participants to define pride and stigma, and seek examples to expand on these definitions, to better assess their congruence across the data.

This study was conducted in one socio-cultural and political context, but highlighted powerful views about pride and stigma held by social workers. Comparative studies in different international contexts exploring why social workers stay in their jobs, in spite of the phenomenon of felt stigma, and what they like about their work, have the potential to encourage constructive professional responses to social workers' professional identity.

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